TANF

State Approaches to Screening for Domestic Violence Could Benefit from HHS Guidance
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What GAO Found

Forty-eight states have adopted the FVO or a comparable state policy. Most of these states actively screened clients by directly questioning them about domestic violence, whereas five states simply notified clients of domestic violence waivers without making a direct inquiry. Most states provide staff with a screening tool, but the detail and depth of these tools vary. State officials said that staff in local TANF offices often have limited skills in dealing with domestic violence issues, and policies regarding staff training vary. To address this issue, some state TANF offices employ domestic violence specialists. Although HHS has compiled and disseminated information about domestic violence screening, HHS has not issued guidance regarding best practices in domestic violence screening.

State TANF programs help clients address domestic violence issues by granting waivers that exempt victims from TANF requirements, and by referring clients for domestic violence services. Most states will waive the TANF program’s federal requirements pertaining to work, the 5-year lifetime limit on cash assistance, and the child support requirements. However, the conditions of these waivers vary from state to state. For example, 27 states required that clients participate in domestic violence services. Limited data on the number of domestic violence waivers indicates that a comparatively small portion of TANF recipients obtain such waivers.

Most states have used TANF funds for marriage or responsible fatherhood programs or both. Specifically, 15 states reported funding marriage programs and 28 reported funding responsible fatherhood programs. States that provided usable data reported spending about 5 percent or less of their federal TANF budget on these programs. In addition, some states funded these programs through other funding sources or had programs in development. According to research and practitioners in the field, these programs generally do not explicitly address domestic violence, and HHS has stated that all future Healthy Marriage projects should include domestic violence protections.

What GAO Recommends

GAO recommends that the Department of Health and Human Services (1) examine domestic violence screening practices of states and determine whether certain practices—such as employing and training domestic violence specialists—are particularly promising approaches to screening for domestic violence, and (2) provide states with information on these practices, and encourage their adoption.

Number of States with Particular Policies Regarding Frequency of Domestic Violence Training

- At special intervals: 3 states
- Once in career: 6 states
- No state requirement: 14 states
- Once in career—additional optional: 25 states

Source: GAO survey.
Figure 4: Number of States with Particular Policies Regarding Frequency of Domestic Violence Training

Figure 5: States Using Federal TANF Dollars to Fund Marriage and Responsible Fatherhood Programs

Abbreviations

ACF  Administration for Children & Families
DVA  Domestic Violence Advocate
FVO  Family Violence Option
HHS  Department of Health and Human Services
PREP  Prevention and Relationship Enhancement Program
TANF  Temporary Assistance for Needy Families

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August 16, 2005

The Honorable Max Baucus
United States Senate

The Honorable Pete Stark
House of Representatives

The Temporary Assistance for Needy Families (TANF) program provided about $17 billion in federal funds to states in fiscal year 2004 for cash assistance and services to low-income families. This program includes specific work requirements and a 5-year benefit time limit that some TANF clients may be unable to meet. Recognizing that not all clients will be ready to work and that some may need assistance beyond 5 years, the program also offers various exceptions to these requirements. One exception—the Family Violence Option—requires that states screen clients for domestic violence and allows them to grant waivers from program requirements for clients in domestic violence situations. Adopting the Family Violence Option is not mandatory, and states that choose not to do so may nonetheless adopt comparable policies. Although the Department of Health and Human Services (HHS) oversees the TANF program, states have broad discretion in implementing the program, including most aspects related to the Family Violence Option.

Currently, the Congress is considering various changes to the TANF program, including proposals that would establish matching grants to promote marriage and discourage divorce, as well as measures emphasizing responsible fatherhood. While spending TANF funds on these activities is currently allowed under TANF, the amount states spend on such program is relatively small compared to their total TANF budgets.

Concerned about these issues, you asked us to examine how state TANF programs were addressing the issue of domestic violence and how, if at all, these programs have funded or promoted marriage and fatherhood efforts. As agreed with your offices, we responded to the following questions:

- What are states doing to identify victims of domestic violence among TANF recipients?
- What are states doing to address domestic violence among TANF recipients once victims have been identified?
To what extent are state TANF programs spending TANF funds on marriage and responsible fatherhood programs, and how, if at all, are these programs addressing domestic violence?

