

2001

## **The Effect of Domestic Violence on Welfare Use, Employment and Mental Health: A Quantitative and Qualitative Analysis.**

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**THE EFFECT OF DOMESTIC VIOLENCE ON  
WELFARE USE, EMPLOYMENT AND MENTAL HEALTH:  
A QUANTITATIVE AND QUALITATIVE ANALYSIS**

**A Dissertation**

**Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy**

**in**

**The School of Social Work**

**by  
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May 2001**



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**All conclusions stated, and any errors made, are those of the author.**

## TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS</b>	.....	<b>ii</b>
<b>LIST OF TABLES</b>	.....	<b>vii</b>
<b>LIST OF FIGURES</b>	.....	<b>viii</b>
<b>ABSTRACT</b>	.....	<b>ix</b>
<b>CHAPTER</b>		
<b>1</b>	<b>INTRODUCTION.....</b>	<b>1</b>
	<b>Area of Concern: Poverty and Welfare Use</b> .....	<b>3</b>
	<b>Problem Area: Relationship of Domestic Violence and</b> <b>Welfare Use</b> .....	<b>10</b>
	<b>Purpose of the Study</b> .....	<b>16</b>
	<b>Advancement of Social Work Knowledge</b> .....	<b>18</b>
	<b>Importance of the Study</b> .....	<b>19</b>
<b>2</b>	<b>REVIEW OF LITERATURE .....</b>	<b>21</b>
	<b>Feminist Standpoint Theory</b> .....	<b>22</b>
	<b>Welfare Use</b> .....	<b>28</b>
	<b>Domestic Violence</b> .....	<b>41</b>
	<b>Domestic Violence among Welfare Recipients</b> .....	<b>57</b>
	<b>Literature Review Summary</b> .....	<b>68</b>
<b>3</b>	<b>METHODOLOGY .....</b>	<b>73</b>
	<b>Conceptual Framework</b> .....	<b>73</b>
	<b>Combining Quantitative and Qualitative Methods</b> .....	<b>76</b>
	<b>Setting of the Study</b> .....	<b>77</b>
	<b>Protection of Human Subjects</b> .....	<b>78</b>
	<b>Quantitative Research Process</b> .....	<b>81</b>
	<b>Qualitative Research Process</b> .....	<b>99</b>
<b>4</b>	<b>DESCRIPTION AND PRELIMINARY ANALYSIS OF</b> <b>QUANTITATIVE SAMPLE .....</b>	<b>112</b>
	<b>Sample Characteristics</b> .....	<b>112</b>
	<b>Frequency Distributions and Preliminary Analysis</b> .....	<b>115</b>
<b>5</b>	<b>DESCRIPTION AND PRELIMINARY ANALYSIS OF</b> <b>QUALITATIVE SAMPLE .....</b>	<b>125</b>
	<b>Sample Characteristics</b> .....	<b>125</b>
	<b>Experiences of Domestic Violence</b> .....	<b>133</b>
	<b>Chapter Summary</b> .....	<b>145</b>

6	ANALYSIS OF QUANTITATIVE AND QUALITATIVE FINDINGS RELATED TO DOMESTIC VIOLENCE AND WELFARE USE .....	147
	Quantitative Findings .....	147
	Qualitative Findings .....	156
	Chapter Summary .....	171
7	ANALYSIS OF QUANTITATIVE AND QUALITATIVE FINDINGS RELATED TO THE EFFECT OF DOMESTIC VIOLENCE ON EMPLOYMENT AND MENTAL HEALTH .....	173
	Quantitative Findings .....	173
	Qualitative Findings .....	182
	Chapter Summary .....	203
8	IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS .....	205
	Implications of Quantitative Analysis .....	205
	Implications from Qualitative Data .....	212
	Recommendations for Practice .....	218
	Limitations of the Research .....	221
	Future Research .....	223
	Final Reflections .....	226
	REFERENCES .....	227
	APPENDIX	
	A. WELFARE REFORM RESEARCH PROJECT INSTRUMENT, YEAR TWO .....	243
	B. INSTITUTIONAL REVIEW BOARD MATERIALS .....	263
	C. FINAL QUALITATIVE INTERVIEW GUIDE .....	271
	VITA .....	274

## LIST OF TABLES

1.	Research on the prevalence of physical violence among welfare recipients .....	59
2.	Codes associated with identified code families .....	110
3.	Description of variables and coding used in analysis .....	113
4.	Percentages, means and standard deviations (in parentheses) for domestic violence, non-domestic violence and total sample .....	116
5.	Correlation coefficients .....	122
6.	Synopsis of characteristics of qualitative interviewees .....	126
7.	Multinomial logistic regression unstandardized coefficients, t and probabilities for the effect of current and past domestic violence, welfare and demographic variables on TANF status .....	148
8.	Multinomial logistic regression unstandardized coefficients, t and probabilities for the effect of total domestic violence, welfare and demographic variables on TANF status .....	150
9.	Logistic regression unstandardized coefficients, t and probabilities for the effect of current and past domestic violence, welfare and demographic variables on employment .....	175
10.	Logistic regression unstandardized coefficients, t and probabilities for the effect of total domestic violence, welfare and demographic variables on employment .....	176
11.	OLS regression unstandardized coefficients, t and betas for the effect of current and past domestic violence, welfare and demographic variables on depression score .....	179
12.	OLS regression unstandardized coefficients, t and betas for the total domestic violence, welfare and demographic variables on depression score .....	180

## LIST OF FIGURES

1.	Relationships tested between domestic violence and welfare status.....	75
2.	Reasons for non-disclosure .....	160
3.	Barriers to work noted by interviewees .....	187
4.	Immediate consequences of abuse that affect employment .....	200
5.	Explanatory model of effect of domestic violence on welfare status .....	211



## **ABSTRACT**

**This dissertation is an empirical policy analysis which investigates the effect of domestic violence on a woman's welfare status, employment, and mental health within the context of new policies instituted by welfare reform. It uses quantitative data from a panel survey, and qualitative narratives from respondents who reported current domestic abuse.**

**Multivariate analysis of welfare outcomes finds that domestic violence affects welfare outcomes indirectly through its effect on depression. Depression is associated with unemployment, continuing on TANF, and being sanctioned off welfare. Domestic violence is one of the strongest predictors of the level of reported depression. Abuse is not directly related to whether a woman is on TANF, leaves welfare voluntarily or has been sanctioned off the program. Further analysis shows that domestic violence is not statistically significant in predicting employment. This suggests that when domestic violence affects welfare status and employment it does so through its effect on mental health.**

**Women's stories about abuse indicate that domestic violence is a serious life-threatening problem. Even though the state has adopted the Family Violence Option to assist women who are experiencing abuse, none of the ten women interviewed received help through this program. Reasons for the failure of this policy to provide meaningful help include the lack of knowledge women have about the policy; their unwillingness to disclose the abuse, and the inability of the system to take meaningful action on their behalf.**

None of the women in the qualitative sample were employed during the worst of the abuse. The qualitative findings suggest that the window during which violence affects employment may be relatively short for most women – a statistical effect may only be noticeable if women are surveyed during the period surrounding the end of the relationship. Narratives show that domestic violence has immediate consequences that affect employment through interaction with the criminal justice system, increased isolation, lack of stable housing, need for closer supervision of children who have also been traumatized by the abuse, and ongoing health and mental health concerns.

## **CHAPTER 1**

### **INTRODUCTION**

**In 1996, the United States Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) which established the Temporary Aid to Needy Families (TANF) program. PRWORA replaced the previous welfare program, Aid to Families with Dependent Children (AFDC), and effectively ended a sixty year commitment on the part of the federal government to help provide a minimal standard of living for poor children and their mothers (Mink, 1998).**

**Welfare reform emphasizes a “work first” philosophy which does not take into account how domestic violence affects the ability of women to care for themselves and their children. Domestic violence creates added burdens for women which can affect their employability: they must deal with an abusive and controlling partner who may undermine their efforts to work (Tolman, 1999); many seek help from complex and sometimes unsupportive legal, medical and social services systems (Raphael, 2000; Dutton, 1992); and most have to cope with the daily effects of abuse on their own physical and mental health and that of their children (Dutton, 1992; Herman, 1992). Women relying on welfare who are also victims of domestic violence may have more difficulty meeting requirements for work and child support enacted by PRWORA.**

**Anecdotal evidence from advocates for battered women suggests that women who experience intimate partner violence frequently turn to the welfare system for economic assistance when attempting to leave an abusive spouse (Raphael, 2000; Brandwein, 1999). A debate continues today as to whether low income women are at**

higher risk of domestic violence (Brandwein, 1999a), but most experts would agree that women who have limited economic resources are the least likely to escape the abuse (Davis, 1999; Wuest & Merritt-Gray, 1999; Gelles, 1997). Despite these possible relationships between welfare use and intimate partner violence, PRWORA was initially proposed with no protections for battered women. Senators Paul Wellstone and Patti Murray successfully amended PRWORA to establish a Family Violence Option (FVO) (Brandwein, 1999c). States could voluntarily implement this option, and the majority have incorporated it into their TANF policies (Government Accounting Office [GAO], 1998). The Family Violence Option grants states the ability to provide specialized services and exemptions from PRWORA requirements to women experiencing domestic violence (Rapahel, 1999; Burt, Zweig & Schlicter, 2000).

Women of color will be disproportionately affected by policy changes in the welfare system because of their historically higher rates of poverty and subsequent welfare use (Danziger & Weinberg, 1994). Long-standing patterns of discrimination based on race and gender in the labor market have disadvantaged women of color, particularly African American, Hispanic and American Indian women (Catanzarite & Ortiz, 1996). African American women have triple the rate of poverty that white women report, and over half of all African American children live in impoverished households (U.S. Census Bureau, 1994). PRWORA is predicated on the belief that women's poverty will be alleviated through attachment to the labor and marriage markets (Mink, 1998). However, women of color receive less economic benefit from employment or marriage

than do white women (Catanzarite & Ortiz, 1994), making these strategies less effective in moving women of color out of poverty.

These factors – the linkage between poverty and domestic violence, the disproportionate impact of welfare policy changes among communities of color, and the legacy of racial and gender discrimination – necessitate a research focus on the vulnerabilities and survival strategies of women on welfare who are experiencing domestic violence. Poor women of color confront the overt violence of intimate partners and the covert violence of poverty within a culture that continues to struggle with discrimination based on race and gender.

#### Area of Concern: Poverty and Welfare Use

The needs of impoverished women and their children have been a critical policy area for legislators this century. The Aid to Dependent Children (ADC) program that has come to be known as “welfare” was created through the legislation which established the national Social Security system in 1935 (Gordon, 1994). Since that time, the words “welfare,” “AFDC,” and more recently “TANF”<sup>1</sup> have become synonymous with a program that is perceived by most Americans as highly destructive and ineffective (Gordon, 1998; Gilens, 1999).

Congressional interest in ADC, perceived initially as a program for widows and orphans, was muted at its inception by the greater controversy surrounding the

---

<sup>1</sup>

In this dissertation, for ease of reference, the terms welfare and TANF are used interchangeably to refer to the current financial assistance program for indigent mothers and their children.

establishment of Social Security (Gordon, 1994). As Social Security changed to allow payment to widows and orphans, the ADC caseload shifted, as an increasing percentage of unmarried mothers made up its rolls. ADC became a lightning rod for criticism as this transition occurred, particularly among conservatives who believed that providing cash assistance to mother only families detached them from the work force and enabled women to avoid the traditional bonds of marriage (Gordon, 1994).

ADC was replaced with legislation creating the Aid to Families with Dependent Children (AFDC) in 1962 (Gordon, 1994). From the late 1950's through the early 1970's, welfare rolls grew dramatically as racially discriminatory state practices were struck down by the Supreme Court, allowing women (often women of color) previously denied benefits to receive meager cash assistance for the care of their children (Quadagno, 1995). Concern about labor force attachment and commitment to the nuclear family structure persisted. From the late 1960's through the passage of the PRWORA of 1996, a number of welfare reforms were proposed which mandated attachment to the workforce and sought to place primary responsibility for the financial care of children on mothers and absent fathers (Trattner, 1999).

Both President Clinton and the Republican Congress which was seated in 1994 made a promise to "end welfare as we know it" (Schram, 2000). In order to accomplish this goal, PRWORA abolished AFDC and created the TANF program (PRWORA, 1996). The central features of TANF are the abolition of entitlement to assistance, establishment of mandatory work participation, time limits, and a changed funding stream (Corcoran, Danziger, Kalil & Seefeldt, 2000). Under TANF, the previous

entitlement to assistance based on eligibility criteria was revoked. States are now free to develop their own unique eligibility guidelines for assistance, as long as all applicants are treated fairly (Corcoran, Danziger, Kalil & Seefeldt, 2000). This has resulted in 50 different TANF programs, as each state establishes its own criteria for participation.

The creation of time limits and the change in the funding stream to a block grant system reflect the largest departure from previous welfare policies. While work was encouraged under AFDC, it is now required of all participants within 24 months of receiving benefits, and more than half of all states require immediate work activity, or within a few months of application (Corcoran, Danziger, Kalil & Seefeldt, 2000). PRWORA also requires that welfare benefits be discontinued after 60 months of receipt. Many states have opted to set shorter time limits in addition to the lifetime cap. For instance, Louisiana terminates benefits after 24 months, and requires that applicants wait 12 months before reapplying for the next 24 months of assistance (Louisiana Department of Social Services [LaDSS], 1998a). Some states have opted for a shorter lifetime maximum, such as Connecticut which limits welfare payments to 21 months (Corcoran, Danziger, Kalil & Seefeldt, 2000).

The funding stream for TANF has changed from a federal entitlement program (akin to Social Security or Supplemental Security Income) to a finite block grant. As all states have seen dramatic declines in their welfare caseloads (U. S. Department of Health and Human Services, 1998), none has yet had to confront the situation of having insufficient funds from the block grant to cover the number of certified applicants.

PRWORA also ushered in several new policies that had been tried in states experimenting with service delivery in welfare programs under the waiver system. These new federal policies include a family cap which prohibits increasing the amount of financial assistance for a family if the mother had another child while receiving welfare. A parent's right to move to another state and receive welfare was also impeded by PRWORA. The new policy stated that a family who relocated and requested welfare in their new state would receive the amount given by the state of previous residence if this was lower than the current state's provision. This provision was quickly found to be unconstitutional in several different jurisdictions. Teenaged parents are required to live with a guardian and show proof of school attendance in order to continue to be eligible for welfare assistance (Mink, 1998).

Other changes instituted by PRWORA have their precedents in previous cycles of welfare reform. Policies enacted by the Work Incentive Act of 1967 and the Family Support Act of 1988 are strengthened by PRWORA, including compulsory participation of the adult recipient in work and job search activities, mandatory provision of information for child support enforcement, and an increase in the ability of welfare departments to employ sanctions for non-compliance with program mandates (Mink, 1998). Under PRWORA, welfare recipients must work twenty hours a week at a job or in an approved volunteer setting, or show evidence of job contacts. Higher education can no longer be substituted for paid work, unless a state is willing to fund the time spent in these activities with money from its own revenues. Women whose children are born out of wedlock have to provide the names and locations of fathers or have welfare benefits



terminated. Sanctions for non-compliance are increased so that benefits for the entire family could be ended, not just benefits for the parent, as was previously the case (Corcoran, Danziger, Kalil & Seefeldt, 2000). States can make their own policies more restrictive than those spelled out in PRWORA, but they can only be more lenient if they use their own monies to fund these changes.

PRWORA allows the exemption of up to 20 percent of a state's welfare caseload from some of the new regulations (particularly time limits, work requirements and child support enforcement) if a recipient can document hardship (Corcoran, Danziger, Kalil & Seefeldt, 2000). Most states offer exemptions to women who are disabled or who are the primary caregiver of a disabled child; who have sought work, but live in an area in which employment opportunities are negligible (i.e., rural areas); and who are in approved job training or substance abuse treatment programs (Corcoran, Danziger, Kalil & Seefeldt, 2000). With the passage of the Wellstone Amendment, states were also able to institute a Family Violence Option which allowed victims of domestic violence to receive exemptions from any of the requirements of PRWORA on a temporary basis (Raphael, 2000; Burt, Zweig & Schlicter, 2000). States adopting the Family Violence Option have broad discretion in the implementation of programs to address the problem of intimate partner violence among welfare recipients (Burt, Zweig & Schlicter, 2000; Raphael, 1999).

In the year following the passage of PRWORA, welfare rates dropped 20 percent nationally, as reported by the U.S. Department of Health and Human Services (Children's Defense Fund, 1998). As of December, 1999, all states showed a reduction

in the number of recipients receiving benefits from the high period in 1993, with an overall average 56 percent reduction in the number of recipients reported (U.S. Department of Health and Human Services, [U.S. DHHS] 2000). Thirty-seven states had declines that were 50 percent or more, and 21 states had declines of 60 percent or more. Wyoming had the largest rate of decline – its caseload has dropped by 93 percent. These enormous declines are primarily attributed to the improved economy in the United States in the years since the passage of the PRWORA (Figlio & Ziliak, 1999), but others have suggested that states are increasing their use of sanctions to remove recipients (Ferber & Storch, 1998).

#### Welfare Reform in Louisiana

The welfare reform program adopted in Louisiana – Family Independence Temporary Assistance Program (FITAP) – has a 24 month time limit, a five year lifetime cap on benefits, and employs a full family sanction for non-compliant recipients as mandated by PRWORA (LaDSS, 1998a). In Louisiana, approximately 2,000 people stopped receiving welfare benefits in January, 1999, when the first group of welfare recipients reached the twenty-four month time limit imposed by the state. Temporary exemptions from termination were given to another 2,000 people, mainly because of physical health problems. Despite the availability of an exemption from time limits for domestic violence victims, no exemptions were given for reasons of domestic violence to anyone in the state at that time (Judy Watts, Agenda For Children, personal communication, January 26, 1999). Although the state tracks exemptions given, there is no category for exemptions given because of domestic violence, making it unclear

whether any woman has received an exemption based on the Family Violence Option. The most common reason for exemptions continues to be physical disability (Don Moore, Director of Research and Statistics, Office of Family Support, Louisiana Department of Social Services, personal communication, October 25, 2000).

Louisiana has seen a 64 percent decrease in its welfare caseload since 1993, placing it above the national mean of 56 percent in its rate of reduction (U.S. DHHS, 2000). Yet, for the most recent year that is data is available (1997), Louisiana was tied for last with Mississippi and West Virginia for the percentage of children living in poverty (30 percent), and was 49<sup>th</sup> of 50 states in the percentage of children whose parents did not have full-time, year round employment (Annie E. Casey Foundation, 2000). Given these facts, it is not surprising that Louisiana is the state with the highest percentage of children living in high risk environments (Annie E. Casey Foundation, 2000).

Poverty among children and their mothers, particularly families of color, remains an enduring social problem which necessitates intervention. The passage of PRWORA has devolved responsibility for assisting impoverished mother-headed families to each state. Given the historically high rate of poverty in Louisiana, it is of great importance to understand if these shifts in policy are improving the lives of poor children and their caregivers, or further increasing their vulnerability.

### **Problem Area: Relationship of Domestic Violence and Welfare Use**

It is a myth that domestic violence<sup>2</sup> is found only among lower class families (Gelles, 1997). However, poverty appears to increase the risk for domestic violence (Gelles, 1997; Straus, Gelles & Steinmetz, 1980), and to impede a woman's ability to leave an abusive partner (Gelles, 1997; Strube & Barbour, 1983). Poverty is a pre-condition for access to welfare payments for mothers, yet the question of how domestic violence affects women on welfare has only recently received attention. Domestic violence may have contradictory effects on welfare use. For instance, it may increase the likelihood that a woman will be sanctioned off welfare for reasons of non-compliance related to the abuse. Conversely, domestic violence could magnify the motivation a woman has to achieve economic self-sufficiency increasing her commitment to employment.

For many women, having experienced domestic violence has negative effects on physical and emotional well-being, resulting in serious and persistent health and mental health symptoms for some women (Herman, 1992). Mental health problems can also affect a woman's ability to exit welfare successfully. In order to describe this problem area, I briefly discuss the prevalence of domestic violence in the United States and Louisiana, as well as among women on welfare; economic factors related to leaving abusive relationships; and the mental health problems faced by women who experience abuse from intimate partners.

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<sup>2</sup>

In this dissertation, I use the terms domestic violence and intimate partner violence interchangeably.

Violence against women is a significant social problem, one which research indicates has linkages with poverty. Two nationally representative surveys have been undertaken to document the nature and extent of domestic violence. The older of these surveys, the National Family Violence Survey (Straus, Gelles, & Steinmetz, 1980) is still considered to be the primary source of data on family violence, and is based on interviews with families about conflict management. The recently completed National Violence against Women Survey (NVAWS) is a random phone survey which questioned men and women about their experience of sexual assault, physical abuse and stalking (Tjaden & Thoennes, 2000). These two surveys estimate that between 1.5 million (Tjaden & Thoennes, 2000) and four million women (Straus & Gelles, 1986) are abused each year by an intimate partner. The Violence against Women Survey found that 25.5 percent of women have been a victim of rape, physical assault or stalking by an intimate partner in their lifetime, and 1.8 percent reported that one of these events has happened within the past twelve months (Tjaden & Thoennes, 2000).

Poverty appears to increase the risk for violence in families, with lower income women reporting higher rates of assault at the hands of intimates (Straus, Gelles, & Steinmetz, 1980). For example, women whose annual income is less than \$10,000 report more intimate partner violence than those whose incomes are greater than \$10,000 (Bachman & Saltzman, 1995). Results from the National Violence against Women Survey are not yet available regarding different rates of violence based on income level or class.

The relationship between race and ethnicity and domestic violence is inconsistent. The National Family Violence Survey finds increased rates of wife abuse among African American and Latino households as compared to whites (Hampton & Gelles, 1994). The National Violence against Women Survey reports that African American, mixed race and American Indian women experience higher levels of victimization than do white women, Hispanic or Asian women (Tjaden & Thoennes, 2000). However, the National Crime Victims Survey (Bachman, 1994) describes a similar rate of victimization across racial groups. As there appears to be a link between poverty and domestic violence, and given that women of color are more likely to be poor than white women, it is logical to assume that women of color experience more domestic violence than do white women.

Since 1998, a random phone survey has been done in Louisiana asking participants about their experience of domestic violence and stalking. The structure of the survey is similar to that of the NVAWS, although it asks fewer behaviorally oriented questions about abuse than does the national survey. Results from this study show that Louisiana has higher rates of stalking and physical assault than are reported nationally. In Louisiana, 4.4 percent of women report having been assaulted in the previous twelve months (McMahon, 2000), as compared to 1.3 percent of women nationally (Tjaden & Thoennes, 2000); 2 percent of women report that they are currently being stalked in Louisiana (Kohn, Flood, Chase, & McMahon, 2000) as compared to 0.5 percent of women nationally (Tjaden & Thoennes, 2000). Given the higher rates of intimate partner violence found in Louisiana, it is not surprising to discover that the state has one of the

highest rates of female homicide in the country. The state had the second highest per capita homicide rate for women in 1999, 2.96 per 100,000, falling from first in 1998 (Violence Policy Center, 2000). Sixty-seven percent of female homicide victims are wives, common-law wives, ex-wives, or girlfriends of the perpetrators.

The reported prevalence of domestic violence among women on welfare varies among the small state-based studies that are our current basis of knowledge. Depending on the type of sample and the instrument used for measuring intimate partner violence among welfare recipients, the prevalence rates of current physical violence from a family member have ranged from 10.6 percent in a Missouri study (Sable, Libbus, Huneke & Anger, 1999) to 32.6 percent in Massachusetts (Browne, Salomon & Bassuk, 1999).

These prevalence rates greatly exceed the findings of rates for current violence of 1.8 (Tjaden & Thoennes, 2000) to 3.8 percent (Straus, Gelles, & Steinmetz, 1980) in both large national epidemiological surveys on violence among intimate partners. Lifetime prevalence rates of abuse among welfare recipients are also higher than national norms, from 28.9 percent of the AFDC caseload in Cook County, Illinois (Shook & Guthrie, 1998) to 70.3 percent of women currently receiving AFDC in Massachusetts (Allard, Colten, Albelda & Cosenza, 1998).

For the past thirty years, scholars of domestic violence have consistently reported that economic conditions are determinants of whether women are able to leave abusive relationships (Gelles, 1976 and 1997; Strube & Barbour, 1983 and 1984; Wuest & Merritt-Gray, 1999). When women lack access to basic economic resources, they are more likely to remain with abusive partners. Flowing from this observation then is the

question, does domestic violence impede a woman's ability to achieve economic independence through employment? The research on this question is more mixed. Several authors argue that domestic violence has no effect on the likelihood of employment among low income women (Lloyd, 1997; Lloyd & Taluc, 1999; Browne, Salomon & Bassuk, 1999; Danziger, Corcoran, Danziger, Heflin, Kalil, Levine, Rosen, Seefeldt, Siefert, & Tolman, 1999). These results contradict other research which finds that abusive partners frequently interfere with a woman's work activities (Moore & Selkove, 1999), and that her experience of some forms of domestic violence decreases the likelihood that she will be employed (Brush, 2000). While agreement exists that economics play a role in whether women leave abusive relationships, there is not yet consensus on whether battering affects women's employment.

Research has shown that domestic violence can have serious, and often long-lasting, negative effects for a woman's mental health (Herman, 1992). Many women report symptoms consistent with Post-Traumatic Stress Disorder, including prolonged periods of depression, severe anxiety, and intrusive thoughts related to the abuse (Herman, 1992; Bloom, 1997). These mental health symptoms are consequences of the severity of the abuse experienced by many battered women. Recent research implicates psychosocial distress as a factor in preventing women who are on welfare from obtaining employment, but the relationship of domestic violence to the mental health problems reported among welfare recipients in this study has not yet been addressed (Danziger et al., 1999).



The Government Accounting Office (1998) reviewed the studies on domestic violence and welfare use available in 1997 and found that there was insufficient evidence at the time to say that domestic violence affects the welfare outcomes of recipients. Most studies had taken place prior to the implementation of PRWORA, and, in most cases, results were based on non-random samples of recipients, so the generalizability of results was limited. At that time, the GAO recognized that further research was needed to investigate the effects of new welfare reform policies for women experiencing domestic violence who received welfare.

Impoverished women who have turned to the welfare system for financial assistance and who are simultaneously experiencing domestic violence represent a special population which may be at risk for adverse outcomes under welfare reform because of difficulties created by their experience of abuse. Poverty and intimate partner violence are serious social problems, both of which affect women of color disproportionately. Research indicates that women who lack economic resources are more likely to stay in abusive relationships, but it is unclear whether the abuse they experience makes it more difficult for them to become employed. Additionally, abuse can have long-lasting mental health effects for some women which may also play a role in their ability to exit welfare and become self-sufficient.

Louisiana has one of the highest rates of poverty and domestic violence in the nation. The majority of families served by Louisiana's welfare system are headed by African American women (LaDSS, 1998a) who, as a group, have heightened vulnerability to both poverty and domestic violence. Increasing knowledge about the

effect of domestic violence on welfare use for women in Louisiana has the chance to improve service delivery within the new welfare system.

### Purpose of the Study

The broad purpose of this empirical policy analysis is to describe and explain the effect of domestic violence on women's welfare outcomes, by examining how domestic violence affects welfare status, employment and mental health. This research analyzes the effect domestic violence by investigating welfare outcomes for recipients living in seven parishes in Louisiana, using quantitative and qualitative approaches to the research topic.

In this dissertation, I study three welfare outcomes: continuing on TANF, leaving voluntarily, and leaving welfare involuntary by being sanctioned or timed off the rolls. Leaving welfare voluntarily usually occurs by obtaining employment, but reports from domestic violence survivors indicate that the abuse interferes with their ability to find and maintain work (Raphael, 2000; Brush, 2000; Moore & Selkove, 1999). Welfare recipients can also leave welfare voluntarily by receiving additional income from sources such as spousal income from marriage, Supplemental Security Insurance payments, or Social Security benefits. PRWORA also increases the ability of the state to remove persons from welfare involuntarily through the use of sanctions and time limits. Recipients can be sanctioned off the welfare rolls for non-compliance with administrative policies, work activities or changing eligibility requirements for benefits.

The Personal Responsibility and Work Opportunity Act institutes new policies whose effectiveness in improving the lives of impoverished families has yet to be

empirically evaluated. This dissertation examines this policy by investigating the direct and indirect effects of domestic violence on welfare outcomes. To accomplish this goal, I first ascertain if domestic violence has a direct effect on whether and how women leave welfare. Second, I analyze the indirect effects of domestic violence on employment and mental health outcomes.

Using an interpretive framework derived from feminist theory, this dissertation views client experiences as central to our understanding of changes in welfare policy. Studies of welfare participation rarely focus on the perspectives of the women who are recipients of services (Edin & Lein, 1997). In order to achieve an in-depth understanding of the topic, I present a research project which uses aggregated panel study data as well as the narrative stories of ten women who are panel study members to examine the relationship between domestic violence and welfare use. By combining explanatory (quantitative) and exploratory (qualitative) methods of assessment, this dissertation contributes deeper insights into this complex experience than could be gained using a single method approach.

In summary, this dissertation analyzes two major research hypotheses using quantitative data:

- 1: Does intimate partner violence have a direct effect on whether a woman remains on welfare, leaves voluntarily or is removed via sanctions?
- 2: Does intimate partner violence influence a woman's ability to leave TANF indirectly by affecting 1) her employment and/or 2) her mental health experiences?

A third question is examined through the use of qualitative data:

**3: How do women describe the impact of domestic violence on their ability to become economically self-sufficient?**

### **Advancement of Social Work Knowledge**

Although practitioners who have a graduate social work degree are under-represented in the public welfare arena, most social workers have contact with low income women through other agency settings (hospitals, schools, courts, mental health clinics, etc.). Social workers are involved on a daily basis in attempts to intervene in situations brought about through the intersection of poverty and violence. This dissertation will provide information applicable at the micro and macro levels of practice.

For social workers engaged in work with individuals and families, this dissertation will provide information that can help guide assessment and intervention in direct practice with low income women who are victims of domestic violence. Women who are experiencing domestic violence need effective help with safety planning in the context of new welfare policies which require work activity and set time limits on access to financial resources. Having knowledge about the barriers that women face in their efforts to leave welfare can guide social workers in the interventions they suggest to clients. By investigating the role of mental health issues for women confronting poverty and violence, strategies which support vulnerable families are identified.

At the macro level, social workers, policymakers, and advocates for families require sound empirical information about the nature of the relationship between domestic violence and welfare outcomes in order to create effective programs for clients.

Understanding how domestic violence serves as an obstacle to client success can assist policy and program directors in the allocation of scarce resources for welfare recipients who face multiple barriers to work and well being. In addition to evaluating how domestic violence affects welfare status, this dissertation provides a preliminary evaluation of the implementation of the Family Violence Option, and offers suggestions to improve services to clients. Officials in the state cannot report whether exemptions from PRWORA requirements have been given under the FVO. This may reflect a lack of understanding of the effect of domestic violence for women on welfare. Efforts to help women attain economic self-sufficiency will likely fail if the issue of intimate partner violence and its effect on the functioning of women receiving welfare is ignored.

#### Importance of the Study

The results of this dissertation increase knowledge about how domestic violence affects 1) a woman's chance of successfully leaving welfare, 2) her ability to obtain employment, and 3) her mental health and survival strategies. This research looks at the direct effects of domestic violence on a woman's welfare status, and takes into account how intimate partner violence affects the employment and mental health of low income women. By exploring these relationships through both quantitative statistical analysis and in-depth qualitative interviews, this research provides a more comprehensive description and analysis of these experiences than can be accomplished through a single method.

This dissertation investigates a critical policy issue in Louisiana which has national implications. The increased risk of domestic violence for low income women

intensifies the need to understand the effects of welfare reform for women who have been battered, particularly women of color. New welfare laws have the possibility of compounding already dangerous situations for women who are victims of domestic violence. As Brownell notes,

Public policy that mandates work for [welfare] recipients without consideration of circumstances that may limit achieving this goal – such as domestic violence – can only doom large numbers of women and children to a Hobson’s choice of life-threatening abuse or life-threatening destitution (1998, p. 306-307).

Politicians and others have claimed that welfare reform is a success because of decreasing caseloads. Efforts must be made to go beyond this superficial conceptualization of welfare “success” based on caseload reductions and focus on understanding the effects of these new policies in the lives of women and their children. Ultimately, we need to understand if welfare reform has had the desired outcomes of improving the lives of vulnerable families.

## CHAPTER 2

### REVIEW OF LITERATURE

Women who receive welfare and who experience intimate partner violence encounter a dual stigma as poor women and as victims of violence (Richie, 1995). Largely separate literature is available on correlates of welfare use and domestic violence. Research that is specifically related to the interaction between these two experiences often is limited in its generalizability due to the research methodologies employed. In order to conceptualize the relationship between domestic violence and welfare use, it is necessary to extrapolate from both bodies of literature in order to examine the theoretical empirical linkages between these experiences.

This literature review begins with a discussion of the use of feminist theory as the interpretive framework for this study. The review then explores literature related to welfare use, including the conflicting theoretical perspectives used to explain welfare use, empirical research on the characteristics of women who leave welfare, and information about the effects of sanctioning recipients off of welfare. Next, I turn to the literature concerning intimate partner violence to review the following: theoretical explanations of the causes of domestic violence; data available about the general prevalence of domestic violence in the United States; economic factors associated with leaving abusive relationships; and the mental health consequences of domestic violence. This literature review concludes with a comprehensive discussion of available research regarding the relationship between domestic violence and welfare use.

### **Feminist Standpoint Theory**

This dissertation uses feminist standpoint theory as the interpretive framework for understanding research related to domestic violence and welfare use. Critiques of the scientific endeavor challenge the belief that scientific inquiry is objective, value free, or without bias (for general discussion see Kuhn, 1962; Smith, 1987; Harding, 1987; as this applies to social work, see Heineman Pieper, 1994; Van Den Bergh, 1995). All research according to this perspective reflects the researcher's conscious and unconscious beliefs about the world, and is subject to competing interpretations depending on the social location of the reader (Van Den Bergh, 1995; Harding, 1987).

Feminist views compose one strand of this postmodern critique and offer an alternative epistemological strategy of situating research from a feminist standpoint, or "an awareness of reality gleaned from [women's] particular social locations" (Van Den Bergh, 1995, p. xxvii). A feminist standpoint is value-based and contextual, much like social work practice (Van Den Bergh, 1995), and is more broadly understood as a methodology (how research is accomplished) than a method (a technique for accumulating evidence) (Kemp, 1994).

Feminism is an umbrella term under which exists a variety of views on matters pertaining to women. As books have been written describing variations within feminist thought (see Heilbrun & Miller, 1992 for an overview of "feminisms"), I will not restate that discussion here, except to note that I focus this section of the literature review on two streams of feminist theory. First, I describe a macro-structural approach which



concentrates on inequity fostered by unjust social relationships and institution oppression based on gender, race and class. As Weeden notes,

To say that patriarchal relations are *structural* is to suggest that they exist in the institutions and social practices of our society and cannot be explained by the intentions, good or bad, of individual men or women. (1987, p. 3, emphasis in original).

Second, I employ a micro approach which emphasizes the importance of hearing and honoring women's stories as critical sources of knowledge which have often been subjugated and ignored (Smith, 1987; Collins, 1991; Kemp, 1994). Listening to and analyzing women's stories, therefore, offers an important source of information on the effects of welfare policies.

As both the experiences of domestic violence and welfare use disproportionately affect women, and particularly women of color, it is critical that these issues be approached from a perspective that views women's realities and perspectives as central. Sixty-five percent of all poor adults in the United States are women (Van Soest, 1997). Although men also report domestic violence, women are the primary targets of violence from intimate partners – they are more likely to be victims, the abuse they experience is more severe (Tjaden & Thoennes, 2000), and they are more likely to be killed by their intimate partner than are men (Violence Policy Center, 2000). Women of color have increased rates of both poverty (U. S. Census Bureau, 2000) and violence (Tjaden & Thoennes, 2000) over their white counterparts. Given these facts, it is clear that the co-occurrence of poverty and intimate partner violence is a concern for all women, but that women of color are especially vulnerable to these experiences.

Feminist theory, particularly as articulated by African American women and other women of color (see for example Collins, 2000; hooks<sup>1</sup>, 1984 and 1995; Lourde, 1984; Moraga & Anzaldua, 1983), offers a perspective which views the status of women as a product of the interlocking oppressive structures and attitudes fostered by racism, sexism and classism (Collins, 2000). Much of black feminist thought focuses on issues of structural inequality, and views the life circumstances of women (such as their income level) not as a consequence of the individual deficits of the woman, but as the result of structural conditions fostered within a racist, sexist, capitalist society. By understanding women's conditions as the result of the complex relationship between oppression and resistance to this, it is possible to reinterpret women's behavior from a non-pathological approach which focuses on survival skills and strengths. This approach is in direct opposition to the current tenor of much of national discourse regarding welfare use, women's poverty, and violence against women which views these conditions as related to the personal deficits of the women involved (Gilens, 1999; Levy, 1995; Dill, 1987).

The structural analysis of the welfare system offered by feminist theorists directly contradicts the conservative notion that welfare use fosters an unhealthy dependency on the state for resources which women should obtain through marriage or employment. According to Mink (1998), welfare payments should not be considered a subsidy for dependence, or a substitute for a wage earned by a breadwinner, but welfare should be conceived "as the income *owed* to persons who work inside the home caring for, nurturing, and protecting children" (p. 19, emphasis in original). Welfare payments

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<sup>1</sup>bell hooks writes her name in lower case.

foster independence, not dependence, by this argument because they give women a chance to choose their own priorities regarding wage work, and association with a man (i.e., marriage). However, conservative reformers, as articulated within the 1994 Republican Contract with America (Schram, 2000), have specifically challenged a poor woman's right to avoid attachment to a man, mandating that welfare reform should support marriage as the most viable option for avoiding poverty.

Many feminist analysts view PRWORA as an effort by conservative politicians to impose a punitive, gender-based policy which continues a historical practice of forcing poor women into the labor market or marriage market (e.g., Mink, 1998; Abramovitz, 1996b; Gordon, 1998). For instance, Quadagno (1995) describes a policy in some Southern states from the 1930's to 1950's which suspended welfare payments to Black women during cotton picking season in order to assure their labor in the fields.

Poor women tend not to have the financial and educational resources often available to middle class women which insulate these women to some extent from having to rely on the state or male partners to survive. Poor women who are unattached to a man, either because of divorce, death or the choice to not marry, encounter coercive laws imposed by the state (such as the family cap and travel restrictions instituted under PRWORA) which replace the control imposed by the patriarchal head of the family (Mink, 1998; Abramovitz, 1996a). The approach of conservative reformers to encourage marriage and penalize single heads of households raises the question of why it is better to be dependent on a single man rather than being dependent on the state. In either situation, women remain dependent when their access to the resources necessary for self-

sufficiency remain limited by inequity (such as unequal benefits in the labor market) and the responsibility for child rearing which falls predominantly on the shoulders of women, particularly poor women who are the heads of their households. Refusing to allocate societal resources to poor women may free them from dependency on the state and reduces costs, but does little to foster women's true independence, or well-being for her and her children.

Worth (including self-worth) is inextricably linked to market value in a capitalist society (Schram, 1995; Sprague & Hayes, 2000). However, in contemporary American society, women have less access to the worth conferred by the marketplace because of gender role stratification in occupations, income and expectations (Gordon, 1990; Kemp, 1994). Combined with the doctrine of “less eligibility,” which means that anyone receiving welfare payments should not receive more than the lowest wage worker in the community, the social control nature of welfare benefits becomes clear: state policy and social structures have created strong economic disincentives for poor women to live independently of men, even when these men abuse them (Ozawa, 1994).

Understanding how women themselves view their experiences with poverty and violence offers insights which are often neglected within a system that bases value on market worth. Feminist theory views the stories of women's lives as a valuable source of knowledge that is rarely heard within the welfare debate. Most poverty research is econometric in nature, and ignores the heterogenous experience of its subjects (Schram, 1995). As Schram notes:

Most policy analytic work is done for those in power and involved in the managing of public problems rather than for those challenging power and confronting these problems in their everyday lives. . . . A bottom-up approach [implies] an attempt to understand the subject matter in terms of the subjective experience of those being studied. (1995, p. 39 - 40).

To “study up” (Harding, 1987, p. 182) or adopt a bottom-up approach is often associated with the use of qualitative methods that solicit recipient narratives and incorporate their perspectives to create a richer understanding of the lived experiences of women. Women’s stories add a biographical dimension to the welfare debate that is missing in statistical analyses which offer broadly generalizable, but often superficial, descriptions of the challenges faced by women relying on welfare. Edin and Lein (1997) and Berrick (1995) are recent examples of the work of feminist scholars which offer insights into the welfare system based on in-depth analysis of women’s narratives that contradict the widespread assumptions that women on welfare are lazy and immoral.

Overall, structural feminist analysis regards both poverty and welfare use as individual level outcomes which are caused by systemic barriers which prohibit women, especially women of color, from having full access to social institutions. Full access is inhibited by a social system that continues to struggle with overt and covert discrimination based on race, gender and class. Further, a feminist perspective recognizes that the voices of women most affected by the welfare system – welfare recipients themselves – have largely been ignored in national policy debates. Feminist scholarship encourages the centering of women’s stories in order to understand the effect of new welfare policies in their day-to-day life. This dissertation employs the macro and micro focus described in this section by making a structural analysis of factors related to

welfare outcomes using aggregated data about women's experiences; and by further enriching and interrogating this analysis through the use of personal narratives of women experiencing domestic abuse and poverty. In the next section of this literature review, I review theory and research related to welfare use.

### Welfare Use

Three aspects of welfare use are reviewed in the following sections: theoretical perspectives on welfare use, factors thought to be related to leaving welfare (including employment), and the effects of involuntary welfare leaving through the imposition of sanctions on recipients.

#### Theoretical Perspectives on Welfare Use

The passage in 1996 of the Personal Responsibility and Work Opportunity Act highlights tensions between two competing schools of thought regarding causes of poverty (Epstein, 1997; Kemp, 1994). These schools, conservative/individualist and structural/conflict approaches, offer opposing explanations for the causes of and solutions to poverty and welfare use. In this section, I provide a brief description of the conservative/individualist approach, and the critiques of this approach offered by feminist and structural/conflict theorists.

