

Department of Social and Health Services

One out of every three people in Washington State uses services provided by the state's Department of Social and Health Services (DSHS).¹ Because it is the primary source of financial assistance in Washington State, Domestic Violence Fatality Review (DVFR) panels have consistently identified DSHS as a critical point of intervention for domestic violence victims and their children.² Although the DVFR does not always have access to data on whether victims in reviewed cases sought assistance from DSHS, this information is sometimes included in public records or as part of a homicide investigation. Records available to review panels made clear that 55% (n = 6) of victims in recently reviewed cases received services from DSHS programs, including public assistance benefits, Division of Child Support (DCS) services, and Child Protective Services (CPS).

One in three people in Washington uses DSHS services.

FINDING

Many victims seek public assistance benefits from the state's Department of Social and Health Services, making DSHS a critical point of intervention.

Our in-depth reviews over the past two years indicated that at least five of the eleven victims (45%) received benefits through DSHS.³ The programs they accessed included medical assistance, Temporary Aid to Needy Families (TANF), Basic Food Program, housing assistance, and Supplemental Security Income (SSI). DSHS policy directs workers to screen WorkFirst participants (Washington State's TANF program) for domestic violence.⁴ However, other DSHS programs do not routinely screen for domestic violence or provide people receiving their services with information about domestic violence resources. Review panels discussing these cases identified this as a missed opportunity to provide critical information to victims who may not otherwise receive it.

RECOMMENDATIONS

- ▶ DSHS should routinely provide information about local domestic violence resources to all individuals accessing public benefit programs.⁵
- ▶ DSHS should expand its current partnerships with locally contracted domestic violence programs to place domestic violence advocates in all Community Service Offices (CSOs), including branch offices, to provide information, advocacy, and support to all victims accessing public benefits.

1 *DSHS Client Use Rates by County, July 2005–June 2006*, DSHS Research and Data Analysis Division (January 2008), www.dshs.wa.gov/rda/research/clientdata/2006/default.shtm.

2 See *If I Had One More Day* (2006), p. 58–60; and *Every Life Lost Is a Call for Change* (2004), p. 55–60, available at www.wscadv.org.

3 National research indicates that 50–60% of welfare recipients have experienced domestic violence. Richard Tolman and Jody Raphael, "A Review of Research on Welfare and Domestic Violence," *Journal of Social Issues* 56, no. 4 (2000), p. 655–682.

4 For a discussion of the gaps in implementation of this policy, as well as recommendations for improving implementation, see *If I Had One More Day* (2006) p. 58–60; and *Every Life Lost Is a Call for Change* (2004), p. 56–58.

5 One example of how to achieve this is the Division of Child Support's current practice of sending annual mailers to clients with information about domestic violence resources.

- ▶ DSHS should develop a system to measure CSO accountability regarding screening of WorkFirst program participants that emphasizes workers' responsibility to screen rather than victims' responsibility to disclose, and includes specific target ranges for the percentage of participants who will be identified as domestic violence victims and offered exemptions from some WorkFirst program requirements.
- ▶ Due to the prevalence of domestic violence and the many barriers that exist to disclosing abuse, DSHS should require all of its offices and programs to have domestic violence information (e.g., brochures from the local domestic violence program) consistently available in areas where individuals can help themselves to the information, such as in restrooms, in the front office waiting area, and on the desks of all case managers and social workers.

FINDING

Efforts to collect child support from abusive fathers can motivate abusers to re-engage with victims and potentially escalate the abuse.

Three of the five victims in reviewed cases who accessed DSHS benefits were also clients of DSHS's Division of Child Support. In one additional reviewed case, the abuser's previous partner cut all ties with him when they divorced, went into hiding from him, and did not try to get child support out of fear for her safety.

In one reviewed case, the victim received financial assistance through TANF. In order to receive her cash grant, she was required to sign a Public Assistance Assignment. This document assigned child support rights to DSHS and authorized DCS to enforce and collect her child support payments from the abuser. This is consistent with federal regulations dictating that people who apply for TANF or medical assistance will automatically be required to cooperate with child support services unless they have good cause not to do so. Experts reviewing this case noted that many people accessing public assistance are unaware that receiving some types of public benefits will trigger the collection of child support from the other parent. This can be critical for domestic violence victims, since pursuing child support may motivate an abuser to re-engage the victim or to escalate the violence.