To answer these questions, we conducted a survey of the TANF programs of the 50 states and the District of Columbia. In this survey, we asked detailed questions about state policies regarding screening TANF clients for domestic violence, how states addressed domestic violence situations once clients have disclosed them, and the extent to which states have used TANF funds for marriage and responsible fatherhood programs. To supplement the data obtained through the survey, we conducted in-depth visits to five states—Colorado, Georgia, New York, Oklahoma, and Washington. We selected these states because their practices for screening TANF clients for domestic violence have been in place for various amounts of time; only one of these states, Oklahoma, has not adopted the Family Violence Option. We selected one state—Oklahoma—in part because of its TANF-funded marriage program, and another state—Georgia—because of its TANF-funded responsible fatherhood program. During each of these visits, we conducted detailed discussions with state officials about state policies, obtained documentation of state policies, and visited two local service delivery offices in each state to discuss and observe how the policies were implemented. We visited three states—Illinois, Iowa, and Wisconsin—while designing our study, and pre-tested the survey with officials in Maryland, Michigan, and Pennsylvania. Finally, we contacted researchers and policy analysts knowledgeable about the TANF program, domestic violence, and marriage and responsible fatherhood programs. We also reviewed pertinent literature concerning each of these areas. A more detailed discussion of methodology is contained in appendix I.

We conducted our work in accordance with generally accepted government auditing standards between May 2004 and May 2005.

Results in Brief

All but three states have either certified adoption of the Family Violence Option or have adopted a comparable policy, and the large majority of these states screen for domestic violence. To meet the requirements of the Family Violence Option, states have implemented a range of policies concerning screening techniques, privacy, as well as domestic violence training requirements for local staff who conduct the screening. While most states provide staff with a questionnaire or other screening tool, the detail and depth of these tools varies. Some in-depth questionnaires probe for various aspects of domestic violence, while others include a single-line
prompt for domestic violence. In addition to the use of formal tools, state TANF officials and others emphasized the importance of informal screening, including unstructured conversations and observation of clients. Five states that have adopted the Family Violence Option or a comparable policy indicated that they do not require a specific inquiry about domestic violence, but instead rely on notifying clients of available domestic violence waivers. Of the states that have adopted the Family Violence Option or a comparable policy, most have not established policies regarding the physical setting of screening or who may be present while a client is screened. Further, state officials and domestic violence experts indicated that the ability, skills, and inclination of caseworkers that conduct such inquiries vary widely. To aid in screening and assessing TANF clients for domestic violence, some state TANF programs employ domestic violence specialists. Although HHS has taken some actions to compile and disseminate information about domestic violence screening, HHS has not issued guidance regarding best screening practices.

In the states we visited, TANF programs helped clients address domestic violence issues by providing exemptions from TANF requirements as needed and by ensuring that clients have access to services. While most states will grant waivers for work, time limit, and child support requirements, the specific conditions of these waivers vary from state to state. For example, some states require recipients to provide evidence that they are victims of domestic violence before the work requirement will be waived. Some of the eight states we visited had limited data on the number of domestic violence waivers issued, and in these states it appears that only a small percentage of clients who have disclosed domestic violence were granted waivers. While TANF staff generally refer victims to domestic violence services—such as counseling and emergency shelter—these services are typically provided by other agencies. However, TANF offices in some states offer in-house services to domestic violence victims. For example, domestic violence specialists in Washington state can provide ongoing, in-house domestic violence counseling. In addition, we found, in the states that we visited, services for domestic violence victims were less available in rural areas.

Thirty-one states reported using federal TANF funds for marriage or responsible fatherhood programs, and limited research indicates that such programs generally do not specifically address domestic violence. Twenty eight states reported using federal TANF funds for responsible fatherhood programs, and 15 have done so for marriage programs over the last
3 years. Of the states that provided usable budget data, no state reported spending more than about 5 percent of its total federal TANF expenditures on either marriage or responsible fatherhood programs for fiscal years 2002 or 2003. However, states may fund marriage or responsible fatherhood programs with other funding sources or be in the process of developing programs that may or may not use TANF funds. According to researchers and practitioners in the field of marriage and responsible fatherhood, marriage and responsible fatherhood programs do not typically raise awareness of domestic violence explicitly, but may do so implicitly through emphasis on healthy and constructive techniques for conflict resolution without specifically addressing or identifying domestic violence.