Conservative scholars explain poverty by concentrating on the personal characteristics of welfare recipients and propose causal relationships between what are viewed as individual deficits and reliance on welfare. These writers propose that people on welfare lack certain psychosocial skills (human capital) and morals, such as having a "work ethic" (Mead, 1992; Olasky, 1992; Blankenthorn, 1995), or have biological

defects, such as a low IQ, which handicap their economic productivity (Herrnstein & Murray, 1994). The focus on the pathology of individuals is expanded by culture of poverty arguments which state that poor families and communities socialize their children into deviant and maladaptive behavior which perpetuates the cycle of poverty (Moynihan, 1965 in Staples, 1999; Mead, 1992). Moynihan (1965) attributes the increased incidence of poverty among African Americans not to chronic patterns of discrimination, but to what he terms the pathology of the Black family, whose higher number of mother only families and out-of-wedlock births are viewed as indications of psychological flaws, rather than as possible adaptations to persistent inequality.

Although neither individualist nor structural approaches have been (or can be) “proven” from a scientific standpoint because of problems associated with establishing causality (Epstein, 1997), individualist explanations have dominated the public discourse about welfare and poverty. Explanations which focus on the perceived deficits of individuals as the cause of poverty (such as children being born outside of marriage, or the laziness of mothers receiving welfare) seem to appeal to Americans because of the entrenched ethic of individualism and a cultural belief that economic success is guaranteed to those who work hard – the bootstrap approach (Seccombe, James & Walters, 1998; Gilens, 1999).

PRWORA institutionalizes the belief put forward by Murray (1984) and others that welfare is a cause of the continued poverty of single mothers, rather than a response to impoverishment. The “personal responsibility” in the title of the welfare reform act aims the focus to changing individual behavior and forcing mothers to act more

responsibly, in the belief that this will improve women's life circumstances (Schram, 2000). Decreasing the access to and use of welfare would, according to this approach, increase a woman's motivation to work or encourage her to marry.

Individualist theories are variously critiqued as a form of blaming the victim, or of confusing consequence with cause (such as viewing welfare as a cause of poverty) (Schram, 1995). Ryan (1994) suggests that the conflict between conservatives and liberals is fundamentally about the interpretation of the principle of equality.

Conservatives generally hold what Ryan calls a "Fair Play" approach which stresses a person's right to pursue (but not necessarily attain) happiness. Fair Play emphasizes the equality of opportunity regardless of life circumstance (race, sex, age, etc.). In contrast, the "Fair Shares" view is predicated on the belief that all members of society should have a sufficient share of its resources so as to ensure the means to sustain life and liberty. From this standpoint, the right to pursue happiness is a hollow mockery when a person has no access to food or shelter.

Theorists who view inequitable social structures as the cause of poverty see welfare programs as solutions to socio-economic pathologies created by capitalism (Piven & Cloward, 1971; Gil, 1992). Structural/conflict explanations for poverty evaluate a number of macro-level institutions whose policies contribute to the inequitable distribution of resources, including the structure of the labor market, and the intersection of gender and racial discrimination within economic institutions. The labor market is segregated by gender (i.e., "female" professions such as teaching, housekeeping, and social work), and this segregation is a determining factor in the lower



wages women earn (Kemp, 1994; Schram, 1995). As the basis of the American economy shifts from industry to technology and information, the need for unskilled, low wage workers decreases, a change that disproportionately affects persons of color who do not have the same access to high quality education and university training (Schram, 1995). The attributes and dysfunctions exhibited by individuals are not viewed as determinants of poverty and welfare receipt, but as responses to and consequences of structural inequity. Social policies and economic structures, which are largely beyond the direct influence of those who are the objects of these policies, are implicated as causative factors in the origins of poverty.

Feminist approaches typically expand the classic structural/conflict viewpoint, by identifying gender as one of the structural forces in society and locating the cause of poverty within social structures which foster unequal outcomes for women as well as for people of color. For example, Mink (1998) views individualist approaches as an overt attempt to enforce traditional gender roles which limit women's freedom, while Quadagno (1994) reframes the history of welfare as a thinly veiled attempt with a racist sub-text to continue the long tradition of discriminatory policies against people of color, particularly African Americans.

A feminist structural analysis recognizes that welfare recipients are overwhelmingly women and children responding to roles, relationships and institutions which are shaped by racial and gender oppression. A core set of largely unchallenged assumptions about the role of women as mothers and wives has persisted over decades of social welfare policies and explains why certain women (such as widows, married and

white women) are favored over others (unmarried mothers and women of color) in the distribution of social welfare resources (Abramovitz, 1996a). Only poor women are actually forced to work outside the home in exchange for the limited benefits they receive from the welfare state, whereas middle class widows and the elderly usually have access to more generous Social Security benefits which do not have associated behavioral mandates or means tests for eligibility (Mink, 1998). In this situation, the standards of the middle class are imposed on poor women through social policy legislation, but poor women lack the economic resources to meet these expectations (Pearce, 1989). Poor women do not have equal access to the educational resources, high quality, affordable child care or reliable transportation necessary for employment. Many leave welfare for minimum wage jobs which do not lift them above the poverty line.

Previous to PRWORA, the consequence of these inequities was the following:

In effect, single mothers with low earning capacity are forced to choose between (1) working full time, living at or near the poverty line, possibly going without medical care, and having no time for their children; and (2) not working, living below the poverty line, having Medicaid, and having time with their children (Garfinkel & McClanahan, 1994, p. 208 - 209).

With the passage of PRWORA, work is now mandatory, and time limits on welfare receipt are imposed on recipients regardless of their ability to support their children. The choice post-PRWORA would seem to be between working full time for at or near poverty wages and having no financial resources at all. PRWORA has increased the stakes for poor women who, lacking a supportive spouse or the availability of help from the state, are left to negotiate the dictates of the marketplace with no safety net.

### **Empirical Research on Welfare Leaving**

Women who have turned to the welfare system for its limited financial support are in a precarious position. If they are unable to successfully transition into the workforce, their welfare benefits may be ended abruptly by time limits or the increased ability of departments to sanction recipients. Therefore, it is important to understand what circumstances are associated with successfully leaving welfare. Empirical research on welfare leaving is largely based on evaluations of the AFDC program. Assessment of the effects of policies instituted by PRWORA are in their initial stages, and only a handful of studies are available which describe factors associated with leaving the welfare rolls post-PRWORA. The majority of the literature evaluated in this section reviews empirical findings related to leaving AFDC.

Contrary to the popular perception that women remain on welfare for the entire upbringing of their children, for most recipients, the length of time of a welfare spell is usually relatively short. Within two years, the majority of welfare recipients no longer rely on welfare payments (Gottschalk, McLanahan & Sandefur, 1994), and having a shorter length of time receiving welfare increases the likelihood of leaving welfare (Rank, 1994). A small subset of those receiving welfare do so for periods of seven years or more, with the likelihood of a longer welfare spell being five times higher for African American recipients than for others (Garfinkel & McLanahan, 1994; Gottschalk, McLanahan & Sandefur, 1994). For many, welfare use is an episodic experience as financial stability is affected by divorce, unemployment or illness. About half the

families who receive Food Stamps or AFDC return to the rolls at a future date (Gottschalk, McLanahan & Sandefur, 1994).

Is welfare use transmitted inter-generationally? Previous research finds that daughters whose mothers received welfare during their childhood are more likely to receive welfare as adults (McLanahan, 1988). Having a parent who received welfare is associated with a slightly higher risk for subsequent welfare use by children (Gottschalk, McLanahan & Sandefur, 1994). While this finding may appear to support a culture of poverty argument, it can also be explained by the possibility that daughters continue to be affected by similar patterns of discrimination and the same opportunity-limiting structures as their mothers.

Contrary to another popular myth that women on welfare do not work, the majority report working in either the formal or the underground economy while receiving welfare benefits (Edin & Lein, 1997). Women's work, however, is an uncertain route to economic security because of the persistence of gender inequalities in income (Kemp, 1994). The most recent survey of men's and women's earnings (Institute for Women's Policy Research [IWPR], 1999) finds that, although the gap is narrowing, full-time women workers still earn less than men – women receive 74.4 percent of what men receive from full-time employment. The poverty rate for single working mothers would be cut in half, from 25.3 percent to 12.6 percent if women earned as much as comparable men (IWPR, 1999). Louisiana has one of the largest gaps between the earnings of men and women workers. This gap is even larger for women of color, who on average make only 60 percent of what men earned in the state (IWPR, 1999). Given these realities, it is

not surprising that almost half of women who leave welfare through gaining employment remain in poverty in the year after their welfare exit (Harris, 1996).

For most women, successfully leaving welfare means finding and maintaining employment. Research on AFDC exits shows that certain barriers to employment consistently limit a woman's ability to leave welfare voluntarily. Having children under age six, no high school diploma, no previous work experience and low levels of access to family assistance are all associated with a decreased likelihood of employment among welfare recipients (Spalter-Roth, Burr, Hartman & Shaw, 1995). Having fewer children, being older at the age of first pregnancy and having a mother who worked when the recipient was a child all increase the likelihood of being employed (Brooks & Bucker, 1996). Olson and Pavetti (1999) also note that women with lower educational levels who have children under age five have more difficulty finding and maintaining employment.

Two studies look at employment barriers after implementation of PRWORA. A preliminary report from the Michigan Women's Employment Study, begun after the passage of PRWORA, finds that having less than a high school education, lack of access to transportation, few work skills, drug dependence, serious health problems or depression, all decrease the probability of working (Danziger et al., 1999). Kim (2000), in a study based on data from the 1998 Current Population Study analyzes patterns of employment of welfare recipients post-PRWORA. Her findings indicate that several individual or family characteristics are associated with employment: having more than a high school education and receiving child support increase the likelihood of

employment; while being Hispanic, disabled, and having more children all decrease employment.

Although many women leave welfare through accessing employment, other reasons also exist for leaving the rolls. Rank (1994) finds that about a third of recipients stopped receiving welfare payments on a voluntary basis usually because of increased income from employment, while another third were sanctioned off the rolls, and the final third left for other reasons (such as receiving additional income from a spouse). Recent state evaluations show wider variation in the number of people who report leaving welfare for a job, from 11.3 percent who were working (by administrative report) in the quarter after their welfare exit in Maryland (Family Investment Agency, 1997) to 67 percent of respondents who report leaving welfare for a job in Washington state (Washington Department of Social and Human Services, 1999). Preliminary research in Louisiana indicates that 30 to 40 percent of recipients leave the welfare rolls because they receive additional income, through employment or other federal programs such as Social Security or Supplemental Security Income (Mancoske, Kemp & Lindhorst, 1998; Mancoske & Lindhorst, 1999; McElveen, Mancoske & Lindhorst, 2000). Outcomes beyond a former recipient's current employment status have yet to be summarized across studies.

Although many women leave welfare because they improve their life circumstances by gaining other income, either from employment or another source, a significant number of recipients are now being moved off welfare through the use of administrative procedures such as time limits and sanctions for non-compliance with

departmental regulations. The use of sanctions is greatly expanded by PRWORA and this is discussed next.

### Involuntary Welfare Leaving

As discussed in the introduction, PRWORA incorporates many experimental reforms enacted by states prior to 1996, including the use of a full family sanction to involuntarily remove recipients and their children from the welfare rolls. A full family sanction allows the welfare agency to terminate benefits to an entire family for non-compliance; whereas previously, benefits for the non-compliant parent were withheld, but the children's portion of the AFDC grant continued to be paid (Corcoran, Danziger, Kalil & Seefeldt, 2000; Ferber & Storch, 1998). Sanctioning entire families is described as a deterrent or a punishment designed to induce compliance with institutional regulations.

Although federal law does not require that states assess the impact of sanctions on families, several governmental and advocacy organizations are doing so. The Maryland study notes that a relatively small number (4.7 percent) of persons whose cases were terminated were sanctioned for failure to meet work requirements (Family Investment Agency, 1997). A study in Montana finds that 22.7 percent of cases in the state were terminated because of non-compliance with (unspecified) departmental regulations (Coping with Block Grants, 1998). A similar smaller study conducted in Portland, Oregon reports that the majority of welfare recipients exit because they secure employment or increase their income; however, 14 percent were terminated for failure to meet work search requirements (Multnomah County Department of Community and

Family Services, 1997). The Children's Defense Fund (2000) released a report which found that 19 percent of families were "pushed off" welfare due to non-compliance, and these parents have less education and are more likely to report physical health problems than those who leave voluntarily.

Information from Louisiana about welfare exits is based on two studies. First, a telephone survey with welfare leavers finds that approximately 40 percent are involuntarily removed from the welfare rolls for non-compliance with administrative regulations (Lindhorst, Mancoske & Kemp, 2000). Information from the second year of a three-year panel study indicates that over half of the welfare exits in the sample are for involuntary reasons, with reaching the twenty-four month time limit being the second largest reason for welfare exit for all leavers, following employment (McElveen, Mancoske & Lindhorst, 2000).

One national study looks at the use of sanctions prior to the implementation of welfare reform in most states (GAO, 1997). By analyzing approximately 18,000 cases terminated nationwide, the GAO finds that from June to December, 1996, terminations for failure to meet work requirements increased from 34 to 47 percent. Other sanctionable offenses, such as non-compliance with child support enforcement, and teen parent school attendance and living arrangements, remain level at approximately 8 percent of the terminations. Time limits account for less than one percent of the terminations, but the study was conducted before recipients would reach the first twenty-four month time period imposed by the PRWORA.



The effect of being sanctioned off welfare is unclear. The Children's Defense Fund (2000), based on a convenience sample survey of 506 families across the country who left welfare since 1996, finds that those parents who are sanctioned off welfare are less likely to receive supportive services from the welfare system, and more likely to report having had a major hardship, such as not being able to buy food or pay rent, in the previous six months. Analysis of panel study members who stay on TANF, leave voluntarily, or are sanctioned off welfare in Louisiana, finds that women who are sanctioned are younger, have higher levels of depression, are the most likely to have unmet medical needs for themselves and their children, and have the lowest income of any of the three groups – about \$7800 per year, an amount that is less than half of the poverty level for a family of three (Lindhorst & Mancoske, 2000). The majority of sanctioned leavers are not working in this sample.

While these findings describe characteristics of and poor outcomes for sanctioned leavers, nationally representative data suggest that full family sanctions may provide an incentive to engage in work. Kim (2000) finds that the probability of working is higher for recipients who live in states that employ a full benefit sanction for non-compliance. This same study evaluates the impact of time limits on employment. States vary widely in the amount of time they allow recipients to receive TANF payments prior to being “timed out”, from one year in Tennessee to five years in most states. Kim found that the length of time given to recipients before a time limit is enacted has no effect on employment.

To summarize, several factors (such as the number and age of children, parental use of welfare and educational level) affect the likelihood of being able to leave welfare voluntarily. These factors serve as barriers to employment (the primary way to exit welfare voluntarily), as do a woman's health and mental health status and her access to transportation (as found by Danziger et al., 1999).

As can be seen from this review, previous research on welfare leaving does not address the effect of domestic violence on this process. The only study to include domestic violence in the analysis of welfare leaving is the Michigan Women's Employment Study (Danziger et al., 1999), which is currently in process, and whose preliminary findings do not show that domestic violence affects employment. Leaving the welfare rolls can happen voluntarily, or through the application of sanctions, and is affected by a complex array of factors as previous research has demonstrated. In order to understand if domestic violence has an effect on welfare leaving, it must be assessed within a context which accounts for previous research findings.

Domestic violence is a complex phenomenon whose relationship to poverty is not well understood. In the next section of this review, I examine theories related to intimate partner violence, the prevalence of abuse in the United States, economic factors related to leaving an abusive relationship, and the mental health consequences for survivors of domestic abuse. By investigating these areas, connections between domestic violence and welfare use are explored.

### **Domestic Violence**

Domestic violence has several conceptual definitions. Most frequently, it refers to physical violence between husbands and wives, and in this context it is also known as wife abuse, partner abuse, spousal assault or spouse abuse (Lystad, Rice & Kaplan, 1996). Since the 1970's, these definitions have expanded to include other behaviors such as verbal abuse, rape or stalking, and other populations such as co-habiting couples, dating couples (Rosen & Stith, 1997), and gay and lesbian couples (Island & Letellier, 1991; Lobel, 1986). For the welfare system in Louisiana, domestic violence is defined as violence or extreme cruelty between any members in a household (Louisiana Department of Social Services, 1998b). In this section of the literature review, I describe theoretical perspectives on domestic violence, the prevalence of domestic violence in the United States and Louisiana, economic factors related to leaving abusive relationships, and the mental health consequences of domestic violence.

### **Theoretical Perspectives on Domestic Violence**

Three main bodies of theory, reflecting psychological, sociological and feminist approaches, are available to explain domestic violence and are summarized here (for an overview, see Stark & Flitcraft, 1991). Psychological theories of the causes of intimate partner violence focus on the pathology of individual perpetrators and victims. Although unequal power relationships between men and women are seen by some researchers as critical to the occurrence of violence, these imbalances are not deemed sufficient explanations of patterns of violence (O'Leary, 1993). Instead, dysfunctional intrapsychic processes such as impulsiveness, dependence, affective dysregulation and antisocial

tendencies are prioritized as explanations of violence (O'Leary, 1993). Theories based in psychology see attitudinal variables of perpetrators and the co-occurrence of certain mental disorders, such as alcohol abuse, intermittent explosive disorder, and a variety of personality disorders, as causal in violent behavior (O'Leary, 1993).

Another persistent strain in psychological literature is the view that women share responsibility for their victimization because of their own poor choices, often described in terms of personality or character disorders. In the mid-1980's, these beliefs were embodied in the American Psychiatric Association's proposed diagnostic category of "self-defeating personality disorder" (Levy, 1995). This disorder was offered as an explanation of why battered women continued in abusive relationship. It has since been removed from the diagnostic manual after a series of critiques saying this was an inaccurate depiction of women's lives and a form of blaming the victim (Levy, 1995; Nechas & Foley, 1994).

Sociological theories, in contrast, prioritize structural-functional approaches to understanding violence and have been strongly influenced by the ground-breaking survey work of Straus, Gelles and Steinmetz (1980). The National Family Violence Survey (NFVS) was the first nationally representative epidemiological survey of families about the experience of violence. The body of work stemming from NFVS describes the family as the most violent of all social institutions other than the military and police which are, by definition, designed to implement violence (Gelles, 1993). Several social-structural variables are associated with violence in the family, however, not all families are equally at risk. For instance, age is a prominent social factor in violence, as rates of

violence (both as victim and perpetrator) are found to be highest among those age 18 to 30 years (Straus, Gelles & Steinmetz, 1980). Social position also affects risk for violence. Although family violence is found in all strata of society, the lower the position in the social structure, the greater the violence (Straus, Gelles & Steinmetz, 1980; Gelles, 1993). From a sociological view, reasons for this predisposition towards violence in the institution of the family lie in its structure – time spent with family members is high, involvement tends to be intense and emotional, privacy allows for secrecy to enshroud dysfunctional family behaviors, membership is involuntary and cannot be terminated, and stress is easily transmitted among members (Gelles, 1993).

Although sociological theories recognize gender roles as important influences on violence, from a feminist perspective they tend to downplay or ignore that domestic violence is situated within a historical context of patriarchy which has structured support for male dominance and white supremacy (hooks, 1984; Yllö, 1993). Institutionalized violence within the family is viewed by many feminists as the *sine qua non* of patriarchy (hooks, 1984; Hartmann, 1981). Many feminist scholars view violence and the threat of violence as a coercive tool used to maintain a social order favorable to men (Dobash & Dobash, 1979; Hartmann, 1981; Gordon, 1990; Yllö, 1993). From this perspective, intimate partner violence is not a reaction to psychopathology or to stressful social conditions, but is a purposeful (although not necessarily conscious) behavior used to control and dominate women individually and as a group. As such, violence against women is embedded in unjust social relations and acts recursively to reinforce sexism through institutions outside the family such as law, medicine and religion. Research

reviews support the perspective that violence against women is embedded in many social institutions where it functions as a form of social control, but its fullest expression is found within the family (Stark & Flitcraft, 1991; Browne, 1993; Yllö, 1991).

Most sociological theories also fail to address the higher rates and the difference in causes of domestic violence reported by African American women. Theories about the causes of domestic violence, including many feminist theories, either purport to be color-blind, or disregard race as an important factor. In doing so, key differences in the social situations of African American families are ignored. However, given the historical tendency to pathologize black families<sup>2</sup> (hooks, 1984; Hill, 1993; Jones, 1995; Smith, 1998; Collins, 2000), discussion of the differences in domestic violence between black and white families can have racist overtones which locate blame for violence within individuals or African American culture, ignoring systematic experiences with racism.

In contrast, scholars within the African American community focus on racial inequities as a reason for the increased rate of violence within black families that is absent for whites (Hill, 1993). Staples (1999) extends the causal circle to include white society which has set an example of violence through its centuries of aggression against African Americans. Many scholars of African American families believe that higher rates of domestic violence are caused by the stress, alienation and hopelessness (Richie, 1996; Hill, 1993; Staples, 1999) experienced by black men. Stress is caused both by individual, unpredictable acts of racism and by institutionalized racism, including the

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See Hill (1993) for a discussion of the routine application of a deficit model to African American families.

overwhelming effect of racial disparities within the law enforcement system for the black community (Hill, 1993).

The National Violence against Women Act of 1994, partly at the behest of feminist advocates, emphasizes intervention by courts and police as a solution to the problem of domestic violence (Wright, 1998). Yet this solution fails to acknowledge that the criminal justice system operates in a manner which reinforces racism by being more likely to arrest, charge and prosecute people of color, particularly African Americans (hooks, 1995; Richie, 1996; Wright, 1998; Smith, 1999). Theories which postulate psychological or sociological causes which do not recognize the intersection of racism and sexism in domestic violence ignore a salient factor for women of color trying to stop the abuse. As Wright (1998) notes, "In this context, many battered Black women and Latinas may protect the abuser from jail even if it means risking their own safety" (p. 45).

Analysis of domestic violence by feminist women of color sees relationships between men and women within a context intersected by poverty, violence, racism and sexism. White feminist theories which emphasize perpetrator accountability within the criminal justice system have been accused of ignoring the elemental role of racism within this system (Jones, 1995; Wright, 1998; Smith, 1999). This dissertation uses feminist theory to interpret the relationship between welfare use and domestic violence, but it does so within a context which recognizes race and racism as fundamental components of these experiences. To further this understanding, in the next section, I

describe research on the prevalence of domestic violence, looking specifically at issues related to rates of domestic violence among African American families.

### Prevalence of Domestic Violence

Information on the prevalence of intimate partner violence comes from three primary sources: clinical studies, crime reports and social surveys. These three sources differ in the reported amount of violence, but all indicate that violence against women is a serious national problem with grave health and mental health implications for women and their families.

Clinical studies explore the prevalence of violence against women within settings such as emergency rooms, physicians' practices, and emergency shelters. They are usually limited in their generalizability because of the non-randomness of their samples, and the variety of techniques used to measure family violence. Researchers in one large clinic report that 39 percent of women in their family practice have been violently assaulted by an intimate partner in their lifetime (Hamberger, Saunders & Hovey, 1992). In a study of emergency room records of women presenting with injury to a large metropolitan hospital, 21 percent used emergency surgery services because of injuries suffered from assault by a known partner (Stark, Flitcraft, Zuckerman, Grey, Robison & Frazier, 1981). Each year, more women present with injuries inflicted by intimates than result from auto accidents (Stark, et al., 1981). In fact, abuse by an intimate is the leading cause of injury to women age 15 - 44 (Dwyer, Smokowski, Bricout & Wodarski, 1995).



National estimates on criminal victimization experienced by women come from the Uniform Crime Reports and national crime victimization surveys. One national crime survey reports that 420,000 women, on average, are sexually or physically assaulted by a family member each year (Petrie & Garner, 1990). These sources provide a limited understanding of the nature and extent of violence within the family because criminal justice sources focus on the narrow range of behaviors that are illegal (Stark & Flitcraft, 1991). Intimate partner violence is under-reported to law enforcement personnel (Straus, Gelles & Steinmetz, 1980); and criminal justice officials have a history of dismissing domestic violence as a personal matter, so crime reports are often not taken (Miller & Krull, 1997). Also, because law enforcement is more active within communities of color and poor communities, reliance on crime report statistics may overestimate the prevalence of violence within these communities, and underestimate it within middle class and white communities.

The first nationally representative data on family violence, the National Family Violence Survey (Straus, Gelles and Steinmetz, 1980; Straus, 1990; Straus & Gelles, 1991) are considered the benchmark for domestic violence research. Straus, Gelles and Steinmetz (1980) indicate a lifetime prevalence of physical aggression against women between 21 to 34 percent, with an annual rate of 3.8 percent for severe physical aggression experienced by women. Economic insecurity, having more children, having violent families of origin, being younger than thirty years of age, having high levels of stress and alcohol use, and not being part of an organized religion, are all factors that correlate with violence in the family (Straus, Gelles, & Steinmetz, 1980).

The National Family Violence Surveys collected information on violence based on the Conflict Tactics Scale (CTS) (Straus, 1990). This scale has been widely critiqued, particularly from a feminist standpoint, as inadequately measuring contextual factors of male violence against women (Dobash, Dobash, Wilson & Daly, 1992; Browne, 1993). The CTS does not measure intent, i.e., was the person physically assaultive for defensive purposes or coercive reasons? Nor does it measure the outcome of violence (injury, other harm), or the threat involved (the victim's belief that harm will ensue). Women are the perpetrators of very few physical assaults reported in the National Crime Survey; therefore, it is reasonable to assume that physical attacks by women are not viewed as threatening (Stark & Flitcraft, 1991; Browne, 1993; Tjaden & Thoennes, 2000). For these reasons, many feminist advocates for battered women believe that results from the National Family Violence surveys do not adequately represent women's experiences.

In response to these concerns and to further empirical research on violence against women, the Department of Justice undertook an extensive nationally representative survey, the National Violence against Women Survey (NVAWS) (Tjaden & Thoennes, 1998a; Tjaden & Thoennes, 2000). This survey differed from the NFVS as data were collected via phone rather than personal interviews. All respondents were asked if they had experienced violence, and then the perpetrator was determined, as opposed to the NFVS which asked if anyone in the family had acted violently towards another member (Tjaden & Thoennes, 2000; Straus, Gelles, & Steinmetz, 1980). Preliminary results from this survey of 16,000 men and women finds that 1.8 percent of women report having been physically assaulted, raped or stalked by an intimate partner

in the previous 12 months. While men report a higher rate of physical assault by non-intimate partners, women were three times as likely as men (25.5 percent of women compared with 7.9 percent of men) to be assaulted by an intimate partner in their lifetime. Women are 7 to 14 times more likely than men to experience extreme violence at the hands of an intimate partner (being beaten up, choked, or threatened with a gun). Overall, the data show that women are much more likely to be victimized by intimate partners than are men. This finding contradicts research by Straus, Gelles & Steinmetz (1980) which states that men and women are equally likely to engage in physical violence. According to the NVAWS, women are more likely to experience violence if they have been a victim of childhood abuse, have a partner who is verbally or emotionally abusive, are unmarried, and are African American (Tjaden & Thoennes, 2000).

The annual rate of intimate partner violence found by the NFVS of 3.8 percent is virtually identical to the victimization rates reported by the National Crime Survey, but about twice the rate found in the National Violence against Women Survey. Tjaden and Thoennes (2000) speculate that the differences in rates between the two surveys are a result of measurement issues, including how questions are framed for respondents (as violence in the home or as general exposure to violence). Based on these two surveys, experts estimate that approximately two million women are physically attacked by their partners each year (Tjaden & Thoennes, 2000), and this number may be as high as four million (Straus & Gelles, 1991).

Largely because of publicity surrounding celebrity cases, stalking behaviors have recently been recognized as another form of intimate partner violence. Stalking is defined as

A willful course of conduct involving repeated or continuing harassment of another individual that would or actually could cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed or molested (Burgess, et al., 1997, p. 391).

Usually this behavior occurs when the victim is not co-habiting with the perpetrator, and can be associated with post-separation violence (Burgess, et al., 1997).

Unlike prevalence estimates of physical violence, stalking has not received as much research attention. The National Family Violence Surveys does not measure stalking behavior as a component of intimate partner violence. The National Violence against Women Survey asks questions related to stalking which is defined as having repeated, unwanted contact with another which generates a high level of fear (Tjaden & Thoennes, 1998b). One half of one percent of women in the sample report having been stalked in the previous twelve months, and 4.8 percent have been stalked in their lifetime (Tjaden & Thoennes, 2000). Behaviors such as following, repeated calling, and threatening actions can affect a woman's ability to care for her family and to maintain her home and job. Despite the sparse literature related to this experience, stalking is an important element of intimate partner violence, and its effects need to be further explored (Tjaden & Thoennes, 1998b).

The relationship between race, ethnicity, income level and domestic violence is inconsistent. The National Family Violence Survey found increased rates of wife abuse

among African American and Latino households as compared to whites (Hampton & Gelles, 1994), and the National Violence against Women Survey confirms that African American women have increased risk (Tjaden & Thoennes, 2000). Mixed race and American Indian women also report higher levels of victimization than do white women, Hispanic or Asian women in the National Violence against Women Survey (Tjaden & Thoennes, 2000). Contradicting both these findings, the National Crime Victims Survey (Bachman, 1994) describes a nearly identical rate of victimization across racial groups. Data from the National Family Violence Surveys show that lower income families report more violence (Straus, Gelles & Steinmetz, 1980). Data is unavailable on this issue from the National Violence against Women Survey as a large number of persons refused to answer income questions (Tjaden & Thoennes, 2000).

This brief review of the literature related to the prevalence of intimate partner violence shows that national annual estimates of rates of serious violence against women range from 1.8 (Tjaden & Thoennes, 2000) to 3.8 percent (Straus, Gelles & Steinmetz, 1980), and preliminary reports on stalking indicate that 0.5 percent of women are seriously threatened each year. Rates for African American families appear to be higher than whites (Straus, Gelles & Steinmetz, 1980; Tjaden & Thoennes, 2000), and rates for lower income persons may also be higher (Straus, Gelles & Steinmetz, 1980). As will be seen in the section of this review related to domestic violence among welfare recipients, the rates of intimate partner violence among welfare recipients appear to be significantly higher than any of these national estimates. Whether poverty increases the rate of domestic violence is not yet known, but scholars concur that economic factors are

associated with the ability to leave an abusive relationship, and this research is discussed next.

### **Economic Factors Related to Leaving Abusive Relationships**

Given the reported prevalence of violence against women in families, it is important to understand which factors support a woman in leaving an abusive relationship. Wuest and Merritt-Gray (1999), in their qualitative, grounded theory analysis of processes sustaining separation from abusive relationships, caution that leaving an abusive partner is arduous and potentially dangerous. This study notes three primary processes as important for women who sustain leaving: not going back (claiming and maintaining territory and harnessing the system to use resources for safety), getting situated (with finances, children and daily activities), and relentless justifying (repeatedly explaining one's situation to the outside world and to one's self). Women in this study report that establishing financial security was one of the most critical processes undertaken to sustain separation from the abuser. Women's voices iterate the pain in establishing independence and the need to view separation as an ongoing, laborious process.

Quantitative research looking at factors associated with continuation and cessation of abusive relationships has documented the importance of economic hardship as a reason for remaining with a violent partner. Early studies in the field contend that women with fewer monetary resources were less likely to leave abusive relationships (Gelles, 1976; Fields, 1978). Strube and Barbour (1983) argue that unemployed women are more reluctant to leave an abusive spouse. Women who note on intake into a

counseling program that economic hardship was the primary reason that they remained in an abusive relationship are less likely to have left their partner at follow up (Strube & Barbour, 1984). A recent analysis of data from the 1992 National Alcohol and Family Violence Survey shows that family income was the single most powerful predictor of the cessation of wife abuse, with lower income families more likely to report continued violence (Aldarondo & Kantor, 1997). Cessation is also associated with older men and women, longer relationships, and less use of hard drugs at any point in a respondent's past (Aldarondo & Kantor, 1997). Macro level economic issues may also affect rates of violence. Straus and Gelles (1986) speculate that one possible reason for declining rates of spousal abuse between 1975 and 1985 may have been an improving economic climate.

One final study bears mention, although the focus in the study is on the effect of employment on domestic violence (Tauchen, Witte, & Long, 1991). The authors interviewed 125 abused women who were recruited through shelters and the district attorney's office. The effect of earnings on violence differs depending on whose income is changing and to which social class the couple belong. For high income couples, his increasing income decreases her likelihood of being abused; but her increasing earnings are associated with higher levels of violence from him. The opposite relationship is seen for low and middle income couples -- increases in finances decrease her experience of violence if she is the one with more earnings. An increase in his earnings raises the amount of violence she experiences. For women relying on AFDC, an increase in either the AFDC amount or other income sources is associated with a decrease in violence. However, an increase in her employment is actually associated with an increase in the

number of violent incidents she reports. The authors note that these findings are consistent with violence serving an expressive purpose, i.e., when it is of direct benefit to the abusive partner in ventilating frustration and stress, and where the woman has few attractive outside alternatives.

Research consistently suggests that access to economic resources is imperative if women are to be successful in leaving abusive partners. From the stories that women tell, we hear that establishing financial security is one of the critical processes involved in escaping a violent spouse (Wuest & Merritt-Gray, 1999). Quantitative analysis shows that having access to income is a predictor of whether women leave abusive relationships. However, as was discussed in the introduction, women of color receive less economic benefit from employment than do white women (Catanzarite & Ortiz, 1994), increasing their vulnerability to abusive relationships. Accessing economic resources can be a process complicated by the consequences of the battering. Preliminary research with welfare recipients indicates that a woman's level of mental distress may be a critical factor in her ability to become employed (Danziger et al., 1999). As will be discussed in the following section, domestic violence can have severe and long-lasting consequences for women's mental health..

### **Mental Health Consequences of Domestic Violence**

Trauma theory suggests that persons who are exposed to traumatic events – be they single episodes (such as a disaster), or chronic life-threatening circumstances (such as war, domestic violence or child abuse) – experience complex emotional, social and sometimes biological reactions caused by the trauma (Herman, 1992; Bloom, 1997).



Many battered women experience psychological symptoms such as hyper-arousal and vigilance, psychic numbing, intrusive thoughts and flashbacks, and dysphoria and are consistent with the diagnosis of Post-Traumatic Stress Disorder according to the American Psychiatric Association (APA, 1994). Herman has suggested the need for a new mental health diagnostic category that she terms “Complex Post Traumatic Stress Disorder” (1992, p. 121) which is caused by being subjected to totalitarian control and leads to problems in affect regulation, consciousness, self-perception, perception of the perpetrator, relationships with others, and systems of meaning.

Other researchers argue that women who have experienced domestic violence appear to have increased rates of several mental disorders. Although surviving even a single instance of assault or life-threatening behavior can have severe and sometimes prolonged negative effects, research findings suggest that the greater the intensity and length of the violence, the more mental health consequences (Browne, 1993; Gelles & Harrop, 1989). Abused women presenting for treatment in an Australian emergency room have higher lifetime rates of phobias, depression, dysthymia, anxiety, substance dependence and somatization disorders (Roberts, Williams, Lawrence & Raphael, 1998). In several categories, the rates of distress for these survivors of violence are double, and sometimes triple those of non-abused women. Stark and Flitcraft (1991) note that depression is the most common diagnosis given to women who have been battered, and that the rate of diagnosis of personality disorders is also higher among abused women.

Among welfare reliant women, Tolman and Rosen (2001) find that abused women report almost three times as many mental health disorders as non-abused women,

including depression, PTSD, and drug or alcohol dependence. Almost half of the enrollees in a welfare-to-work program report violence in their most recent relationship, and one third of the participants exhibit traumatic stress symptoms, including high levels of depression, intrusive memories, trouble concentrating and angry outbursts (Brush, 2000). Angry outbursts were associated with dropping out of the program, but trouble concentrating was actually associated with an increased likelihood of job placement (Brush, 2000). Brush's findings are an example of the contradictory nature of the results found in research on domestic violence.

From the body of research related to domestic violence, certain facts are important. First, domestic violence is a serious social problem, affecting several million women a year (Tjaden & Thoennes, 2000; Straus, Gelles & Steinmetz, 1980), and African American women are at increased risk of harm, most likely because of the association of domestic violence and poverty. Secondly, economic factors play a significant role in whether women leave abusive relationships (Wuest & Merritt-Gray, 1999; Strube & Barbour, 1983 and 1984; Aldarondo & Kantor, 1997). And, finally, many women experience significant and persistent mental health symptoms related to the abuse they have experienced, including depression, impairment in concentration, hypervigilance and anxiety (Browne, 1993; Herman, 1992; Bloom, 1997; Roberts, Williams, Lawrence & Raphael, 1998; Brush, 2000), all of which may interfere with their ability to carry out activities required by welfare reform (Brush, 2000), and may affect their ability to obtain employment.

This literature review has described factors related to welfare use and leaving (family characteristics such as the number and age of children, the education level of the recipient, and her parents' history with welfare use), the necessity for economic resources in order to leave abusive relationships, and mental health factors such as depression and post-traumatic symptoms which may inhibit a woman's ability to find and maintain employment after being a victim of violence. The final area I explore is the information currently available on the experience and effect of domestic violence among women who are welfare recipients.

### Domestic Violence among Welfare Recipients

Is domestic violence a serious problem for women on welfare and how might it affect a woman's ability to meet new welfare requirements? To answer this question, I review literature on the prevalence of domestic violence among women on welfare, and the effect of domestic violence on employment outcomes for low income women.

### Prevalence of Physical Violence among Welfare Recipients

To discover if welfare use and domestic violence are connected, Brandwein (1999b) ascertained whether women who reported domestic violence to the police in Utah were receiving AFDC in the year prior to or the year after the police report. Between 15.5 percent and 19.1 percent of women applied to receive welfare within one year of a formal police report of intimate partner violence. However, an equal number of women were already on welfare at the time a police report was filed. These data indicate that about one third of the women filing police reports were AFDC recipients in the year prior to or following an allegation of domestic violence. The proportion of women

receiving AFDC in Utah is about 3 percent of the population. The number of AFDC clients reporting abuse to the police is higher than would be expected if filing a police report was unrelated to income level.

Research on violence against women who are also recipients of welfare is in its infancy. Recent studies on the link between intimate partner violence and welfare use indicates a high prevalence of intimate partner violence among welfare recipients. Table 1 on the following pages provides an overview of fourteen studies currently available about the experience of domestic violence among welfare recipients. The table (organized by date of the first publication) notes the location and authors of the study, the type of sample used, the population surveyed and whether it was before or after implementation of PRWORA, the research design, the type of measure used, and the estimates of physical abuse in the past twelve months and ever.