Victims receiving public assistance can apply for good cause for non-cooperation with child support collection if they believe receiving child support services would put them or their children in danger.⁶ DSHS reviews all good cause claims and determines whether they will grant or deny good cause and to what extent.⁷ Review panels discussed how victims can learn about the good cause option. Each DSHS call center and CSO has its own process for asking all clients required to cooperate with efforts to collect child support whether doing so will pose any danger to them or their children. However, no statewide mechanism exists to ensure that this is being done routinely and consistently. DCS recently added information for domestic violence victims about child support collection and the good cause option to the agency's website,⁸ providing a place for some victims to receive this information.

⁶ The "good cause" option has been in effect in Washington State since 1978.

⁷ There are two types of good cause response: Good Cause Level A, in which DCS closes the case without taking any further action; and Good Cause Level B, in which DCS continues to work on the case, but does not require the custodial parent to assist in any way and does not penalize her for failure to cooperate.

⁸ DCS worked collaboratively with the Washington State Coalition Against Domestic Violence to create this resource, available at www.dshs.wa.gov/dcs/services/domesticviolence.asp#A.

A recently reviewed case illustrates that gaps exist in ensuring that all victims are aware of the good cause option. The victim in this case (who survived a homicide attempt) was receiving financial assistance through DSHS. She informed the Fatality Review that DSHS never screened her for domestic violence and never informed her of the good cause option. She had divorced the abuser and fled with her children to escape the abuse. The abuser did not contact the victim or her children for several years. When she applied for public assistance through DSHS, DCS requested a support order from the child support agency in the abuser's home state. One month after being ordered to pay child support, he moved to Washington State and began stalking and threatening the victim and their children.

RECOMMENDATIONS

- ▶ The Division of Child Support and the Community Services Division of DSHS should evaluate their processes for informing participants of the good cause option for non-cooperation with child support collection. This evaluation should take place in collaboration with domestic violence advocates and statewide experts. Based on findings from this evaluation, DSHS should work to improve areas in which policy or practice falls short of consistent notification of the good cause option.
- ▶ DSHS should develop a mechanism for measuring how many people apply for, are granted, and are denied good cause for non-cooperation with child support collection. Evaluation measures should be specific to each region, CSO or call center, and caseworker.
- ▶ DSHS should connect all individuals who are denied good cause with an advocate from a community-based domestic violence program to help the victim anticipate and plan for the abuser's potential to re-engage contact or escalate violence when ordered to pay child support.

FINDING

Collaborative research between the Domestic Violence Fatality Review and the Division of Child Support can advance learning and improve DSHS's ability to meet the safety needs of domestic violence victims.

The 2004 Fatality Review report included the following recommendation: "DSHS should collaborate with the Washington State Coalition Against Domestic Violence (WSCADV) and other researchers to analyze how many domestic violence victims in domestic violence fatality cases had come into contact with DSHS services prior to the fatality, whether they were screened for domestic violence, what intervention they received, how such interventions affected their safety and how this group compares to the larger DSHS caseload."⁹

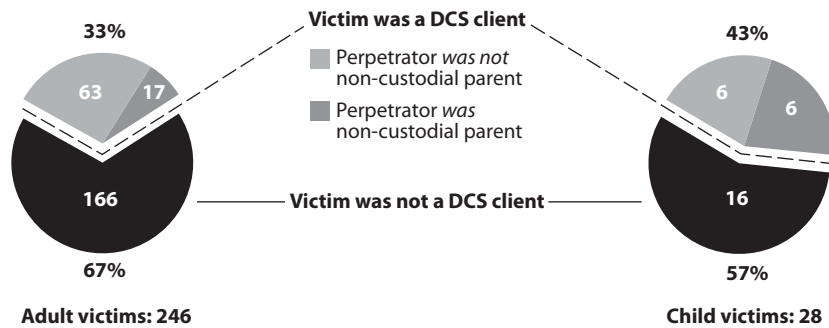
Since that time, DSHS's Division of Child Support collaborated with WSCADV to determine how many domestic violence victims and children killed by abusers in Washington State from January 1, 1997, through June 30, 2006, were DCS clients at any time prior to their deaths. During this time period, 246 adult domestic violence victims and 28 children were

⁹ *Every Life Lost Is a Call for Change* (2004), p. 60.

killed by domestic violence abusers in Washington State. The findings from this collaboration demonstrated that 33% (n=80) of domestic violence victims¹⁰ and 43% (n=12) of children killed by abusers were clients of DCS at some point prior to their murders. For 21% (n = 17) of adult victims and 50% (n = 6) of child victims who were DCS clients, the homicide perpetrator was the non-custodial parent from whom child support was being collected.