This report contains recommendations that HHS (1) examine domestic violence screening practices of states in order to identify particularly promising approaches, and (2) provide states with information on such practices and encourage their adoption in agency guidance or memoranda.

The TANF program was established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and was designed to provide cash assistance to needy families with children, while at the same time ending the dependence of needy families on government benefits by promoting job preparation, work, and marriage. As the responsible federal agency, HHS provides an annual TANF block grant to each state. In fiscal year 2004, states spent about $26 billion of federal and state funds to assist low-income families, including providing monthly cash assistance to about 2 million families as of June 2004. States have considerable flexibility in administering TANF programs, and in turn, offices in localities throughout each state are responsible for interacting with TANF clients and running the day-to-day aspects of the program.

The TANF program encourages recipients to work, places limits on the length of time that a family can receive federal cash benefits and requires that clients cooperate with child support authorities. Specifically, in accordance with the authorizing legislation, TANF regulations state that all clients must participate in work activities as soon as the state determines they are ready to do so, or after 24 months of cash benefits, whichever
occurs earlier. Further, clients may not obtain federal TANF cash benefits for more than a total of 60 months during their lifetime. TANF also requires that all families with children for whom paternity has not been established or for whom a child support order needs to be established, cooperate with child-support enforcement agencies. The TANF program both gives states incentives to enforce these requirements, as well as the flexibility to waive these requirements if necessary. For example, states must engage a certain percentage of their overall and two-parent caseloads in work activities, or face financial penalty. In practice, states can waive the work and time limit requirements for clients in a number of ways. For example, states can provide cash benefits beyond the 5-year time limit to for up to 20 percent of their caseload. Some states also provide cash assistance with only state funds when a client has difficulty meeting federal requirements.

States enroll applicants in the TANF program through a process that is roughly comparable, though the particulars may vary from state to state (see fig. 1). A TANF client may meet with a worker who verifies that the cash assistance program is appropriate for the client’s needs and that the client qualifies for cash assistance. The client is typically assigned a caseworker who conducts a review of the client’s employment prospects, including the client’s education, work history, skills, and aspects of the client’s personal life that may affect their ability to hold a job. Based on this review, the caseworker develops an individual responsibility plan that outlines actions that the client is to take in order to obtain employment and become financially self sufficient. This plan may require that a client immediately begin a job search or that the client first take actions to address aspects of the client’s life that pose a barrier to work. After this plan is established, the caseworker meets with the client periodically, in order to ensure that the client is making progress toward the goals outlined in the plan. Some states also require a more in-depth, comprehensive review of the client’s progress at regular intervals or if the client is having difficulty meeting aspects of the individual responsibility plan.

1States have some discretion in defining “work” under this requirement. For example, work can include job search and job readiness assistance, or vocational educational training.
The TANF legislation also established a provision known as the Family Violence Option, under which states commit to screen clients for domestic violence, and refer those who are identified as domestic violence victims to domestic violence services. Further, states that have adopted the Family Violence Option can waive program requirements—including those related to work, the 5-year federal time limit, and cooperation with child support authorities—if compliance would make it more difficult for clients to escape domestic violence, or would unfairly penalize domestic violence victims.

States that have adopted the Family Violence Option may also avoid financial penalties related to the work requirements and the 5-year time...
limit, if their failure to meet these requirements is at least partly attributable to clients who have been granted federally recognized, good cause domestic violence waivers.² In order for the domestic violence waiver to be federally recognized, it must specify which program requirements are being waived, be granted based on need as determined by a person trained in domestic violence, and be accompanied by a services plan. States may report federally recognized good cause domestic violence waivers to HHS, and HHS requires that such waivers not be reported unless they meet the regulatory definition. As with other aspects of the TANF program, states have broad flexibility regarding the detailed implementation of the Family Violence Option.