This summary of studies which investigate the prevalence of intimate partner violence among welfare recipients shows that the research is generally cross-sectional in nature, often relying on a convenience sample of women coming to the welfare office. Generally, the reports are descriptive in nature, with only more recent articles providing multivariate analysis (Lloyd & Taluc, 1999; Danziger et al., 1999; Brush, 2000; Tolman & Rosen, 2001; Honeycutt, Marshall & Weston, 2001). Three analyses used the Conflict Tactics Scale (Straus, 1990), or some variation, but the majority of the measures rely on one or two questions to ascertain if abuse has occurred. Eight reports give annual prevalence rates of physical violence and ten provide lifetime estimates, but some of

**Table 1**

**Research on the prevalence of physical violence among welfare recipients**

<b>Study Location</b>	<b>Sample</b>	<b>Population</b>	<b>Design</b>	<b>Measure</b>	<b>Physical Abuse in past 12 mos.</b>	<b>Physical abuse ever</b>
<b>United States (Plichta, 1994)</b>	<b>Random digit dial, over sampling of women of color</b>	<b>2,010 women (439 African American; 405 Hispanic), (no info on response rate), pre-PRWORA</b>	<b>Cross-section; phone survey</b>	<b>Modified CTS</b>	<b>24% (of welfare recipients in past 5 years); compared to 6.8% of other respondents</b>	<b>not reported</b>
<b>Kansas City, KS &amp; Independence, MO  (Horizon Research Services, 1996)</b>	<b>Convenience</b>	<b>404 AFDC participants (62% African American), (no info on response rate), pre-PRWORA</b>	<b>Cross-section; self-administered survey</b>	<b>Asked if partner currently "hit slapped, or kicked you, said you were worthless, called you names, or made you think they might hurt you"</b>	<b>10%</b>	<b>not reported</b>
<b>Utah  (Lloyd, M., 1996)</b>	<b>Convenience</b>	<b>162 "hardest to serve" AFDC cases brought to staffings held in a 10 month period, post-PRWORA</b>	<b>Case review</b>	<b>Intimate partner violence as reported by case worker</b>	<b>27%</b>	<b>not reported</b>

Table 1, continued

Study Location	Sample	Population	Design	Measure	Physical Abuse in past 12 mos.	Physical abuse ever
Worcester, MA  (Bassuk, Weinreb, Buckner, Browne, Saloman & Bassuk, 1996; Saloman, Bassuk & Brooks, 1996; Browne & Bassuk, 1997; Browne, Saloman & Bassuk, 1999)	Convenience sample of homeless (H), random sample of never homeless (NH)	220 homeless compared with 216 never-homeless women receiving AFDC (no info on response rate), pre-PRWORA	Cross-section; in person interviews	8 behavior checklist (slapped, kicked, hit, beaten up, choked, weapon used, threatened with weapon or other)	32.3% (H) 32.6% (NH)	63.1% (H) 58.1% (NH)
Chicago, IL  (Lloyd, S. 1997; Lloyd & Taluc, 1999)	Random selection from a census tract	824 low income women (no info on response rate), pre-PRWORA	Cross-section; in person interviews	Expanded CTS	7.3% (Non-AFDC) 19.5% (AFDC)	23% (Non-AFDC) 33.9% (AFDC)
Massachusetts  (Allard, Albelda, Colten & Cosenza, 1997)	Convenience	734 women applying for recertification of AFDC benefits (58% response rate), pre-PRWORA	Cross-section; in person interviews at office	3 - 9 item index (hit, shoved, injured + weapon used, sexual assault, threatened + destroyed possessions, kept from friends, verbal abuse)	13.8% (3 item index) 19.5% (6 item index) 26.0% (9 item index)	57.7% (3 item index) 64.9% (6 item index) 70.3% (9 item index)
Passaic County, NJ  (Curcio, 1997)	Convenience	846 women on AFDC in a welfare-to-work program (no info on response rate), pre-PRWORA	Cross-section; self-administered questionnaire	Asked if a victim of "physical domestic violence, verbal or emotional abuse, or sexual abuse" (terms not defined)	14.6% (physical abuse) 25.1% (emotional abuse)	57.3% (physical abuse) 66.8% (emotional abuse)

Table 1, continued

Study Location	Sample	Population	Design	Measure	Physical Abuse in past 12 mos.	Physical abuse ever
Oregon (Summarized in Raphael & Tolman, 1997)	Saturation + convenience	4,670 AFDC case file reviews + unspecified number of participant interviews, (no info on response rate), pre-PRWORA	Case review; in-person interview	Any report by client of physical or sexual abuse	not reported	50% (physical and sexual abuse)
Washington (Summarized in Raphael & Tolman, 1997)	Representative	1318 women receiving AFDC, (no info on response rate), pre-PRWORA	Longitudinal, in-person interview	Asked about physical or sexual abuse as adults (only in last year of study)	not reported	60% (physical and sexual abuse)
Cook County, IL (Shook & Guthrie, 1998)	Random selection from AFDC caseload	157 AFDC recipients (24.5% response rate), pre-PRWORA	Cross-section; in person interview	Intimate partner violence that was ongoing ("things like hitting, slapping, whipping, punching, shoving, shaking and kicking)	8.5% (in past 2 years)	28.9%
Colorado (Pearon, Thoennes & Griswold, 1999)	Saturation	1082 new applicants for TANF in 4 county offices (100% response rate), pre-PRWORA	Cross-section; self-administered questionnaire	Asked if "ever abused" (defined as pushed, slapped, shoved, hit, threatened, stalked, sexually assaulted)	not reported	40% (current and ever)

Table 1, continued

Study Location	Sample	Population	Design	Measure	Physical Abuse in past 12 mos.	Physical abuse ever
Louisiana (Mancoske & Lindhorst, 1999)	Random sample of TANF caseload	573 rural and urban TANF recipients, 71% response rate, post-PRWORA	Panel study; in-person interviews	Physical abuse ("pushed, shoved, hit, slapped, kicked or otherwise physically hurt") Harassment ("violently harassed or threatened with violence for more than 1 month")	6.3% (physical violence) 6.3% (harassment) 10.3% reported violence and/or harassment	22.5% (physical violence) 14.0% (harassment) 26.7% (both/either physical violence/harassment)
Michigan (Danziger et al., 1999; Tolman & Rosen, 2001)	Random sample of TANF caseload in an urban county	753 mothers, post-PRWORA	Panel study, in-person interviews	Conflict Tactics Scale with additional questions	14.9% severe physical abuse	51.0% severe physical violence
Pittsburgh, PA (Brush, 2000)	Saturation sample	122 enrollees in a welfare-to-work program in a 1 month period, post-PRWORA	In-person interviews at welfare-to-work office	Physical abuse with 3 items rated as never, 1-2 times, often (hit, kick, throw; force sex; cut, bruise, choke, injure), and 4 controlling behaviors (e.g., pick fights, withhold money, "bad mother")	Estimates were for current or most recent relationship, but timeframe was not specified	38% hit, kick, throw 18% force sex 27% cut, bruise, choke, injure
Texas (Honeycutt, Marshall & Weston, 2001)	Non-random sample	836 low income women from a specific geographic area, unknown time period	Longitudinal study; in-person interviews	Modified Conflict Tactics Scale; Severity of Violence against Women scale	"Current" is undefined 67.3% Black 68.9% White 69.2% Hispanic	"Past" is undefined 85.8% Black 84.2% White 76.9% Hispanic



these are cumulations of physical or sexual abuse as a child or adult. One study documents rates of stalking, but most focus exclusively on physical and sexual abuse.

In these studies, the prevalence of physical violence within the past twelve months for women on welfare ranges from 10.3 percent in Louisiana (McElveen, Mancoske & Lindhorst, 2000) to 32.6 percent in a Massachusetts study (Browne, Salomon & Bassuk, 1999). Reported lifetime prevalence rates are also high, ranging from 28.9 percent of the AFDC caseload in Cook County, Illinois (Shook & Guthrie, 1998) to 70.3 percent of women currently receiving AFDC in Massachusetts (Allard, Colten, Albelda & Cosenza, 1998). These rates are significantly higher than any of the national prevalence rates discussed previously in this literature review.

Tolman (1999; Tolman & Raphael, in press) believes that the wide range in rates is most likely related to measurement issues, with multiple behavior-specific items resulting in higher estimates. Measurement issues are highlighted in the Massachusetts study (Allard, Colten, Albelda & Cosenza, 1998) which finds that the percentage reporting abuse grows as the number of behavioral items within the measure increases. Several of the studies noted in Table 1 ask only a single question about abuse, with some combining into this question all aspects of abuse, including physical, sexual, emotional and stalking behaviors. Given the lack of consensus on how to operationalize the measurement of intimate partner violence, it is not surprising that rates are so divergent. However, the trend in all these data indicate that prevalence of intimate partner violence among women on welfare is much higher than what is seen in the general population of the United States.

With the exception of the Michigan, Texas, Pittsburgh, and Louisiana reports, studies of the prevalence of domestic violence among welfare recipients were done prior to the implementation of PRWORA. Some have speculated that post-PRWORA samples may have higher rates of domestic violence because the women left on the caseloads are those with the most barriers to work (Tolman, 1999). Employment is seen as the primary avenue for leaving welfare, so next I review the relationship between domestic violence and employment.

#### **Effects of Intimate Partner Violence on Employment among Low Income Women**

Research related to economic issues discussed earlier in this review shows that economic resources are one of the most important correlates of leaving an abusive relationship. How does intimate partner violence affect a women's ability to access financial resources, particularly through employment? The following section discusses studies which investigate the relationship between domestic violence and employment. Most of the studies in this body of research were done prior to PRWORA, but many of the samples had a sub-group of women receiving AFDC or women on AFDC were used as a comparison group.

Six recent studies investigate the effect of intimate partner violence on the employment outcomes of low income women. The least methodologically rigorous of these is a descriptive study of welfare recipients in Missouri. Women describe partners who interfere with their employment, make them miss work or perform poorly at work, or actually cause them to lose their jobs (Sable, Libbus, Huneke & Anger, 1999).

Data from 824 women randomly selected from a low income census tract in Chicago, Illinois, show that 8 percent of women have a partner who prevents them from going to school or work (Lloyd, 1997). Bivariate analysis shows, however, that male violence, whether current or ever in a woman's life, does not have a significant effect on whether she is currently employed. A follow up report by Lloyd and Taluc (1999) using regression procedures also finds that current employment status is not predicted by report of past intimate partner violence. However, women who have experienced intimate partner violence have more job turnover and unemployment, and report higher levels of physical and mental health problems. Women whose partners threaten to harm them or their children, or whose partners directly prevent them from going to work or school, are the least likely to be employed. Because this data is cross-sectional, it is impossible to determine the causal direction of these events – violence could be preventing employment, but it is equally possible that women who are employed are less likely to be physically assaulted by their partners.

Similarly, Browne, Salomon and Bassuk (1999) using a case-control design find that partner aggression/violence does not predict whether women worked in the previous twelve months. However, intimate partner violence is a significant predictor of a woman's capacity to maintain work over time, as prior violence appears to exert an ongoing interference with a woman's ability to sustain employment. Abused women in this sample report higher rates of medical and mental health problems than do non-abused women. Browne notes elsewhere (1993) that women who experience abuse are more likely to report depression, suicidal ideation, long-term numbing and helplessness

than non-abused women. This constellation of symptoms leads other researchers to state that some abuse victims may suffer from Post Traumatic Stress Disorder (PTSD), although the trauma of abuse is often overlooked in clinical settings (Browne, 1993; Stark & Flitcraft, 1991). These mental health factors may differentiate between women who are able to find and maintain employment and those who cannot, but research is not yet available on the interactive effects of mental health problems caused by intimate partner violence and employment.

Researchers in Michigan are currently conducting a panel study of women receiving welfare in an urban county to investigate the barriers to employment experienced by women on welfare (Danziger, et al., 1999). This study looks at several potential barriers to employment, including educational level, perceived discrimination in employment, access to transportation, physical and mental health problems, alcohol and drug dependence, and intimate partner violence. As discussed previously in the welfare use section of the literature review, several of these factors decrease the likelihood of employment. Exposure to domestic violence, however, is not associated with lower work levels. Depression does have a significant effect on the probability of working, but as these are a preliminary results, the effect of intimate partner violence on the experience of depression is not reported.

Brush (2000) interviewed 122 women in a welfare-to-work program asking about the experience of abuse and traumatic stress. She compares outcomes of women in terms of completion of the program requirements and placement in a job. Seeking an order of protective custody increases the odds of dropping out of the welfare- to-work program,

but reporting having been hit or kicked is associated with higher rates of job placement. “Women have strong incentives to increase their economic self sufficiency” (Brush, 2000, p. 1061), but may have difficulty, because of current crisis and traumatic stress symptoms, in complying with program attendance requirements. Brush notes that battered women who are unable to comply with program demands should not be sanctioned off welfare for their non-compliance, but instead need supportive services and exemptions from time limits and work requirements.

Finally, Honeycutt, Marshall and Weston (2001) report on a study of 836 low income women in Texas. Current or previous physical violence, sexual assault, threats of violence, and psychological abuse are assessed. Results for employment for black, white and Hispanic women are estimated separately. The authors conclude that prior victimization is associated with unemployment for white women, current partner abuse decreases employment for Hispanic women, but for African American women, victimization is not associated with employment.

More recent studies are beginning to find associations between domestic violence and employment, but the majority of findings in previous studies show little or no relationship between intimate partner violence and employment among low income women. These findings contradict descriptive research from abuse victims. For instance, reports by women in a battered women’s support group indicate substantial interference by the abusive spouse in their work and school efforts (Shepard & Pence, 1988). Just over half of the women were working at the time of the survey, and of these 55 percent said they had been absent from work because of abuse, 56 percent were

harassed at work by the abuser, and 24 percent lost a job because of the abuse. One third of the women note that the abuser tried to prevent them from working, and 25 percent said their partner prohibited them from going to school. This study is limited by its sampling methodology and design, and its results cannot be generalized beyond the respondents in the group.

A more recent evaluation in Wisconsin of the impact of domestic violence on work experience surveys women reporting intimate partner violence, many of whom currently receive welfare (Moore & Selkove, 1999). This research finds that domestic violence has a negative impact on the ability to maintain employment, regardless of prior educational level or age. A third of the respondents report that they were fired or lost a job because of the abuse, and over half said that their abuser threatened them to the point that they were afraid to go to work. Abusive partners prevented women from sleeping, refused to take care of their children, harassed the victim at her workplace, refused her transportation, and frequently beat her so badly that she could not go to work. These data have led researchers at the Center for Impact Research (a national research and advocacy center on issues related to domestic violence) to conclude:

Many women on welfare who do not comply with work or training requirements while receiving assistance may be prevented from doing so by the direct behavior of an abusive partner, or by the indirect effects of the abuse on their health and well-being (Raphael & Tolman, 1997, p. iii).

### Literature Review Summary

When observed through the lens of domestic violence, the women are victims in need of assistance. When observed through the lens of public welfare, many of these same women are demonized and assistance is

denied or provided sparingly and with punitive conditions. (Brandwein, 1999, p. 5).

The relationship between domestic violence, welfare use, employment and mental health is complex. Advocates for women have raised concerns about the unintended consequences of the new policies implemented by PRWORA, such as the requirement to work, provide child support enforcement information, and the imposition of time limits on welfare receipt, for women experiencing intimate partner violence. Current estimates of the prevalence of intimate partner violence in the welfare population indicate that abuse is a serious problem for welfare recipients, and the rate of domestic violence is disproportionately higher than is seen in the general population. Previous research on factors related to leaving welfare has not incorporated questions about domestic violence, so little is known about the direct effect of intimate partner violence on a woman's ability to leave welfare voluntarily. Research which looks at the impact of the 1996 welfare reform, particularly the imposition of time limits and work requirements on this process, is limited.

Many scholars see welfare use as a rational process based on economic need caused by low workforce involvement. Domestic violence has only recently been recognized as a possible influence on welfare use. Research suggests that the decision to apply for welfare can both precede and follow police reports of intimate partner violence (Brandwein, 1999), indicating that violence may force a woman to turn to welfare, or it may affect her ability to leave the program. Anecdotal evidence from domestic violence programs indicates that women view welfare as a source of financial support which is needed to leave an abusive relationship (Wuest & Merritt-Gray, 1999; Curcio, 1997).

Being able to leave welfare has largely been predicated on a woman's ability to obtain employment. This research review shows conflicting results about the effect of intimate partner violence on employment. Cross-sectional research with low income women indicates that domestic violence has little or no impact on the likelihood of current employment. Effects may be more noticeable over time, as women deal with the long term consequences of abusive relationships. Cross-sectional, descriptive evidence from women who are currently experiencing intimate partner violence provides a contradictory view, showing that abusive partners actively sabotage employment efforts. Women who have experienced domestic violence may have an increased chance of being sanctioned off welfare for reasons of non-compliance with more stringent work requirements; or having been a victim may increase the motivation a woman has to achieve economic self-sufficiency through employment.

Domestic violence creates poor mental health outcomes for some women. Abused women report higher levels of depression, anxiety, substance use disorders than do non-abused women (Roberts, Williams, Lawrence & Raphael, 1998; Tolman & Rosen, 2001). These mental health effects may be more relevant to understanding a woman's welfare outcomes than is the report of abuse. For instance, Danziger, et al., (1999) note that while domestic violence does not appear to be a significant barrier to work, mental health problems do constrain women's employment.

This literature review indicates that in order to understand the effect of domestic violence on welfare status, one must also investigate factors related to employment and mental health outcomes. Current research does not answer the question of whether



intimate partner violence has a direct effect on a woman's welfare status. Previous research has assessed welfare status dichotomously – one is either on or off the program. As the welfare system now has more authority to remove clients from the rolls involuntarily, it is important to reconceptualize welfare status as three possible outcomes – continuing on TANF, leaving voluntarily, or leaving involuntarily through sanctions or time limits. In addition to assessing the effects of domestic violence, employment and mental health problems on welfare status, this literature review has also identified two additional domains as correlates of welfare status: welfare history (number of years on welfare, and parents' use of welfare), and demographic characteristics (years of schooling, age, number of children less than five, total number of children, marital status and race).

Given that securing employment is the primary voluntary route off welfare, it is important to understand what influences women's employment. PRWORA emphasizes work and increases the state's power to sanction recipients who do not comply with a "work first" philosophy. As previous research provides contradictory evidence about the effect of domestic violence on employment, it is important to continue to assess this relationship. Current research on employment outcomes for welfare recipients indicates that mental health issues, physical illness, access to transportation, years of schooling, length of time on welfare and previously mentioned demographic characteristics may affect employment outcomes.

The final area of concern raised in this literature review is the effect of domestic violence on mental health outcomes. Domestic violence may impair the mental health of

welfare recipients, indirectly affecting a woman's ability to leave welfare voluntarily. The effect of domestic violence on mental health should be evaluated within a context which takes into account other factors known to influence mental health, including physical illness, alcohol or drug dependence, length of time on welfare and demographic characteristics.

Research on welfare use has typically undervalued the perspectives of the women who are its research subjects. Sprague and Hayes (2000) note that knowledge in the social sciences tends to be fragmented and decontextualized, transforming individuals from "thinking and feeling people into abstract bearers of attributes or traits and often [failing] to shift back to envisioning people in lived experiences as we develop our interpretations" (p. 64). By adopting a feminist standpoint for analysis and interpretation of women's experiences, it is possible to view women's behavior from a non-pathological standpoint. Using a feminist interpretive framework and the "bottom up" approach (Schram, 1995), this dissertation seeks to anchor our understanding of the effects of domestic violence on welfare use, employment and mental health in the perspectives of welfare reliant women who have been abused. To deepen our understanding of the complex interactions between employment, mental health, and welfare use, it is critical to hear women's own stories as sources of insight into this process.

## CHAPTER 3

### METHODOLOGY

In this chapter, I discuss five topics. First, I outline the conceptual framework used in this study, including the strategy for combining quantitative and qualitative methods. Next I discuss two issues common to both methods: setting of the study and human subjects protection. The remainder of the chapter is divided into two sections describing the quantitative and qualitative research processes.

#### Conceptual Framework

This dissertation is an empirical policy analysis which investigates the effect of domestic violence on welfare status, employment and mental health outcomes. The relationship between these circumstances is interrelated and reciprocal, but for the purposes of this dissertation, I view welfare status as the outcome I am investigating, with domestic violence, mental health, and employment as factors related to this outcome.

This research employs a quantitative analysis of survey data obtained from welfare recipients participating in a three year panel study conducted by the Welfare Reform Research Project of the Southern University at New Orleans (SUNO) School of Social Work. Data from the second wave of the panel study are analyzed in order to evaluate the effect of domestic violence on a woman's<sup>1</sup> welfare status, employment status, and mental health.

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<sup>1</sup>

97.4 % of second wave panel study members are women; 100% of those reporting domestic violence are female.

This research also includes analysis of ten in-depth personal interviews with respondents who reported current physical violence during the second wave interview. During the interview, we enquired about the women's experience with domestic violence, and how it affected their ability to become economically self-sufficient.

Figure 1 on the following page presents a visual representation of the relationships which are described and analyzed in this dissertation. In the quantitative analysis, the null hypothesis is that no relationship exists between domestic violence and a woman's welfare status. Tested against this hypothesis are three possible effects of intimate partner violence. First, domestic violence may have a direct effect on a woman's welfare outcome (on TANF, off voluntarily, off involuntarily) when controlling for other factors known to affect welfare leaving. Second, intimate partner violence may have an indirect effect on welfare status through its effect on a woman's ability to obtain employment, when other variables known to affect employment are held constant. Third, domestic violence may affect a woman's mental health, indirectly affecting her welfare status, or her employment, controlling for other variables known to affect mental health.

Qualitative research presents an alternative or complementary way to understand the experiences of welfare reliant women who have been abused. In the interviews, I investigate the same domains – domestic violence, welfare use, employment and mental health – and use the resulting data to complement the quantitative analysis by exploring the perceptions of recipients about phenomena that are not readily observable or conducive to survey measurement. In the next section, I discuss the issues involved in using a mixed method in this research.

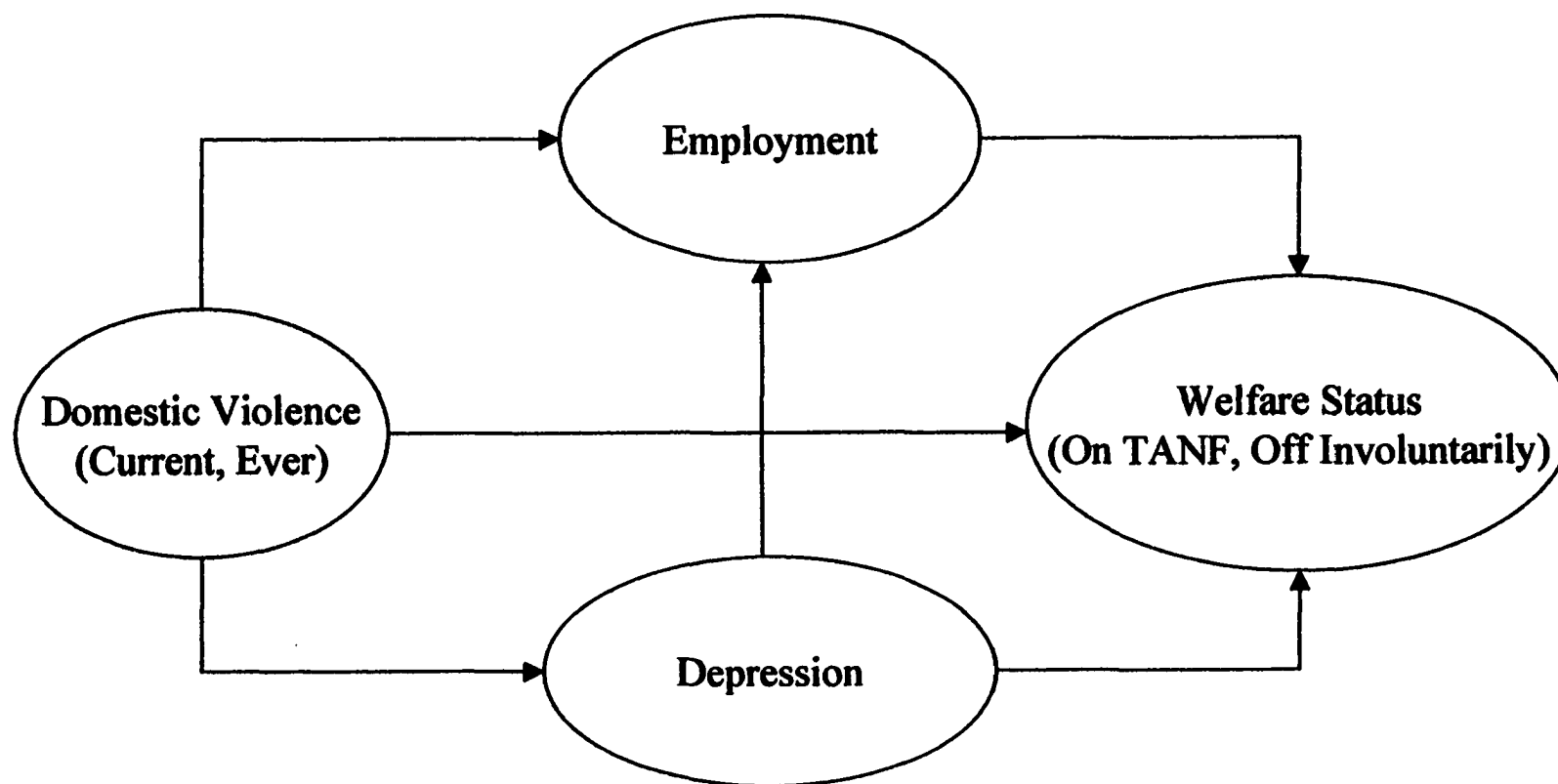


Figure 1 -- Relationships Tested between Domestic Violence and Welfare Status

### Combining Quantitative and Qualitative Methods

Social work is an applied profession which uses research to answer questions relevant to improving the lives of individuals, families, communities and society. The profession has wrestled with defining its epistemological framework. A general consensus has emerged which advocates the integration of quantitative and qualitative methods to enrich our understanding of complex phenomena (see section on integration of quantitative and qualitative methods in Sherman & Reid, 1994; Padgett, 1998; Rubin & Babbie, 1997). By combining methods, social work researchers contribute to knowledge development that is meaningful to both practitioners and other researchers (Loneck, 1994).

Integrating quantitative and qualitative methods offers a complementary approach to knowledge building in which the strengths of one process compensate for the weakness of the other (Reid, 1994; Padgett, 1998; Tashakhouri & Teddlie, 1998). For example, quantitative analysis provides an understanding of the strength of temporal relationships and interactions among variables. However, by the nature of its need for quantifiable responses, this form of research is limited to providing broad, generally superficial, information about categories of experience. Qualitative analysis generates in-depth descriptions of phenomena and takes into account contextual factors which are difficult to quantify (Reid, 1994).

Reid (1994) cautions that “qualitative methodology should not be viewed as simply feeding or embellishing quantitative research . . . or providing descriptive word pictures” (p. 477). Greene (in Tashakhouri & Teddlie, 1998, p. 43) suggests that studies

which mix quantitative and qualitative methods are better able to triangulate results; examine overlapping aspects of a problem; discover fresh perspectives and contradictions; and expand the scope of a project.

Most studies which use integrated methods have a temporal sequence where one method precedes the use of the other, for example, using an exploratory qualitative study to operationalize a quantitative project (Padgett, 1998; Tashakhouri & Teddlie, 1998; Miles & Huberman, 1994). A few studies employ quantitative and qualitative methods simultaneously and give equal weight to the different results produced by each method.

The purpose in using a mixed methodology in this dissertation is to triangulate the results between the two methods, to expand the scope of the quantitative research, and to discover contradictions and fresh perspectives related to the problem of domestic violence and welfare outcomes. Both methods are used simultaneously and seek information in the same domains. The findings from each process are used to inform the other.

### Setting of the Study

This study is set in seven parishes in Southern Louisiana which were chosen because 1) they represent an area that had the highest concentration of welfare cases in the state (Orleans parish), and 2) the experiences of welfare recipients are thought to differ in the rural and suburban settings of the other parishes in the study. Three of the parishes are contiguous within the Standard Metropolitan Statistical Area (SMSA) of New Orleans, Louisiana (Orleans, Jefferson and St. Bernard parishes). These urban parishes represent both inner city and suburban areas. The other four parishes have

predominantly small town and rural populations and are located north of New Orleans (Tangipahoa and Washington parishes) and in the area around Lafayette, Louisiana (St. Landry and Evangeline parishes).

### Protection of Human Subjects

This dissertation was approved by the Principal Investigator for the research project at SUNO, Dr. Ronald J. Mancoske. (All documentation related to human subjects protection is located in Appendix B.) Protection of human subjects in the panel study was given by the institutional review process at Southern University at New Orleans at the outset of the study in 1998. Louisiana State University gave human subjects approval to the research in March, 2000.

Confidentiality of the subjects is ensured by keeping all materials relevant to the research project in an office which is accessible to the project director (author of the dissertation), project staff, and the principal investigator. Identifying client information and completed surveys are kept in locked files in this room. Potential subjects were informed of the nature of the research study and assured that no information regarding their specific situation would be released to the Department of Social Services. All subjects are free to withdraw from the research study at any time, and their participation or non-participation has no effect on their status with the Department. Interviewers are trained to report any problems in the survey process to the principal investigator for follow up. A listing of potential referral sources for common problems experienced by welfare recipients is provided to each interviewer. All respondents are provided contact



information for the principal investigator and project director should they have questions or concerns.

Written informed consent was obtained for all participants in the qualitative interviews (see Appendix B). Interviewees were told that participation was voluntary, and the interview could be stopped at any time. Interviews were audiotaped and participants signed a separate consent which indicated their willingness to be taped, to have the tape transcribed, and to have excerpts of the transcripts used in written and audio presentations.

### **Respondent Safety Issues**

Because of the possibility of danger from the abuser and mental health concerns due to discussing the abuse, several precautions were taken. For the qualitative interviews, it was impossible to tell prior to contacting the recipient whether she continued to live with an abusive partner. Therefore, special efforts were made to assess potential threats to safety prior to talking about intimate partner violence. Interviewers stated in initial phone contacts that they were calling from the Welfare Reform Research Project at Southern University and asked to speak with the respondent. Once phone contact was established, the interviewer assessed with the woman whether she faced any potential risks by agreeing to complete the in-depth interview. If she agreed to be interviewed, the interviewer determined with her the safest location in which to carry out the interview, and offered transportation assistance. In all but one case, participants asked to be interviewed in their own homes. Once at the home, the researcher ensured that the abusive partner was not in the home, and that the participant felt comfortable

completing the interview. During the course of the interview, if the woman appeared to be distressed, she was told again about the voluntary nature of participation and asked if she wanted to continue. All participants completed the interview.

Both feminist and social work ethics suggest that researchers have a responsibility to respondents that transcends the collection of data. In this research, this responsibility meant helping women to create safety plans, providing resource and referral information, and ensuring that no harmful effects occurred as a result of the interview. At the end of each interview, written and verbal information was given to the respondent regarding resources related to domestic violence. In two cases, we worked with the women to develop safety plans because of the ongoing threat of violence.

All participants received contact phone numbers for the researcher and interviewer, as well as numbers for the 24 hour COPEline (general crisis intervention) and the 24 hour crisis lines provided by two domestic violence service providers in the metro New Orleans area. Where appropriate, referrals to other community service providers such as emergency assistance providers, disability rehabilitation services and child care resources were also provided. Each participant was asked about her state of mind at the end of the interview, and all respondents said they felt fine. The majority said they found it helpful to have an opportunity to discuss these circumstances and felt very positively about the interview. Follow up contacts were made with all interview participants, with none reporting harmful effects from the interview. Two interviewees contacted the researcher for referral information regarding assistance for their children after the follow up contact.

## **Quantitative Research Process**

### **Hypotheses**

The survey responses of individual women who participated in the second wave of the panel study are the unit of analysis for the quantitative data. This dissertation addresses three primary research hypotheses which evaluate the direct and indirect effects between domestic violence and welfare use.

**Hypothesis 1:** Report of current, past, or ever having experienced intimate partner violence increases the likelihood of remaining on TANF or leaving welfare involuntary.

Current or recent intimate partner violence is hypothesized to have a negative effect on voluntarily leaving welfare, meaning that women who report current, past or ever having been a victim of domestic violence are more likely to remain on welfare, or are more likely to be removed from welfare via sanctions. Policies instituted by PRWORA include methods for involuntarily removing welfare recipients from the welfare rolls, namely through the imposition of time limits on welfare receipt, and sanctions for non-compliance with regulations such as work requirements, child support enforcement policies, or administrative rules. The likelihood of remaining on TANF or involuntary removal from welfare (as opposed to leaving voluntarily by finding employment or receiving other income) is hypothesized to be higher among recipients who experience intimate partner violence because the abuse may prevent them from meeting requirements of the new law.

**Hypothesis 2:** Report of current, past ,or ever having experienced intimate partner violence negatively affects a woman's likelihood of being employed, decreasing her chances of leaving welfare voluntarily.

Previous quantitative and qualitative research on the question of the impact of domestic violence on employment is contradictory. Several quantitative analyses fail to find a relationship between employment and domestic violence. More recent research and descriptive reports from abused women report multiple ways in which abusive partners interfere with work activities. This hypothesis evaluates the indirect effect of domestic violence on welfare status through the mediating effect of employment.

**Hypothesis 3:** Report of current, past, or ever having experienced intimate partner violence negatively affects a woman's mental health, indirectly affecting her welfare status, and/or her likelihood of being employed.

Evidence exists that women who have experienced domestic violence report more depression and other impaired mental health outcomes. Recent welfare research also suggests that poor mental health lessens the likelihood of employment. The effects of domestic violence on mental health and its subsequent impact on employment and the recipient's welfare status are analyzed with this hypothesis.

### **Research Design**

This dissertation employs a cross-sectional analysis of survey data obtained in 1999 during the second year of a three year panel study of welfare recipients. Original panel study members were randomly selected for participation from a listing provided by the Louisiana Department of Social Services. The data are from face-to-face contacts

with 348 welfare recipients who completed the survey. In this section, I discuss three aspects of the research design: the adoption of a survey method to obtain data; the use of a panel study design; and the cross-sectional nature of the analysis.

Survey research is the most suitable method available to obtain original information about a population that is too large to be queried in its entirety (Rubin & Babbie, 1997). In this case, in order to understand how domestic violence affects recipients, new information is needed about the experiences of women on welfare. Survey research allows for larger numbers of respondents, producing data that is more amenable to advanced statistical analysis, and more generalizable (Rubin & Babbie, 1997). As survey research is non-experimental and cannot control for the time order of events, or for the intrusion of variables outside the survey structure, results must be interpreted as correlational, not causal. Surveys can be self-administered (by pencil and paper or on a computer), completed through in-person interviews, over the telephone, and now, with the advent of the Internet, through computer networks. Research has indicated that response rates are generally highest for in-person interviews and lowest for mail out surveys (Rubin & Babbie, 1997).

All research has tradeoffs, and in the case of survey research, reliability is heightened by the standardized fashion in which information is sought, but this happens at the expense of validity (Rubin & Babbie, 1997). Survey research is frequently critiqued as superficial (Heinemann Piper, 1994; Tashakhouri & Teddlie, 1998; Padgett, 1998) and unable to deal with the social context surrounding the questions asked (Rubin & Babbie, 1997). Additionally, surveys are inflexible and are not easily changed in

response to emerging information. The artificiality of question construction leads to questionable validity (Rubin & Babbie, 1997). Does the survey really answer the question that is being posed? Surveys rely on self-reported data which can be influenced by memory, issues of social desirability and obfuscation all of which can undermine the validity of responses, particularly when answering questions on sensitive topics.

The goal of the Welfare Reform Research Project is to describe and analyze changes in the welfare population over time as new policy mandates enacted through PRWORA are implemented in Louisiana. In order to accomplish this goal, the Project utilizes a panel study design which interviews the same respondents over a three year period. This type of study is the most comprehensive of the longitudinal designs (Rubin & Babbie, 1997) and allows researchers to identify events and characteristics of individuals which are contributing to change (Gall, Borg & Gall, 1996; Rubin & Babbie, 1997). Panel studies are the most costly and labor intensive of the longitudinal designs (Rubin & Babbie, 1997), and can be significantly affected by participant attrition (discussed in the data collection section).

Although the Project is using a longitudinal design, this dissertation is a cross-sectional analysis as it uses data from one survey wave to investigate relationships at a single point in time. Information from year one is not used to predict outcomes in the second year, although welfare outcomes in year two are related to the implementation of new policies between year one and year two (i.e., the imposition of time limits on welfare receipt). A cross-sectional design can establish correlation between variables,

but it cannot determine causation as the time-ordering of events is not known (Rubin & Babbie, 1997).

To address pitfalls associated with this research design, several strategies are employed. Previous research in Louisiana indicates that many welfare recipients have less than a high school education, tend to move frequently, and lack consistent access to telephones (Mancoske, Lindhorst & Kemp, 1998). These factors suggest that in-person data collection would be more effective in obtaining results from study subjects than either telephone or mail surveys. Telephone and mail surveys offer a higher degree of anonymity for research subjects, but personal contact by individuals with good communication skills can increase the willingness of subjects to disclose about sensitive subjects (Rubin & Babbie, 1997). For complex surveys with persons whose level of literacy may be low, personal interviews are the best technique for obtaining data (Rubin & Babbie, 1997).

The location of interviews and characteristics of the interviewers can also influence the quality of the data collected. For instance, recipients who are interviewed in welfare offices or by researchers that they perceive as connected to the welfare system are less likely to provide truthful answers to interviewers (Edin & Lein, 1997). This study addresses these issues by attempting to interview recipients in their homes whenever possible, or in a location of the recipient's choice. Interviewers who share basic demographic characteristics with respondents are more likely to overcome socio-cultural barriers between interviewers and study subjects (Orbe & Harris, 2001). In this

panel study the majority of study subjects and interviewers at both waves of data collection were African American women.

### **Definition of Key Concepts**

The following are definitions of concepts relevant to the research project.

**Welfare recipient:** any adult ( $\geq 18$  years old) who was receiving FITAP in May, 1998 as the guardian of a dependent child. “Child only” cases are not included, as the adults in these circumstances (often grandparents) are not affected by PRWORA work and time limit policies.

**Domestic violence:** self-reporting of the experience of physical abuse (being shoved, hit slapped, kicked or otherwise physically hurt) or violent harassment (being stalked or threatened with violence for more than one month by someone who would not leave the subject alone) in the previous year. Domestic violence is considered current if physical abuse or harassment happened in the previous 12 months.

**Employment:** defined as the recipient’s self-report of any paid work outside the home, either full-time or part-time (at least 20 hours per week).

**Depression:** self-report of impairment due to mental health symptoms; specifically, the occurrence of depression, particularly the affective component of depressed mood.

**Physical health problems:** self-report of impairment due to physical health problems, either experienced by the recipient, or by someone she is caring for in her home.



**Voluntarily leaving welfare:** self-report of leaving welfare because additional income was obtained, either through employment or other sources such as a spouse's income or Social Security payments. This is based on the recipient's self-report of the reason why welfare payments were ended.

**Involuntarily leaving welfare:** self-report that welfare payments are ended because of time limits or sanctioning by the agency for non-compliance with policies, as self-reported by the recipient.

### **Measurement of Variables**

The survey instrument for the second year of the panel study is found in Appendix A. This instrument was created after an extensive review of the literature related to leaving welfare, particularly post-PRWORA, using known survey instruments, where available. Two preliminary state studies (Family Investment Administration, 1997; Multnomah County, 1997) and a national survey of reports on welfare leaving (General Accounting Office, 1997) were used to identify the content domains for the survey. The Year Two instrument was slightly modified from Year One to ask for updated data on respondents.

The major domains investigated in the panel study are: demographic characteristics of respondents (age, education, household composition, race, gender and marital status); previous and current welfare usage by respondent and her parents; previous and current employment efforts, including benefits and type of work; child care needs and arrangements; education and training program use; health and mental health

status, including the experience of depression; intimate partner violence; housing and transportation status; and unmet needs of recipients.

Reasons for leaving welfare, whether voluntary or involuntary, are classified using a list of case closure statuses provided by the Louisiana Department of Social Services. The respondents report the reason that they believe their welfare payments have ended, and this is matched to the listings provided by DSS. Employment and income are determined by self report of the respondent. Demographic information for each recipient is gathered as part of the survey.

Measurement of physical violence or harassment uses the Epidemiological Survey of Intimate Partner Violence designed by the Louisiana Office of Public Health. This nineteen item survey asks respondents if they have experienced physical violence (defined as having been hit, slapped, kicked, punched or beaten) or harassment (defined as being stalked or threatened with violence by someone known to the victim). If yes, information about the perpetrator and the severity of the abuse is solicited (was a weapon used, did the victim require medical attention, was anyone told about the abuse). The Louisiana Office of Public Health (OPH) is conducting a random digit telephone survey of a representative sample of Louisiana citizens using the Epidemiological Survey of Intimate Partner Violence. Researchers at SUNO who developed the panel study instrument elected to use the Epidemiological Survey of Intimate Partner Violence in order to allow for future comparisons between responses of welfare recipients and the general population in Louisiana. Although reliability and validity estimates are not available for this instrument, the survey was developed on the basis of an extensive

literature review in the criminal justice and domestic violence fields in consultation with staff from the national Centers for Disease Control and Prevention. One advantage of this measure is its brevity, which was an important consideration given the length of the survey being administered. This measure, however, does not contain multiple behavioral questions related to intimate partner violence. As seen in the literature review, estimates of intimate partner violence differ depending on the type of scale used. The scale used in this dissertation provides the most conservative estimate of domestic violence in a welfare population, as it focuses on physical violence and sustained harassment. While this measure may underestimate the prevalence of intimate partner violence, the cases identified in this manner are the most likely to be those of a serious nature. Permission for use of the survey was given by Dr. Mel Kohn, Director of the Division of Injury Prevention at OPH.

Measurements of physical and mental health use portions of the Health-Related Quality-of-Life (HRQOL) Measure developed by the Centers for Disease Control and Prevention (Newschaffer, 1998). This 14 item survey asks respondents to state the number of days in the previous month that they have experienced depressed mood, anxiety, insomnia, and impairment in their ability to carry out routine activities. Global measures of physical and mental health are provided, and major health impairments are identified along with the areas of functioning inhibited by the condition. The HRQOL was compared with the Medical Outcomes Study short form and found to have excellent concurrent validity, and was able to discriminate effectively between groups with physical/mental health problems and well groups (Newschaffer, 1998). The HRQOL is

also being administered to the general population in Louisiana through the Office of Public Health, and it is available for use without permission or charge.

Additional measurement of depression uses the Center for Epidemiological Studies Depressed Mood Scale (CES-D), a survey instrument that is frequently used to measure depression in survey research (Fischer & Corcoran, 1994). The CES-D measures the affective components of depression, such as feelings of hopelessness or helplessness, interpersonal difficulties, and self-worth. The CES-D is a 20-item scale; four items are reversed scored and all items are summed. This produces a range of 0 to 60 with higher scores indicating depression. Mean of the general population on this instrument is 9.25, and the mean of psychiatric population is 24.42. Internal reliability is very good, with alpha scores of .85 for the general population and .90 for the psychiatric population. The CES-D has fair stability with test-retest correlations that range from .32 to .54 (tested over 3 months to one year). The CES-D has excellent concurrent validity, correlating with a number of other depression and mood scales, and is able to differentiate depressed from non-depressed persons. The scale is available for use from the National Institutes of Mental Health free of charge and without permission.

Validity of the overall panel survey instrument was promoted through the use of a group of expert reviewers who made suggestions on wording and placement of questions within the instrument. The survey was piloted with students and two former welfare recipients in the first year of the panel study prior to its implementation to improve its content validity and reliability. Changes were made in question format and ordering based on feedback from expert reviewers and pilot study participants. The second year

survey was modified slightly based on experiences from the first year. The survey obtains self-reported data, and no external sources are used to verify the validity of the data. The reliability of responses to survey questions is affected by respondents' memory and willingness to divulge information during the interview. Therefore, the data must be viewed as subjective, which limits its reliability and the ability to generalize beyond this sample.

### **Sampling Plan**

In the summer of 1998, the Louisiana Department of Social Services provided the Welfare Reform Research Project with a listing of over 10,000 welfare recipients in seven parishes (counties), representative of the urban, suburban and rural make-up of the state. From this listing, using the random selection method available through SPSS (the Statistical Package for the Social Sciences), a simple random sample of 802 potential interviewees was created. Five hundred and seventy (570) current welfare recipients from the metropolitan New Orleans area (75 percent of respondents) and four rural parishes (25 percent of respondents) completed interviews regarding a variety of issues related to their welfare and family experiences, for a response rate of 71 percent. Reasons for non-response included: refusal to participate (76 percent of non-respondents), unavailable because respondent was in jail, in the hospital, or out of town (21 percent of non-respondents), or could not be reached for other reasons (3 percent of non-respondents). Respondents were enrolled in the panel study prior to the implementation of time limits mandated by the new welfare law (initiated in Louisiana in January, 1999). Descriptive statistics for the first year of the panel study have been

reported to the state (Mancoske & Lindhorst, 1999; McElveen, Smith & Pittman-Munke, 1999).