Percentage of domestic violence victims and children killed who were DCS clients

January 1, 1997–June 30, 2006



This data does not demonstrate any causal link between the collection of child support and the homicide. However, the percentage of homicide victims who were DCS clients indicates that DCS is a critical point of contact for many victims, and points to an important opportunity for information and referrals to be shared with all DCS clients. Additionally, knowledge about how victims connected with DCS would have important practice implications: via TANF, in which they have a caseworker whom they meet with at a CSO; via medical assistance, in which they have no caseworker and the point of contact is through a call center; or through non-assistance applications, meaning they are not accessing public benefits but have applied for child support collection on their own.¹¹

A deeper evaluation of cases in which DCS clients were killed by abusers—examining how many of the victims were screened for domestic violence, how many applied for good cause, how many were granted or denied good cause, and how many were connected to an advocate (either on-site or referred to the local domestic violence program)—would provide valuable information about the extent to which DSHS is or is not effectively addressing domestic violence and working to increase the safety of victims accessing DSHS services.

¹⁰ The total number of domestic violence victims killed by abusers analyzed in this data includes victims who did not have children. Therefore, the percentage of domestic violence victims with children that were involved with DCS is even higher. The DVFR's information about children is primarily collected through news accounts of fatalities, and the available data was not considered accurate enough to exclude victims from the data set who were not reported as having children.

¹¹ The fact that the homicide perpetrators were in most cases not the parent from whom child support was being collected has practice implications as well, highlighting the importance of screening for domestic violence in past as well as current relationships.

RECOMMENDATIONS

- ▶ The Community Services Division of DSHS should collaborate with DCS to conduct additional research and learn more about the domestic violence homicide victims identified as DCS clients. Additional research should identify whether victims were screened for domestic violence; how many of the victims applied for good cause; how many of the victims were either granted or denied good cause; and whether the victims received any referrals to domestic violence advocacy services.
- ▶ Other DSHS programs should follow DCS's lead and look at domestic violence fatality cases from an organizational learning perspective to see how many victims were clients.

FINDING**Many victims interact with Child Protective Services as a result of abusers' behavior.**

Of the eleven recently reviewed cases, six victims and abusers (55%) had children in common. An additional two victims had children from a previous relationship, and one additional abuser had a child from a previous relationship. The Fatality Review does not have access to Child Protective Services records, and so review panels were not always aware of whether CPS was involved with the families in reviewed cases. However, in four cases (67% of those in which the victim had a child in common with the abuser) it was clear that CPS received a report at some point regarding the child. These women's experiences reveal the complex challenges that victims face in trying to parent while coping with abuse, the barriers to finding safety for themselves and their children, and how poorly equipped the child welfare system is to support abused mothers in their efforts to protect their children.

In one reviewed case, the victim and the abuser were married and had two children together. A report to CPS was made when the victim was pregnant with their second child. The report concerned the abuser's use of drugs and concern for the safety of their older child. CPS determined that the case met the criteria for an alternative response, a home visit from a public health nurse. The nurse screened for domestic violence, but the victim did not disclose the abuse. It appeared that no one engaged the abuser, either to investigate the concerns about his behavior or to offer services. The victim received referrals to a range of services and was interested in parenting classes and child development information. The information available to the Fatality Review demonstrated that the victim struggled with her parenting throughout her relationship with the abuser. Her friends reported that she hit her children and was angry and impatient with them. She at one point expressed fear that she would hurt her children. While the victim in this case needed and wanted parenting support, any interventions to help her parenting could not be successful unless they also addressed the abuse she and her children were experiencing at the hands of her husband.

In another case, the abuser killed two family members of the victim and then went into hiding from police. While he was at large, CPS became involved with the victim and her children, due to concern that they were in lethal danger from the abuser. Immediately after the homicides, police took the children into protective custody. CPS then placed the children

in foster care. Before releasing the children to their mother, CPS workers required her to sign a safety plan taking responsibility for protecting her children and stating that she would not allow the children to have contact with the abuser or his family.