Domestic violence affects a substantial percentage of low-income women, according to existing research. Further, research shows that it can, in some cases, pose a barrier to work and financial independence. In 1998, we reported that studies indicated that between 15 percent to 56 percent of welfare recipients are, or have been, victims of domestic violence.³ Since that time, additional studies with similar findings have been published. For example, a 2001 report summarized the prevalence of domestic violence among a random sample of women in the TANF caseload of an urban county in Michigan.⁴ This study found that about 51 percent of the women had been severely abused at some time in their life, and about 15 percent had been severely abused by a partner at least once in the preceding year.⁵ Further, 61 percent reported being threatened with violence or other retribution at some point in their lifetime, and 24 percent reported such an experience had occurred in the preceding 12 months.

Past research has also revealed that domestic violence can, in some cases, be a barrier to work and financial independence. In our 1998 report, we

²States that have not adopted the Family Violence Option may also screen for domestic violence and offer waivers to program requirements. However, these states are not eligible to avoid financial penalties related to the work requirement and 5-year time limit.


⁵Severe abuse is defined as including experiences such as being beaten, being hit with a fist or an object that could cause harm, and being threatened with a weapon.
reported that various studies found that women who were or had been victims of domestic violence were employed at about the same rates as women who reported never having been abused. However, we also cited one study that found abused women experienced higher job turnover and more spells of unemployment than women who had never been abused. Further, our 1998 report, as well as other research, has outlined how domestic violence can impede successful employment for some women. For example, several studies have shown that abusers may be threatened by any steps a woman takes toward financial independence, and may thwart a job search or employment by interfering with transportation to work, or by making harassing phone calls to a woman while she is in the workplace.

State TANF programs face significant challenges addressing domestic violence, in part because it can be especially difficult to detect. Many victims of domestic violence may be reluctant to disclose such a personal and potentially humiliating aspect of their life. Researchers in the field of domestic violence and state officials stated that domestic violence victims may be unwilling to disclose domestic violence out of shame and embarrassment. Victims may also fear retribution by the abuser. TANF clients may be particularly reluctant to disclose abuse in the TANF program setting. Advocates for victims of domestic violence explained that TANF clients often see TANF staff as government officials who cannot be trusted to keep the disclosure of domestic violence confidential. Further, some clients may fear that any disclosure of domestic violence to government officials could result in the loss of custody over their children. As a result, disclosure may be thwarted, at least until a trusting working relationship can be developed. Caseworkers may also lack specific skills that facilitate disclosure. For example, according to some experts, caseworkers may lack empathy for domestic violence victims. Additionally, given the heavy workload that some caseworkers face—in busy urban areas, some have over 100 clients—they may not effectively screen for domestic violence. According to some researchers, some caseworkers may see addressing domestic violence as conflicting with the overall goal of ensuring that clients become employed. Finally, HHS officials told us that the physical setting of domestic violence screening—which in many offices can occur in open cubicles or public spaces—may not facilitate disclosure of domestic violence, as clients may fear being overheard.
The difficulty of identifying domestic violence is compounded by a lack of consensus about the best techniques for screening clients. Some state officials and researchers reported the benefit of screening tools composed of multiple questions asking about various aspects of domestic violence—such as physical abuse, verbal abuse, or stalking. They believe such an approach helps clients who may not think of themselves as domestic violence victims and yet may respond affirmatively to a question about a specific behavior. On the other hand, some research has found that detailed questions about specific aspects of domestic violence may be considered overly intrusive, which can put clients on the defensive and make disclosure less likely. A 1999 study on the state TANF programs’ efforts to assist victims of domestic violence found that screening instruments should avoid intrusive questions about the specific actions of an abuser, as such questions can be too personal or shaming.\(^6\)

Federal TANF Funds May Be Used to Fund Marriage and Responsible Fatherhood Programs

Because the TANF program includes a variety of goals, federal TANF funds can be used for purposes other than cash assistance to needy families. Because one of the purposes of the TANF program is to encourage the formation and maintenance of two-parent families, some states have opted to use TANF funds for marriage programs. Such programs attempt to achieve these goals through various measures, such as education. Similarly, some states have opted to use TANF funds for responsible fatherhood programs. These programs are designed to encourage the active and responsible involvement of non-custodial fathers in the lives of their children.