Second wave surveys were completed with panel study members in the summer of 1999. Data obtained from the second year of the panel study are used in this dissertation. In year two, 348 persons were found and agreed to be re-interviewed for the panel study. This represents a 61% response rate based on the first year population. In early reports from federally funded leaver studies, reports of re-interview response rates vary from 51 to 75 percent (Isaacs & Lyon, 2000). The attrition rate of this panel study is not unusual in longitudinal research within low income communities where mobility is high and access to telephones can be sporadic. Most non-response was related to the inability of interviewers to locate participants. When interviewers found that a respondent no longer lived at the same address as in the first year, the project director initiated a search of the database maintained by the Office of Family Services to see if updated address information was available. New addresses and/or phone numbers were given to the interviewers. Interviewers visited each respondent's address at least three times, on three different days of the week at different times in order to establish that the respondent was no longer at the residence. Other reasons for non-participation included refusals, unavailability of respondents due to illness, or the death of respondents.

All members of the panel study were receiving benefits established by Louisiana's FITAP system as of May, 1998. Recipients were included in the panel study and re-interviewed in the second year if they met the following criteria:

1. Subjects were  $\geq 18$  years of age.

2. Subjects were willing to participate in the study and had time to complete the interview (approximately 45 minutes).

3. Subjects were able to process information given in verbal form, and to communicate answers to an interviewer.

4. Subjects could be located either via telephone or home visit to their last known address.

Reasons for exclusion from the study included the following:

1. Subject reported never having received FITAP benefits.

2. Subject was guardian for a “child only” FITAP case and would not be affected by new PRWORA work and time limit policies.

### Data Collection

Year two data was collected by social work students in the MSW program at SUNO as part of their research practicum, and by community social workers in the rural parishes. Interviewers were trained in interviewing techniques, communication skills, confidentiality, obtaining informed consent, safety issues, and survey completion prior to the initiation of the interviews, and through ongoing contact with research faculty through their coursework. In both waves, the majority of the study subjects and interviewers were African American women.

A key problem in any panel study design is the attrition of study subjects. Some attrition in panel studies is unavoidable, but the higher the attrition rate, the greater the possible threat to the internal and external validity of the project (Gall, Borg & Gall, 1996; Ribisl et al., 1996), since people who continue in the panel study may be

systematically different from those who do not participate. To address potential problems with attrition in the second year, the project hired an experienced social worker to make contact with any recipients who were found, but refused to participate. Additionally, addresses and phone numbers for all recipients who were not contacted after three visits to the home were re-evaluated with the Department of Social Services (DSS) to determine if updated information was available. When these efforts failed, the recipient was considered “lost to follow up”, and was reviewed periodically with the Department to see if a new FITAP or Food Stamps application had been submitted.

### **Data Analysis**

Quantitative data analysis uses the SPSS and Stata statistical analysis programs. Although statistical data analysis was initially undertaken in SPSS, the need for software capable of performing multinomial logistical analysis required the use of Stata. Descriptions of the quantitative sample is provided in Chapter 4.

The data available in this study are generally nominal or interval level. With cross-sectional data, it is possible to analyze the relationships between independent variables to construct models which can be used to predict an outcome of interest (Pedhazur, 1997), such as TANF status, employment or depression in this dissertation. In this study, multinomial logistic analysis, binary logistic regression, and Ordinary Least Squares (OLS) regression are used, depending on the level of data, to create models predicting outcomes for each of the dependent variables. In the following discussion, I review the analysis plan for each of the three hypotheses related to welfare status, employment and mental health.



The first analysis investigates whether domestic violence has a direct effect on welfare status. The dependent variable of welfare status has three non-ordered categories: leaving welfare voluntarily, being on TANF, and leaving welfare involuntarily through sanctions or time limits. Multinomial or polytomous logistic regression is used when the dependent variable has more than two categories, but they are not orderable (Demaris, 1992). One category of the dependent variable is used as the base category, or comparison group for the remaining categories, creating a series of regression models that are equivalent to the number of categories of the dependent variable minus one. Regression coefficients, t tests, odds ratios and confidence intervals are reported for each independent variable.

Two tests are used to assess the goodness-of-fit of the model. The -2 log likelihood test evaluates the difference between the null model (having no independent variables) and the complete model using a chi square distribution (Pedhazur, 1997). If the addition of the independent variables to the model improves its predictive ability, then the -2 log likelihood (a measure of lack of fit) will decrease from the null to the complete, and the chi square will be significant. The pseudo  $R^2$  describes the proportion of variance explained by the independent variables, and its interpretation is similar to that of the  $R^2$  in OLS regression. Both figures are reported at the end of the tables.

Hypothesis 1 is tested by creating a multinomial logit equation to analyze differences between the base category of voluntarily leaving welfare and the comparison categories of continuing to receive FITAP, or leaving involuntarily by being sanctioned off welfare. (See Table 2 for coding of all variables.) Two models are created for this

hypothesis – the first controls for the immediacy of the domestic violence experience by testing whether those who report current physical violence are different from those who report domestic violence greater than twelve months ago. The second model uses a variable which sums the two previous measurements of intimate partner violence into a variable which denotes if the respondent reports having ever experiencing domestic violence. In addition to the domestic violence variables, ten other independent variables are used which have been found in previous research to be related to whether a person continues to receive welfare payments. Each model is tested using the following equation, but changing the formulation of the domestic violence variables :

$$\begin{aligned} \text{TANF Status} = & a + b1(\text{domestic violence [Model 1 – Current and Greater} \\ & \text{than 12 months; Model 2 – Total]}) + b2(\text{depression level}) + \\ & b3(\text{employment}) + b4(\text{number of years on TANF}) + b5(\text{history of parent} \\ & \text{receiving welfare}) + b6(\text{years of schooling}) + b7(\text{age}) + b8(\text{number of} \\ & \text{children under 5}) + b9(\text{total number of children}) + b10(\text{marital status}) + \\ & b11(\text{race}). \end{aligned}$$

In the second hypothesis, employment is a dichotomous dependent variable. Therefore, a modified form of regression known as binary logistic regression or logit, is needed to carry out the analysis. This technique allows one to predict a dichotomous outcome (such as employed/unemployed) using a mixture of continuous, discrete or dichotomous independent variables (Agresti, 1996). Logistic regression is more flexible than other statistical methods such as discriminant analysis, since logit does not require that the predictor variables meet assumptions of normal distribution, linear relationship,

or equal variance within each group (Tabachnick & Fidell, 1996). Some authors state that logit is preferable to discriminant analysis because the results are more easily interpreted and described to non-research audiences (Unrau & Coleman, 1998). To determine the relationship of the independent variables to the dependent variable, regression coefficients, t tests and probability scores are reported. The probability level reports the amount of effect each independent variable has on the likelihood related to each TANF status when controlling for the other variables in the equation. For dichotomous variables, low probability denotes a "0" score, and high equals "1"; for continuous variables, low is one standard deviation below the mean and high is one standard deviation above the mean.

Hypothesis 2 uses binary logistic regression to estimate employment, using both formulations of intimate partner violence. Variables related to recent findings about employment barriers among welfare recipients are added to the equation to control for other potential obstacles to work.

$$\begin{aligned} \text{EMPLOYMENT} = & a + b1(\text{intimate partner violence [Model 1 – Current} \\ & \text{and Greater than 12 months; Model 2 – Total]}) + b2(\text{depression level}) + \\ & b3(\text{report of health limitations}) + b4(\text{number of years on TANF}) + \\ & b5(\text{lack of transportation}) + b6(\text{years of schooling}) + b7(\text{age}) + \\ & b8(\text{number of children under 5}) + b9(\text{total number of children}) + \\ & b10(\text{marital status}) + b11(\text{race}). \end{aligned}$$

The dependent variable used to measure depression among the women who received welfare is a continuous variable (the score on a depression scale); thus, the most

appropriate method of analysis is OLS regression. Interval level data are required for OLS regression which allows the researcher to study the simultaneous effects of a combination of independent variables upon a particular outcome (Pedhazur, 1997). Although a regression equation cannot determine causality, it does allow researchers to predict an outcome variable by knowing the values associated with independent variables related to it. By analyzing the coefficients for each independent variable, it is possible to determine the strength of the effect each predictor has on the outcome variable under consideration. The importance of the overall model, can be determined through the use of an  $R^2$  calculation which measures the strength of the model, or the Proportion of Variance Explained (PVE) by the predictor variables. To determine the relationship of the independent variables to the dependent variable, unstandardized and standardized (Betas) regression coefficients, and t tests are reported.

In these data, eighty-one respondents are missing a depression score because problems with the initial data collection process in year two led to these persons not being asked to complete the questions on the CES-D scale. In order to determine if this missing data had a systematic component, a series of Analysis of Variance (ANOVA) analyses were performed comparing each dependent and independent variable across the categories of having full data available, missing the depression scale and missing other information. None of the ANOVA tests are significant indicating that the pattern of non-response is random and unlikely to introduce systematic error into the calculations.

Hypothesis 3 is tested uses OLS regression with the score on the depression scale (CES-D) as the dependent variable. In this equation, health limitations are considered, as

well as report of current alcohol/drug abuse, and current report of physical health based on results of previous research reported in the literature review which finds that these variables have an effect on depression levels.

$$\text{DEPRESSION} = a + b1(\text{intimate partner violence [Model 1 – Current and Greater than 12 months; Model 2 – Total]}) + b2(\text{health limitations}) + b3(\text{alcohol/drug abuse}) + b4(\text{current physical health}) + b5(\text{number of years on TANF}) + b6(\text{years of schooling}) + b7(\text{age}) + b8(\text{number of children under 5}) + b9(\text{total number of children}) + b10(\text{marital status}) + b11(\text{race}).$$

### Qualitative Research Process

#### Research Design

Qualitative methods delve deeply into the attitudes and experiences of research participants in order to understand the richness and complexity related to a phenomenon. The strength of this inductive approach is that it facilitates the exploration of what the study subjects perceive as important components of their experience. Previous qualitative research informed by the narratives of welfare recipients illustrates the diversity of experiences of women receiving welfare and reconceptualizes the nature of this experience by illustrating how women understand and respond to the social forces they encounter (Edin & Lein, 1997; Kemp, Jenkins & Biehl, 1996; Seccombe, James & Walters, 1998).

Epistemological debates have centered on the issues of reliability and validity between quantitative and qualitative methods (Sherman & Reid, 1994; Padgett, 1998). Qualitative researchers reframe this debate to focus on trustworthiness (Padgett, 1998;

Heineman Pieper, 1994) as a response to concerns about the neutrality and objectivity of qualitative research. Trustworthiness depends on rigorous techniques and the credibility of the researcher (Patton, 1990).

The rigor of qualitative research is enhanced through processes related to engagement, observation and triangulation of information (Belcher, 1994). In this dissertation, engagement was accomplished through in-depth interviews that were often several hours in length. Although ongoing observation of respondents was not possible, triangulation of information is achieved in three ways: using different methods of data collection, employing multiple perspectives to interpret data, and comparing quantitative and qualitative findings. In this study, data were collected through audiotapes and notes taken during the interviews. I discussed the interview process, contents of transcripts and interpretation of results with my co-interviewer, two committee members, and several persons in the community who have an expertise in research about domestic violence or welfare use. Findings for the quantitative and qualitative analyses are triangulated, and in the final chapter, areas of concurrence and contradiction between the results are explored.

Issues related to the credibility of the researcher can enhance the reliability and internal validity of qualitative research. When only one interviewer is used, barriers created by socio-cultural difference and researcher subjectivity may affect the truthfulness of the information provided to the researcher (Murphy & O'Leary, 1994; Rubin & Babbie, 1997). To compensate for these potential problems, interviews were conducted by two persons: the researcher (a white woman) and a social work supervisor

(an African American woman) from a child welfare agency. Both interviewers have experience interviewing women in abusive relationships. My co-interviewer and I had frequent discussions about the possible effects of racial and class issues in the interviews, and made efforts to address these dynamics during the process.

Because of the small, purposive samples generally used in qualitative research, concerns exist about the generalizability of results. Rubin and Babbie (1997) note that the generalizability of qualitative research can be affected in three ways. First, the results of qualitative inquiry are not necessarily replicable, since they rely, to some extent, on the actions of the investigator. Secondly, the comprehensive nature of qualitative findings makes them difficult to translate into other settings. Finally, as qualitative research usually relies on purposive, not probability samples, the amount of bias present in the study is unknown. For these reasons, the authors describe conclusions based on qualitative data as suggestive rather than definitive (Rubin & Babbie, 1997).

### Instrument

In this section, I describe the development and content of the interview guide used in the study. The initial interview guide was created after completing the literature review documented in Chapter 2. During this process, guides used in other studies such as Edin & Lein (1997) and Finkelhor, Hotaling and Yllö (1988) were examined. An initial draft of the interview guide was shared with the dissertation committee and scholars researching welfare reform and domestic violence. Suggestions for improving the guide were incorporated prior to the first interview. Qualitative research emphasizes that the data collection process should be continually refined based on information

gleaned from interviewees (Padgett, 1998; Patton, 1990). Therefore, the interview guide was reviewed and modifications made as needed after each interview. After the first four interviews were completed, I reviewed the interview process with two dissertation committee members to revise and refine the collection of data. Based on the initial interviews, I added questions regarding the meaning of welfare to the respondent, how the abuse affected the woman's ability to leave the house, further probes concerning access to support from family and friends, and how the abuse had changed the respondent's life. Please see Appendix C for the final interview guide used in the qualitative interviews.

The interview guide uses open-ended questions which focus on four general domains. Questions about welfare use and employment are asked first, as these were thought to be less distressing to interviewees. Next women are asked about domestic violence and its effects. The interview ends with a discussion of mental health issues, strengths, unmet needs and suggestions for improving the lives of abused women on welfare. I describe each of these domains next.

Each respondents is asked to describe her interactions with the welfare system. This includes the initial reasons for applying for welfare, interactions with their welfare caseworker, and her family's response to the decision to apply for welfare. Each woman is asked if she knows of the Family Violence Option, or the ability of the welfare office to exempt women who are survivors of domestic violence from new policy requirements. Respondents are asked if they disclosed their abuse to the welfare office, and if so, what actions their caseworker took on their behalf. If she is no longer receiving welfare



benefits, she is asked why benefits were stopped. Interviewees are asked to give a history of their employment experiences, what kinds of jobs they held and for how long. Each woman is asked about support and barriers to employment.

Next, respondents are asked about the nature of the violence they experienced, and whether the violence ever affects their ability to go to work or school. By asking about the consequences of the abuse for the woman and her children, indirect information is also obtained about factors that might relate to employability. Recipients are asked to describe any actions they took to end the abuse and their evaluation of the effectiveness of these actions.

Finally, the mental health of women experiencing intimate partner violence is explored in order to determine the nature and role of mental health issues. Each interviewee is asked about the effects of the abuse for herself and her children, how the abuse changed her life, and how she copes with the stresses she experiences. Access to sources of formal and informal support are explored to determine avenues and barriers women face in their attempts to leave welfare and end the abuse. Formal support is defined as agencies such as battered women's programs, law enforcement, the mental health system and other institutions; and informal support is viewed as family and friends. Both the social stigma attached to intimate partner violence and the pressure to avoid discussing the violence may impact the ability of formal and informal sources to provide support. Therefore, it is important to inquire into the ways that families, friends, and institutions support and hinder the woman's attempts to end abuse and escape poverty.

### **Sampling Plan**

**This research used a homogenous, purposive sampling strategy where all interviewees have disclosed recent physical violence (Patton, 1990; Padgett, 1998).**

**Subjects were included in the qualitative sample if they met the following criteria:**

- 1. They were a member of the panel study and had completed an interview in the second year of data collection.**
- 2. They had reported experiencing physical violence in the previous twelve months.**
- 3. They were reachable by telephone to screen for safety issues before setting up a preliminary interview.**
- 4. They stated it would not impair their safety to participate in an interview regarding domestic violence.**

**Twenty-two women reported physical violence in the second year interview. Three of these women were white, the remainder were African American. None of the three white women participated in the study because one had died of a health-related problem, one refused to be interviewed, and one could not participate after scheduling the interview. Additionally, seven African American respondents were not reachable by telephone to determine the safety of participating in an interview. The addresses and phone numbers for these seven women were re-checked with the welfare office and attempts to contact them took place over a five month period, but these efforts were unsuccessful. Ten interviews were completed out of the twelve remaining potential interviewees. These ten represent the first ten subjects who were available and agreed to**

be interviewed. A cash payment was given to each participant as an incentive and thank you for participating.

### Data Collection

Data collection for the qualitative interviews was performed by the researcher and Carmen Spooner, MSW, an experienced community social worker who was trained by the researcher. Because of the history of racial segregation and discrimination in the New Orleans community, and issues related to interracial communication about sensitive subjects (Orbe & Harris, 2001), it was important for the interview team to be led by an African American woman. Given the serious and personal nature of the information being requested, it is important to have an interviewer of the same race as the potential interviewees in order to provide the greatest feelings of safety possible for the respondents (Vaz, 1997).

Respondents were contacted first by phone in order to describe the study and to investigate whether any safety issues might arise if the woman participated. Interviews were conducted from July through November, 2000. The average length of the interview was two hours, although times ranged from an hour to almost four hours.

Nine out of ten of the interviews took place in the woman's home. Four of the interviews were conducted in various housing developments in the New Orleans area. None of the women interviewed is currently living with the man they reported had abused them, and all said that they felt safe participating in the interview. One respondent was interviewed at the child welfare office as she said that she could not speak freely at her home where she lives with her mother and her children.

### **Data Analysis**

In this section, I describe three concerns which undergird the analysis process, and the strategies used to organize, code and interpret the data. This dissertation uses analysis of narrative interviews to expand the scope of the quantitative research and to discover contradictions and fresh perspectives (Reid, 1994) related to the following research question: How do women describe the impact of domestic violence on their ability to become economically self-sufficient? Qualitative analysis in this dissertation is used to complement quantitative findings and to open new avenues of understanding the relationship between domestic violence and welfare outcomes.

Many different strategies could be employed to analyze information from these interviews. Patton (1990) notes that “the great strength and fundamental weakness of qualitative inquiry” (p. 372) is the dependence on the skills and perspective of the researcher. Therefore, it is necessary to explain three issues which guide this analysis.

First, I focus the analysis on issues directly related to the interface between domestic violence, welfare use, employment and mental health. In doing so, I omit information that is relevant to understanding the larger experience of being an impoverished battered woman, but is not necessarily related to the more narrowly focused issue of domestic violence and welfare use. For instance, I will not be analyzing information which frequently emerged (unsolicited) during the interviews about the relationship between the women and the law enforcement system. Although this institution plays a critical role in the sequence of events related to the abuse, it is only tangentially germane to the women’s interaction with the welfare system. Second, my

analysis is guided by the precept that social work research should lead to knowledge that is relevant for practice (Sherman & Reid, 1994; Rubin & Babbie, 1997). While I am interested in theoretical explanations for the experiences of the women involved, I am ultimately concerned with policy issues related to the interface between the welfare system and the battered woman. Finally, analyzing women's stories from a feminist standpoint has meant that I value the stories that these women tell as indications of the strength they have needed to survive horrific situations brought on by abuse and poverty. In doing so, I present information that they viewed as critical to their negotiations with the welfare system, despite its frequently negative portrayal of that system itself.

In this research, qualitative data analysis involves three processes -- organizing data obtained from interviews; coding the data to generate categories, themes and patterns; and interpreting and verifying conclusions (Marshall & Rossman, 1999; Miles & Huberman, 1994). Atlas.ti, a software package designed for qualitative data analysis, is used to organize and code the narratives. Atlas.ti creates a hermeneutic unit which allows for the coding of all primary documents (in this case, transcriptions of interviews), and the analysis of all documents simultaneously.

To organize the data, verbatim transcriptions of tape-recorded interviews are entered into Atlas.ti. The transcription of one woman's interview is incomplete because the respondent spoke so softly that her voice is generally not distinguishable on the tape. This interview was transcribed to the fullest extent possible, but much of it is not available for use in Atlas.ti, so notes taken during her interview are used to supplement the transcript.

In the first data coding process, I read each interview several times and selected and coded quotations in each transcript. Codes are generated in two ways – first, categories arise from the interview data (Marshall & Rossman, 1999). For instance, descriptions of the types of abuse flow directly from the statements of interviewees. Second, as suggested by Bogdan and Biklen (1992), I constructed a coding typology which identifies information important to this dissertation including respondent's description of the situation; perspectives of participants on welfare use and domestic violence; critical events in the interaction between the interviewee and the welfare office; and strategies for survival. Each quotation has one or more codes associated with it. This process resulted in the creation of 206 codes and 3,075 coded segments within the hermeneutic unit.

In order to increase the reliability of the coding process, one interview was coded by the researcher and by Dr. Julianna Padgett, an experienced qualitative researcher who is familiar with the topic area. The comparison of codes showed substantial agreement on the topic areas. Transcripts of interviews (without any identifying information) were shared with two committee members who also offered feedback during the process of data analysis.

Atlas.ti suggests that information be coded in the smallest units possible, and then organized into larger code families in order to look for similarities and contradictions within narratives around various concepts. Five code families form the focus of the qualitative analysis in this dissertation: Characteristics of the Abuse, Mental Health

**Issues, Interviewee's Response to Abuse, Employment, and Interaction with the Welfare System (see Table 2). These sets of codes represent the quotations that deal directly with the four domains of interest. A frequency chart which summarizes the codes and code families across each transcript was used to evaluate the frequency of various codes in the data. Once codes were associated with the transcripts, and code families created, output was generated for each code family, of all quotations associated with the code.**

**From the narratives, I identified themes related to the research question that address the role of domestic violence in welfare outcomes, employment and mental health. In each area conclusions are postulated and then re-checked against the data. In order to verify and re-check the conclusions I reached in the qualitative analysis, I reviewed the findings with several people with expertise in the area including members of my dissertation committee, researchers in the Welfare Reform Research Project at Southern University at New Orleans, and two qualitative researchers who study gender issues and domestic abuse. The suggestions and comments of these individuals have been incorporated where possible into the presentation of the results.**

**To investigate the relationship between domestic violence and welfare use, I use the code families of Characteristics of the Abuse and Welfare System to describe the abuse, and ascertain whether the woman received any assistance from the welfare office to address issues arising from the domestic violence. I explore three processes which emerge from the data as being connected to whether the person receives help from the welfare system: knowledge of the family violence option, willingness to disclose abuse to the caseworker and actions taken by the caseworker once abuse has been disclosed.**

Table 2

**Codes Associated with Identified Code Families**

<b>Characteristics of Abuse</b>	<b>R's* Response to Abuse</b>	<b>Mental Health Issues</b>	<b>Employment</b>	<b>Welfare System</b>
Death threat	Considered herself abused?	Agoraphobia	Abuse prevents school/wk	Family violence option
Harassment, calls	Health problems	Children's mental health	MH affects work	New policies
Harassment, following	Keeping secret	Hallucinations	Consequences of abuse	Worker attitude
Hitting	Pretending	Nervousness	Work history	Social workers
Home invasion	Reasons for abuse	PTSD	Desire to work	Survival strategies
Held hostage	Self-defense	Sleep problems	Getting a job	Stigma
Isolation/social control	Stopping it	Depressed	Reasons not to work	Meaning
Life threatening	Survival strategies	Reason for problems	Benefits	Reasons for application
Scared for children	Consequences of abuse	Fear – of abuser	Transportation	History of use
Sexual assault	Cope – children	Fear – of other people	Child care	Intrusive questions
Stealing from R	Cope – think/plan/other	Afraid of being killed		Encouragers
Threats	Cope – pray/spirituality	Self-care problems		Discouragers
Throwing objects	Cope – supportive others	Hopelessness		Reason welfare ended
Verbal/emotional abuse	Empowered			
Used weapon	Self-image statements			

\*R = Respondent



To explore the relationship between domestic violence, employment and mental health, I review the employment experiences of the interviewees using the code family of Employment. Here I describe themes related to the women's desire to work and barriers to employment. Next, I discuss the mental health experiences of the women, including lingering effects of the abuse, severe aftereffects related to the presence of Post-Traumatic Stress Disorder, and survival strategies. This section concludes with a discussion of the consequences of domestic violence which affect employment.

## CHAPTER 4

### DESCRIPTION AND PRELIMINARY ANALYSIS OF QUANTITATIVE SAMPLE

In this chapter, I provide a description of the quantitative sample, including a listing of the variables in the study, frequency distributions, preliminary analysis of differences between respondents who report domestic violence and those who do not (ANOVA and t tests), and a correlation matrix.

#### Sample Characteristics

Table 3 lists the variables used in the descriptive and regression analyses of the quantitative data. The first three variables represent the dependent variables to be analyzed using various forms of regression analysis. Employment and depression also serve as independent variables in the analysis of TANF status, and depression is an independent variable in the evaluation of employment.

Domestic violence is coded in three ways. The first (Current DV) uses the strictest measure possible – report by the respondent of some form of physical violence such as hitting, slapping, or kicking within the previous twelve months. The next variable (DV > 12 Months) captures those women who report having experienced some form of physical violence or harassment in the past (i.e., not within the previous twelve months). The last variable (DV Ever) is a sum of the Current DV and DV > 12 Months, and identifies anyone who has experienced physical violence or harassment in her lifetime. This is the most expansive definition of domestic violence possible with the data. Other research has found that the more behaviorally oriented questions asked about domestic violence, the higher the report of abuse (see for instance Allard, Albelda,

Table 3

**Description of Variables and Coding Used in Analysis**

<b>Variable</b>	<b>Description</b>	<b>Coding (Range)</b>
<b>TANF Status</b>	Has respondent left TANF voluntarily, is still on TANF, or left involuntarily in Year 2?	0 = off TANF voluntarily 1 = Receiving TANF 2 = Left TANF involuntarily
<b>Employment</b>	Does respondent report any employment in Year 2?	0 = No employment 1 = Employed
<b>Depression</b>	Response to 20 item scale measuring depressive symptoms.	Score on scale (0 - 60)
<b>Current DV</b>	Respondents' self-report of physical violence within past 12 months.	0 = No violence 1 = Violence
<b>DV &gt;12</b>	Respondents' self-report of physical violence or harassment greater than 12 months ago.	0 = No violence 1 = Violence
<b>DV Ever</b>	Respondents' self-report of having experienced physical violence or stalking ever in their lifetime.	0 = No violence 1 = Violence
<b>Health Impairment</b>	Report that respondent, child or another person in the home has a health impairment requiring respondent's assistance	0 = No impairment 1 = Impairment
<b>Poor Physical Health</b>	Respondent's self-report of number of days of poor physical health in previous month	Number (0 - 30)
<b>Alcohol/Drug Abuse</b>	Respondent's self-report of excessive drinking or drug use	0 = No excessive alcohol/drug use 1 = Excessive alcohol/drug use
<b>Reliable Transportation</b>	Respondent's report of car ownership	0 = Does not have car 1 = Has car
<b>Years of Schooling</b>	Years of schooling reported by respondent	Number (3 - 17)
<b>Age</b>	Respondent's age	Number (19 - 77)

Table 3, continued

Variable	Description	Coding
Young Children	Number of children respondent has under the age of 5.	Number (0 - 5)
Total Children	Total number of children respondent has	Number (0 - 10)
Never Married	Marital Status of respondent	0 = Ever married 1 = Never married
African American	Race of respondent	0 = All Others 1 = African American
Years Receiving Welfare	Total number of years respondent reports having been on welfare	Number (0 - 26)
Parent(s) Received Welfare	Report by respondent of whether either parent received welfare payments while respondent was under 18 years old	0 = Parent did not receive welfare 1 = Parent received welfare

Colten & Cosenza, 1997). Because this dissertation uses only two questions to ask about physical violence or harassment, the level of domestic violence is likely under-reported. However, using this format decreases the likelihood of counting as domestic violence episodes that may be considered more minor. The qualitative data support the position that the women in this study are often reporting serious and often life-threatening forms of violence.

The remainder of the independent variables are those found to be predictors of welfare status, employment or mental health in previous studies of the characteristics of women who leave welfare. These variables include a set of demographic indicators (years of schooling, age, race, marital status, number of children, number of children under five years of age), a set of welfare-related variables (number of years receiving welfare, and whether a parent received welfare while the respondent was a child), and potential barriers to employment and mental health (having or caring for someone with a health impairment, poor physical health, alcohol/drug abuse, and having reliable transportation).

#### Frequency Distributions and Preliminary Analysis

Table 4 provides descriptive information on the sample, including percentages, means and standard deviations for the variables in the analysis within the sub-groups of those experiencing current domestic violence, domestic violence greater than twelve months ago, and any report of violence or harassment. This table also gives information on the ANOVA and t tests performed to determine if domestic violence is associated with the variables listed.

Table 4

**Percentages, Means and Standard Deviations (in parentheses) for Domestic Violence, Non-Domestic Violence and Total Sample.†**

Variable	<u>Domestic Violence</u>			<u>Non-D.V.</u>	<u>Total</u>
	Current (n = 22)	> 12 Months (n = 72)	Ever (n = 94)	(n = 254)	(n = 348)
Currently Receiving TANF	36.4%	44.4%	43.2%	39.7%	40.6%
Left TANF Voluntarily	33.3% (n = 15)†	36.6% (n = 41)	37.0% (n = 55)	51.7% (n = 151)	47.3% <sup>**</sup> (n = 206)
Currently Employed	33.3%	38.9%	37.2%	40.1%	39.3%
Depression Score	26.58 (12.87)	23.71 (13.57)	24.62 (13.40)	15.65 (11.93)	18.26 <sup>*b</sup> (13.01)
Health Impairment	59.1%	51.4%	53.2%	39.9%	43.5% <sup>*c</sup>
Poor Physical Health	7.91 (9.49)	9.14 (11.37)	8.86 (10.94)	7.71 (11.04)	8.03 (11.00)
Alcohol/Drug Abuse	27.3%	8.6%	13.0%	5.1%	7.3% <sup>*d</sup>
Has Reliable Transportation	22.7%	37.5%	34.0%	37.7%	36.7%
Number of Years of Education	10.55 (2.09)	11.51 (1.82)	11.28 (1.91)	11.28 (2.13)	11.28 (2.07)
Age	31.49 (10.65)	34.70 (11.56)	33.79 (11.41)	36.25 (12.32)	35.58 (12.11)

†Significance is starred in the total column, but may relate to the ANOVA or t test. See superscript for details.

Table 4, continued

Variable	Current (n = 22)	<u>Domestic Violence</u> > 12 Months (n = 72)	Ever (n = 94)	<u>Non-D.V.</u> (n = 254)	<u>Total</u> (n = 348)
Number of Young Children	.96 (1.05)	.65 (.81)	.74 (.88)	.63 (.79)	.66 (.82)
Total Number of Children	2.70 (1.34)	2.38 (1.44)	2.45 (1.41)	2.55 (1.62)	2.52 (1.56)
Never Married	63.6%	53.8%	55.8%	61.3%	59.8%
African American	86.4%	86.1%	86.3%	86.6%	86.5%
Years Receiving Welfare	4.27 (3.43)	5.30 (5.23)	5.01 (4.87)	5.86 (5.56)	5.62 (5.38)
Parent(s) Received Welfare	40.9%	37.1%	38.7%	31.4%	33.4%

\*p < .05

†n = number of people who stopped receiving TANF payments in each category.

• T = 2.086, between DV Ever and Non-DV.

<sup>b</sup> ANOVA between Current, > 12 Months and Non-DV, F = 14.136, Scheffe shows difference between Current DV and No DV (p = .001) and DV > 12 Months and No DV (p = .001).  $\eta^2 = .10$ . T = -5.246, between DV Ever and Non-DV.

• T = -2.225, between DV Ever and Non-DV.

<sup>d</sup> ANOVA between Current, > 12 Months and Non-DV, F = 7.731, Scheffe shows difference between Current DV and No DV (p = .001) and Current DV and DV > 12 Months (p = .01).  $\eta^2 = .05$ . T = -2.096 between DV Ever and Non-DV.

In this sample of 348 respondents, 27.3 percent report having experienced physical violence or harassment within their lifetime. Of this number, 6.3 percent report physical violence within the past 12 months, and 21.0 percent report some form of physical violence or stalking greater than twelve months ago. The majority, 72.7 percent, do not report any experience of violence.

For purposes of this description, welfare status is recategorized as two dichotomous variables – Currently Receiving TANF and Left TANF Voluntarily (0 = no, 1 = yes). Persons currently experiencing domestic violence have the smallest percentage participation in TANF (36.4 percent), while those who had ever experienced violence or harassment had the largest percentage involvement (43.2 percent), and those with no history of violence fell in the middle (39.7 percent), although these differences were not significant.

Percentages and means in this sample, show that current domestic violence victims tend to be younger, have more children under the age of five, have more children in total, and less educational attainment. They spend the least amount of time on welfare, on average, of the three groups. Those who have experienced violence or harassment in their lifetime are slightly older than current domestic violence victims, but younger than those who do not report any violence. Those who have ever experienced violence have slightly fewer young children than current victims, but more than non-domestic violence respondents, and they have the smallest average number of children in the sample. Those who have ever experienced violence and those who have not are



equivalent in terms of educational attainment, but all three groups have less than a high school education.

Analysis of variance (ANOVA) is performed on the mean differences between the current domestic violence, DV > 12 months, and no domestic violence groups. T tests are used to identify differences between the group having ever experienced domestic violence and the no domestic violence group. Four variables -- leaving TANF voluntarily, depression score, health impairment, and alcohol/drug abuse -- show significant differences between those who experience domestic violence and those who have not.

T tests between having ever experienced domestic violence or not reveal a difference in how welfare was exited. Over half of the respondents who have not experienced domestic violence left welfare voluntarily, usually for a job or because they gained access to other income. Only slightly more than one third (37 percent) of the women who have experienced domestic violence say that they left welfare for voluntary reasons. Almost two-thirds of abuse victims who leave welfare are sanctioned off, either through the use of time limits, the failure to meet work requirements, or other non-voluntary reasons.

ANOVA and t tests show significant differences in depression levels among the groups. The mean depression score is more than half again as high for those who report domestic violence when compared to those who have not experienced abuse. Mean scores in the general population on this measure range from 7.25 to 9.25; for a psychiatric population, the mean is 24.42. Results for women on welfare show that those

experiencing domestic violence have scores higher than a psychiatric population, while those who have not experienced violence have a mean score above the general population, but below the psychiatric population. The Proportionate Reduction of Error (PRE) statistic ( $\eta^2=.10$ ) indicates that 10% of the variance in the level of depression is explained by the domestic violence variable. Post hoc Scheffe tests show that differences in depression scores are found between both domestic violence groupings (Current DV and DV >12 months) and those who do not report violence. The t test between having ever experienced domestic violence and non-domestic violence respondents is also significant, with a t value -5.246 ( $p < .05$ ).

Women who have ever experienced domestic violence report higher levels of health impairment than those who have not experienced domestic violence ( $t = -2.225$ ,  $p < .05$ ). Health impairment is defined as having a health problem, or taking care of a child or other person in the home with a health problem. The ANOVA test finds no differences between the temporal sequence of domestic violence.

Disclosure of alcohol/drug abuse appears to be higher among domestic violence survivors. Women who report current intimate partner violence have the highest level of alcohol/drug abuse, with 27.3 percent noting behavior consistent with alcohol and/or drug abuse. Post hoc Scheffe tests show that these percentages are significantly lower for both those women whose report of violence is greater than twelve months ago, and women who do not report domestic violence. Approximately 5 percent of the variation in alcohol/drug abuse can be attributed to being a victim of domestic violence ( $\eta^2=.05$ ).

Differences in alcohol/drug abuse between having ever experienced domestic violence and the non-domestic violence group are also seen with the t test ( $t = -2.096, p < .05$ ).

Although no other variables show a significant difference between those who are abused and other respondents, the non-significance of some of the response categories is important. For instance, a smaller percentage of current domestic violence victims report employment (33.3 percent) when compared to those who have never experienced violence (40.1 percent). However, this difference is not statistically significant. This finding is congruent with previous studies of employment patterns among low income women in which abuse was not found to be a factor in employment (Lloyd, 1997; Lloyd & Taluc, 1999; Danziger et al, 1999).

Table 5 reports the zero-order correlations between the variables in the study. For the purposes of the correlation matrix, TANF status is again entered as two dichotomous variables since the category (on TANF, off voluntarily, off involuntarily) can not be ordered. These variables are TANF status (being on or off TANF), and Voluntary (leaving TANF voluntarily or involuntarily). I next review the correlations associated with each of the four dependent variables in the study.

The likelihood of still receiving TANF is negatively correlated with employment and education, meaning that persons who are employed, and have higher levels of education are less likely to still be receiving TANF. Higher depression scores, having or caring for someone with a health impairment, higher levels of poor physical health, being older, having children under age five, and having more children are all positively correlated with continued receipt of TANF.

Table 5.

## Correlation Coefficients. (n = 348)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. TANF Status (ref:off)	1.00																		
2. Employment	-.169*																		
3. Depression	.183*	-.237*																	
4. Voluntary	-.070	.223*	-.253*																
5. Current DV	-.063	-.039	.179*	-.078															
6. DV > 12 Months	.047	-.004	.225*	-.105	-.133*														
7. DV Ever	.032	-.026	.307*	-.142*	.427*	.639*													
8. Health Impaired	.303*	-.291*	.378*	.029	.002	.081	.119*												
9. Poor Physical Health	.175*	-.316*	.479*	-.157*	.003	.033	.047	.409*											
10. Alcohol/Drug Abuse	-.074	.014	.067	.017	.206*	.026	.138*	-.042	-.047										
11. Reliable Transportation	.018	-.029	-.003	.073	.074	.020	-.023	.069	-.003	-.016									
12. Age	.134*	-.172*	.178*	-.019	-.088	-.039	-.085	.301*	.298*	-.104	.047								
13. Children, Young	.108*	-.062	-.141*	-.040	.077	.001	.054	-.134	-.129*	.045	-.019	-.379*							
14. Children, Total	.122*	-.069	.002	-.002	.025	-.042	-.025	-.010	.016	.053	-.044	.032	.256*						
15. Education	-.146*	.151*	-.214*	.067	-.094	.059	-.003	-.010	-.179*	.044	.062	-.162*	.047	-.105					
16. Never Married	-.018	.145*	-.065	.016	.021	-.072	-.054	-.179*	-.125*	.015	.148*	-.478*	.217*	-.060	.005				
17. African American	.002	.043	-.027	.064	-.001	-.005	-.005	-.094	-.053	.007	-.234*	-.106*	.111*	.085	-.053	.190*			
18. Welfare History, Recipient	-.011	-.029	.171*	-.103	-.066	-.021	-.056	.008	.146*	.010	-.043	.247*	-.233*	.114*	-.175*	-.015	.006		
19. Welfare History, Parent	-.027	.015	.017	-.010	.048	.046	.067	-.073	-.110*	.012	-.130*	-.307*	.254*	.046	-.109*	.208*	.117*	.031	1.00

\* p &lt; .05

Leaving TANF voluntarily is positively correlated with employment. Leaving TANF involuntarily is associated with having experienced violence or harassment in the respondent's lifetime, having a higher depression score, and higher levels of poor physical health.

Employment is negatively correlated with the respondent's depression score, health impairment, poor physical health and age, indicating that having higher levels of depression and poor physical health, caring for someone with a health impairment and being older are associated with being unemployed. Employment is positively correlated with voluntarily leaving welfare, higher levels of education, and having never married.

The respondent's score on the depression scale is negatively correlated with employment, leaving welfare voluntarily, having young children, and educational attainment. Women who are more depressed are less likely to be employed, to leave welfare voluntarily, to have children under the age of five, and to have graduated from high school. Depression scores are positively correlated with currently receiving welfare, having experienced domestic violence (both currently and in the respondent's lifetime), caring for someone with a health impairment, higher levels of poor physical health, being older, and having a longer history of welfare use.

Standard tests for multicollinearity (a concern in regression analysis) include reviewing the correlation matrix to ensure that no two variables are highly correlated with each other which is usually defined as being correlated at the .70 level or higher (Pedhazur, 1997). The strongest correlation in Table 5 is between reporting domestic violence ever and domestic violence greater than 12 months ago ( $r = .839$ ), and indicates

that these two variables should not be used in the same equation, as too much of their variance is shared. Therefore, each hypothesis is tested with a regression equation which has the temporal sequence of domestic violence (current and greater than 12 months), and a separate equation which uses the total report of having ever experienced domestic violence. Four other correlations are moderately strong: marital status and age ( $r = -.472$ ), domestic violence ever with current domestic violence ( $r = .427$ ), poor physical health and depression ( $r = .479$ ), and poor physical health and having or caring for someone with a health impairment ( $r = .409$ ). These correlations are not strong enough to indicate the presence of multicollinearity.

In summary, correlation, ANOVA and t tests indicate that domestic violence is associated with leaving welfare involuntarily and higher depression scores. It is not associated with current receipt of TANF or employment.

## CHAPTER 5

### DESCRIPTION AND PRELIMINARY ANALYSIS OF QUALITATIVE SAMPLE

A synopsis of the characteristics of the qualitative sample on key variables in the study and brief summaries of the current situations of each of the ten women interviewed are provided. Next, I discuss themes which emerge from the qualitative data related to the nature of the violence experienced by respondents. The use of a feminist standpoint requires that women's stories be central to the presentation of this research. Narratives from women about the abuse expand our understanding of the nature of the victimization they experience, contextualize the quantitative findings, and "provide a face" to the problem of domestic violence and welfare use.

#### Sample Characteristics

Ten women consented to in-depth interviews about their experiences of domestic violence and how this affected their efforts to become economically self-sufficient. Table 6 summarizes some of the key demographic characteristics of the interviewees for comparison with the quantitative sample. All of the respondents are African American. Approximately 85 percent of the Department of Social Services caseload is African American (LaDSS, 1998a), and this is reflected in the demographics of the panel study members who are also predominantly black. Three white women were identified as potential respondents in the qualitative sample, however none participated in the interview (see discussion in the section on the qualitative sampling plan).

Only one woman lives outside of the metro New Orleans area. Half have finished high school or obtained a GED, a percentage roughly equivalent to the quantitative

Table 6

Synopsis of Characteristics of Qualitative Interviewees†

Interviewee	Age	Ever Married	Number of Children	Number of Children < 5 years old	Graduated High School/ GED	Currently On TANF	Currently Employed	Depression Score†	Other Income Received	Abuse was Life Threatening
Deborah	43	✓	3*	0			✓	4	SSI	✓
Anna	35		5**	3	✓			46		✓
Alfreda	30		2	1	✓		✓	10		
Peggy	28		2	2	✓			34	SSI	✓
Tasha	24		1	1			✓	30	Child Support	
Tanya	27		3	1		✓	✓	30		✓
Adrienne	39	✓	3	0				17	SSI, husband's income	
Pamela	38	✓	3	0	✓			42	Living on savings	
Tammie	36	✓	4	0	✓	✓		22	SSI x 2	✓
Regina	30		3	0				41		✓

†Names changed to protect confidentiality

†For comparison purposes, mean of general population = 9.25; mean of psychiatric population = 24.42; higher scores indicate increasing depression.