CPS recommended that the victim and her children move to a neighboring county, since they believed the abuser was still in the area and a threat to them. They stayed in a confidential shelter in the neighboring county for several weeks, but the victim was unable to find long-term housing. She and the children returned to their home county to live with family. The children were later returned to protective custody. While CPS made some efforts in this case to keep the victim and her children together, the resources the victim actually required to obtain safety and support far outstripped what CPS made available to her. She needed safe housing in a location unknown to the abuser and his family, quality mental health services to address the trauma she and her children had suffered, family and community support, and support to repair and strengthen her parenting relationship with her children. In contrast, CPS referred her to short-term emergency shelter, made her responsible for keeping the abuser and his family away from the children, and did not make efforts to ensure that she had safe and stable housing.

Many victims, particularly in immigrant communities, are extremely reluctant to involve CPS because of an intense fear of losing custody of their children. One reviewed case in particular illustrates this reluctance and how the victim's and her family's fear of losing custody of her children functioned as a deterrent to seeking protection from law enforcement. In this case, people in the family's church community noticed that one of the children had been injured by the abuser. Based on that incident, a church leader urged the victim to report the abuse and to separate from the abuser. The victim's family told DVFR staff they were afraid that CPS would become involved and remove the children from the family, and that this fear prevented them from reporting the abuse to law enforcement. After the abuser killed his wife and himself, a CPS worker met with the victim's family in an effort to facilitate placing the children with the family. The intention of the caseworker was to expedite the process of the victim's family gaining legal custody of the children and connecting the family with resources. However, the family was convinced even at that point that the worker's intention was to remove the children from the family. This overwhelming fear, dominant in people's perception of CPS to the point that they effectively cannot hear that the worker wishes to ensure their custody of the children, is not uncommon or unique to this family, and it indicates a challenge for CPS in terms of how it is perceived by the public.

All of these cases illustrate that attempts to protect domestic violence victims' children from abusers' violence must support victim safety and self-determination. Over the past ten years, the understanding that child safety is closely related to domestic violence victim safety has become accepted as central to child welfare best practices regarding domestic violence. For example, the U.S. Department of Health and Human Services publication "Child Protection in Families Experiencing Domestic Violence," notes this guiding principle in responding to domestic violence: "The safety of abused children often is linked to the safety of the adult victims. By helping victims of domestic violence secure protection, the well-being of the children also is enhanced."¹²

12 "Child Protection in Families Experiencing Domestic Violence," *Child Abuse and Neglect User Manual Series*, Office on Child Abuse and Neglect, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (2003), p. 35. Available at www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolence.pdf.

RECOMMENDATIONS

- ▶ CPS should adopt nationally recognized child welfare best practices regarding domestic violence, including:
 - Recognizing the connection between children’s safety and adult domestic violence victim safety and placing adult victim safety at the center of their response to cases that involve domestic violence;
 - Holding abusers responsible for the harms their abusive behaviors cause by making findings against them for child abuse and neglect, rather than placing responsibility on the adult victim of domestic violence to end the abuse; and
 - Recognizing the centrality of safe housing in responding to dangers posed to children by domestic violence and using discretionary funds to help domestic violence victims and their children find housing that is safe and affordable.
- ▶ DSHS Children’s Administration leadership should partner with domestic violence advocacy experts to develop a plan for the agency to more effectively address cases involving domestic violence, making use of the information available from other states that have pioneered this work and the resources developed as part of the national Greenbook Initiative.¹³
- ▶ CPS should engage in community outreach, with a particular focus on immigrant communities and communities of color, to inform the public about CPS protocols and to address people’s fears of engaging with CPS.
- ▶ DSHS Children’s Administration should distribute a field guide for responding to domestic violence to all CPS workers.¹⁴ Children’s Administration should support these guides with extensive and ongoing training for their workers and pursue funding or reallocate resources in order to create domestic violence specialist positions within CPS.
- ▶ Domestic violence advocates should become familiar with CPS practices and engage with local CPS staff in order to effectively advocate for domestic violence victims involved with CPS.

¹³ For example, see Ann Rosewater and Leigh Goodmark, *Steps Toward Safety: Improving Systemic and Community Responses for Families Experiencing Domestic Violence*, Family Violence Prevention Fund (2007), available at www.thegreenbook.info/documents/Steps_Toward_Safety.pdf.

¹⁴ One resource is a guidebook for child protective workers prepared by the Massachusetts Department of Social Services’ Domestic Violence Unit: *Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety*, by Fernando Mederos, Family Violence Prevention Fund (2004), available at www.endabuse.org/programs/children/files/AccountabilityConnection.pdf.