State officials, practitioners, and the domestic violence services community have stressed the importance of involving the domestic violence services community in development and implementation of marriage and responsible fatherhood programs. States that have used this approach have indicated that the involvement of the domestic violence services community was necessary to ensure that marriage and responsible fatherhood programs address individual safety. HHS Administration for Children and Families has echoed this sentiment in an information memorandum that strongly recommends that states consult with experts in domestic violence or with relevant community domestic violence coalitions as they design marriage initiatives. Further, HHS has

stated that its Healthy Marriage Initiative—which seeks to promote healthy marriages through activities such as marriage and pre-marriage education—requires grantees to develop domestic violence protocols that address screening for domestic violence and referrals to local domestic violence services.

While the large majority of states have adopted the Family Violence Option or a comparable policy, states take a broad range of approaches to identifying domestic violence. Most states require that clients be formally screened for domestic violence, though techniques can vary significantly from state to state. A few states do not actively screen, but require that clients be notified of available domestic violence waivers. Comparatively few states have policies regarding the privacy of screening, although officials in most states we contacted acknowledged its importance. Finally, most states reported that domestic violence screening is performed by staff that may have little or no training in recognizing and discussing domestic violence. To address this issue, some states have employed domestic violence specialists.

Forty states have certified adoption of the Family Violence Option (see fig. 2). Eight states reported that they had not certified the Family Violence Option, but had adopted similar policies. Each of these states reported that they make some effort to screen clients for domestic violence, refer clients to domestic violence services, and offer waivers of certain TANF program requirements.
Officials in only three states—Maine, Oklahoma, and Ohio—reported that they had not adopted the Family Violence Option or a comparable policy. According to Oklahoma officials, adoption of the Family Violence Option was not seen as necessary because the state already required some of the actions called for by the Family Violence Option, though the provisions may not be precisely comparable.
States screen for domestic violence using a broad range of strategies and techniques. Some require that staff use formal screening tools at specific points in the TANF process. Such tools vary in detail and depth of inquiry. Five states notify clients of domestic violence waivers, but do not require that staff specifically inquire about domestic violence. In addition, state TANF program staff can at any time also use informal domestic violence screening techniques, such as observing a client’s demeanor or interaction with their partner.

Officials in the large majority of states (43) reported that their state actively inquires about domestic violence, and most of these states rely on a mandatory screening tool. Specifically, 26 states responding to our survey reported that they provide local offices with a specific screening tool that must be used, while another 4 said the tool they provide is optional. Eight states reported that they provide staff with guidance such as regulations, staff manuals, or memoranda, in lieu of a specific screening tool.

We learned during our visits to states that the breadth and technique of the screening tools vary considerably. For example, the state of Washington uses a nine-question, electronic screening tool that prompts TANF staff to inquire about various aspects of domestic violence, including queries about threats, angry outbursts or controlling behavior by the client’s partner. This screening tool is administered by case managers, who generally go through these questions verbatim, and record the client’s responses in a data base. In contrast, the state of Iowa uses a tool designed to be self-administered by the client that makes a single query about sexual or physical violence in a table that covers a variety of health related issues. This tool does not ask specific or probing questions about domestic violence, but prompts the client to enter a checkmark if physical or sexual violence is an issue for any member of the client’s family.

The large majority of states that require formal screening require it early in the TANF process, with follow-up screenings at certain points. As figure 3 indicates, subsequent screenings occur either at regular intervals, or when it becomes apparent that a client is having difficulty meeting program requirements. For example, our survey data show that 24 states screen

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7In our survey of the states, we defined “screening” as a technique used by local TANF office staff to identify domestic violence victims. Techniques may include a single question, investigative interviewing, or use of a detailed questionnaire.
during a TANF eligibility review that in some states, such as New York, can take place every 6 months. Many states also screen when the client exhibits difficulty in meeting TANF program goals or requirements. For example, 20 states screen when a client fails to meet the conditions of cash assistance. State officials told us that such follow-up screenings are important because the client may be reluctant to disclose domestic violence initially or because it may emerge as a problem after entry into the TANF program.