\*Deborah has 2 adult children, but was receiving TANF payment for 3 grandchildren.

\*\*Anita has 5 children and was 5 months pregnant at the time of the interview.



sample. The average age of the interviewees is 33 years, similar to the panel study members. The average number of children is 2.9, and the average number of children under five is 0.8, both means are slightly higher than the quantitative sample. Two persons were receiving TANF as of the time of the interview, four were employed, and five received other income, most commonly Supplemental Security Income due to their own disability or that of a child. Two women report receiving no income at all at the time of the interview. Nine out of ten of the women have scores on the depression scale that are above the mean for the general population, and six scores are above the mean for the psychiatric population.

The women were eligible to participate in the qualitative interview if they had reported physical abuse in the twelve months prior to summer/fall, 1999. We interviewed them six months to a year after this disclosure, so in some cases, the abuse was two years prior. Two women told surveyors that the abuse had been within the past twelve months, but during the qualitative interviews we discovered that the most recent episode of violence was four years ago. This is discussed further in the preliminary analysis of the domestic violence experience later in this chapter.

A brief synopsis of the life situation for each of the women interviewed is given next, in the order in which the interviews were completed. Names have been changed to protect the confidentiality of the respondents.

Deborah is a 47 year old grandmother who received TANF payments at the onset of the panel study because her son had gone to prison, leaving her as the primary caretaker of his three children. Deborah's TANF payments have since been terminated

because the children have returned to live with her son. Living with Deborah is her other child, a 19 year old daughter, who has an infant child and was receiving welfare payments at the time of the interview. Deborah has worked off and on for many years in various service industry jobs. She is now working two jobs as a janitor and a sitter. The most recent abusive relationship that Deborah has been in ended four years ago, after several altercations during which her ex-boyfriend threatened to shoot her and the police had to be called. Deborah experienced mental health symptoms such as severe depression and anxiety which she attributed to the domestic violence until the spring of 2000, about four months before the interview. Deborah reports that several of her intimate partners have been abusive, starting with her first relationship as a teenager.

Anna is the mother of five children ranging in age from 1 year to 14 years old, and was pregnant with her sixth at the time of the interview. She lives in a housing development in New Orleans. A few days before the interview, Anna received notice that her TANF payments would be stopped because she had not complied with work requirements. (This situation is described in the section on welfare use in Chapter 6.) Anna had no other income and was at risk of eviction from the housing development. Any other resident in a housing development who loses their income would have their rent reduced to zero, if they have no other financial resources. This option is not available for Anna because PRWORA required that public housing agencies continue to charge the same amount of rent when a family is sanctioned off welfare. Anna has some college education and work experience, including several years as a restaurant assistant manager. The abuse ended several months previously when her ex-boyfriend was

ordered out of town by a judge. Anna reports symptoms consistent with agoraphobia and depression, which she feels stem from being held hostage and threatened with death by her abuser. She has an active child protection case pending in court because she kept her children out of school during the worst period of the abuse for fear that her abuser would harm them. At the follow-up contact, Anna had appealed her cut off from TANF and was requesting a hearing. She receives no child support from any of the fathers of her children.

Alfreda is a 30 year old mother of two sons, who are 2 and 9 years old. Alfreda was off TANF at the time of the interview because she is employed at a hardware store within walking distance of her home. Unlike the previous two interviewees, Alfreda was more guarded during the interview, oftentimes answering “no” to questions only to reverse herself when more probes were asked. Alfreda said that the abuse ended a year ago, and that she has no ongoing problems as a result of the experience. She continues to have minimal contact with her ex-boyfriend as he is the father of her youngest child. He pays no child support.

Peggy lives in rural St. Bernard parish. She is the mother of a 2 year old boy and a 5 year old girl. Peggy receives TANF payments for her son, SSI for herself because she is HIV+, and SSI for her daughter due to ongoing physical problems that are the result of premature birth. Peggy has worked in the past, but her health problems and those of her daughter prevent her from working now, despite a desire to do so. Peggy lives in a trailer that she is fixing up. She has installed an alarm system because she is not able to sleep for fear that her ex-boyfriend will break into her home again. Nine months before the

interview, Peggy was arrested for attempted manslaughter after stabbing her abuser when he tried to hit her in the head with a club after breaking into her house. The charges against her were later dropped. Although Peggy has minimal contact with her family, she receives considerable support through HIV-related social service agencies. She has no contact with her ex-boyfriend, and he does not see his son, nor does he pay child support.

Tasha lives in a housing development in New Orleans with her 3 year old daughter. She works as an assistant manager at McDonald's, making minimum wage with no benefits, and her income disqualifies her from receiving TANF payments. Her daughter attends a nearby day care center. Tasha receives \$50 per month in child support from her daughter's father, the man who abused her. Two years ago, after her ex-boyfriend broke into her home and tried to assault her, Tasha injured him by hitting him in the head with a ceramic cat. A warrant was issued for Tasha's arrest after he reported that she had attacked him. The charges have since been dropped due to the intervention of a friend on the police force. Her ex-boyfriend continues to see his daughter. Tasha said that she feels she is over the abuse, and has no lasting effects from it.

Pamela is the mother of three teenage boys. She is not working and no longer receives TANF payments because she had obtained employment, but was subsequently let go from her job because of her health problems. She is living off her savings which will run out in a few months, but will not reapply for welfare because of the problems she has had with her caseworkers. Pamela was one of two interviewees who reports frequent alcohol and occasional marijuana use. She has experienced physical abuse in every intimate relationship. Her most recent relationship ended eleven months earlier

when she asked her partner to move out of her home. After he left, he continued to harass Pamela and follow her. She is not sure if he has stopped following her since weeks would go by between incidents. She has not initiated contact with him as he is not the father of any of her children.

Tanya is the only interviewee who asked not to be interviewed in her home. She is the mother of 3 children, ages 10, 6, and 4. She currently works as a cafeteria attendant at a school in Jefferson parish which she travels to in a family car. Tanya believes that no one in her family knows of the abuse, although her discussion of this was contradictory. Tanya reports that after her ex-boyfriend tried to smother her one night, she called the police, but did not tell her family members why the police were called. During the course of the interview, she became increasingly uncommunicative, but when she was offered the opportunity to stop, she agreed to continue, but appeared guarded in her responses. Tanya also notes that she has more than five drinks at a time at least once a month. The abuse ended four years ago, and Tanya says that she tries not to think about it, but that it has changed her outlook on relationships and made her distrustful of others.

Adrienne was the only interviewee who is currently married, but not to the man who abused her. That relationship ended over a year earlier after both were arrested for a fight in front of a bar in Jefferson parish. The relationship was characterized by frequent sexual assaults, but the only physical assault Adrienne reports was the one that occurred at the bar. Adrienne has three children, two sons, 19 and 14, and a daughter who is 12. She is not on TANF because she receives Social Security Disability payments for an

injury to her back. Her family also receives other income through her husband's work in construction.

Tammie lives next to a housing development in New Orleans, and her mother and two sisters live within a few houses of her. She is the mother of 3 children and is currently receiving TANF payments for the two youngest. Both her husband from whom she is separated and her ex-boyfriend were physically abusive to her. The New Orleans District Attorney is currently pressing charges of attempted manslaughter against her ex-boyfriend for an incident in spring, 2000, in which he tried to kill her, and Tammie says that she will go to court in January, 2001 to testify against him. Tammie worked for many years in various fast food restaurants, but began receiving Social Security Disability payments two years ago because of ongoing problems related to a birth defect, club feet. She has had over thirty surgeries to correct the problem, but it has worsened over time. Although Tammie said that she would like to find some kind of employment, she does not expect that she will return to work as she is no longer able to stand for long periods.

Regina is a 30 year old mother of three children and lives in a housing development in New Orleans. Her two oldest daughters, 14 and 12, live with her mother and sister, and Regina cares for her 7 year old son. Her son has a serious seizure disorder, and because of care she had to give him, she was fired from her last job as a housekeeper in the spring. Regina says that she is unable to read past an elementary level and that she was in special education from the time she was in the third grade. Regina is not receiving TANF or any other income, although she is applying for SSI for

herself and her son. For the past three months, Regina has been trying to be reinstated on TANF, but her caseworker tells her that she is reviewing her case, and Regina is uncertain as to why she is not able to receive TANF. Regina was assaulted by the father of her son last year and almost died from stab wounds she received. She continues to have minimal contact with him since he sees their son. He does not pay child support, and he has not paid the court ordered restitution that is due Regina after he destroyed her apartment during the attack.

### Experiences of Domestic Violence

Respondents were asked to describe an episode during which their partner had physically hurt or threatened them. In this section I discuss three key findings from a preliminary analysis of the narratives: altered time sense, the types of abuse described in the women's stories (psychological, sexual, physical and stalking), and escaping the violence.

#### Altered Time Sense

The sample for the qualitative interviews consists of women who reported in the second year of the panel study that they had been abused in the previous twelve months. Two women had difficulty remembering the timing of the abuse during the qualitative interview. Use of contextual clues helped Deborah and Tanya to determine that the last episode of abuse happened almost four years ago. Deborah's trouble remembering may be related to a serious head trauma that occurred during an abusive relationship ten years before. At the end of the interview, she confided that since her injury, her memory has been more problematic.

Tanya indicated that she did not have any serious injuries from the abuse, leading to the question of whether her difficulty remembering is related to other psychological processes. It is possible that these experiences continue to feel “present” to the women despite the passage of time. Herman (1992) notes that during prolonged exposure to trauma, time sense changes, or as one prisoner of war said, “For us, history has stopped” (p. 89). These experiences indicate that the reliability of some women’s report of the timeframe of the abuse may be affected by memory issues.

### **Types of Abuse**

Scholars generally recognize four aspects to intimate partner violence: physical and sexual assault, psychological abuse, and stalking (Straus, Gelles & Steinmetz, 1980; Dutton, 1992; Browne, 1993; Lystad, Rice & Kaplan, 1996; Tjaden & Thoennes, 2000). Although the quantitative analysis focuses on physical violence and stalking, the abuse disclosed during the qualitative interviews is broader than these two experiences (see Table 2 for a listing of codes related to Characteristics of Abuse). The severity of the abuse varied, with life-threatening abuse reported by six of the women (see Table 6). Abuse is classified as life-threatening if the abuser attempted to kill the woman. Eight women said they were afraid that the abuser’s actions would seriously harm her or her children. In the following discussion, I describe women’s reports of violence related to psychological abuse, sexual assault, physical assault and stalking.

### **Psychological Abuse**

Feminist theorists believe that domestic violence is a continuum of behaviors from emotional degradation and threats to overt violence (Yllö, 1993; Dobash & Dobash,



1992; Hartman, 1981). All these behaviors are a systematic attempt on the part of abusive partners to exert power and control over their spouses (Domestic Abuse Intervention Project, 1999). Psychological abuse is not the negative verbal interactions common to many relationships, but an effort to control women's behavior through threats which, when extreme, constitute a form of torture (Dutton, 1992). In this section, I discuss two examples of psychological abuse which are likely to affect a woman's ability to comply with welfare policies: social isolation and credible threats of death from the abuser.

Controlling women's access to the outside world is a form of psychological abuse that has serious consequences for women in poverty. As Edin and Lein (1997) point out, cultivating reciprocal relationships within a social network is an important survival strategy for low income women. Social isolation, therefore, has direct consequences for vulnerability to abuse and access to help. Abusers frequently controlled the social involvement of the women in the qualitative sample by limiting their access to the outside world and isolating them from family and friends. Deborah (who was 47 at the time of this remark) illustrates the nature of this isolation and its effects on her self-esteem when she reports about her first husband:

Back then he had a lot of control over me. I was stupid. Sixteen. I didn't know nothin'. I couldn't even answer the telephone, so I didn't know who was calling. He said don't answer the phone, and I never answered it. I didn't know anybody and he was five years older than me and he didn't think I was responsible enough to the keep the door locked in case somebody wanted to come in or me let strangers in, so he'd lock me in. (1:52).<sup>1</sup>

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<sup>1</sup>Numbers after the quotations refer to the location of the quote within the transcript.

Social isolation varied from lack of access to the phone to more extreme forms of control. For instance, Alfreda tells of an occurrence that happened a few months before she left her boyfriend (about nine months prior to the interview):

A: He wouldn't let me out. One time, he fell asleep in the living room on the sofa. If I was to open the door, he would always know. I guess I was afraid to take that chance, but one time I got out the window in my bedroom. He was in the front and he had realized I had got out but I was already gone.

T<sup>2</sup>: So would you go and come back?

A: No. I had left and I went by my mother's. I stayed there a couple of days. He didn't know where I was and then he found out. But I never told my mother, Oh I left because of this or I left because of that. I always would just say, I'm here for now or whatever. (3:62)

Alfreda's story illustrates a theme that is a thread through each narrative – silence permeates these experiences. For a variety of reasons, women do not disclose that they are being abused, and the people around them don't ask. Willingness to disclose is a crucial element of gaining support, and this is particularly relevant in regards to gaining assistance from formal sources such as the welfare office. Issues related to disclosure are explored further in Chapter 6.

All of the women, with the exception of Adrienne, said that the abuser threatened her or her children with death, and eight of the women expressed a fear that the abuser's actions would kill or seriously harm her or her children. For instance, Anna's boyfriend told her "I love you so much I would commit murder for you," meaning that he would kill her; and Tammie's ex-boyfriend called her repeatedly after the relationship ended to

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<sup>2</sup>T = Taryn Lindhorst; C = Carmen Spooner.

say that if he couldn't have her then no one could. In some circumstances, verbal threats escalated into actions consistent with torture. For example, Anna describes being taken hostage by her abuser:

Once I got involved with him and I found out what kind of person he was, then it was too late – I couldn't get out of it. He had multiple personalities. The only way I got away from him was that, he was a sergeant in the army and played some kind of military game with me – he held me hostage this particular night. So he said "I'm going to take you to certain levels, and if it gets to level five and you don't answer my questions the way you should then I'm going to stab you and strangle you." So at the particular time I was pregnant [with the abuser's child] and I didn't know. It didn't really affect me because my daddy was in the military and my daddy was extremely strict on us. So I used it and I turned it around mentally on him and I got myself out of it. I avoided it. That particular night I think I would have died if it wasn't for me thinking. I know he would have hurt my children after he hurt me. (2:53)

According to Dutton (1992), psychological torture (as defined by Amnesty International) usually has several of the following components: 1) isolation of the victim, 2) induced exhaustion (through deprivation of food or sleep), 3) monopolization of perception, 4) threats of harm to the victim or her family, 5) degradation, 6) forced drug or alcohol use, 7) altered states, 8) random reinforcement of a belief that the torture will end. Anna's story exemplifies six of these elements: isolation, exhaustion, monopolization of perception, threats or harm and degradation. Anna's statement that the threat of death "didn't really affect" her reflects a pervasive coping strategy of emotional constriction (Herman, 1992) that several women reported.

### Sexual Assault

In addition to acts of psychological abuse, women in the qualitative sample also experienced physical attacks during the relationship, including episodes where they were

sexually assaulted. For many years, the law did not recognize rape if the victim and perpetrator were married (Dutton, 1992). Because sexual assault has been under-recognized in intimate relationships, scholars of domestic violence suggest that it be evaluated separately from other acts of physical abuse (Dutton, 1992; Finkelhor, Hotaling & Yllö, 1988). Sexual abuse is defined as unwanted sexual activity, including instances where a woman does not or cannot give consent, or where force or the threat of force is used (Dutton, 1992).

Sexual assault features prominently in three of the narratives, although being coerced into having sex is not necessarily recognized by the woman as an aspect of the abuse. For instance, Adrienne was able to tolerate a pattern of sexual assault within a recent relationship, but ended this relationship only after her partner hit her. As is seen in the following narrative, she does not consider the sexual assaults as violence.

T: So with the guy you ended up going to court with, was that time in the parking lot the only time you all had any kind of violence together?

A: Yeah, that was the only time. Because after that I didn't hang with him no more.

T: You know when C. was asking questions earlier, I think the second question was about having been forced to have sex against your will.

A: Oh, he did.

T: He did? That was that night?

A: That was throughout the relationship. You see, now I know a lot more about it [abuse], that was when I learned that was a sign, you know. When a man can't take no for an answer. You know, a lot of times he would took my underwear off me, pull 'em off me. You know, I mean I would be like "why would you want somebody who don't want you?" [He would say]

**“Ohh, it’s damn good, you want it, you want it, you know.” He was just an illiterate person. (Adrienne 8:58)**

**The fact that behaviors which are abusive are not labeled as such – in this case, Adrienne’s statement that only one violent event had occurred in the relationship despite multiple sexual assaults – has consequences for disclosure. Women suppress their understanding that they are being abused as a survival strategy (Herman, 1992), and may not recognize or label behavior as abusive while it is occurring.**

### **Physical Assault**

**Domestic violence is characterized by the abuser’s reliance on physical force to control women’s behavior (Dutton, 1992; Herman, 1992; Domestic Abuse Intervention Project, 1999). Every respondent tells stories of being hit, beaten, “smacked around,” or “taking licks” from their partners. In this section, I describe issues related to physical violence that occurred while the woman was in the relationship. Several women were also physically assaulted after the relationship ended, and this is addressed in the section on stalking.**

**Most of the women said that the physical violence left marks on their bodies, or caused them injury. Three of the women suffered harm severe enough to warrant hospitalization. Anna and Regina were stabbed by their perpetrators, and Deborah was hit in the head and suffered a closed head injury. Each of these three women continues to have health problems related to their injuries.**

**Often bruises were not on the face, making it possible for the women to keep the abuse secret. Peggy notes,**

He choked me or he done slammed me up against the wall, you know, and elbowed me and stuff like that. He would never, I never had bruises on my face, but I would ache for days after, you know, my back would hurt, you know. . . . [I] really wanted to tell people, but I didn't know how because I didn't want them to look at me in a different way. (5:3)

Peggy notes that it was difficult to leave the house or interact with others after these assaults, making it difficult for her to function in her food service job. For Pamela, physical abuse was a norm in all three of her intimate relationships. The violence escalated as she took steps to escape, continuing even after she had ended the relationship. The fact that ending a relationship does not necessarily end the abuse is discussed further in the next section on stalking.

### Stalking and Post-Separation Violence

Six women reported post-separation violence, continued harassment, and stalking after the relationship ended. For five of these women, the stalking led to assaults which were life-threatening. Three stories illustrate the severity of the stalking behavior. The following incident happened to Tammie several months after she ended her relationship with the perpetrator in this story, and about four months prior to the interview. She had allowed him in her house, believing that he wanted to talk to her and, after several hours, had fallen asleep.

So he managed to rip my – like pull my gown and pull it off. He had the knife up to me. He drug me in the car, but he was driving towards the bayou. And like I said, I had done got to the point I was bruised up, whatever. I had unbuckled the seat belt and I had put in my mind when I seen him going this way, talking about “We going to die together,” cause if he can't have me nobody can. So I said, well God your will gonna be done, but I know how to swim. So I already knew he didn't know how to swim. So in the process, he going like 120 [mph] up Harrison [street], so I know when he telling me we gonna die together, I know he is goin' in the

bayou now. So um I had done unhooked the seatbelt and just had my hand on it. I had done rolled the window down, 'cause I say, once the car go in I'll be able to swim out. So um he said, "Grab my hand, grab my hand." I said, "I don't wanna hold your hand." He said, "Yeah, cause we gonna die together." So at that point he really floored the car. So soon as he got by the water, they had like a big ole hole. The car went in the hole instead of in the bayou. So that made the car go up and it killed. Okay, so I didn't fight him or anything. I just sit there and I'm saying my prayers. And he cryin' and sayin' all kind of things. So at this point, some men passed asked did we need help. So that kinda like saved me. So um I told the man, "Yeah, the car had broke," whatever. He was like, "How y'all get here?" I'm like, "I don't know." But I didn't want to really say nothing because I didn't know what was gonna happen. So he [boyfriend] told the men, "Just help her," and he left. (7:1).

Unbeknownst to Tammie, her next door neighbor had heard her being forced out of the house and called the police. When she returned home, Tammie decided to disclose the abuse to the police and ask for her perpetrator's prosecution. In this case, Tammie sees law enforcement as an avenue to escape the abuse. Tammie does not have a similar sense that the welfare office can help her to address the consequences of the violence, indicating that evaluation of the efficacy of institutional response affects the disclosure of the abuse.

Most women in the qualitative sample expressed reluctance to pursue a law enforcement solution to end the abuse, even when they requested intervention from the police to stop the immediate event. Deborah's story illustrates that even though the abuse is frightening, sustaining the desire to press charges in the face of the abuser's pleas can be difficult. The following event occurred several months after she ended the relationship, and escalated after she resumed a relationship with a previous partner.

He was getting in his car and I was getting in my car and leave. He threw a big huge wrench like that at my car. Broke the glass out and glass

shattered all over me, so thank God it didn't cut my face. Some glass went in my chest and my hair. Just a few little scratch marks but it could have been much worse. Then he drove off. So I didn't have no problems with him for a while, then I started seeing my ex-boyfriend again. One evening we were walking in the supermarket and he followed us with a gun. He threatened my ex and me. We got the store people to hold him and we got away and got on inside [Deborah's house]. He was standing outside my house. I asked him to leave and he wouldn't. I said, if not I'm gonna call the cops. Of course that scared him away. Anyway, I called the cops that night. He went to jail. Called me from jail asking me to please drop the charges and all this stuff. And I got to the point where I dropped the charges, but I shouldn't of because he still was stalking me. He used to be almost everywhere I could walk, there he was. (1:109)

In the excerpt from Regina's story below, we see the life-threatening nature of post-separation violence, as well as the persistent fear that it may not be over. This event is similar to what Tammie and Deborah report in that the violent assault occurred several months after Regina ended the relationship. In Regina's situation, too, a neighbor called the police after seeing the perpetrator break into the house.

R: The boy had kicked the door in and he broke all my furniture in my living room and in my kitchen and everything. I just recently got what I got now because he had destroyed everything. Broke my wrists, momma had to give me a bath and everything. He had broke both of my hands, my wrists and stuff. I had to wear casts for like a couple of months. I couldn't take a bath, I couldn't eat. My mom had to feed me and everything. He stabbed me in my back, beat me with a chair. He did all that.

T: When did this happen?

R: This happened in, let's see, man I can't even remember when it happened, but it happened about two years ago, about two years ago. It happened, like I say about two years ago. You know, and at some certain times I feel like he still following me. Like he followed me that night, he watched me the whole night and stuff like that. And I didn't know it.

These three stories typify a commonality shared by most of the women – ending an abusive relationship does not guarantee an end to the violence. In fact, for five



women, escape is associated with an escalation of the violence. Although the women believed that the relationship was over, the danger continued. Anna and Tammie report frequent phone calls after the relationship had been terminated in which the perpetrator threatened to kill them to prevent them from being with anyone else. Violence after a relationship ends is consistent with results from the National Violence against Women Survey (Tjaden & Thoennes, 2000) which finds that women are at higher risk for rape, assault and stalking when they live separately from their partners. Tjaden and Thoennes (2000) caution that it is not possible to determine from this information if the violence causes the separation, or if the separation causes the violence. For the six women who experienced stalking and post-separation violence, the abuse was clearly a determining factor in the decision to end the relationship, and the end of the relationship seemed to spur the perpetrators to even more violent levels of behavior.

### Escaping Abuse

Perhaps the most striking commonality among the ten women in the qualitative study is that as of the time of the interview, none of the women were living, or still in relationship with the perpetrator of the reported abuse. At the time of the interview, each woman considered the relationship over, although some continue to have contact with the abuser because he is the father of her children. These women challenge the frequently held stereotype that battered women are unable, or worse, unwilling (Dutton, 1992), to escape the abuse.

How did these relationships end? For nine of the women, the end of the relationship was directly related to the abuse. In four cases, the women initiated the

ending by telling the abuser to leave, calling the police to force him out of the home, or enlisting the aid of family members to escape. For example, Anna asked family members who owned guns to come and stay in her home to protect her and her children during the period after she asked the abuser to leave. For the other five women, the abuse ended because someone else called law enforcement. For Peggy, Adrienne, Tammie and Tasha, intervention resulted in their arrest during the course of the abuse. Unlike the other nine women, Pamela asked her partner to leave because he had reduced his economic contribution to the household, leaving her to feel that she had “one more mouth to feed.” Help from the welfare system does not appear in these stories of escape. Instead, as will be seen in Chapter 6, these women escaped the abuse while contending with “secondary victimization” from the welfare system (Dutton, 1992, p. 78), in which the negative institutional responses of the welfare agency inflict additional distress.

At the outset of the qualitative interviews, I did not anticipate that the women would have ended the abusive relationship. The fact that these ten women successfully escaped may indicate an unexpected bias in the qualitative sample. Women who are still in a relationship with the abuser may be more difficult to locate and interview. Based on the interviews that were completed, it is possible to speculate about reasons abuse may contribute to difficulty in finding respondents. Women could fear retribution for outside contact; they may have unstable living arrangements as they attempt to cope with the consequences of the abuse; or the abuse may have resulted in their hospitalization, imprisonment, or death. Without further information, it is impossible to know how different this group of ten women is from other panel study members who report abuse.

### Chapter Summary

The stories told by the ten women illustrate three key issues. First, the women report severe abusive behavior by recent intimate partners. Their experience of domestic violence includes psychological abuse via social isolation and threat of death, sexual assault, physical violence during the relationship and after the women escape, and stalking which persists for months to years after the relationship ends. In the case of over half the respondents, the abuse was potentially life-threatening to them and/or their children. Perpetrators attempted to kill the women in varied ways – by stabbing (Anna, Regina), drowning (Tammie), strangling (Tanya, Anna), suffocation (Tanya) and beating (Peggy, Regina). It is clear from these excerpts that these ten women (almost half of the women reporting current physical violence in the quantitative sample) have been in dangerous and demoralizing circumstances.

Second, ending the relationship does not mean an end to the abuse, as over half the women report violence after they ended the relationship. Five out of six of the women who experienced post-separation violence told stories of extreme violence that could easily have ended their lives. Post-separation violence and stalking have implications for welfare policy, as Louisiana's current welfare regulations define domestic abuse as violence or extreme cruelty between any members in a household (Louisiana Department of Social Services, 1998b). Clearly, some of the women in the most dangerous circumstances would not meet the criteria of this policy because the perpetrator no longer lives with her, but continues his abusive behavior.

Given the dangerous, life-threatening quality of the abuse described by the women in the qualitative sample, it is remarkable that these ten women have survived and are now in the process of re-establishing their lives. The women in this sample have been able to successfully disengage (from their perspective) from the abuser, although it is unknown whether he continues to consider himself connected to her. From a strengths perspective, the women in this sample have survived traumatic life events and are now in the process of re-building their lives.

## CHAPTER 6

### ANALYSIS OF QUANTITATIVE AND QUALITATIVE FINDINGS RELATED TO DOMESTIC VIOLENCE AND WELFARE USE

This chapter is divided into three sections. First, I present quantitative findings related to the hypothesis which tests the direct effect of domestic violence on TANF status. For each dependent variable in the regression analyses, two equations are created – the first measures whether there is a difference in the timing of the domestic violence (current versus past); the second uses having ever experienced domestic violence as the independent variable in the equation. Second, qualitative themes related to how domestic violence affects interaction with the welfare system are explored: knowledge of the family violence option, willingness to disclose abuse to the caseworker and actions taken by the caseworker once abuse has been disclosed. The chapter ends with a summary of findings.

#### Quantitative Findings

Turning to the survey data, I report on the multinomial logistical analyses which investigate if a relationship exists between experiencing domestic violence and whether a person continues to receive TANF, has left welfare voluntarily, or has been sanctioned off welfare.

Tables 7 and 8 describe the multinomial logistic regression analysis for the respondent's TANF status (off voluntarily, on TANF, off involuntarily) used to test hypothesis one. In Table 7, Current DV and DV > 12 Months are entered separately in order to control for the proximal time effect of experiencing domestic violence recently

Table 7

**Multinomial Logistic Regression Unstandardized Coefficients, T and Probabilities for the Effect of Current and Past Domestic Violence, Welfare and Demographic Variables on TANF Status§.**

Variable	<u>On TANF</u>					<u>Off Involuntarily</u>				
	Unstd. Coeff.	T	OR	95% Conf. Interval		Unstd. Coeff.	T	OR	95% Conf. Interval	
Current D.V. (+‡)	-.762	-.887	.466	.086	2.515	.749	1.101	2.116	.557	8.037
D.V. > 12 Months (+)	.814	1.729	2.258	.897	5.684	.441	.936	1.555	.617	3.919
Depression (+)	.032	1.993*	1.033	1.001	1.066	.025	1.625	1.026	.995	1.057
Employment (+)†	1.906	-4.873***	6.729	3.126	14.484	1.119	3.098**	3.063	1.509	6.219
<u>Welfare Variables</u>										
Years Receiving Welfare (+)	-.031	-.744	.969	.894	1.052	.021	.548	1.022	.946	1.104
Parent's Welfare History (+)	-.260	-.614	.771	.336	1.769	-.025	-.063	.976	.451	2.111
<u>Demographics</u>										
Years of Schooling (-)	-.083	-.881	.921	.766	1.107	.022	.239	1.022	.852	1.226
Age (+)	.054	2.725**	1.056	1.015	1.098	.017	.821	1.017	.977	1.058
Young Children (+)	.669	2.374*	1.952	1.124	3.391	.019	.070	1.019	.596	1.742
Total Children (+)	.107	.807	1.113	.875	1.442	.083	.657	1.087	.847	1.394
Never Married (+)	.618	1.388	1.855	.775	4.439	.602	1.437	1.825	.803	4.148

Table 7, continued

Variable	<u>On TANF</u>					<u>Off Involuntarily</u>				
	Unstd. Coeff.	T	OR	95% Conf. Interval		Unstd. Coeff.	T	OR	95% Conf. Interval	
African American (+)	-.292	-.570	.746	.273	2.043	.011	.024	1.012	.378	2.708
Constant	-1.262	-.763				-1.418	-.873			
-2 log likelihood†	-236.065									
Pseudo R <sup>2</sup>	.1475									

§Comparison group is those who left TANF voluntarily.

†For ease of interpretation in this analysis, the coding of employment is switched, 0 = employment; 1 = no employment.

‡ +/- indicates the expected direction of effect.

\* p < .05, \*\* p < .01, \*\*\* p < .001.

† $\chi^2$  (24, n = 253) = 81.68, p < .0001.

Table 8

Multinomial Logistic Regression Unstandardized Coefficients, T and Probabilities for the Effect of Total Domestic Violence, Welfare and Demographic Variables on TANF Status\$.

Variable	<u>On TANF</u>					<u>Off Involuntarily</u>				
	Unstd. Coeff.	T	OR	95% Conf. Interval		Unstd. Coeff.	T	OR	95% Conf. Interval	
Total DV (+)	.542	1.243	1.719	.731	4.044	.547	1.301	1.729	.758	3.942
Depression(+)	.029	1.837	1.030	.998	1.063	.026	1.670	1.026	.995	1.058
Employment (+)‡	1.879	-4.844***	6.549	3.062	14.009	1.136	-3.151**	3.116	1.537	6.320
<u>Welfare Variables</u>										
Years Receiving Welfare (+)	-.028	-.676	.972	.897	1.054	.020	.522	1.021	.945	1.103
Parent's Welfare History (+)	-.261	-.620	.770	.337	1.758	-.017	-.044	.983	.455	2.121
<u>Demographics</u>										
Years of Schooling (-)	-.066	-.717	.936	.780	1.122	.015	.161	1.015	.847	1.216
Age (+)	.055	2.720**	1.056	1.015	1.098	.016	.772	1.016	.976	1.058
Young Children (+)	.607	2.192*	1.836	1.066	3.160	.044	.161	1.045	.609	1.793
Total Children (+)	.118	.906	1.125	.872	1.453	.081	.639	1.084	.847	1.388
Never Married (+)	.616	1.392	1.853	.777	4.418	.606	1.447	1.833	.807	4.167
African American (+)	-.262	-.515	.769	.284	2.006	.022	.045	1.023	.382	2.736



Table 8, continued

Variable	On TANF			Off Involuntarily		
	Unstd. Coeff.	T	OR	95% Conf. Interval	Unstd. Coeff.	T
Constant	-1.444	-877			-1.345	-821
-2 log likelihood†	-240.201					
Pseudo R²	.1342					

§Comparison group is those who left TANF voluntarily.

†For case of interpretation in this analysis, the coding of employment is switched, 0 = employment; 1 = no employment.

\* p < .05, \*\*p < .01, \*\*\*p < .001.

†χ² (22, n = 253) = 74.33, p < .0001.

versus in the more distant past. In the next equation (Table 8), the lifetime experience of domestic violence is analyzed. The multinomial logit equation compares two categories – being on TANF or off involuntarily – with the base category of leaving TANF voluntarily. Each equation presents the parameters between the voluntary leaving category and the two contrasts (involuntary leaving and being on TANF). It is not necessary to estimate the third equation for the difference between involuntary leaving and being on TANF as this is the difference between the presented parameters, and is not independent (Demaris, 1992).

For the two contrasting statuses, the unstandardized coefficients, odds ratio and confidence level for each independent variable are provided. The odds ratio is a measure of association which indicates the strength of a relationship. The size of the relationship is measured by the difference from 1.0, with a score greater than one indicating an increase in the odds of the event, and a score less than one denoting a decrease in odds (Vogt, 1999). When the confidence interval contains 1.0, this indicates that the odds are even, and the relationship is not statistically significant.

In examining the effect of the overall model, the change in the -2 log likelihood from the null (one in which no independent variables are added), to the model is significant as seen by the  $X^2$  test. The pseudo  $R^2$  shows that approximately 15 percent of the variance in TANF statuses is accounted for by the variables in the equation.

In the model for TANF status (Table 7), neither current domestic violence, nor having experienced domestic violence more than twelve months ago shows a relationship to either TANF status when compared to leaving TANF voluntarily in this sample.

When comparing the first contrast, being on TANF versus being off voluntarily, four coefficients are significant and show a positive direction of effect: depression, age and having young children, and employment.

As depression scores increase, the likelihood of being on TANF increases. The odds ratio indicates that increases in depression slightly increase the likelihood of remaining on TANF (OR = 1.033). Being older and having children under five years of age were related to the likelihood of continuing to receive TANF payments, with both coefficients slightly increasing the odds of remaining on TANF. As was anticipated from the literature review, employment status is positively related to being on TANF. Employment is the most significant predictor in the model, with an odds ratio of 6.729.<sup>1</sup> This odds ratio indicates that if a woman is unemployed, her odds in favor of being on TANF are 6.729 times higher than for an employed woman.

Neither depression nor the domestic violence variables are statistically related to differences between being off TANF voluntarily versus involuntarily when employment

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<sup>1</sup>

In this equation, and the models depicted in Tables 7 and 8, the question could be raised as to whether a tautology exists in using employment to explain the nature of welfare exits, as the primary method of leaving TANF voluntarily is through employment. However, as can be seen from the correlation matrix (Table 5), the correlation between employment and leaving voluntarily is .223, a low association. To investigate this further, the multinomial logit equation was run without employment. The only change in strength, magnitude or direction of effect was found with depression. The t statistic for depression in the On TANF contrast increased to 3.064,  $p = .002$ , and where the coefficient for depression is non-significant in the Off Involuntarily contrast, it became significant when employment was dropped from the equation ( $t = 2.270$ ,  $p = .02$ ). These findings indicate that while employment is related to how one leaves TANF, it is not the only way to exit voluntarily (additional income can be found from other sources), and it has explanatory significance in the model.

is in the equation (see footnote 1). Women who leave TANF involuntarily are different from those who leave voluntarily only in terms of employment, with women who have been sanctioned off TANF more likely to be unemployed. The odds ratio for employment is half as large as that measuring the change for the previous category, and indicates if a woman is unemployed, her odds in favor of being off welfare involuntarily are 3.063 times higher than for an employed woman. No other variables are significantly different between the two groups in this sample.

In both equations, the total number of children, marital status, race, the cumulative number of years on TANF, parents' welfare history and years of schooling are not related to whether a woman continues to receive TANF payments or leaves TANF involuntarily. Each of these variables has been found in the review of the literature to be related to receiving TANF, but are not statistically significant in this analysis.

Table 8 reports on the findings for TANF status when looking at whether a woman has ever been a victim of domestic violence. This model is also statistically significant, as seen by the  $X^2$  test; however, the amount of variance explained (pseudo  $R^2$ ) is slightly smaller (13.4 percent) when using the total domestic violence variable. For each TANF status, a similar pattern is found in these equations as is seen in the previous table. The coefficient for domestic violence is not related to one's TANF status for either contrast (on TANF, off involuntarily).

Three variables are related to the likelihood of being on TANF as compared to leaving voluntarily: employment, age and the number of children under the age of five. In this equation, depression is no longer associated with continuing to receive TANF ( $p =$

.07)<sup>2</sup>, indicating that the variance of the depression score within the categories of being on TANF or off voluntarily is larger than the difference seen between the three contrasts. Employment continues to be positively associated with being on TANF, while having young children and being older are positively associated with continued receipt of welfare. The odds ratios for employment show that it is the strongest predictor of a person's TANF outcomes. Values for the odds ratios for Table 8 are almost identical to the previous equation

As seen in Table 7, when controlling for the effects of other variables, only the coefficient for employment is statistically significant in predicting the difference between those off voluntarily and those who have been sanctioned off welfare in this sample.

To summarize, regardless of the configuration of the domestic violence variable, it is not related to a woman's TANF status in this sample. In both equations when looking at continued receipt of TANF, employment increases the likelihood of leaving voluntarily, while being older and having young children increases the likelihood of continuing to receive TANF payments among respondents. The only coefficient that is statistically different between those who leave TANF voluntarily and those who are sanctioned off is employment, as those who leave involuntarily are less likely to be employed. Depression is significant in the first equation which looks at the time order of

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2

This t statistic would be significant if a one-tailed test were used. Two-tailed tests were used with all independent variables as this produces a more conservative estimate of the significance of the relationship, and in some cases, an argument could be made that the direction of the effect of a variable could change between the three contrasts.

domestic violence, but not in the second which evaluates the total experience of violence.

### Qualitative Findings

In this section, I use the stories of women on welfare to describe how interactions with the welfare department are influenced by domestic violence. Louisiana is one of several states which have adopted the Family Violence Option to address the problems created by domestic violence in meeting new requirements under welfare reform. The FVO provides three strategies for addressing domestic violence: screening, referral to counseling and supportive services, and making available good cause waivers to victims (Brandwein, 1999c). In the following discussion, I explore how this policy has affected welfare status by identifying three themes from the women's narratives.

In the interview process, each woman was asked if she was familiar with the Family Violence Option, or knew of assistance being provided to victims of domestic violence, and whether the welfare office had helped her with issues related to the abuse. Among these ten women, three (Anna, Pamela and Tasha) knew about the Family Violence Option, three (Anna, Peggy and Regina) had told their caseworkers about the violence and asked for help. None of the ten women received assistance from their welfare caseworker to address issues stemming from the abuse.

This striking lack of assistance is consistent with reports that good cause waivers are not being given for reasons of domestic violence (personal communication Judy Watts, Agenda For Children, January 26, 1999; and Don Moore, Director of Research and Statistics, Office of Family Support, Louisiana Department of Social Services,

October 25, 2000). To explain possible reasons for what appear to be several areas of breakdown in this process I explore these three issues that might explain why none of the women were able to access help through the welfare department. First, I examine whether the women have knowledge of the Family Violence Option. Second, I analyze the reasons women give for their choices to disclose or not disclose the abuse to the welfare system. Third, I review what actions were taken by the welfare caseworker once they were told about the abuse.

In the qualitative sample, only two women continue to receive TANF. Three have been sanctioned off welfare. Five have left the system voluntarily, four because they secured other income through employment, disability payments, or income from a spouse, and one because custody of her grandchildren was returned to her son.

#### Knowledge of the Family Violence Option

Seven out of ten of the respondents have not heard of the Family Violence Option. They are also unaware that welfare recipients who have been victims of domestic violence are eligible for exemptions from new regulations such as the time limits and work requirements, if an exemption is needed to promote the safety of the woman or her children. Tanya sums up the situation when she says, "I didn't know that they helped women who had domestic violence" (6:35). Tasha and Pamela said that their welfare caseworker told them about the FVO, and they received this information in writing and verbally. Anna said that after she brought in documentation from the District Attorney's office of the abuse, that her worker informed her that she would be eligible

for an exemption from the work requirement because she was going to court so frequently.

The Department of Social Services has instituted a policy of screening all applicants for domestic violence through the use of a check off form. Alfreda, Pamela and Peggy recall seeing a form on which they had the option of checking off the box that said that they needed help with domestic violence. Neither Alfreda nor Pamela did so, for reasons that will be related in the discussion of disclosure. Peggy did check off the box, but this did not result in follow up discussion with her caseworker. Tasha's story highlights the contradictions found in current welfare office practice, in which notification is not linked to screening:

C: All right. Has anyone in the welfare office ever told you about the Family Violence Option-the option of being exempted from the strict time limits and work requirements if you were a victim of domestic violence?

T: Yes.

C: How did they do that? Did they sit down and talk to you about that?

T: My worker, yeah. Like every time we finish they tell me I could be exempted and why.

C: Did anyone in the welfare office ask you if you experienced domestic violence?

T: No.

C: So he was telling you about the program but he wasn't asking if it applied to you?

T: No. (Laughs).

C: Did you notify the welfare department about what was going on?



T: No.

C: You said you didn't? Why didn't you tell them?

T: I didn't think that was their business. Because nobody never asked me about that.

For Tasha, knowledge of the welfare system's ability to help her with issues related to the abuse did not lead to disclosure on her part. In this case, notification of the FVO by the caseworker did not lead to assessment of whether the policy applied to this client. As will be seen in the following discussion of disclosure, simply having knowledge of the FVO is generally insufficient to overcome the strong personal and social reasons for silence about the abuse.

#### Disclosure of Abuse to the Welfare Office

In most instances, the women are unfamiliar with the help that could be provided through the welfare system in response to problems created by domestic violence. Despite their unfamiliarity with the policy, three women did approach their caseworkers to ask for help, but the others did not disclose the abuse. When asked if they thought it might be helpful to tell their worker about the violence, most said that they didn't see how they would benefit from the disclosure. The reasons for non-disclosure cluster in three areas, silence and secrecy, poor relationship with worker, and no benefit in telling which represented in Figure 2 on the following page.

#### Silence and Secrecy

These narratives point to two separate processes which contribute to non-disclosure: silence and secrecy. I use "silence" to describe a sub-conscious strategy in



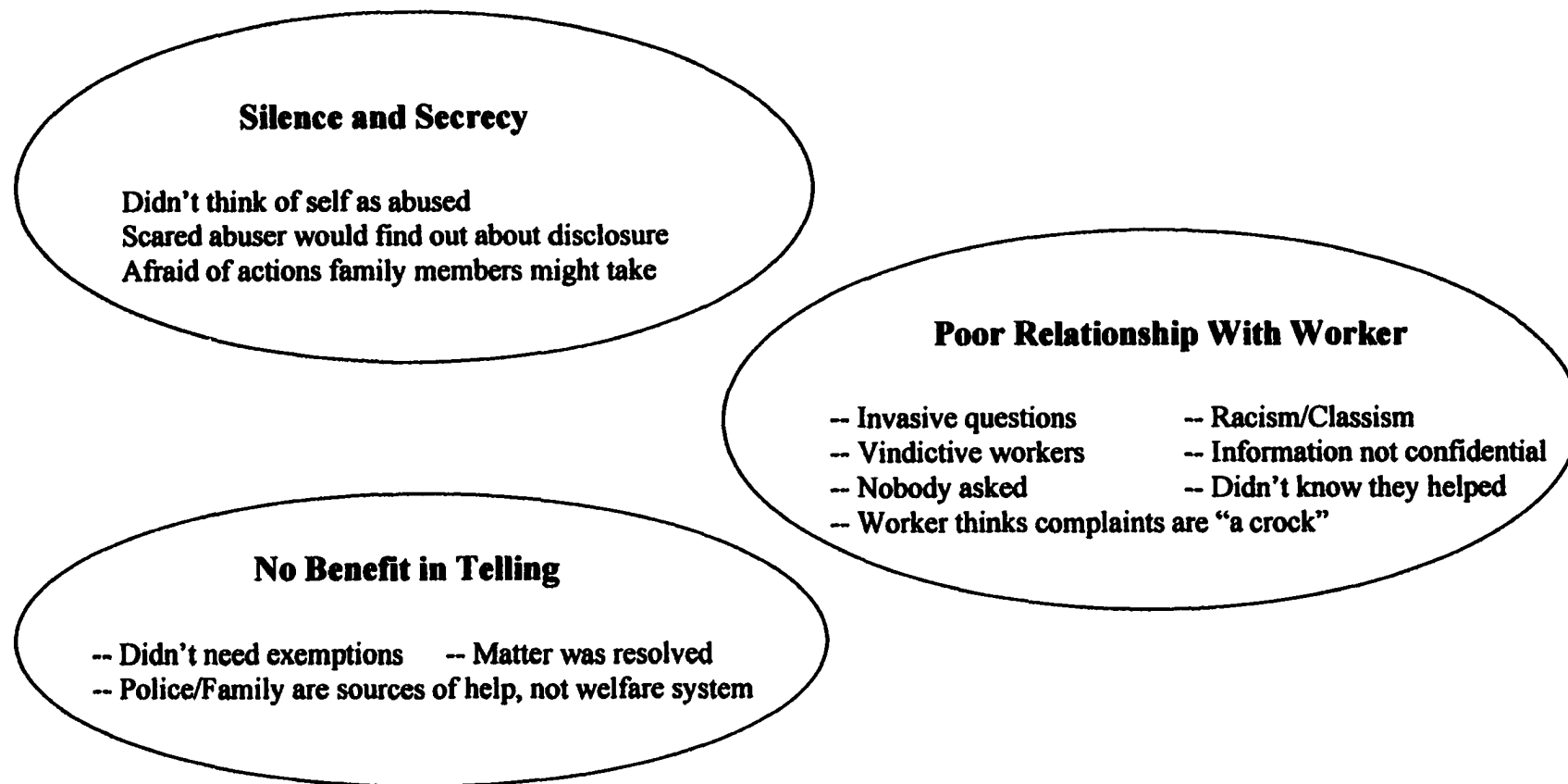


Figure 2 -- Reasons for Non-Disclosure

which women, their families and institutional helpers do not acknowledge or name the abuse. "Secrecy" is a conscious decision the woman employs to minimize the effects of the abuse (i.e., to hide from the abuser, or to avoid confrontations with family members).

Silence about domestic violence is a strong motif in these narratives. Seven of the women said that they did not view themselves as victims of domestic violence at the time the abuse was occurring, although each now considers herself in those terms. Tasha illustrates the difficulty of naming one's self as a victim when she says about her view of herself as a battered woman:

T: Like I said, at that time I didn't think of it neither, but the court system did! (Laughter) I didn't think I was being a battered woman. When I went [to court] I was like, I ain't suppose to be here. Even though this happened.

C: It was like this wasn't who you were?

T: Yeah. I was like, I ain't suppose to be here, even though I done had these fights and been battered by this man. I seen women hurt. Women in there that had [been hurt]. Can't even much mess with my little case. They done had eyes and noses broke. Own fingers broke and everything else. (4:306)

For many respondents, compelling reasons exist to maintain secrecy. Although the abuse that the women faced was generally severe, this fact alone did not translate into an awareness of being battered at the time the violence was occurring. Tasha's "little case" involved several physical assaults while she was pregnant and after the birth of her daughter; and ended in having her ex-boyfriend break into her home, attempt to use an object to hit her in the head, and then file an assault charge against her after she defended herself. Peggy voices a similar belief about what level of violence would be necessary in

order to access help when she says, "When I thought of the battered women's shelter, I was thinking they really had to be beating you up bad and stuff like that, so I never thought to call." (5:226). Peggy's abuse ended in a similar fashion to Tasha, when her ex-boyfriend broke into her house and tried to hit her in the head with a table leg. If he had been successful, Peggy believes she would have died that night.

Many women use denial and minimization to cope with the abuse and the subsequent feelings of despair and hopelessness (Dutton, 1992). Labeling violent behavior as abusive may lead a woman to "believe that she is a failure, her life is over, or she must leave her [partner], none of which she wants" (Dutton, 1992, p. 122). The welfare office currently screens for abuse by using a check off form which asks if they need services related to domestic violence. For women in the midst of a violent relationship, this technique may not lead to disclosure because many have not yet adopted an identity as a domestic violence victim.

In addition to self-imposed silence, families and institutions also do not acknowledge or name the abuse. For instance, in the quotation from Alfreda about her boyfriend's controlling behavior (Chapter 5), she mentions staying with her mother, but not telling her mother why she is home. Equally telling is the fact that Alfreda's mother does not ask her why she has come to stay. Alfreda believes that her mother is unaware that she has been a victim of domestic violence. Other women describe similar circumstances in which their friends and family do not comment or ask about their unusual behaviors.

Silence is also evidenced in institutional contacts. Three of the women who have sought out mental health services for the consequences of their abuse have never been asked by their mental health providers if they have been victims of violence. Tasha's description of her discussion with her welfare caseworker about the FVO highlights the dissonance within the welfare system where information on the FVO is provided, but recipients are not asked if they need services. Institutions participate in reinforcing the silence surrounding domestic violence.

In addition to silence, respondents use secrecy as a protective strategy. Some of the women are reluctant to disclose their abuse status to the welfare office because they are afraid the abuser would find out that they have told about the violence and retaliate against them. This is a particular concern as the women knew they would be asked to provide information for child support enforcement as part of the welfare application process. Several recipients are afraid that the perpetrator might punish them for trying to obtain child support, although most feel that it is his responsibility to assist in the cost of raising their child(ren).

Interviewees had contradictory views on whether abuse should be disclosed to family members. Some are concerned about how family members might respond if they learn of the abuse, while others said that information about abuse should only be shared with family members, not outsiders. Tanya said that she was afraid to tell the welfare office about what had happened with her boyfriend because if her brothers find out about the abuse they may "start a war" to retaliate on her behalf. In fact, Tanya was so concerned about this that she asked to be interviewed outside her home so that no one

would hear her story. Tasha, on the other hand, wondered why she would tell anyone outside her family, as outsiders should not be told of family troubles.

### **Poor Relationship with Worker**

The most frequently cited reason not to disclose the abuse has to do with the quality of the relationship between the women and their caseworkers. Although several women said that they like their caseworkers, in general, they didn't feel that the worker helped them. As other scholars have noted (Schram, 1995; Walker, 1996; Withorn, 1996; Secommbe, James & Walters, 1998), the women interviewed for the qualitative study have a keen sense of the stigma they face by interacting with the welfare department. Anna reports,

I made a lot of mistakes in my life that put me in the position where I had to deal with the welfare. I'm quite sure I'm not the only one that made mistakes. Even the social workers make mistakes, but then they don't look at us like we're individuals. They try to demean us like we're beneath them. Welfare doesn't mean you have to be treated like trash. (2:24).

Anna articulates a feeling that all the women shared to some extent. Receiving welfare is a socially stigmatizing experience. Anna goes on to reflect about the class and race prejudice that she believes contributes to her difficulties with her caseworkers.

I don't know if it was the way I looked, or if my grammar wasn't good enough, I'm being honest, or if the color of my skin wasn't light enough. Or if it had anything to do with living in a housing development, how many kids I had, or what. (2:180).

Many women also report that their caseworkers ask demeaning questions about their sexual relationships, even though these questions are supposed to no longer be part of the assessment process. Because the welfare office inappropriately intrudes into the

personal lives of the recipients, many of the women said it is difficult to volunteer information to their caseworker that they feel is personal and sensitive.

Several women have intense worries about the privacy of the information they give their caseworker. Pamela describes this concern:

I didn't want to tell them [about the abuse] because I felt like that way everybody knew what was going on. I didn't want to take my chances of him finding out. Because it is really like there could be people there that work there and when you sit down and you fill out those papers, they might not tell it to you, but they are going to tell it to somebody, because I experienced that. You know, you may want to [tell] but you can't tell them everything because it is not safe people in there (9:22).

Pamela gave examples of reasons she is concerned about the confidentiality of information given to welfare workers. In one instance she feels her caseworker treated her vindictively because she heard things about Pamela from another client who had a dispute with Pamela. Another time, a caseworker told people in her neighborhood about her situation, and "put my business on the streets" (9:25). Pamela said that her three intimate relationships have been abusive, so we asked, now that she knew about the FVO, if she was abused and on welfare in the future, would she disclose her status to the welfare system? Pamela said this would be unlikely based on her previous negative experiences with her caseworkers.

Anna describes another level of fracture in the relationship between client and worker. She disclosed her abuse to her caseworker and brought in documentation from medical and law enforcement officials to substantiate her story. Despite the fact that she told her caseworker about the dangerous abuse she experienced, she had difficulty telling the worker about the serious trauma-related mental health effects she was having. Anna

says, "I didn't really sit down and tell her, look ma'am, this is the bottom line. I'm having these anxiety attacks because of the experience I went through. They don't want to hear that. That's a bunch of crock to them" (2:254).

This statement goes to the heart of the dilemma surrounding the relationship between welfare caseworkers and their clients. Most clients experience the welfare system as adversarial, inhospitable, intrusive and controlling (Withorn, 1996; Abramovitz, 1996b; Seccombe, James & Walters, 1998; Edin & Lein, 1997), and yet, recipients are now expected to come forward and divulge information that many find embarrassing and shameful. Interviewees had considerable difficulty telling family and friends of the abuse, so it is not surprising that they would be loath to report this to a system they experience as hostile to their needs. Assessing women for domestic violence and helping them to access services requires a supportive relationship between caseworker and client. This represents a dramatic shift in expectations of workers. If they are to be viewed as supportive allies, the emphasis on "protecting the agency's money from the clients" (Burt, Zweig & Schlicter, 2000, p. 8-3) will have to be diminished.

#### Action Taken by the Welfare System

In spite of the multiple reasons not to divulge the abuse, Anna, Peggy and Regina did tell their caseworkers about the violence. What motivated them to overcome their distrust of the system and ask their caseworkers for help? For Regina and Peggy, fear of the abuser drove them to ask their caseworkers to forego pursuing child support payments. Anna told her caseworker in order to see if there were any programs that



could help her and to solicit help to move to another part of town that would be farther away from the abuser. None of the women were able to secure the assistance they requested.

Peggy applied for welfare in 1998 because she needed Medicaid to cover the expensive medication her newborn son required to prevent the transmission of HIV, medicine that Peggy couldn't afford on her own. Peggy tells the following story about what happened when she disclosed the abuse to her caseworker:

When I went in, I filled out the paper, that is when I check boxed, you know, about domestic violence because his father was due to be released and I really didn't want to have anything to do with him. I was still afraid of him. Then by me stabbing him, I haven't seen him since and I really didn't know how he was going to react to me. So I did check that off because I was afraid and I didn't want to deal with him and I told them [caseworkers] that, you know, he could have visitation rights, but I did not want to see him at all, you know. But at that time when I went in and filled this out, they just asked me questions about him, they never asked about the domestic violence or nothing. They were more concerned about who the father was, did I know the place where he worked. I didn't go up for the interview, you know, for the child support enforcement, because I felt like I didn't know his birth date at the time because I couldn't remember it, you know because I had so much going on in my life. I gave them his mother's number, his sister's number, the address, the family property addresses. You can call his mother and all these people and get this information, but you want me to find out a birthday and a social security number to a man who I don't even feel like facing at this time in my life. So I didn't go, cause I thought that was ridiculous (5:98).

Peggy was sanctioned off welfare after this incident for failing to comply with child support enforcement. Her disclosure of the abuse did not spur the system to assist her to avoid another potential confrontation with her abuser over child support. For Peggy, the option between confronting someone who had almost succeeded in killing her and protesting the denial of her welfare benefits was no choice at all. Peggy did not

return to the welfare office, and instead, is obtaining medicine to prevent HIV transmission for her child through the state HIV clinic. She receives SSI for herself and her daughter and is trying to obtain SSI for her son, so she is able to maintain a minimal level of financial security through other programs and is not dependent on the welfare system for assistance.

For Anna, however, welfare payments are her only source of financial support. The episode Anna described about being taken hostage by the abuser and stabbed (see Chapter 5), happened a few months before the following conversation with her welfare caseworker. Anna was three months pregnant at this time with her sixth child, and was having a difficult pregnancy. According to Anna, her caseworker had already told her that she would not receive any assistance for her unborn child until she was seven months pregnant, per departmental policy. In the meantime, she was supposed to continue in a mandated job search program.

Just recently I couldn't finish a [work] program. This was just last Monday and I showed the instructor the information that I had [from the doctor]. He said, Don't come back to this program because he didn't want me to be sick there. So he told me he would call my worker and explain the situation. He called the worker and the worker told him that she thought I was writing the doctor's statements myself. I said, That's not true. Why would I leave when I knew I needed the assistance for my children? Why would I even jeopardize getting help for this month? Not just for me but for my unborn baby and for the children that I have? Why would I do something stupid like that? Why would I go and sign documents myself when I know that's illegal and where would I get a letterhead? Where could I get a letterhead from? Only a doctor could do that. They didn't want to hear it. You're cut off. You're not gonna get this and you're not gonna get that and you're not gonna do this until you participate. I said, I don't have no problem participating. I have limitations now because of the anxiety attacks. By me being pregnant, I can't take any medication. The doctors are trying to find a medication to

help me deal with agoraphobia and the anxiety. It's like I can do things sometimes and sometimes I can't. I'm not trying to avoid nothing at all. (2:276)

Anna's anxiety attacks and agoraphobia are directly related to the abuse she experienced. She reports symptoms consistent with Post-Traumatic Stress Disorder and was receiving psychiatric services from a community mental health center to try and cope with the aftermath of the abuse (discussed further in Chapter 7). Anna was sanctioned off welfare after this incident for non-compliance with work requirements. Her non-compliance was directly related to the abuse she had suffered, abuse she disclosed to the worker, and verified by the District Attorney's office, and mental health social workers. Despite this information, Anna was not given an exemption under FVO. With the end of her welfare check, she was in danger of being evicted from her apartment in a public housing development because PRWORA requires that sanctioned public housing residents continue to pay their full rental costs.

Anna's case epitomizes the conflict between worker and client described by Withorn (1996). The caseworker believed Anna was forging documents to remain on welfare, typifying the sense of distrust often present between workers and clients. Withorn notes that the caseworker can "lessen or intensify state harassment" (1996, p. 273). Welfare reform allows the caseworker to sanction the entire family off welfare, potentially endangering the family's ability to remain together in their current housing situation. Anna spoke at the end of the interview about the weariness she experiences in the struggle to keep her family together. She has considered placing her children in foster care, thinking it might be better in the long run for the children. During three

follow up contacts, Anna reported that she was reinstated on welfare, and that some of her children have gone to stay with her mother temporarily.

Regina is the third woman who disclosed to her caseworker that she had experienced domestic violence. Regina also had no income at the time of the interview. She was timed off welfare several months earlier, while she was recovering from being stabbed and having her wrists broken by the abuser. She continues to receive Food Stamps, and her mother is assisting her by paying for her apartment in a New Orleans housing development, and caring for one of her daughters. Regina has sent her other daughter to stay with her sister, and is caring for her seven year old son at home. Regina reports the following recent interaction with her caseworker:

T: So she really knew, there is no question that she knew about the abuse?

R: She wanted a copy of everything, you see what I am saying? She wanted copies of my papers when I went to the doctor, and a copy of the article in the newspaper. I gave her a copy of everything that she needed.

T: When was the last time that you went down to the welfare office for an interview?

R: With the welfare? Well, umm, last month and she still there. I mentioned to her that I needed to apply for assistance and she said no, you can't apply for it right now because I am still trying to work on your case. What case are you working on? All I am receiving is food stamps. What other case are you working on? I was trying to find out what she was working on (10:78).

Regina has not received any assistance from the welfare office as of the last follow up contact. Her caseworker had not told her of the FVO, and Regina was unaware that she might be eligible for a waiver of the time limits. She has sent her children to live with her sister and mother because she is not able to cope with caring for them since

she was stabbed, and is not able to support them with her current income. Regina has applied for SSI for her son and herself, but has been turned down. She hopes that she can be reinstated on welfare, but is unsure that this will happen.

The life circumstances of these three women are among the most dire of those interviewed in terms of the severity of the abuse they experienced, and the ongoing consequences of the abuse to the women's mental health, child custody/care arrangements, and their ability to secure income to care for themselves and their families. In each case, the welfare caseworker had the opportunity to positively "affect the quality of life for women who walk in the door seeking help" (Withorn, 1996, p. 273), yet this did not occur. For these three women, the failure to provide meaningful help rests with the system. For the remainder of the women, the inability of the welfare system to recognize and assist them through use of the Family Violence Option is based in a more complicated interrelationship between the women and their caseworkers.

### Chapter Summary

In this chapter, I have investigated the effects of domestic violence on welfare status. Multivariate analysis of welfare status indicates that domestic violence is not a significant factor in whether a woman is on TANF, has left voluntarily or has been sanctioned off the program (Tables 7 and 8). Continued receipt of TANF (as compared to voluntarily leaving welfare) is associated with being older, having young children, and being unemployed. Being sanctioned off welfare (as compared to voluntarily leaving) is associated with differences in employment, with those leaving involuntarily being less

likely to be employed. However, when employment is removed from the equation, depression becomes significant and is associated with being sanctioned off welfare.

Qualitative analysis indicates that three issues are critical to understanding the effect of domestic violence on interactions with the welfare system. First, women do not know that the welfare system can offer support through the FVO. Second, knowledge does not lead to disclosure. Silence and secrecy prevent women from acknowledging the abuse to themselves or to others, and families and institutions reinforce silence by not asking about abuse. The social context is not conducive to her being able to ask for or receive help from the welfare system. Women have conflictual relationships with caseworkers which do not support disclosure. Third, disclosure does not lead to assistance. In fact, each of the persons who disclosed their abuse were sanctioned off welfare for reasons directly related to the abuse.

## **CHAPTER 7**

### **ANALYSIS OF QUANTITATIVE AND QUALITATIVE FINDINGS RELATED TO THE EFFECT OF DOMESTIC VIOLENCE ON EMPLOYMENT AND MENTAL HEALTH**

In this chapter, I present quantitative analyses of the effect of domestic violence on employment and depression. Next, I discuss findings from the qualitative data about the relationship between mental health and employment, and end with a summary of findings for the chapter.

The second and third hypotheses state that domestic violence has an indirect effect on welfare status through its effect on employment and/or mental health. These hypotheses are analyzed by addressing the relationship of domestic violence to employment and depression, two factors which have a significant effect on TANF status in the previous analysis. For each hypothesis, two sets of regression equations are created in the quantitative analysis, with each of the domestic violence independent variables discussed previously (time ordered, and total violence).

Qualitative findings describe issues in three areas: employment experiences of the women, barriers to employment, the mental health effects of domestic violence, and ways in which domestic violence acts as a barrier to employment.

#### **Quantitative Findings**

Hypothesis two analyzes the effect of domestic violence on employment. As seen in Tables 7 and 8 in Chapter 6, employment is the strongest predictor of TANF status, so it is critical to understand which variables are affecting a woman's ability to become

employed. In the next section, the quantitative findings of two logistic regression equations for employment (Tables 9 and 10) are reported.

Table 9 reports the binary logistic regression analysis of employment, using the temporal sequence variables for domestic violence. Table 10 uses the same independent variables to predict employment, but substitutes the variable which identifies whether a woman reported having ever experienced domestic violence for the two time-ordered variables in the first equation. In each table, unstandardized coefficients, t values, and the predicted probabilities associated with each independent variable are presented.

The predicted probability for each variable can be interpreted as showing the probability of having a "1" on the dependent variable (being employed), if all other independent variables are held constant (in this case, to their mean), and only values on the independent variable of interest are changed. For example, in Table 9, the first independent variable (current DV) shows a low probability of .37 and a high of .47. The interpretation of these values indicates that when holding the effects of all other variables constant, the probability of being employed would be .37 when no domestic violence is reported (Current DV = 0) and .47 when domestic violence is present (Current DV = 1). For dichotomous variables, the column titled "low" for the predicted probability represents having a "0" score on the variable, and the "high" column is equal to scoring "1". For continuous variables, low probability is equal to being one standard deviation below the mean, and high probability is one standard deviation above the mean for that variable. All predicted probabilities are calculated with Clarify, software available for use with Stata (Tomz, Wittenberg & King, 1999).



**Logistic Regression Unstandardized Coefficients, T and Probabilities for the Effect of Current and Past Domestic Violence, Welfare and Demographic Variables on Employment.**

Variable	Unstd. Coeff	T	Probability	
			Low	High
Current D.V. (-)	.395	.659	.37	.47
D.V. > 12 months (-)	.449	1.254	.36	.47
Depression (-)	-.035	-2.707**	.49	.28
<b><u>Welfare/Barrier Variables</u></b>				
Caring for Anyone with Health Impairment (-)	-.652	-2.078*	.45	.29
Years Receiving Welfare (-)	-.016	-.499	.40	.36
Reliable Transportation (+)	.112	.376	.37	.40
<b><u>Demographics</u></b>				
Years of Schooling (+)	.103	1.360	.33	.43
Age (-)	-.018	-1.171	.43	.33
Young Children (-)	-.636	-3.145***	.51	.27
Total Children (-)	.143	1.427	.33	.43
Never Married (+)	.917	2.724**	.27	.47
African American (-)	.140	.338	.37	.38
Constant	-.763	-.583		
<hr/>				
-2 Log Likelihood†	-153.597			
Pseudo R <sup>2</sup>	.1248			

\* p <.05, \*\*p <.01, \*\*\*p <.001.

†current  $X^2$  (12, n = 261) = 43.79, p <.0001.

**Logistic Regression Unstandardized Coefficients, T and Probabilities for the Effect of Total Domestic Violence, Welfare and Demographic Variables on Employment.**

Variable	Unstd. Coeff	T	Probability	
			Low	High
Total D.V. (-)	.438	1.312	.35	.45
Depression (-)	-.035	-2.708**	.49	.28
<b><u>Welfare/Barrier Variables</u></b>				
Caring for Anyone with Health Impairment (-)	-.655	-2.101*	.45	.29
Years Receiving Welfare (-)	-.016	-.495	.39	.36
Reliable Transportation (+)	.113	.383	.37	.39
<b><u>Demographics</u></b>				
Years of Schooling (+)	.104	1.374	.33	.43
Age (-)	-.018	-1.169	.43	.33
Young Children (-)	-.637	-3.147**	.51	.27
Total Children (-)	.143	1.425	.33	.43
Never Married (+)	.917	2.723*	.26	.47
African American (-)	.141	.340	.36	.38
Constant	-1.174	-.875		
<hr/>				
-2 Log Likelihood†	-153.601			
Pseudo $R^2$	.1247			

\*  $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

†current  $X^2$  (11,  $n = 261$ ) = 43.78,  $p < .0001$ .

These two equations confirm the findings of previous studies (Lloyd, 1997; Lloyd & Taluc, 1999; Browne, Salomon & Bassuk, 1999; Danziger, et al., 1999) – no relationship appears to exist between being a victim of intimate partner violence and whether a respondent is employed in this sample of welfare recipients. In both the equation which looks at the temporal sequence of abuse (Table 9), and the equation evaluating the overall impact of abuse (Table 10), the coefficients for domestic violence are not significant, indicating that women who are abused are as likely to be employed (or unemployed) as non-abused women.

Table 9 reports that the change in the -2 log likelihood in this employment model is significant, as seen by the  $\chi^2$  test. The pseudo  $R^2$  shows that approximately 13 percent of the variance in employment is accounted for by the variables in the equation, a percentage that is roughly the same as the predictive power of the TANF status equation.

In this sample, the coefficients for four variables are significant in the analysis. First, depression is found to have a strong negative effect on employment – the more depression a woman reports, the less likely she is to be employed. Those who have higher depression scores (one standard deviation above the mean) have a .28 predicted probability of being employed as compared to .49 for those who report lower levels of depression (one standard deviation below the mean). Women who have a health impairment or who are caring for someone else who is ill (either a child or another person in the home) are less likely to be employed, as are women who have younger children. The predicted probability of employment when having a higher number of young children is .27 as compared to .52 for women who have fewer or no young

children. Having children under the age of five has a strong influence on the likelihood of employment as can be seen from the difference of .24 between these probabilities (the largest in this equation). Finally, a woman's marital status is also related to her employment status, in that women who never married are more likely to be employed in this sample, with a predicted probability of employment of .47 for never married women.

Table 10 shows essentially equivalent findings when using the variable which looks at the total experience of domestic violence. Having ever experienced domestic violence is not related to employment, as was found in the previous equation and in former research. Depression, having or caring for someone with a health impairment, having young children and having ever married are all associated with a decreased likelihood of obtaining employment. The amount of variance explained by the model (12.5 percent) is the same as that found in the temporal sequence model.

Hypothesis three tests the effect of domestic violence on mental health. Depression plays a significant role in the models for employment and for continuing to receive TANF. Clearly, it is important to understand what factors are associated with reporting poor mental health, in order to understand the interrelationship of these experiences. In Tables 11 and 12, predictors of the depression score are reported for the temporal sequencing of domestic violence and for having ever reported abuse.

Table 11 reports on the equation using the variables for current domestic violence and domestic violence greater than 12 months ago. This model has an adjusted  $R^2$  of .3552, indicating that it explains 35 percent of the variance seen in depression scores.

**OLS Regression Unstandardized Coefficients, T and Betas for the Effect of Current and Past Domestic Violence, Welfare and Demographic Variables on Depression Score (n = 247).**

Variable	Unstd. Coeff.	T	Beta
Current D.V. (+)	8.578	3.111**	.168
D.V. > 12 months (+)	7.752	4.719***	.250
<b><u>Health/Mental Health Variables</u></b>			
Caring for Anyone with Health Impairment (+)	4.218	2.650*	.162
Any Alcohol/Drug Abuse (+)	2.812	1.124	.059
Poor Physical Health (+)	.410	5.984***	.361
<b><u>Welfare Variables</u></b>			
Years Receiving Welfare (+)	.132	.897	.051
<b><u>Demographics</u></b>			
Years of Schooling (-)	-.731	-2.211*	-.121
Age (+)	.019	.265	.019
Young Children (+)	-1.714	-1.842	-.114
Total Children (+)	.912	1.898	.108
Never Married (+)	2.599	1.595	.098
African American (-)	-.266	-.135	-.007
Constant	14.477	2.497*	
<hr/>			
Adjusted R <sup>2</sup> †	.3552		

\* p < .05, \*\*p < .01, \*\*\* p < .001

†F (12, 234) = 12.29, p < .00001

**OLS Regression Unstandardized Coefficients, T and Betas for the Total Domestic Violence, Welfare and Demographic Variables on Depression Score (n = 247).**

Variable	Unstd. Coeff.	T	Beta
<b><u>Violence Variables</u></b>			
Total D.V. (+)	7.933	5.265***	.279
<b><u>Health/Mental Health Variables</u></b>			
Caring for Anyone with Health Impairment (+)	4.274	2.712**	.165
Any Alcohol/Drug Abuse (+)	2.889	1.165	.061
Poor Physical Health (+)	.408	5.990***	.360
<b><u>Welfare Variables</u></b>			
Years Receiving Welfare (+)	.130	.890	.051
<b><u>Demographics</u></b>			
Years of Schooling (-)	-.743	-2.268*	-.123
Age (+)	.018	.258	.018
Young Children (+)	-1.701	1.834	-.113
Total Children (+)	.913	1.905	.109
Never Married (+)	2.625	1.616	.099
African American (-)	-.282	-.144	-.008
Constant	14.604	2.532**	
Adjusted $R^2$ †	.3577		

\*  $p < .05$ , \*  $p < .01$ ,  $p < .001$ .

†  $F(11, 235) = 13.45$ ,  $p < .00001$

The coefficients for both domestic violence variables show a significant and strong positive relationship with depression among respondents – reporting domestic violence is associated with higher levels of depression. The beta scores for these two variables indicate that they have some of the strongest effects on depression scores. Beta scores, however, can only provide information on the direct effects of a variable on the phenomenon. Therefore, these figures must be interpreted as showing only a portion of the potential relationship, since the indirect effects between variables upon the outcome variable cannot be discerned from the beta score (Pedhazur, 1997).

Three additional variables are also related to the depression score. The strongest predictor of depression (as indicated by the beta) is the rating the respondent gives for the number of days they had poor physical health. This coefficient is positively related to the depression score, as is the respondent's report that they have or care for someone who has a health impairment. These indicate that having or caring for someone with a health problem and having more days of poor physical health are associated with increased levels of depression. Years of schooling is negatively associated with the depression score, meaning that lower educational levels are related to increased levels of depression.

Table 12 reports on the depression level using the variable that looks at having ever reported domestic violence. An almost identical pattern of relationship is found in this equation – the adjusted  $R^2$  shows that 35 percent of the variance is explained by the model. The coefficient for having ever experienced domestic violence is significant, and the beta indicates that this continues to be one of the strongest predictors of poor mental health. A rating of poor physical health, having/caring for someone with a health

impairment, and having less schooling are all associated with higher levels of reported depression.

In summary, as was seen in previous research, domestic violence (in any formulation) is not found to be associated with the employment outcomes of women in this sample. Four variables are associated with the likelihood of employment – depression, having/caring for someone with a health impairment, having children under age five, and having never married. Women that have never married may have stronger incentives to enter the workforce in order to achieve some level of financial security. Increased feelings of depression, physical illness and having young children are all related to lack of employment.

Given that depression is a significant predictor of employment status and continuing to receive TANF payments, it is important to understand what factors contribute to this experience. In the final set of regression equations, three variables are found to have a positive association with the depression score, and one has a negative relationship. Having been a victim of domestic violence (whether current, past or ever), having or caring for someone with a health impairment, and reporting higher numbers of days with poor physical health increase the likelihood of depression with respondents in the sample. Having more education is associated with decreased levels of depression.

### Qualitative Findings

Employment, mental health and domestic violence can best be conceptualized as non-linear, reciprocal processes. For instance, it has been argued that employment affects domestic violence experiences (Tauchen, Witte & Long, 1991). For purposes of



this discussion, I limit myself to analysis of the ways in which domestic violence influences mental health and how these mental health effects and other aspects of the abuse affect employment. I begin by relating the employment efforts of the interviewees and their perceptions about supports and barriers to employment. Next, I discuss the mental health issues associated with the abuse. This section concludes with a description of how domestic violence and its mental health effects influence employment outcomes among the ten women in the qualitative sample.

### **Employment Experiences and the Desire to Work**

Perhaps the most important commonality related to employment among the women in the qualitative sample is the fact that none were employed at the time the abuse was at its worst. The job history reported by most of the women is similar to their welfare history – they have been in and out of jobs in between being on and off welfare, before and (for some) after their abuse experiences. Findings related to the reasons why the women were not employed during the abuse will be described in the final section of this chapter.

Four of the ten women in the qualitative sample were employed at the time of the interview (about the same percentage as were employed in the quantitative sample). Four women are classified as disabled and receive payments through Supplemental Security Income, although one (Deborah) also works. Peggy receives SSI because of her HIV disease, Adrienne and Deborah injured their backs, and Tammie has a birth defect (club feet) which has worsened over time.

All of the women have worked in the past, most for several years, although often not for the same employer. As will be discussed in the barriers to work section, several women note that the short times they have spent in each of their jobs has affected their current employment prospects. Their jobs were typical service industry, low wage work including child care, janitorial/ housekeeping, security services, cashier, clerical worker, nurse's aide, and food services.

Consistent with the findings of the quantitative analysis, three of the four women who work are among the youngest women in the qualitative sample. Deborah is an anomaly in that she is the oldest member of the qualitative sample and she is employed. Interestingly, the three younger women who are working have children under five, while the majority of women who are unemployed in the qualitative sample have no children under five, a finding that is at odds with the quantitative analysis. For the women in the qualitative sample, age appears to be more pertinent to whether the woman is employed than the presence of young children.

Women in the sample expressed a strong desire to work. When asked how they would advise a young woman based on their own experiences, most talked about the importance of work and education, as does Tasha here:

The main thing I say – keep a job, get a job. Welfare is a start. You and your children, your family can have better things then to just worry about a check coming home. . . I would rather keep a job than to be begging my momma for money or begging the daddy. Leave the daddy where they at. You can make it. A single woman can make it. 'Cause trust me I made it and I am here to say I made it. I am here to say I made it. I didn't ever think I would make it. I thought I would be on welfare till when they put me off it to make me get a job. But trust me I made it. I got off it on my own (4:297).

Other than waiting to have children, staying in school and establishing one's self financially were the two most frequently cited ways to avoid the situations that these women had encountered. With the exception of Pamela, all want to work in the future, including the three women on disability who are not currently employed. It is unlikely that they will be able to resume the kind of work they did previously because of their health problems. Only Pamela commented that she would prefer not to work if possible. Pamela was living on savings from a former job at the time of the interview, and said that she will find employment rather than return to the welfare office and the problems she encountered there.

#### Supports and Barriers to Work

In the interview, we asked the respondents to reflect on what supported their employment efforts, and what barriers to work they encountered.

Of the four women who were working at the time of the interview, a variety of factors helped them to find and maintain employment. Supports to employment include accessibility of the employer, provision of child care by family members, effective social networks, rewarding work and the need to cover expenses related to child rearing. For Alfreda, work is made easier since she has found a job within walking distance of her home that allows her time off in the evenings and on weekends to be with her children. When she is at work, she has family members who provide child care. Tanya said that she was able to find work because someone in her social network helped her to secure her job as a school cafeteria attendant. Her mother and grandmother care for her children while she is away. Deborah no longer has to worry about child care, as her

grandchildren are now living with their father. Deborah works despite the fact that she receives disability payments through SSL. She says that she likes caring for people as a sitter and finds the work rewarding. Tasha finds her motivation to work in her daughter:

I think about my daughter. If it wasn't for her I wouldn't be working. If I didn't have a child, I would probably work but I wouldn't work as much. I wouldn't work as much because I wouldn't need a lot of things like I need now, you know. As you know, I do work to cope (4:152).

None of the women in the qualitative sample report that they were employed at the time the abuse was peaking. Yet domestic violence (in the form of harassment by the abuser at the worksite) is mentioned by only two interviewees as a barrier that prevents work. In Figure 3, I list the barriers to work noted by the women. These barriers are generally similar to those noted in previous welfare research (e.g., Berrick, 1995; Edin & Lein, 1997; Mink, 1998; Danziger, et al., 1999).

Women in the qualitative sample cite twenty-four obstacles to work which I categorize within five domains: employment characteristics, child care, welfare office policies, education/work history and personal/family concerns.

Characteristics of the job, including the hours, location, and ability to leave work to care for ill children without penalty all function as barriers to employment. When employers hire former welfare recipients because of incentive payments, these jobs can be short lived. Pamela is aware of an employer who fired former welfare recipients after the tax credit for their positions expired.

Child care is mentioned by many of the women as an obstacle to employment, particularly when family relationships are strained. Two out of three of the women who

<b><u>Employer Characteristics</u></b>	<b><u>Child Care</u></b>	<b><u>Welfare Office Policies</u></b>	<b><u>Education/Work History</u></b>	<b><u>Personal/Family Concerns</u></b>
Employer only wants tax credit	Prohibitive cost with minimum wage job	Doesn't pay child care provider in a timely fashion	Limited job skills	R's health problems
Location	Not available for part-time work at nights	GED training only available for those under 21	No high school diploma	Children's health problems
Need more than minimum wage to support family	Not available for afternoon shifts (4 - 12 p.m.)	Doesn't allow further education	Inadequate work history	Inability to find job through existing social networks
Inflexible hours/policies, especially as relates to R's* health problems or health of children	Poor quality	R's disability prevents access to job training programs	Literacy issues	Inadequate income to cover work-related and children's school expenses
	Can't afford cost of care for 6 children	Worker does not authorize job training	Trouble with co-workers and/or supervisors	Continued harassment by abuser**

\*R = Respondent

\*\* Only domestic violence experience mentioned by respondents as a barrier to work.

Figure 3 – Barriers to Work Noted by Interviewees

are working have family members willing to care for their young children. Tasha is the only person whose child is in a day care center, and that has proved problematic for two reasons. First she reports that the caretaker for her child has hit her daughter; second, she has had to take time off work several times to go to the welfare office to address problems with payment to the child care vendor. The cost and availability of child care, particularly for night, weekend and unanticipated shifts is also a concern. For Anna with three children under five and pregnant with the fourth, the cost of child care would be astronomical. Anna is one of the interviewees who has a strained relationship with her family, and cannot count on them for support outside of crisis moments, making the likelihood of her employment remote.

Interviewees report that policies within the welfare office act as barriers to employment. In addition to the previously mentioned problem of timely payment to child care providers, the three women on disability each voiced disappointment in being unable to access job training services through the welfare office. They have been told by their caseworkers that they are ineligible for job training because of their disability. Education is also a concern for several recipients who mention that their own lack of a high school diploma is a significant barrier when applying for work. Peggy, in particular, expressed frustration that she cannot access training for the General Equivalency Diploma, as instruction is only available to recipients under the age of 21. Two women with their high school diploma said that they would like to pursue higher education for nursing, but that the welfare system does not currently allow this for recipients. Low

educational attainment, coupled with literacy problems, a lack of job skills and episodic work histories are all mentioned as primary deterrents to employers.

Women in the sample report that several personal or family concerns also have an effect on their employment efforts. Chief among these problems are health problems of the interviewee and her children, and continued access to health insurance via Medicaid. Three women report being terminated from jobs when they had to leave to care for a sick child, or when they missed time from work because of their own health problems. Regina, Pamela and Tanya each mention the importance of social networks in finding (or being unable to find) employment, describing New Orleans as a city in which finding a job depends on who you know. Three women lost jobs because of troubled relationships with co-workers or supervisors. Anna does not know how she would pay for work expenses and her six children's school needs on the income from a minimum wage job.

Tasha and Pamela are the only women who report that an aspect of the domestic violence they experienced acted as a barrier to employment. Tasha notes:

C: Towards the end, when the abuse ended, were you working then?

T: No. I was too scared to get a job. (Laughter) I thought he'd come on my job and act crazy.

C: You were afraid if you came to work he'd come there and act crazy?

T: Yeah, yeah. 'Cause he use to call all the time when he found out that I was back home. Before I came back home, I had to go to court. Then I had to get all the counseling, you know, the classes and everything with them. Before I could come back home I had to finish all that. So it was like he might call or whatever.

C: So, do you remember thinking at that time, I don't want to get a job because he's going to come around on the job –

**T: Yeah, and embarrass me and be like, “Where's my baby at?” You know the way a person looks when they're on drugs. Uh-uh. Oh no, I didn't want him to come embarrass me on the job looking like that (4:228).**

**Pamela also reports that a former boyfriend of hers would show up at her job site after their relationship had ended and demand to talk with her, interrupting her work. At one point, his behavior had become so erratic, that Pamela's co-workers helped her to leave the building to avoid him. Pamela remembers that her boss asked her to stop him from contacting her at work, but she was unable to do so. Pamela was eventually fired from this job because she called into work sick after injuring her back, but she speculates that her ex-boyfriend's behavior may also have been behind her termination.**

### **Domestic Violence and Mental Health**

**Many of the women continue to have residual effects of the violence, although they locate the abuse in the past. Despite the severity of the abuse reported by the women, eight of the ten interviewees have re-established their lives – they are able to care for themselves and their children, even with continuing financial hardships. Anna and Regina had no stable source of income and continue to have problems directly related to the abuse. In this section, I explore these issues by 1) describing the lingering effects of the abuse, 2) identifying reasons for the poor outcomes of two of the women, and 3) discussing methods used by the women to move on and reconstruct their lives.**

### **Lingering Effects of Violence**

**The majority of the women in the qualitative sample said they experienced life-threatening abuse in the recent past. All of the women report feelings of fear and/or**



despair during the abuse, and seven continue to have scores on the depression scale used in the quantitative survey that indicate the presence of depression. These scores show a similar trend to what is seen in Table 4 of the quantitative analysis, where depression scores are higher for domestic violence victims regardless of how long ago the abuse occurred. Ongoing struggles with depression are consistent with reports from other studies of abused, welfare-reliant women (Tolman & Rosen, 2001; Raphael, 2000; Danziger et al., 1999). Depression does not preclude employment – two of the four women employed in the qualitative sample have high scores on the depression scales.

Depression is not the only residual manifestation of the abuse. The majority of the women report a persistent distrust of others, and a sense of self-doubt about their ability to judge the safety of the people they encounter. The experience of having a partner who is the source of trauma differs from most other violent incidents which are carried out by strangers or more distant acquaintances and shatters a woman's basic assumptions about herself and her relationship to others (Herman, 1992; Dutton, 1992).

Welfare reform encourages women to look to marriage and work as primary avenues out of poverty. The persistent effects of the abuse can inhibit a woman's trust in her world, decrease her social network, and potentially affect her interactions with caseworkers and employers. For women who have experienced violence in an intimate relationship, the marriage market is not an attractive alternative, nor does it guarantee relief from suffering.

### **Severe Effects of Abuse**

Two women have no income and have been unable to return to work since they were attacked. What explains the difference between Regina and Anna's current life circumstances and the other eight women interviewed? In addition to their difficulties with the welfare system, Regina and Anna do have a striking commonality – they are the only women in the qualitative sample who have severe mental health disorders caused by the abuse. As will be seen, the symptoms they report are consistent with a diagnosis of Post Traumatic Stress Disorder (PTSD), although neither has been formally diagnosed with PTSD by the mental health practitioners they see. The ongoing nature of these mental health problems are in contrast to the other interviewees who speak of putting the abuse behind them, although they still have consequences from it.

Regina and Anna report some of the most severe abuse experienced by women in the sample. For both women, the abuse was life-threatening (both were stabbed, among other assaults) and caused injuries to the extent that they required hospitalization. This is in contrast to the other women who were at risk of death during the height of their abuse, but emerged from the assaults with less severe injuries. Deborah is the only other woman who said she was hospitalized because of the abuse, and she reports mental health symptoms in the past that are remarkably similar to those experienced by Regina and Anna. Deborah says, however, that the worst period of the abuse was in the late 1980's, and she has been slowly recovering since she left that partner. The last episode of abuse that Anna and Regina experienced was six months prior to the interview for Anna, and two years before for Regina. Both women report intense fears that they would die in

the moments they were being assaulted. Although other women in the sample also report being afraid that the abuse might cause their death, two specifically mentioned that this thought occurred to them after the incident was over. The severity of the abuse and the immediate awareness of death may partially explain why these two women have continuing trauma-related symptoms.

For Anna and Regina, the abuse has had profound, long-lasting effects on their mental health and their sense of agency. For both women, the trauma of the abuse has produced extreme anxiety and symptoms consistent with Post-Traumatic Stress Disorder. Diagnostic criteria for PTSD require that after the perceived threat of death, the person exhibit the following symptoms for greater than a month: persistent re-experiencing of the trauma, such as flashbacks and nightmares; avoidance of stimuli associated with the trauma (e.g., places or persons); and increased symptoms of arousal, such as hypervigilance or difficulty sleeping (APA, 1994). Anna describes many of these symptoms in the following story:

One day I was just trying to make it to the store. I had been in this house for almost five months without going outside and I would only peep my head out the door. I finally had a neighbor of mine walk with me and I would always turn around and look over my shoulder. One day we was on our way back and I was like, I made it! He's [abuser] not nowhere around, so I can do this. Then when we got halfway home, I didn't hear this guy coming up behind me, and this guy just passed me and said, 'Scuse me, and when he said that, I just fell on the ground. I just knew it was him [abuser] and he was going to come behind me and stab me in the back or knock me in the head or something. That was it. My neighbor couldn't get me off the ground. I was panicked. I was so scared they had to bring me to the hospital that day. I mean I was scared (2:258).

In this story, Anna is describing a flashback to the abuse, an experience in which she acts as if the traumatic event were recurring, when she misinterprets a person passing her in the street as an attack. Anna has been diagnosed with agoraphobia, but within the context of the abuse she experienced, this symptom can be reinterpreted as an example of avoidance – by hiding behind her locked doors, she hopes that the abuser cannot hurt her again. Anna is a very thin woman who volunteered information about her lack of appetite, difficulty sleeping, and her constant sense of worry for her children, all evidence of hyperarousal. She currently attends a mental health clinic where she has been diagnosed with panic disorder, but not PTSD, because she has not disclosed the abuse to her psychiatrist, and she says no one there has asked whether she has experienced trauma or abuse.

Regina is also attending a mental health clinic where she says she has been told she suffers from “stress”. Her symptoms are similar to Anna’s: flashbacks about the abuse, agoraphobia, and problems with self-care and care for her children. She reports being unable to eat, losing weight, having difficulty sleeping and being withdrawn socially, as Regina notes in the following incident:

The last time I went to the hospital, I passed out in the hall. I passed out and my baby [7 year old] was calling my momma [his grandmother] saying, “My momma laying on the floor. She stretched on the floor.” She say, “I’ll be right over – maybe she fell asleep.” And then I went to the doctor and he was telling me I took pills. I swallowed pills. No, I am not going to be dumb enough to just swallow a whole bottle of pills in front of my baby. I told him I haven’t been eating and haven’t had an appetite to eat or none of that. So he is telling me that I need to rest (10:81).

Although Regina denied suicidal intent to the doctor in this episode, she later related an incident during the interview that occurred within the past year. She found herself contemplating taking a bottle of pills she had in order to kill herself, but her mother called and Regina told her what she was doing. Her mother immediately asked her to throw the pills away which Regina did, and then came and sat with her. Regina said that she has not tried to implement a suicide plan since that day. Suicidal behavior is more common among survivors of domestic violence than the general public (Browne, 1993; Herman, 1992).

One result of the abuse and the ongoing trauma-related symptoms (as well as pre-existing psychological factors unique to each woman), is that both women report a sense of hopelessness and despair about their ability to improve their circumstances. Anna captures this belief when she says:

All things I had went through with the domestic violence and dealing with the welfare and just the whole system in general – I felt the more and more I made an effort to do, really do something with my life – I was always trying to go in the right direction. I would make ten steps to really do something positive. I wanted to really be something. I wanted to get a good job. Every attempt I made . . . it never worked out. It made me feel real bad and down on myself and I give up (2:182).

Despite a view of herself as having “given up,” Anna continues to advocate for herself with the welfare department and child protection authorities who opened a case when her kids missed school during the worst of the abuse. She has successfully appealed her sanction and was re-instated on welfare after the interview, and continues to have custody of her children. Although she despairs of improving her circumstances and those of her children, she continues to dream of writing a book about her experiences.

Regina also describes a sense of hopelessness about what she can expect in the future:

Well, right now, mmm, I don't see nothing helping me. I try to go out there and look for a job or whatever, but it's all I can do to get on my feet every morning. To get up and getting ready for the day and that stuff (10:106).

Regina appears more incapacitated and has sent two of her children to live with other family members, while she cares for her seven year old son. She describes the episode when her ex-boyfriend stabbed her as an "accident," even though she sees his actions as purposeful. Her description is consistent with the behavior of trauma victims who employ minimization and emotional constriction as survival strategies (Herman, 1992; Dutton, 1992). Although she is receiving intervention through a mental health clinic, she complains that all she is given is pills, of which she says, "Alls the pills do is just make me sleep it off and then it will come back it on and then, zip, I sleep it off. And it will come back on again" (10:27). Regina has not received treatment for PTSD, and her emotional condition has improved little since the attack.

### **Reconstructing a Life**

Two women are having difficulty functioning, but eight women have successfully re-established their lives. Two primary strategies are evident from the narratives that help the women to move forward: suppressing memories of the abuse and cultivating a future orientation focused on their children.

All of the women have negotiated a process of identity development in which they acknowledge their past status as victims. For the majority of the women, that

identity is not relevant for present day-to-day functioning. In order to cope with the continuing pressures of their lives, most of the women have adopted a strategy of suppressing thoughts about the abuse. When asked about how they cope with what happened, they describe the process of suppression in a variety of ways.

**Alfreda:** I just lived. I never looked at it like I was being abused then. (3:96)

**Peggy:** I call myself like the runaway child syndrome because I ran away so much in my younger years now this is how I deal with my problems, and it is a destructive way to deal with my problems, but it is the best way that I have to deal with them with myself now. I live in a fantasy world but I realize every morning when I wake up that they [the children] need to be taken care of. I take care of them, but I push my problems aside. If I sit up there and dealt with my problems, believe it or not, I would be in a mental institution or have a heart attack. (5:231)

**Tanya:** Well, I just put it out of my head. I just put it out of my head, you know. But it is something that I will never forget. I just block it out. I just block it out. I remember it when I don't block it out. (6:103)

**Tammie:** So you know like I said, I don't too much get depressed or get down, because I figure whatever happened in the past I just leave it. (7:99)

In these cases, denial and suppression have useful effects for women, enabling them to take action to manage their life situations, to gain employment or other income, and to care for their children. However, the resolution of trauma is connected with the ability to both remember and put aside trauma (Herman, 1992). While denial and suppression can have useful effects for women attempting to cope with painful circumstances, it may also diminish their awareness of the unresolved issues related to domestic violence.

The other primary coping strategy the women describe is the need to care for their children and focus on their future. Most of the women describe their children as their primary source of strength, and emphasize their responsibility to ensuring their well-being. Peggy knows her children need her attention, so she comes out of her fantasy world to care for them. Tasha works in order to provide her daughter with the things she needs. Tammie focuses on creating a safe environment in her home to counteract the previous violence her children witnessed. Anita says that her children saved her life and she wants to improve their circumstances. These are all examples of ways in which these women orient themselves towards the future through their children. Just as the trauma of abuse can alter the perception of time so that the past always seems present (as seen in Chapter 5), so too the movement towards healing can re-establish a sense of hope for the future (Herman, 1992).

#### Domestic Violence as a Barrier to Employment

Very few of the women say that domestic violence acts as a barrier to their employment. Two explanations could account for this information. First, it may be the case that domestic violence does not have a negative effect on employment. This interpretation would seem to be supported by the quantitative data presented in this dissertation and in previous research (Lloyd, 1997; Lloyd & Taluc, 1999; Browne, Salomon & Bassuk, 1999; Danziger, et al., 1999; Brush, 2000). The need for economic independence from the abuser may strengthen the women's resolve to succeed in the workforce.



Further review of the qualitative data suggests another possible interpretation. None of the women in this sample were employed at the time of their abuse, but three accessed disability payments and four returned to work soon after the abuse ended. It may be that for the women in this sample, domestic violence affected employment during a crisis phase in which the woman was leaving the abuser, and the abuse was at its most severe. To support this possibility, I offer twenty-one consequences of the abuse noted by the interviewees, and categorize these in Figure 4.

Figure 4 depicts five areas in which the abuse had immediate consequences that could affect employment: legal issues, abandoning home, children's needs, and health/mental health issues. First, the majority of women spent considerable amounts of time interacting with the criminal justice system when the abuse was at its worst. For five women, this meant coping with having charges filed against them and imprisonment, for what were, generally, actions taken in self-defense. Being in jail prevents employment, as do frequent court dates to resolve the charges. In addition to their own court proceedings, most of the women had time-consuming interactions with district attorneys who were pursuing cases against their ex-boyfriends/ex-spouses. Additionally, several of the women were mandated to court-ordered counseling or community service which can also interfere with obtaining a job. Finally, Anna currently has an open child protection case which requires appearances in court, and meetings with child welfare workers. The child protection authorities became involved with her children when she kept them out of school for several weeks in order to safeguard them from the abuser.

<b><u>Legal Issues</u></b>	<b><u>Increased Isolation</u></b>	<b><u>Abandoning Home</u></b>	<b><u>Children</u></b>	<b><u>Health/Mental Health</u></b>
R* goes to jail, and subsequent legal proceedings	Abuser forces R to stay in home	No phone to receive messages	Coping with children's reaction (fear, anger)	Injury from abuse
Court appearances to pursue legal case against abuser	R refuses to leave home for safety reasons	Have to find money for deposits to establish new home	Afraid abuser will steal and/or harm children	Hospitalization due to injuries
Court-ordered counseling, classes, community service	Intensifying secret-keeping behavior	Lost everything	Kept children from going outside or going to school to keep them safe	Destroys peace of mind
Child Protection referral	Afraid to go to work, welfare office, post office where abuser might find R			Depletes strength
Continued harassment from abuser requires legal intervention**				Depression and fearfulness
				Stigma on R not abuser
				PTSD and depression

\*R = Respondent

\*\* Only consequence mentioned by respondent specifically linking domestic violence and employment

Figure 4 – Immediate Consequences of Abuse that Affect Employment

During the height of the abuse, most women report behaviors that increased their isolation, also making it difficult to find and keep employment. Several women note that the abuser forced them to stay in the house, and would not let them leave without his supervision, making it impossible to go to work. After the relationship ended, many women said they were afraid to leave their homes for fear of seeing the abuser. For some, this fear developed into agoraphobia. Fear also prevented them from carrying out necessary activities outside the home such as going to the welfare office or the post office which could help them secure employment. Women reported avoiding others at the time of the abuse, especially when they had noticeable bruises or injuries, because they were ashamed. Most of the women agree that finding a job in the low wage market is often dependent on social networks which are diminished during periods of increased isolation.

Four women had to abandon their homes after the end of the relationship because of the continued harassment of the abuser. They often had no consistent access to a phone number to give potential employers because they were staying with different family members or friends. Two women lost everything they had after fleeing their homes, including clothing, making it difficult to work. Once their home was lost, it was difficult to re-establish a residence because of the cost of initial deposits for rent and utilities.

Concerns for children also affect employability. The women with young children expressed fear that the abuser would steal or harm their children in some way, requiring the women to increase their vigilance and supervision. Older children had strong

reactions to the abuse that their mothers experienced, including increased fearfulness and a desire to protect their mother. Tammie reports the following incident with her eldest son:

He's a fighter. So he think he a man, he has to protect everybody. So he got to Jonathan. They didn't fight or anything, but he let him know that he was able to put his hand on a gun and if he come around me or whatever, that he won't be afraid to use it. So I'm like, I don't want you in jail or nothing like that. He like, well momma, I'm not gonna let this happen again (7:85).

Because of these concerns and issues with violence in her neighborhood, Tammie insists that her children play at her home and stay inside as much as possible. Anna's children were frequently involved in the efforts to outwit her abuser when he forced his way in the house. On two occasions, actions taken by her children were directly responsible for the family's ability to escape the abuser. However, these experiences have resulted in Anna's oldest daughter having behavior difficulties and fearful responses to others.

Finally, several women had physical injuries and trauma-related mental health problems from the abuse that could prevent employment. For instance, Regina had both arms broken by her ex-boyfriend. Deborah was hit in the head and had a severe concussion which has changed her ability to remember new information. The previous discussion on the mental health effects of domestic violence illustrate some of the problems related to employment that stem from trauma. In addition to feelings of depression and fearfulness which Tanya described as a kind of slow death, other interviewees talked about the depletion they felt in their inner strength during the worst

of the abuse. As Regina described earlier, it could be hard just to get out of bed. Ultimately the stigma of having been battered weighs heavily for some. As Peggy describes,

People think that I am crazy. That I am crazy because I stayed with him, because the whole while he was breaking in my house, taking my stuff. They ain't never thought of him as crazy. You know, you know what I am saying. They have always thought of me as stupid. I am stupid because I stayed in a situation where I had to be put in jail, you know, for being abused. That is the only stupid thing that I feel that I got out of it. But I am far from being crazy (5:213).

In the women's accounts, only two connect domestic violence as a barrier to employment. Examining their lives, it is apparent that the range of domestic violence experiences has a severe and profound effect on employment. It may be that the timing of this effect is relatively short-term in nature, as women without a partner need to establish economic independence as soon as possible. The severity of the abuse may also be a factor, as those women who are the most traumatized may be the least able to secure employment.

### Chapter Summary

In this chapter, I have described the effects of domestic violence on employment and mental health using survey and interview data. The quantitative analysis of the direct effect of domestic violence on employment does not find abuse to be associated with the outcomes of women in this sample. Four variables are associated with the likelihood of employment – level of depression, having/caring for someone with a health impairment, having children under age five, and having never married.

Level of depression is a significant predictor of employment status and continued receipt of TANF. In the final set of regression equations, four variables are associated with the depression score. Having been a victim of domestic violence (whether current, past or ever), having or caring for someone with a health impairment, and reporting higher numbers of days with poor physical health increase the likelihood of depression with respondents in the sample, while having more education is associated with decreased levels of depression.

To further explore the relationship between mental health, employment and domestic violence, I analyzed narratives related to the employment experiences, support and barriers to work; the mental health effects of domestic violence; and the effect of domestic violence as a barrier to employment. In doing so, several critical issues are of importance. First, domestic violence has a lingering effect on women's mental health, and in some cases, profound dysfunction continues years after the last abusive incident. Second, none of the women report that they were employed at the time of the abuse, although four found employment after the violence ended. Differences between the women who have no source of income and the other interviewees may in part be related to the severity of the violence and the level of post-traumatic distress experienced. Third, most women do not identify domestic violence as a barrier to employment for them, despite the fact that their stories show that domestic violence has immediate consequences that could affect employment, including legal issues, increased isolation, abandoning home, concern for children, and ongoing health and mental health concerns.

## CHAPTER 8

### IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

The purpose of this dissertation is to provide an empirical policy analysis which investigates the effect of domestic violence on a woman's welfare status, employment and mental health. This has been accomplished by examining quantitative data from a panel survey of welfare recipients in Southeastern Louisiana, and by analyzing the stories told by ten women who are panel study participants and who reported domestic violence. The major products of this study include statistical and qualitative analysis of factors related to leaving welfare voluntarily, obtaining employment, and mental health. This chapter summarizes the major findings and implications of the research, situating this discussion within the literature on the effect of domestic violence on welfare use, employment and mental health. This summary presents the results from the quantitative and qualitative research and discusses how these two methods of understanding the situations of women in the study inform, complement and contradict each other. From the implications, I suggest recommendations for practice to improve the quality of services given to welfare recipients who are also experiencing domestic violence. This chapter concludes with a discussion of the limitations of this research, and suggests future research directions.

#### Implications of Quantitative Analysis

Several studies suggest that the rate of domestic violence among welfare recipients is higher than what is found in nationally representative samples (Danziger, et al., 1999; Browne, Salomon & Bassuk, 1999; Shook & Guthrie, 1998; Allard, Colten,

Albelda & Cosenza, 1998). The research in this dissertation supports this finding – even with a measurement that is much more restrictive than what has been used in national studies, the 6.3 percent rate of reported physical violence occurring in the previous twelve months in this sample is almost double the rate of 3.8 percent found in the National Family Violence Survey (Straus, Gelles & Steinmetz, 1980), and almost four times the rate of 1.8 percent found in the National Violence against Women Survey (Tjaden & Thoennes, 2000). Although the rate of intimate partner violence among panel study members is higher than that found nationally, it is lower than most other prevalence estimates from other studies of welfare recipients (see Table 1). Reports from other surveys of women on welfare find rates of current physical violence of 13.8 percent (Allard, Albelda, Colten & Cosenza, 1997) to 32.6 percent (Bassuk, Weinreb, Buckner, Browne, Saloman & Bassuk, 1996). As no consistent measurement of domestic violence or harassment is used across studies, and most previous studies of domestic violence among welfare recipients rely on convenience samples, the comparison of rates is a crude indicator at best of the true nature of this phenomenon.

The main question of this dissertation is whether and how domestic violence affects a woman's ability to leave welfare voluntarily, understood primarily as the ability to obtain employment. The results from this dissertation related to this question are mixed. Bivariate analysis in this dissertation shows that domestic violence is related to several conditions. Table 3 shows that women who report domestic violence are less likely to have left welfare voluntarily, report higher levels of depression, are more likely to note have or care for someone with a health impairment, and report higher levels of



alcohol and drug abuse than do non-abused women. The correlation matrix shown in Table 4 also indicates that domestic violence decreases the likelihood of leaving welfare voluntarily. Domestic violence is negatively correlated with education and the number of young children a woman has. Domestic violence is positively correlated with reporting a health impairment, the number of days of poor physical health reported, the age of the respondent, and the number of years she reports having received welfare.

The research presented in this dissertation expands our current knowledge by comparing three welfare outcomes – those who continue to receive benefits, those who leave voluntarily, and those who are sanctioned off welfare. In the multinomial logit analyses of TANF status (Tables 7 and 8), domestic violence does not play a significant role in predicting whether and how a woman leaves welfare. Domestic violence does not appear to be directly related to how a woman leaves the welfare rolls.

The literature related to welfare use suggests that a number of factors affect a woman's ability to leave welfare voluntarily (see Gottscalk, McLanahan & Sandefur, 1994 Rank, 1994; Edin & Lein, 1997 Danziger et al., 1999; Kim, 2000) including whether she reports depression, her employment status; the number of years she has received welfare payments; whether her parents received welfare; the number of years of schooling she has; her age; the number of children she has, particularly the number that are under five years of age; whether she has ever married; and her race. This research supports only a few of these factors as predictive of welfare status in this sample. When comparing those who are on TANF with those who leave voluntarily, four variables have significant coefficients: depression, employment, age and number of young children.

Women on TANF are more likely to report depression, are older, have more young children, and are less likely to report employment. Employment is the strongest direct predictor of whether a person continued to be on TANF. Contrary to these previous studies, education does not appear to affect TANF status, nor did the number of children, race, marital status, or welfare history of the respondent or her parents. In this sample, there is relatively little variation in education – the majority of women have a high school diploma or less. The fact that few panel study members have any college education, and hence, better job prospects, may explain why education is not significant in this study.

It is notable that only one variable, employment, is related to whether a person reports leaving welfare voluntarily versus involuntarily. Other research conducted with panel study participants indicates that outcomes for those who leave welfare involuntarily are worse (Children's Defense Fund, 2000; Lindhorst & Mancoske, 2000). What factors lead to who is sanctioned and who leaves welfare voluntarily are still unclear, although tentative findings related to the role of depression may explain some of the difference.

Given the central role of employment in moving women off the welfare rolls, the next step in this dissertation was to study the effect of domestic violence on whether a woman is currently working. Previous research in this area is contradictory. Studies of low income women find no relationship between domestic violence and whether a woman is currently employed.(Danziger et al., 1999; Browne, Salomon & Bassuk, 1999; Lloyd & Taluc, 1999). But more recent research (Brush, 2000) and research using

samples of domestic violence victims (Moore & Selkove, 1999) indicate that domestic violence decreases employability. The research presented in this dissertation supports the previous finding – domestic violence does not appear to have a direct relationship with employment in this sample. This finding in conjunction with the qualitative results may indicate that domestic violence has two distinctly different results for women's employment. Some women who experience domestic violence may seek out employment to escape the abuse at home and to establish economic independence. Others may be more incapacitated by the effects of the violence and be unable to move into the workforce.

In this study, multivariate analysis shows that women are less likely to be employed when they report higher levels of depression, care for someone who is ill or have a health impairment themselves, have children under the age of five, and if they have ever married. These findings are consistent with studies which find that having young children decreases the likelihood of employment (Spalter-Roth, Burr, Hartman & Shaw, 1995; Olson & Pavetti, 1999); as does having/caring for someone with a disability (Danziger et al., 1999; Kim, 2000). Unlike findings from Kim (2000) and Brook & Bucker (1996), the total number of children a respondent has is not related to her likelihood of employment in this sample. This may be related to the small variation in the number of children women have in the sample – the majority have either one or two children, so the effect of larger families may be dampened.

Depression has been found to play a role in whether women obtain employment and exit from welfare. However, little research is currently available which looks at the

factors related to depression for women who are welfare recipients. In this dissertation, bivariate analysis shows that women who report domestic violence have greater levels of depression than their non-abused counterparts (see Table 3). In multivariate analysis, depression scores are significantly related to domestic violence, poor physical health, having or caring for someone with a health impairment and years of schooling. The strongest direct predictor of depression (based on the beta values) is the rating the respondent gives her physical health. The more days of poor physical health she reports, the greater the level of depression. Experiencing domestic violence, no matter how long ago is the second strongest predictor of an increased level of depression. Having or caring for someone in the household with a health impairment increases depression, while more schooling is associated with lower depression scores.

Based on these quantitative findings, it appears that when domestic violence has an effect on the outcomes experienced by welfare recipients, the nature of this effect is indirect. In Figure 5, I present a diagram of the effects of domestic violence on welfare status based on the findings from this dissertation. When using multivariate analyses which control for a number of factors including the impact of domestic violence on TANF status and employment, domestic violence is found to be not significant. However, in each of these equations (with the possible exception of the multinomial comparison between leaving TANF voluntarily versus involuntarily), depression plays a significant role in predicting employment and welfare outcomes. One of the strongest predictors of a woman's depression score is whether she has experienced domestic

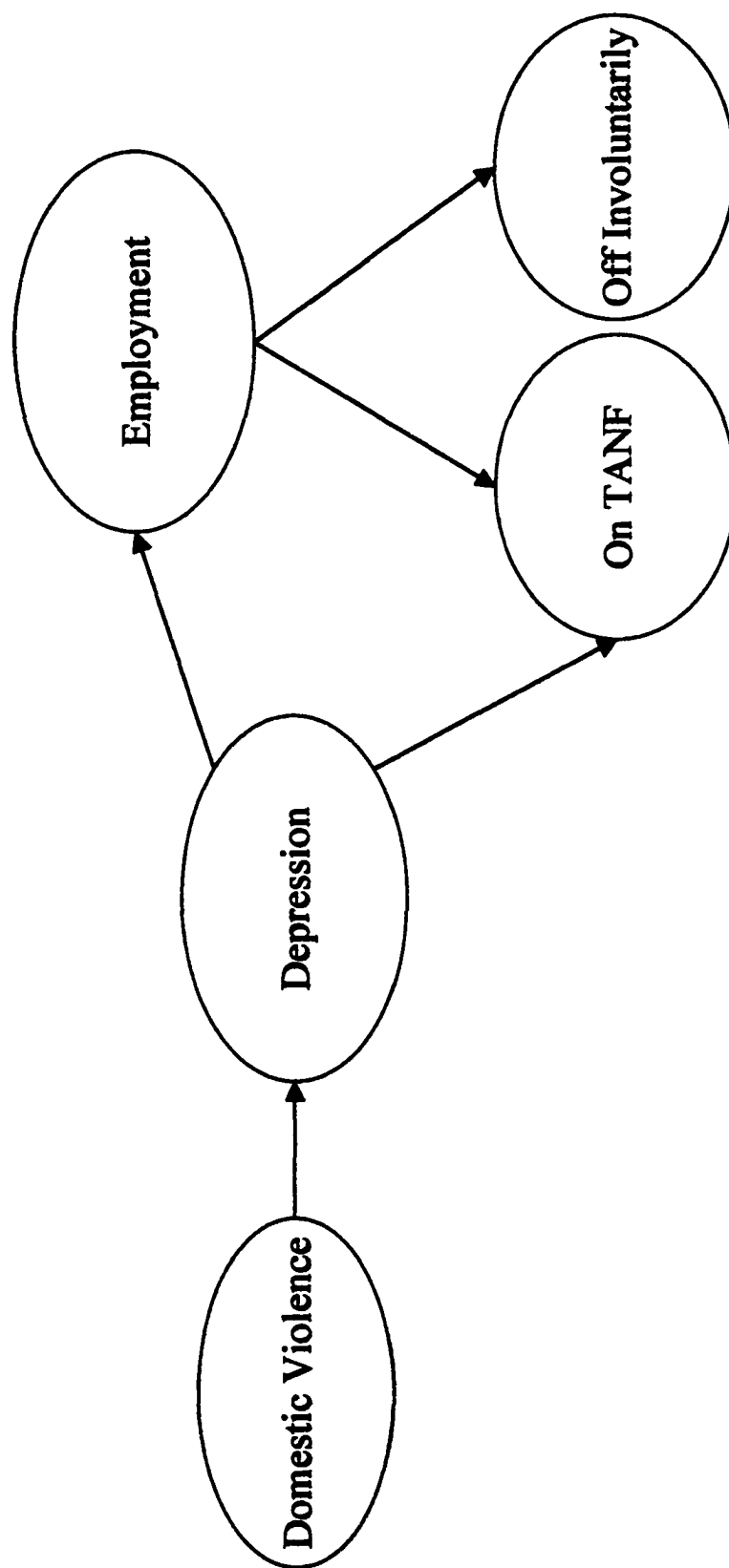


Figure 5 -- Diagram of Effect of Domestic Violence

violence. From the data in this sample, it appears that when domestic violence affects women's employment and TANF outcomes it does so through affecting the level of depression experienced. Being depressed negatively affects the chances of leaving TANF, and of gaining employment.

This would suggest dichotomous outcomes for women who have experienced domestic violence – those who have severe mental effects from the abuse will be less likely to secure employment and successfully meet welfare reform requirements. Women who have more limited mental health sequelae of the abuse will be more able to work and leave the welfare rolls voluntarily. This model is consistent with recent literature which documents the effect of mental health problems on employment (Danziger et al., 1999) and finds dichotomous employment outcomes for welfare reliant women (Brush, 2000).

#### Implications from Qualitative Data

Qualitative analysis provides information which complements the quantitative findings by expanding and challenging our understanding of the relationship between domestic violence and welfare outcomes. Statistical analysis of the quantitative data suggests a greater prevalence of domestic violence among welfare recipients in this study than would be expected based on national data. Women's accounts indicate an extraordinarily high level of danger, making dangerousness central to understanding the effect of intimate partner violence on welfare use. The majority of the women in the qualitative sample recount incidents of abuse that could have resulted in their death, including stabbing, strangling, suffocation, attempted drowning, and severe beating.

Further, ending the relationship does not end the violence, and for several women, the peak of the violence happened after they terminated the relationship. The occurrence of post-separation violence and stalking have been identified as serious aspects of domestic violence (Tjaden & Thoennes, 1998b and 2000). The definition of domestic violence adopted by the welfare department limits abuse to violence which takes place while partners are co-habiting, so women who are experiencing some of the most dangerous episodes of abuse are excluded.

Evidence from the multivariate analysis of welfare status indicates that domestic violence does not directly affect welfare outcomes. Yet, the stories from the women interviewed for the qualitative study provide evidence that domestic violence is related to being sanctioned off welfare. The three women who were sanctioned were removed for reasons stemming from the domestic violence. Peggy was sanctioned because she was unwilling to pursue child support because of fear of the abuser; Anna was unable to comply with work requirements because of the mental health effects of the violence; and Regina was timed off welfare while recovering from the physical and mental health aftereffects of the abuse.

What explains the apparent contradiction between the qualitative and quantitative findings? One possibility relates to sample size in the quantitative analysis. Thirty-five women in the quantitative sample experienced domestic violence and were sanctioned off welfare. The sample used to estimate the multinomial logistic equations may not be large enough to capture the effect of domestic violence and involuntary leaving. Another

possibility is that the purposive nature of the qualitative sample may have led to an unintentional bias among the interviewees.

Qualitative findings further suggest that victims of abuse are not receiving assistance through the Family Violence Option (FVO), the policy adopted by the state which allows for special services and exemptions from program requirements for survivors of domestic violence. Reasons for the ineffectualness of the FVO appear to be based in three factors. First, the women lack knowledge of the policy or the alternatives it could provide. Knowledge is a necessary but insufficient condition for disclosure. Second, most are unwilling to disclose the abuse because of three areas of concern – the silence and secrecy about the abuse, poor relationships with their caseworkers, and the lack of benefit in telling. Third, when they do overcome these barriers to disclosure, the system is unable to take action on their behalf to assist them with problems arising from the intersection of the domestic violence with their welfare use.

Advocates for victims of domestic violence have expressed concern since the passage of PRWORA that welfare departments may be unable to modify the organizational culture or the behavior of workers to ensure that abused women receive appropriate and supportive services (Brandwein, 1999a and 1999c; Rapahel, 2000; Burt, Zweig & Schlicter, 2000). Staff from the Urban Institute conducted site visits to seven county welfare offices to evaluate the implementation of the FVO (Burt, Zweig & Schlicter, 2000). They find that offices with a culture that focuses on strengths and the use of positive incentives to support self-sufficiency are more likely to have a



comprehensive plan for implementing the FVO than offices with a more traditional organizational culture in which employment is the primary caseload reduction strategy.

Welfare agencies have traditionally emphasized the social control aspects of their functions (Gordon, 1994), employing caseworkers whose primary task was to screen applicants for eligibility (Withorn, 1996). The FVO requires that agencies shift to a supportive stance with victims of violence and that caseworkers adopt roles that are more akin to social work than to the policing function they have previously enacted (Levin, 2001). Levin (2001) reports that a pilot project to serve abused welfare recipients had to devise an alternative system circumventing caseworkers because the level of resistance to identifying and referring battered women for services was so high. Similar issues may be affecting the implementation of the FVO in Louisiana.

The qualitative analysis further explores how domestic violence affects employment. Several findings are notable in this regard. First, none of the women report that they were employed at the time of the abuse, although four have found employment subsequent to the end of the violence. The qualitative findings suggest that the window during which violence affects employment may be relatively short for most women – a statistical effect may only be noticeable if women are surveyed during the period surrounding the end of the relationship, prior to the re-establishment of their lives. That the quantitative analysis finds no relationship between domestic violence and employment may also relate to the cross-sectional nature of the analysis, and the small number of women who would be experiencing acute battering at the time of the survey.

Only two women note that domestic violence might have been a barrier to employment for them. The majority locate obstacles to employment in areas which have frequently been noted in welfare policy discourse. The women's reasons for difficulty in employment endorse both structural and individualist beliefs about the causes of poverty. Interviewees express three areas of concern which support structural arguments about poverty (described in Piven & Cloward, 1971; Kemp, 1994; Schram, 1995 and 2000; Epstein, 1997). First, the characteristics of low wage employment, including its location, inadequate pay, unusual hours and rigid policies which interfere with the women's ability to care for their children, affects their ability to take these jobs. Second, the unavailability of affordable, high quality child care is a frequent concern. Third, bureaucratic impediments created by the welfare system, such as difficulty with payment for child care providers, and the inability to access additional training and education programs through the department affect employability.

Two areas noted by interviewees (inadequate education and family concerns) support views that are typically associated with human capital issues, or an individualist view of poverty (described in Murray, 1984; Mead, 1992; Kemp, 1994). Half the women did not graduate from high school, and for these women, the lack of a diploma is a serious impediment to finding a job. Their perceived lack of job skills and experience, and difficulties with co-workers and supervisors also serve as obstacles to employment. Also, personal/family concerns (such as children's health problems) require taking time off work, and undermine continued employment.

It is no surprise that the women rarely mention domestic violence as a barrier to work. Many had not identified as victims of domestic violence until the acute phase of the violence had passed. It is only in the analysis of rich descriptive data available in the women's narratives that the linkage between domestic violence and employment is elaborated. The women's stories show that domestic violence has immediate consequences that affect employment, including time-consuming interaction with the criminal justice system, increased isolation, lack of stable housing, need for closer supervision of children who have also been traumatized by the abuse, and ongoing health and mental health concerns.

Analysis of the quantitative and qualitative data indicates that women who have been abused continue to struggle with depression (as seen in the depression scores), although these symptoms may be unrecognized as the majority of the women in the qualitative sample report no current effects from the abuse. Increased levels of depression are statistically associated with unemployment and with continuing on TANF. Two of the women interviewed have been unable to secure a stable source of income since the violence ended. Differences between these two women and the other interviewees may in part be related to the severity of the violence they experienced and the presence of undiagnosed and untreated Post-Traumatic Stress Disorder caused by the abuse. Multivariate and qualitative analyses indicate that the mental health impact of domestic violence is a critical factor in understanding the women's welfare outcomes.

### Recommendations for Practice

Welfare agencies throughout the country are undergoing a sea change since the passage of PRWORA. Where once the expectations of workers were limited to ascertaining eligibility and preventing fraud, caseworkers are now asked to provide support and direction to women whose life situations are complicated by violence, institutional oppression and mental health issues (Raphael, 2000; Brandwein, 1999b; Danziger et al., 1999).

The Louisiana Department of Social Services has made efforts to ensure that women know about the FVO, but this research contends that the majority of women remain unaware that this policy exists. The welfare system has a responsibility to inform women of the FVO and what it offers, to insure that all women understand its availability, and to support caseworkers in implementing services. Unless they have knowledge that discussing their abuse with a caseworker will help them, abused women will be unlikely to disclose that they have experienced domestic violence.

The women in this study explained why they thought it was unsafe to tell their caseworker about their experience of domestic violence. From this information, we can ascertain what is needed to promote disclosure. First, the relationship between worker and client must be founded on respect and a trust that sensitive information will be kept confidential. Second, disclosure must offer more benefits than risks, meaning that it must produce some advantage for the woman who discloses, and not place her in further jeopardy from the abuser, the welfare system, or others. Third, welfare workers need to ask the right kind of questions – in other words, questions that are perceived as intrusive

prevent women from disclosing, but at the same time, clients are unlikely to inform their worker of the danger they experience if the worker doesn't ask. The Family Violence Option will remain an unrealized promise for battered women until the welfare system addresses these systemic issues.

From these implications, a series of recommendations for policy and practice are evident. The implementation of many of these suggestions will be difficult as long as clients and workers have adversarial perspectives. As Withorn (1996) notes,

The crucial dimension for the successful delivery of almost all human services is the establishment of a respectful relationship between workers and women who receive services. . . It is possible for astute women service workers to help women obtain what they need and make new political alliances if they are neither naive about the difficulties nor cynical about the possibilities. (1996, p. 272).

Several strategies could be used to improve services within the welfare system for domestic violence survivors. In the spirit of realistic optimism, the following recommendations are offered:

1. Wider recognition is needed that domestic violence is a severe, and potentially life-threatening reality in the lives of many poor women, including women receiving welfare. Practically speaking, the welfare agency needs to provide training to its caseworkers on recognizing and responding to domestic violence.
2. The definition of domestic violence used by the Department of Social Services should be expanded to include stalking behaviors and post-separation violence, even if the abuser is no longer cohabitating.

3. **An effective public information campaign is needed to expand universal notification within the welfare office and ensure that women understand the Family Violence Option and what it can provide. This must be accomplished within a context which recognizes safety issues for abused women and does not put them at further risk.**
4. **Screening methods should focus on the use of behavioral questions about abuse which do not rely on the client having adopted the identity of domestic violence victim. Burt, Zweig and Schlicter (2000) suggest that screening lists used to identify barriers be formatted with “yes/no” responses rather than a “check all that apply” approach. A failure to answer can then be a probe to solicit further information.**
5. **Disclosure of abuse should lead to the provision of referrals and an exploration of whether exemptions offered through the FVO are warranted. Careful attention must be paid to whether women are able to comply with requirements because of direct and indirect effects of the abuse.**
6. **Domestic violence specialists within the regional welfare offices who are linked to community agencies that address violence against women may be more effective resources for clients because of feelings of distrust towards caseworkers. It may be difficult from an institutional perspective for caseworkers to adopt this supportive role.**
7. **Depression is a significant predictor of whether a woman successfully gains employment and leaves welfare voluntarily. Although caseworkers cannot be**

expected to provide mental health treatment, simple screening tools can be developed to identify mental health barriers and linkage of clients with mental health services could be facilitated.

8. This research supports other studies which consistently find a relationship between having a child under five years and continued use of welfare. Women with any child under age five should be exempted from work requirements and time limits until the youngest child is school aged.

#### Limitations of the Research

This research has several limitations. First, the quantitative study is based on the second year of a panel study which experienced attrition of almost 40 percent of the first year respondents. While panel studies members were initially chosen through a simple random selection procedure to ensure generalizability of results, response in the second year was most likely not random and some systematic differences presumably exist between those who participated and those who did not. This attrition rate, while in the mid-range for studies of welfare recipients (Isaacs and Lyon, 2000), is still high and further analysis would need to be done to determine in what ways non-respondents systematically differ from those who participated in the second wave.

Further, 23 percent of the second wave participants were excluded from the multivariate analysis because of missing data on the depression scale. Although no differences were found between those who completed the scale and those who did not, this represents further attrition in the sample size and may have affected the statistical power of the study. According to Rubin & Babbie (p. 524, 1997) the sample size used in

this analysis is large enough to detect medium to large effect sizes. However, the possibility of making a Type II error for a small effect size of .10 or less is above the suggested 20 percent level. The possibility exists, therefore, that variables which were found to be non-significant in the analysis might, in fact, be statistically related to the dependent variables in the study, but this was not found because of the small sample size.

Instrumentation issues also limit the generalizability of quantitative findings from this dissertation. First, the survey used in the panel study does not have known measures of reliability and validity, although several sub-sections of the survey do have this data available (such as the depression scale). The instrument used to measure the experience of domestic violence in this sample likely led to the underreporting of abuse. Previous research finds that the percentage reporting intimate partner violence grows as the number of behavioral items within the measure increases (Allard, Colten, Albelda & Cosenza, 1998). In this study, only two behavioral questions are asked to assess the presence of physical violence or harassing behavior, and consequently, the level of reported abuse is lower than what is found in other surveys of welfare recipients.

Limitations also exist for the qualitative research. First, by choosing a sample derived from the panel study, the attrition of subjects might have biased the pool available for qualitative interviews. Only three white women met the inclusion criteria for the qualitative sample, and none of these women were available to be interviewed, resulting in the qualitative study being based solely on the experiences of African American women. The African American women who shared their stories may have had different experiences with the welfare department than similarly situated white women.



It is important to recognize that Louisiana has historical legacies based on institutional and personal racism which likely affect the experiences of women on welfare and which may be difficult to discern without a comparison group of white women.

The qualitative analysis is based on a one time, in-depth interview which does not have the ability to judge changes over time. This is especially important given the fact that none of the women were currently in a relationship with their abuser. The women were, therefore, reflecting on what they remembered of the abuse and its effects, rather than describing an event that was happening at the present time. It may be that discussions with women at the crisis point in the relationship would produce different results and recommendations.

Decisions made about coding and interpretation of the data, while discussed with and validated by others knowledgeable in the field, are ultimately mine, and may reflect unconscious biases. The presentation of the qualitative data could have taken many different forms which may have led to different conclusions. Choices made in the analysis, the coding, and description of findings are based on my decision to highlight the intersection between welfare use, employment and mental health. Without this template, other findings that are equally rich could be generated from this data.

### Future Research

This study does not provide a definitive answer as to the role of domestic violence in the lives of women on welfare. Rather, it suggests that the relationship between these two experiences is complex and multi-faceted, requiring multiple methods of assessment. This section discusses four avenues of investigation that will advance

research methodology in this area, and inform practice with women who are confronting poverty and violence.

First, consensus is needed on how to measure domestic violence among this population when using survey methods. As has been discussed frequently throughout this dissertation, the measurement of domestic violence among welfare recipients varies in almost every study based on survey methodology. Further the qualitative interviews suggest that focusing on the presence or absence of physical abuse is insufficient to understanding the complexities of domestic violence. Integrated and comprehensive instruments need to be developed that identify and rate the severity of physical, sexual and psychological abuse. Without consensus on basic strategies of measurement, it will be difficult to compare outcomes across studies and states.

Second, more information is needed on the time-ordering of domestic violence, welfare use and employment. Cross-sectional data cannot answer the chicken-and-egg question of the relationship between domestic violence and employment. Longitudinal data are needed to determine whether domestic violence is a significant factor in job loss, or if unemployment increases the occurrence of domestic violence. This dissertation suggests, however, that survey methodology, even when employed within a longitudinal panel design may have difficulty providing the rich level of data needed to reflect the cyclical nature of welfare and employment entrances and exits. Additional data collection strategies such as life history calendars (Yoshihama, 2001) which plot out several concurrent events over time may be more effective in gathering data to answer critical policy questions. These strategies have the added advantage of improving

memory of events, which the qualitative data in this dissertation suggests is an issue for some women.

Third, what differentiates the women who report serious mental health consequences of the domestic abuse from women who do not appear to have this level of suffering? Given that the overwhelming majority of participants in the panel study are living in poverty, what individual, community level and institutional factors promote resiliency and better mental health outcomes for some? Answers to this question will provide strategies for intervention that can improve the lives of the most vulnerable.

Fourth, further policy research is needed which identifies the organizational components of welfare departments that lead to improved outcomes for clients. This research includes understanding shifts in organizational culture and role expectations of workers; supports and barriers to implementing new policies such as the FVO; and areas of difference between departments which affect policy implementation and outcome. With the devolution of authority to states, the national welfare program for poor children and their mothers is now more like a patchwork quilt than a unified system. Although daunting, this shift requires policy assessment strategies at local, state and national levels.

This dissertation has focused research attention on the strengths and vulnerabilities of abused women living in poverty. Two groups, children and perpetrators, have largely been neglected as a result of this research focus. Little information is currently available about the effects of welfare policy changes for children, especially for those children living in households experiencing violence. More

research is needed that focuses specifically on child outcomes. Finally, women and children are not the source of domestic violence, they are its victims. Research is also needed that deepens our understanding of the perpetrators of violence and ways to intervene to prevent the development of batterers and their victims.

### Final Reflections

During the year between the first and second wave of the Welfare Reform Research Project panel study, a panel study member was shot and killed by her ex-boyfriend. This woman had used welfare to escape the abuse, then had found an entry level job to support her and her young daughter. Being a welfare “success” story did not keep her alive.

Welfare policy has life and death implications for abused women. As noted in the first chapter, in the current system, women are often forced to make a choice between life threatening abuse or life threatening poverty (Brownell, 1998). This choice is no choice. By judging the success of welfare reform solely on the basis of caseload reductions, we ignore the context of women’s lives and their vulnerability to violence. Welfare reform cannot be judged a success so long as women have few practical options to escape poverty and abuse.



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**APPENDIX A: WELFARE REFORM RESEARCH PROJECT INSTRUMENT,  
YEAR TWO**

**YEAR TWO RECIPIENT SURVEY**

Client Name: \_\_\_\_\_

CID: \_\_\_\_\_

Unique ID # \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Was the interview completed:

☐ Face to Face☐ By phone**DEMOGRAPHICS**

What is your current parish of residence? (Choose ONE only)

☐ Orleans☐ Washington☐ Evangeline☐ Jefferson☐ Tangipahoa☐ St. Landry☐ St. Bernard☐ St. Helena☐ Other\*

\*Specify OTHER Parish: \_\_\_\_\_

Are you currently ~ (Choose ONE only)

☐ Married, living with spouse☐ Separated☐ Never Married☐ Unmarried, living with partner☐ Divorced☐ Widowed**EDUCATION**

Have you received additional college education in the past year?

☐ No☐ Yes

If yes, what? \_\_\_\_\_

Have you participated in any vocational training programs in the past year?

☐ No☐ Yes

If yes, what kind? \_\_\_\_\_

Have you participated in any on the job training in the past year?

☐ No☐ Yes

If yes, what? \_\_\_\_\_

**HOUSEHOLD** (Start with members in welfare budget group and then ask about other household members. Please use additional sheet if needed.)

**Tell us about all of the people who live with you AS OF TODAY:**

FULL NAME	GENDER	DATE OF BIRTH	RELATIONSHIP TO RESPONDENT	IN YOUR WELFARE BUDGET GROUP?
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Male <input type="radio"/> Female	- -	<input type="radio"/> Son <input type="radio"/> Grandson <input type="radio"/> Other, Specify: _____	<input type="radio"/> Daughter <input type="radio"/> Granddtr. <input type="radio"/> Yes <input type="radio"/> No

**EMPLOYMENT**

3

Are you currently employed?

☐ No☐ Yes

Do you have a job that you are assigned to through the welfare department?

☐ No☐ Yes*If YES to either, answer the following questions. If NO, go to ARROW on this page.*

If YES, what is your current hourly wage?

\$ \_\_\_\_\_

If YES, how many hours do you work in a typical week? \_\_\_\_\_

Which of the following benefits do you receive from your employment? (Check ALL that apply.  
If no benefits are received, leave boxes blank)☐ Health Insurance☐ Vacation Leave☐ Sick Leave☐ Child Care Assistance

IF WORKING, what kind of work are you doing? (CHOOSE ONE ONLY)

☐ Housekeeping/Domestic☐ Computer/Technical☐ Mechanic/Construction☐ Service Industry☐ Food Preparation☐ Protective (police/fire/sec.)☐ Child Care☐ Education☐ Day Laborer☐ Clerical/office work☐ Health Services☐ Other\*

\*Specify OTHER Job: \_\_\_\_\_

How many months have you held your current job? \_\_\_\_\_

**Ask ALL respondents:**

Have you left or lost a job in the last 6 months?

☐ No☐ Yes

If YES, what was the reason you left/lost your job? \_\_\_\_\_

I'd like to read you a list of services some people get. I'd like you to tell me if you get the service, stopped getting it or have applied for the service in the past 6 months. (Check ONE answer per row)

	I get this	I stopped getting this	I applied, but was turned down	I applied and am waiting to hear	Did not receive/ Did not apply
Job Search Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Assist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**INCOME**

Do you receive any other income other than your FITAP benefits?

☐ No

☐ Yes

Do any of your children receive any other income that can be used to support your family?

☐ No

☐ Yes

*If Respondent says YES to either question, please answer the following questions.*

*If NO, go to ARROW on this page.*

Please tell us if you receive the following kinds of income and how much.

SOURCE	HOW MUCH	HOW OFTEN
Social Security	_____	_____
Supplemental Security Income (SSI)	_____	_____
Wages from Work	_____	_____
Child Support	_____	_____
Other (specify)	_____	_____

Are you currently receiving Food Stamps?

☐ No

☐ Yes\*

\*If YES, note amount of Food Stamps received each month by respondent:

\$ \_\_\_\_\_

*During the past 3 months, have any of the following happened to you or someone in your household?*

We went without food for a day or more because there wasn't any money.

☐ No

☐ Yes

We had to go to a food bank or a soup kitchen.

☐ No

☐ Yes

We had to skip meals or eat less because there wasn't enough money.

☐ No

☐ Yes

## HEALTH AND MEDICAL CONCERNS

Did YOU need any of the following services in the past year?

	Did Not Need	Needed but Did Not Receive	Needed and Received Services
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When YOU need the following services, what is your primary method for paying for them?

	Public Insurance (Medicaid/Medicare)	Private Insurance	Out-of-Pocket (Self/Family pay)	Indigent Care (Charity system)
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did ANY of your CHILDREN need the following services in the past year?

	Did Not Need	Needed but Did Not Receive	Needed and Received Services
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When your CHILDREN need these services, what is your primary method for paying for them?

	Public Insurance (Medicaid/Medicare)	Private Insurance	Out-of-Pocket (Self/Family Pay)	Indigent Care (Charity system)
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you make co-payments for any medical service in the past 3 months?

☐ No

☐ Yes

**If YES, answer the following question. If NO, go to the next page.**

What is the average amount you spend each month on medical co-payments?

\$ \_\_\_\_\_

**HEALTH, continued**

Would you say that in general your health is:

- ☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? \_\_\_\_\_

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? \_\_\_\_\_

During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation? \_\_\_\_\_

*The next questions are about limitations you may have in your daily life.*

Are YOU limited in any way in any activity because of any impairment or health problem?

- ☐ No      ☐ Yes

***If YES, answer the following questions. If NO, go to NEXT PAGE***

What is the MAJOR impairment or health problem that limits YOUR activities? (Choose ONE only)

- |   |  |   |  |
|---|--|---|--|
| <input type="radio"/> Arthritis/rheumatism            | <input type="radio"/> Walking problem        | <input type="radio"/> Heart problem                       | <input type="radio"/> Cancer                                   |
| <input type="radio"/> Back/Neck problem               | <input type="radio"/> Lung/Breathing problem | <input type="radio"/> Stroke problem                      | <input type="radio"/> Depression/anxiety/<br>Emotional problem |
| <input type="radio"/> Fractures,<br>bone/joint injury | <input type="radio"/> Hearing problem        | <input type="radio"/> Hypertension/high<br>blood pressure |  |
| <input type="radio"/> Diabetes                        | <input type="radio"/> Eye/vision problem     |   |  |
|   | <input type="radio"/> Other problem*         |   |  |

\*Please specify other problem: \_\_\_\_\_

For how many YEARS have your activities been limited because of your major impairment or health problem? \_\_\_\_\_

Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- ☐ No      ☐ Yes

Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?

- ☐ No      ☐ Yes

**HEALTH, continued****Ask ALL Respondents:**

Do you have a CHILD who is limited in any way in any activities because of any impairment or health problem?

☐ No

☐ Yes

**If YES, answer the following question. If NO, go to ARROW after next question.**

What is the MAJOR impairment or health problem that limits your CHILD'S activities?

- |   |  |  |  |
|---|--|--|--|
| <input type="radio"/> Arthritis/Rheumatism          | <input type="radio"/> Walking Problem        | <input type="radio"/> Heart Problem                    | <input type="radio"/> Cancer                               |
| <input type="radio"/> Back/Neck Problem             | <input type="radio"/> Lung/Breathing Problem | <input type="radio"/> Stroke Problem                   | <input type="radio"/> Depression/Anxiety Emotional Problem |
| <input type="radio"/> Fractures, Bone/ Joint Injury | <input type="radio"/> Hearing Problem        | <input type="radio"/> Hypertension/High Blood Pressure | <input type="radio"/> Learning Disability                  |
| <input type="radio"/> Diabetes                      | <input type="radio"/> Eye/Vision Problem     |  |  |
| <input type="radio"/> Other Problem*                | *Please specify other problem: _____         |  |  |

**Ask ALL Respondents:**

Is there anyone else living with you who has a health problem that requires your daily assistance?

☐ No

☐ Yes

During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation? \_\_\_\_\_

During the past 30 days, how many days have you felt SAD, BLUE or DEPRESSED? \_\_\_\_\_

During the past 30 days, how many days have you felt WORRIED, TENSE or ANXIOUS? \_\_\_\_\_

During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP? \_\_\_\_\_

During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY? \_\_\_\_\_

Was there a time in the past 3 months that you could not afford medical care or medication that YOU needed?

☐ No

☐ Yes

Was there a time in the past 3 months that you could not afford medical care or medication that your CHILD needed?

☐ No

☐ Yes

**HEALTH, continued**

Now I'd like to read you a list of services some people get. I'd like you to tell me if you get the service, stopped getting it, or have applied for this service in the past 6 months.

	I get this	I stopped getting this	I applied, but was turned down	I applied and am waiting to hear	Never received/ Never applied
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LaCHIP – Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GO TO NEXT PAGE**

**VIOLENCE**

Has anyone in the welfare office ever told you about the Family Violence Option – the option of being exempted from strict time limits and work requirements if you were a victim of domestic violence?

☐ No

☐ Yes

*If YES, please answer following 2 questions. If NO, go to ARROW on this page.*

If YES, were you notified: (Choose ONE only)

☐ Verbally

☐ In writing

☐ Both verbally and in writing

At what point in the process were you informed of your option to be temporarily exempted from work requirements and time limits if you faced domestic violence? (Check ALL that apply)

☐ When I initially applied for welfare benefits

☐ At the beginning of job training or work placement

☐ When I applied for re-certification

☐ Other\*

\*Please specify other time: \_\_\_\_\_

Has anyone in the welfare office asked you if you had experienced domestic violence when you applied for welfare benefits?

☐ No

☐ Yes

Have you ever been pushed, shoved, hit, slapped, kicked or otherwise physically hurt by another person?

☐ No

☐ Yes

*If YES, answer the following questions which continue on the next page. If NO, go to ARROW on NEXT PAGE to section titled "HARASSMENT".*

Did this happen in the last 12 months?

☐ No

☐ Yes

How many times did this happen in the last 12 months?

\_\_\_\_\_ # of times

*If the respondent has been hurt more than once, the questions on this page refer to the MOST RECENT time this happened.*

The last time this happened, did this involve: (Choose ONE only)

☐ A stranger

☐ A boyfriend or girlfriend

☐ A relative\*

☐ A spouse

☐ A former boyfriend/girlfriend

☐ More than one person

☐ A former spouse

☐ A friend

☐ Other\*

\*For "Relative" or "Other", please specify relationship: \_\_\_\_\_

**VIOLENCE, continued**

Was this person: ☐ Male ☐ Female

Did this involve being threatened with a knife, gun or other weapon? ☐ No ☐ Yes

Was this reported to the police? ☐ No ☐ Yes

Did you have a physical injury as a result of this? ☐ No ☐ Yes

Did you have stress from this incident that kept you from going to work or conducting your regular activities for more than one month? ☐ No ☐ Yes

Did you see a doctor or nurse because of this? ☐ No ☐ Yes

Following the assault, did you tell anyone about it? ☐ No ☐ Yes

If YES, who was told? (Check ALL that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Doctor, nurse, health prof. | <input type="checkbox"/> Counselor (psych, sw)    | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Parent, sibling, other rel. | <input type="checkbox"/> Religious advisor        | <input type="checkbox"/> Battered women's program/<br>Hotline/crisis center |
| <input type="checkbox"/> Spouse or partner           | <input type="checkbox"/> Teacher/school personnel | <input type="checkbox"/> Other person                                       |

**HARASSMENT**

Ask ALL Respondents:

Have you ever been violently harassed, stalked or threatened with violence for more than one month by someone who would not leave you alone?

☐ No ☐ Yes

If YES, answer the following questions. If NO, go to ARROW on NEXT PAGE.

Did this happen in the last 12 months? ☐ No ☐ Yes

The following questions refer to the MOST RECENT time this happened.

How serious would you say this harassment was? Would you say it was: (Choose ONE only)

- |   |   |
|---|---|
| <input type="radio"/> Nothing to be concerned about | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> Annoying                      |   |
| <input type="radio"/> Somewhat dangerous            |   |
| <input type="radio"/> Life threatening              |   |

**VIOLENCE & HARASSMENT, continued**

Was the main person doing this to you: (Choose ONE only)

- ☐ A stranger                      ☐ A boyfriend or girlfriend                      ☐ A relative\*  
☐ A spouse                      ☐ A former boyfriend or girlfriend                      ☐ More than one person  
☐ A former spouse                      ☐ A friend                      ☐ Other\*

\*For "Relative" or "Other", please specify relationship: \_\_\_\_\_

Was this person:

☐ Male☐ Female

Did this involve being threatened with a knife, gun or other weapon?

☐ No☐ Yes

What measures have you taken to stop this harassment? (Check ALL that apply)

- ☐ None                      ☐ Moved your home                      ☐ Bought a gun  
☐ Called police                      ☐ Changed your usual behavior                      ☐ Other\*

\*Please specify other measure: \_\_\_\_\_

Has this harassment: (Check ALL that apply)

- ☐ Prevented you from finding work                      ☐ Prevented you from going to school  
☐ Prevented you from going to work                      ☐ Caused you to lose your job  
☐ Other – Please specify: \_\_\_\_\_

**Ask ALL Respondents who said "yes" to either being physically hurt or harassed the following questions. If NO to BOTH questions, go to NEXT PAGE.**

Did you notify the welfare department of the situation(s) you experienced?

☐ No☐ Yes

If NO, please state reason for not informing welfare department: \_\_\_\_\_

**If YES, please answer following 3 questions.**

If YES, were you offered an exemption from welfare rules?

☐ No☐ Yes

Were you required to provide independent verification of the harassment to the welfare agency?

☐ No☐ Yes

Were you referred by the welfare department to any other services to assist you?

☐ No☐ Yes



**CHILDREN**

Do you have any children 12 years and younger in your household?

☐ No☐ Yes***If YES, answer following questions. If NO, go to ARROW on NEXT PAGE.***

In the past year, did you use any of the following types of child care services? (Check ALL that apply)

☐ Care provided by a family member or relative☐ Used OUT OF HOME care provided by a NON-relative☐ Did not use any child care services***If Respondent used OUT OF HOME care, ask the following, otherwise go to NEXT PAGE:***

Which of the following types of OUT OF HOME child care services did you use?

Public child care, such as Head Start

☐ No☐ Yes

Private child care center

☐ No☐ Yes

Child care in another person's home

☐ No☐ Yes

Before school care

☐ No☐ Yes

After school care

☐ No☐ Yes***The following questions seek your opinion about your OUT OF HOME child care providers.***

Has there been a high level of turnover among staff at the child care provider you use?

☐ No☐ Yes

Does your child care provider have enough experience working with children?

☐ No☐ Yes

Are you satisfied with how your child is cared for by your child care provider?

☐ No☐ Yes

What do you like the most about how your child is cared for? \_\_\_\_\_

What do you like the least about how your child is cared for? \_\_\_\_\_

**CHILDREN, continued**

How many hours per week on average are your children cared for by other family members or in out of home care? \_\_\_\_\_

Please tell us whether you needed the following child care services in the past year:

	Did Not Need Service	Needed and Received Service	Needed, but did NOT receive service
Before school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care for evening/night shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care for weekend shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care for a disabled child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care for child under 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What changes would have to occur in your child care arrangements before you could work fulltime? \_\_\_\_\_

**CHILDREN'S EDUCATION**

Are there any children 5 years and older in your household?

☐ No

☐ Yes

**If NO, go to NEXT PAGE. If YES, answer following questions, where "children" refers to children who are listed on the "HOUSEHOLD" page of the survey.**

How many of your children participated in extracurricular activities in the past school year? \_\_\_\_\_

How many of your children received honors or awards in the past school year? \_\_\_\_\_

How many of your children missed more than 15 days of school in the past year? \_\_\_\_\_

How many of your children were suspended from school in the past school year? \_\_\_\_\_

How many of your children were expelled in the past school year? \_\_\_\_\_

**CHILDREN'S EXPOSURE TO VIOLENCE**

Have any of your children personally witnessed an act of violence (fight, shooting, stabbing, killing) at home in the past 12 months?

☐ No☐ Yes

Have any of your children personally witnessed an act of violence (fight, shooting, stabbing, killing) at school in the past 12 months?

☐ No☐ Yes

Have any of your children personally witnessed an act of violence (fight, shooting, stabbing, killing) in your neighborhood in the past 12 months?

☐ No☐ Yes

**GO TO NEXT PAGE**

**HOUSING**

Are you currently:

☐ Living rent free☐ Buying your own home☐ Renting☐ Own your own home

What is your monthly cost for housing (rent/mortgage payment)?

\$ \_\_\_\_\_

*Please tell us if any of the following circumstances have happened to you or your family in the past 3 months?*

Has your rent increased?

☐ No☐ Yes

Were you unable to pay your rent in the past 3 months?

☐ No☐ Yes

Did you have to move because you couldn't pay the rent?

☐ No☐ Yes

Did you let someone else move in to help pay expenses?

☐ No☐ Yes

Did you have to move in with someone else to pay expenses?

☐ No☐ Yes

Did your child(ren) have to change schools because you moved?

☐ No☐ Yes

Did your child(ren) have to spend time living away from you?

☐ No☐ Yes

Did your child(ren) have to spend time in foster care?

☐ No☐ Yes

Did you have to spend time in a shelter?

☐ No☐ Yes

Did you have no housing or shelter at all?

☐ No☐ Yes

If YES, ask for how long \_\_\_\_\_

**UTILITIES**

What is your monthly cost for utilities (electricity/gas)?

\$ \_\_\_\_\_

What is your monthly cost for water?

\$ \_\_\_\_\_

**UTILITIES, continued**

In the past 3 months, have any of the following happened to you?		
Has your cost for utilities increased?	<input type="radio"/> No	<input type="radio"/> Yes
Has your cost for water increased?	<input type="radio"/> No	<input type="radio"/> Yes
Have you had your electricity cut off?	<input type="radio"/> No	<input type="radio"/> Yes
Have you had the phone cut off?	<input type="radio"/> No	<input type="radio"/> Yes

**TRANSPORTATION**

Do you or your family members own a reliable car?	<input type="radio"/> No	<input type="radio"/> Yes
IF YES, Can you use it anytime you want it?	<input type="radio"/> No	<input type="radio"/> Yes

What is your usual method to go to: (Check ONE only)

	Own Car	Public Transportation	Friends or Neighbors	Walk	Pay for Ride	Other
Work/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's daycare/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many minutes does it take you to get to your job/training program? \_\_\_\_\_

I would like to read you a list of services some people get. I'd like you to tell me if you get the service, stopped getting it, or have applied for this service in the past 6 months. (Check ONE per row only)

	I get this	I stopped getting this	I applied, but was turned down	I applied and am waiting to hear	Did Not Receive/ Did Not Apply
Public Housing/ Section 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income Tax Credit (EITC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FITAP INFORMATION**

In the past year, has your case manager provided you with services or referral to:

- |   |  |
|---|--|
| <input type="checkbox"/> Job search               | <input type="checkbox"/> Domestic violence                   |
| <input type="checkbox"/> Job counseling/readiness | <input type="checkbox"/> Alcohol or drug counseling/services |
| <input type="checkbox"/> Job training             | <input type="checkbox"/> Problems with children              |
| <input type="checkbox"/> Child care               | <input type="checkbox"/> Other*                              |
| <input type="checkbox"/> Transportation           | *Please specify: _____                                       |

Are you or any of your children currently receiving FITAP benefits?

- ☐ No ☐ Yes

**If YES, answer following questions. If NO, go to NEXT PAGE.**

How many children are in your FITAP budget group? \_\_\_\_\_

How many adults are in your FITAP budget group? \_\_\_\_\_

Are there any other FITAP budget groups in your household?

- ☐ No ☐ Yes If YES, how many other groups? \_\_\_\_\_

What is your monthly grant amount from FITAP? \$ \_\_\_\_\_

Have you been exempted from either the work requirements or the time limits for FITAP?

- ☐ No ☐ Yes

**If YES, please answer the following question. If NO, go to NEXT PAGE**

Please tell us the reason the department provided the exemption: (Check ONE only)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Disabled, or otherwise incapacitated  | <input type="radio"/> Lack child care for work            | <input type="radio"/> Substance Abuse   |
| <input type="radio"/> Looking for a job, but can't find one | <input type="radio"/> Lack transportation for work        | <input type="radio"/> Domestic Violence |
| <input type="radio"/> Lack education/skills for work        | <input type="radio"/> In an approved job training program | <input type="radio"/> Other*            |

\*If other, please specify reason: \_\_\_\_\_

**If NOT receiving FITAP benefits, ASK:**

What was the MAIN reason that you stopped receiving FITAP? (Choose only ONE)

- |   |   |
|---|---|
| <input type="checkbox"/> Received too much money from a job         | <input type="checkbox"/> You missed an appointment at the office        |
| <input type="checkbox"/> You/Your family received other income      | <input type="checkbox"/> Your child(ren) did not get immunized          |
| <input type="checkbox"/> You married and spouse's income now counts | <input type="checkbox"/> Your child(ren) didn't meet school requirement |
| <input type="checkbox"/> Your child(ren) no longer lives with you   | <input type="checkbox"/> You are NOT a U.S. citizen                     |
| <input type="checkbox"/> Your child(ren) turned 18                  | <input type="checkbox"/> You couldn't do both work and school           |
| <input type="checkbox"/> You hit the 24 month time limit            | <input type="checkbox"/> You don't know why you were cut off            |
| <input type="checkbox"/> You did not meet work requirements         | <input type="checkbox"/> Welfare office made a mistake                  |
| <input type="checkbox"/> You did not help get child support         |   |
| <input type="checkbox"/> You didn't bring in requested paperwork    | <input type="checkbox"/> Other reason*                                  |

\*Please specify OTHER reason: \_\_\_\_\_

←—————→  
**Ask ALL respondents**

How helpful is your current case manager or the welfare system in helping you with any personal problems that may stop you from becoming self-sufficient?

- ☐ Very Helpful    ☐ Helpful    ☐ Uncertain/Neutral    ☐ Not Helpful    ☐ Very Unhelpful

Compared to last year, do you feel that you and your family are:

- ☐ Better off    ☐ About the same    ☐ Worse off

What problems do you think that you will have to deal with in order to get off welfare?

\_\_\_\_\_

## ALCOHOL/DRUG USE

The next 5 questions deal with the issue of alcohol and drug use in your family.

Please tell us about problems you might have had in the past year with alcohol:

Have you consumed at least 5 drinks at any one time at least once a month in the past year?

☐ No

☐ Yes

***If YES, answer the following question. If NO, go to next question.***

Have you had any of these alcohol related problems? (Check ALL that apply)

☐ Built up a tolerance (needed more with less effect)

☐ Spend lots of time trying to get alcohol

☐ Withdrawal (problems when stopping use)

☐ Give up work, fun or social events to drink

☐ Drink larger amounts over a longer time

☐ Drink even knowing it is a problem for you

☐ Want to cut back, but not successful

Please tell us about problems you might have had in the past year with other drugs:

Have you used one of the following drugs at least once a week in the past year? (Cocaine, crack, speed, crank, sedatives, heroin, opiates, marijuana, psychedelics, etc.)

☐ No

☐ Yes

***If YES, answer the following question. If NO, go to next question.***

Have you had any of these problems in the past year as a result of drug use:

☐ Built up tolerance (needed more with less effect)

☐ Spend lots of time trying to get drug

☐ Withdrawal (problems when stopping use)

☐ Give up work, fun, social events to be high

☐ Take larger amounts over a longer time

☐ Use even knowing it is a problem for you

Does someone in your household have an alcohol or other drug problem?

☐ No

☐ Yes

If YES, please specify who: \_\_\_\_\_

***THANK YOU for participating in this survey. You will receive a gift certificate for \$25 to Wal-Mart within the next few weeks.***



## **APPENDIX B: INSTITUTIONAL REVIEW BOARD MATERIALS**



Institutional Review Board  
117-B David Boyd Hall  
Louisiana State University and A&M College  
Baton Rouge LA 70803

(225) 388-8692  
Message -1492  
FAX: 388-6792  
cgraham@lsu.edu

cc Dr. Miller

# INSTITUTIONAL REVIEW BOARD

MPA# M1128

Corrected  
2/1/2000  
CES

## ACTION ON PROTOCOL APPROVAL REQUEST

**TO:** Dr. K. Millar, cc Taryn Lindhorst  
Social Work

**FROM:** Charles E. Graham, PhD  
Interim Chair, Institutional Review Board for Research with Human Subjects

**RE:** IRB# 2159

**TITLE:** Assessing the impact of new welfare policies on the ability of women experiencing domestic violence to successfully leave welfare.

New Protocol/Modification: N

Review type: Full X Expedited     

Review date: 2/11/2000 2001 CES

Approved X Disapproved     

Approval Date: 2/11/2000 Approval Expiration Date: 2/10/2000 2001 CES

Re-review frequency: (annual unless otherwise stated)     

Number of subjects approved: 10

By: Charles E. Graham, PhD, DSc

**PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING** – Continuing approval is **CONDITIONAL** on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects\*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. **SPECIAL NOTE:**

\*All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at <http://www.osr.lsu.edu/osr/comply.html>



Office of  
Grants and Sponsored Research

## Southern University at New Orleans

6400 Press Drive  
New Orleans, LA 70126  
(504) 286-5237

November 24, 1999

Office of the Vice Chancellor for Research  
240 Thomas Boyd Hall  
Louisiana State University  
Baton Rouge, LA. 70803

Attn.: Institutional Review Board

RE: Welfare Reform Research Project; Evaluation of TANF Reforms in Louisiana

Dear Sir:

This is to confirm that Southern University at New Orleans' Institutional Review Committee has reviewed the above referenced project for the School of Social Work to conduct research pursuant to a contract with the Louisiana Department of Social Services. Accordingly, permission is granted for Ms. Lindhorst, the project coordinator, to perform quantitative and qualitative analysis of data resulting therefrom.

If you have any questions or require additional information please feel free to call me at (504) 286-5237.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sheila Williams", is written over a horizontal line.

Sheila Williams,  
Interim Director, Office of Grants and Sponsored Research

"An Equal Educational Opportunity"

## WELFARE REFORM RESEARCH PROJECT

Southern University at New Orleans

School of Social Work

6400 Press Drive, New Orleans, LA 70126 ♦ 504-286-5376 ♦ Fax: 504-286-5387

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October 8, 1999

Institutional Review Board  
Louisiana State University  
Baton Rouge, Louisiana 70803

To whom it may concern:

This letter is to confirm that Ms. Taryn Lindhorst has received my approval to complete a secondary data analysis on information collected for the research project "Investigating the Impact of Welfare Reform on Louisiana Families". Ms. Lindhorst will be analyzing data that has already been collected to determine the impact of domestic violence on self-sufficiency.

Ms. Lindhorst has also received my permission to perform qualitative interviews with a small number of participants in the research project in order to further investigate this topic.

If you need any further information, please contact me at 504-286-5082, or via email at [ronml450@msn.com](mailto:ronml450@msn.com). Thank you.

Sincerely,



Dr. Ronald J. Mancoske  
Principal Investigator

RJM:hal



M.J. "MIKE" FOSTER, JR.  
GOVERNOR

State of Louisiana  
Department of Social Services  
OFFICE OF FAMILY SUPPORT  
DIVISION OF FINANCIAL ASSISTANCE  
P.O. BOX 94065-PHONE-225/342-4273  
755 THIRD STREET  
BATON ROUGE, LOUISIANA 70804-4065

Gwendolyn P. Hamilton  
SECRETARY

October 14, 1999

Ronald J. Mancoske  
Southern University of New Orleans  
School of Social Work  
6400 Press Drive  
New Orleans, LA 70126

Dear Mr. Mancoske:

This correspondence is to confirm that SUNO is authorized to allow students to do secondary data analysis on the welfare reform projects which have been funded by the Louisiana Department of Social Services. All students or employees of SUNO, or other institutions participating in these projects, whom are given access to the data or recipient information must sign a statement that they will abide by the confidentiality requirements that apply to our contract. Any reports or studies which are generated must not contain any recipient identifying information. If recipients are contacted they must be informed that their cooperation or participation is entirely voluntary.

Finally, if there are any papers or reports which result from the use of this data are submitted for publication we would like to review prior to publication. We are interested in seeing all papers or research which is done using this data.

If there are any questions or additional information is required please call me at 225/342-6088.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donald J. Moore".

Donald J. Moore  
Director - Division of Financial Assistance

DJM:drb

Attachment

"AN EQUAL OPPORTUNITY EMPLOYER"

**WELFARE REFORM RESEARCH PROJECT**  
 Southern University at New Orleans ♦ School of Social Work  
 6400 Press Drive, New Orleans, LA 70126 ♦ 504-286-5376 ♦ Fax: 504-286-5387

---

## **Informed Consent for Qualitative Interview – 2000**

1. **Study Title:** Assessing the Impact of New Welfare Policies on the Ability of Women Experiencing Domestic Violence to Successfully Leave Welfare
  
2. **Performance Sites:** Southern University at New Orleans, other location as determined by the subject. Welfare Reform Research Project is operating in seven parishes: Orleans, Jefferson, St. Bernard, Washington, Tangipahoa, St. Landry and Evangeline
  
3. **Investigator:** Taryn Lindhorst, ABD, BCSW  
 Phone: 504-286-5376 (Southern University at New Orleans) between the hours of 9:00 a.m. - 4:30 p.m. This phone number is provided to respondents if you have questions about the study, or if you need further assistance during work hours.
  
4. **Purpose of the study:** The purpose of this study is to learn about some of the problems facing women who have in the recent past, or who are currently receiving welfare payments. This study will be investigating the effects of domestic violence on a woman's ability to successfully leave welfare.
  
5. **Subjects: Inclusion criteria:** To be included, a study participant must have participated in the two previous surveys completed by the Welfare Reform Research Project, and have indicated during one of these interviews that she had experienced domestic violence.
  
6. **Number of subjects:** 10 people will be chosen to participate in this study.
  
7. **Study Procedures:** Each participant will be asked to participate in a face to face interview with two researchers at a location agreed upon by the participant and the researchers. The interview will be audiotaped with permission of the participant. The interview will take approximately an hour to an hour and a half. Participants will be asked questions about their work experiences, about their experience with the welfare department, and about resources they have used such as community services, or help from their family. Participants will also be asked about their experiences as a single mother and about the effect their experience of domestic violence has had on their mental health and their ability to go to work.
  
8. **Benefits:** Participants in this study will be provided with resource information about domestic violence, and an opportunity to develop a safety plan, if needed. By participating in the study, the needs of women who are on welfare and experiencing domestic violence can be documented. This information may help to improve the delivery of services to other women receiving welfare payments.
  
9. **Risks/Discomforts:** Some of the questions asked in the interview are of a personal nature and may create emotional distress. It is also possible that if a participant still has contact with the

person who abused her, that participating in this study may create a potential for violence from the abuser. To address these risks, the interviewers will discuss with participants any possible consequences of participating in this study, and will provide information on resources that could be helpful to victims of violence.

**10. Right to refuse:** Participation in this study is voluntary. At any point in the interview, a participant can decide not to continue the interview and can withdraw from the study without any penalty. Participation or non-participation in this study will have no effect on the participant's welfare benefits, or any other benefit to which she may be entitled.

**11. Privacy:** Data from this study is confidential and will be kept confidential unless release is legally compelled. No identifying information about any participant will be included in any report. Although direct quotes from participants may be used in a written report, no information will be given that could allow others to identify the participant, and a pseudonym (false name) will be used when referring to the participant.

**12. Financial Information:** Participants will have no costs associated with participation in the study. Transportation costs to the university will be paid by the researcher. In order to compensate participants for the time required to complete the interview, a small cash payment of \$50.00 will be given at the end of the interview.

**Signatures:** "This study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigator. If I have questions about subjects' rights or other concerns, I can contact Charles E. Graham, Chair, LSU Institutional Review Board, (225) 388-1492. I agree to participate in this study described above and acknowledge the researcher's obligation to provide me with a copy of this consent form if signed by me.

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

**Reader Statement:** The study subject has indicated to me that he/she is unable to read. I certify that I have read this consent form to the subject and explained that by completing the signature line above, the subject has agreed to participate.

\_\_\_\_\_  
*Signature of Reader*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Interviewer*

\_\_\_\_\_  
*Date*

### **Consent to Audiotaping and Transcription**

#### **Study: Assessing the Impact of New Welfare Policies on the Ability of Women Experiencing Domestic Violence to Successfully Leave Welfare**

I understand that this study involves the audiotaping of my interview with the researcher. I understand that the tapes will be transcribed by the researcher.

Neither my name or any other identifying information will be associated with the audiotape or the transcript. Only the researcher or her assistant will be permitted to listen to the tapes. Transcripts of my interview may be reproduced in whole or in part for use in presentations or written products that my result from this study. Neither my name nor any other identifying information will be used in presentations or in written products resulting from the study.

The principal investigator for this study is Taryn Lindhorst, MSW, LCSW. I can be reached through the SUNO School of Social Work, Southern University at New Orleans, New Orleans, Louisiana 70126. The phone number is (504) 286-5376.

Please check one of each pair of options.

\_\_\_ I consent to have my interview taped.  
\_\_\_ I do not consent to have my interview taped.

---

\_\_\_ I consent to have my taped interview transcribed into written form.  
\_\_\_ I do not consent to have my taped interview transcribed.

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\_\_\_ I consent to the use of the written transcription or audiotape in presentations and written products resulting from the study, provided that neither my name nor other identifying information will be associated with the presentation of this information.

\_\_\_ I do not consent to the use of my written transcription or audiotape in presentations or written products resulting from this study.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby agree to abide by the participant's above instructions.

**Investigator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **APPENDIX C: FINAL QUALITATIVE INTERVIEW GUIDE**

## **Revised Qualitative Interview Guide**

### **Introduction**

Tell us a little about you and your family  
(Age, education level, children, work history)

### **Welfare Application Process**

How long have you been receiving welfare benefits?

Prompt – Ask next questions about the most recent time they applied, if they have applied more than once. Have they been on steadily, or on and off?

What was happening in your life at the time that influenced your decision (made you decide) to apply for welfare?

Prompt – Was there anyone who encouraged you to apply?

Prompt – Was there anyone who discouraged you from applying?

What would I have seen if I saw you when you first went to apply for welfare?

What things have been barriers to you getting a job?

What things have helped you be employed?

What did it mean for you to apply for welfare?

### **Domestic Violence**

You told the previous interviewer that you experienced physical violence or threatening behavior from a boyfriend or spouse. Can you tell me if you are having that experience now? Would you describe an episode related to the abuse?

How long was the relationship?

Has the abuse had any influence on your decision to apply for welfare? Did you notice any times the violence got worse or got better around the time you got your welfare check or money from work?

Were there times when you were worried about the safety of your kids?

How do you think the abuse has affected you?

Has the violence the abuse affected your ability to work or go to school?

Prompt – How do you think it has affected you?

Did the person who abused you ever try and stop you from working or going to school?

Prompt – What would he do that would stop you?

**What have you done to try and stop or decrease the abuse? How would you rate the success of these actions?**

### **Formal Supports**

**What is it like going to the welfare office for you? Do they help you? How?**

**The new welfare reform laws require that you go to work immediately and that you stop receiving welfare benefits after 2 years. How do you see these rules affecting you?**

**Have you told the welfare office about the abuse? Do you know about the Family Violence Option?**

**Prompt – If yes, what was their response?**

**Prompt – If no, what stopped you from telling them?**

**Have you gone to any other agencies for help?**

**What opportunities did they tell you about? Which ones did you try?**

### **Informal Supports**

**With all that is happening, how do you manage/cope?**

**What kinds of support do you get from your friends and family?**

### **Conclusion**

**What do you consider to be your strengths? Your children's strengths?**

**What do you consider the areas where you need help? Areas where your children need help?**

**How can things be better for you?**

**How has this changed your life?**

**If you were going to give advice to another woman like yourself, what would you tell her?**

**If the governor were to ask you what Louisiana could do to help single mothers, what advice would you give him?**

**Do you have anything else you would like to tell us about how you see the issue of domestic violence affecting women who receive welfare payments?**

## VITA

Ms. Lindhorst graduated with her master of social work degree in 1988 from Southern University at New Orleans (SUNO). She spent the next ten years working in the public health system in Louisiana as a hospice social worker, and as the manager of social services at the HIV Outpatient Program of the Medical Center of Louisiana at New Orleans. After returning to LSU to obtain her doctorate in social work, Ms. Lindhorst was employed by the Welfare Reform Research Project at SUNO to direct the activities of a three year multi-method evaluation of welfare reform in Louisiana. As a result of her interest in domestic violence, she became a core member of a three university consortium in New Orleans which has developed campus-based violence prevention programs and advocacy services for students who are victims of violence. Her scholarship and practice are devoted to enhancing the lives of women, people of color, and gay men and lesbians through research in action. She will be awarded the degree of Doctor of Philosophy in the spring commencement at Louisiana State University.

She lives her life fully and has many interests outside of her career, including relaxing with her partner and dog, quilting, camping and cooking. Her lifework is the effort to build a just society founded on principles of kindness and compassion. This might take more than one lifetime.

DOCTORAL EXAMINATION AND DISSERTATION REPORT

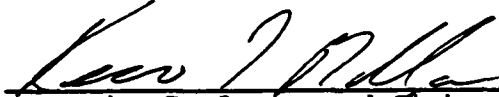
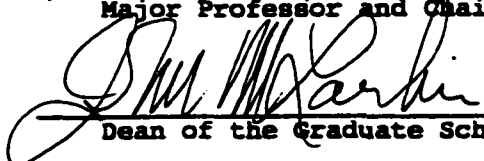
**Candidate:** Taryn Lindhorst

**Major Field:** Social Work

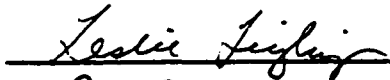
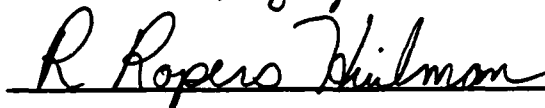



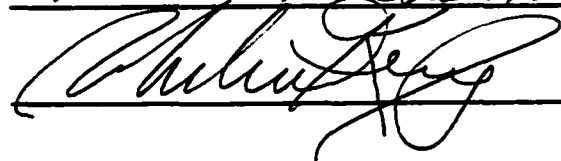
**Title of Dissertation:**

The Effect of Domestic Violence on Welfare Use, Employment and Mental Health: A Quantitative and Qualitative Analysis

**Approved:**

  
Major Professor and Chairman  
  
Dean of the Graduate School

**EXAMINING COMMITTEE:**

**Date of Examination:**

03/05/2001

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