**Figure 3: Number of States Requiring Follow-up Domestic Violence Screening at Specific Points in the TANF Process**

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Number of States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility review</td>
<td>33</td>
</tr>
<tr>
<td>Client fails to meet conditions of cash assistance</td>
<td>20</td>
</tr>
<tr>
<td>Domestic violence suspected</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: GAO survey.

Note: States could report more than one point in the process; therefore, numbers do not total to 48.

**Notification Only**

Five states that have adopted the Family Violence Option or a comparable policy reported that they do not actively screen TANF clients for domestic violence. These states indicated that they have no screening requirements beyond informing clients about available domestic violence waivers. An official of one such state—Pennsylvania—referred to this process as “universal notification” and explained that the policy was developed in
consultation with the state coalition that advocates for domestic violence victims. The policy was developed in the belief that it is best not to probe clients about domestic violence and risk putting them in an uncomfortable situation, but to spell out the program flexibilities that exist for domestic violence victims. This policy allows domestic violence victims to disclose, if necessary, at a time of their choosing.

Staff in local TANF offices can also conduct “informal” screening through casually conversing with or observing clients. For example, a client’s demeanor or physical appearance may provide evidence of domestic violence. Several officials told us that such informal screening can occur at any time in the TANF process and is especially important because a client may not be ready to disclose a domestic violence situation at the time of formal screening, and because a domestic violence situation may arise after the formal screening. For example, caseworkers and other officials in Wisconsin told us that disclosure of domestic violence often occurred in the course of informal discussions and consultations between clients and staff.

Sixteen states reported that they have established policies regarding the physical setting in which screenings occur. For example, Colorado officials explained that, while screening will often begin in open cubicles, the state’s policy is that the meeting will be moved to a private office if a situation of domestic violence has been identified.

In our visits to TANF offices in seven other states, we learned that screening often occurs in the course of much broader discussions that occur in open cubicles near staff and other clients. During our site visits, several state officials told us that although private, confidential settings are important, many local offices would face constraints in providing such settings. For example, an official in one state said that the degree of privacy available varies considerably from office to office, and the setting in some offices dictates that screening take place at desks near a lobby full of clients. While this is not ideal, the local offices must work within the constraints of the facilities in which they are located.

*In some states we visited, domestic violence screening takes place in the course of a much broader conversation that can cover issues such as the clients educational and employment history, the client’s family situation, and TANF rules and regulations.*
Ten states said that they have policies regarding individuals who may be present during screening. For example, officials in the state of Washington told us that, if a couple comes in to the TANF office to apply for benefits together, it is state policy that they be separated before domestic violence will be discussed. According to the Washington “Work First” handbook, which provides written guidance for caseworkers and other staff in the state’s TANF program, caseworkers are not to ask about family violence in the presence of the partner, because this may endanger the client. Similarly, the screening tool used in Illinois advises caseworkers to ask questions regarding domestic violence at a later time if the client’s partner is present. We also found that, although some states do not have policies in this regard, some caseworkers in these states nonetheless ensure a client is alone for domestic violence screening. A local office official in New York, which does not have a privacy policy, said that before questions about domestic violence are asked, they will separate couples with a contrived reason, if necessary. For example, they may tell the partner that he must meet with another staff member about another topic, such as his job history.

In contrast, most states have no explicit policy about who can be present during a client’s domestic violence screening. For example, an official at a local office in Iowa said that the initial meeting with the caseworker takes place with both partners present because it is important to see how a couple interacts. If the caseworker suspects domestic violence, they may try to separate the couple for a subsequent discussion. Other states explained that they encourage a middle approach, explicitly relying on the judgment of the caseworker. Similarly, in New York, state policy directs that the domestic violence screening form can be mentioned with both partners present, but that it not be addressed further if the clients are not interested. However, the policy also advises that caseworkers may need to be creative in finding a way to mention the domestic violence screening form again in a private setting.
Forty-five states reported that caseworkers or intake workers are the staff that typically conduct domestic violence screening, a fact acknowledged by officials during our site visits. As figure 4 indicates, most state policies require little training for these staff. Twenty states indicated that the state either had no policy regarding domestic violence-related training, or may provide training only once in caseworker’s career. Another 25 states require training once in a staff members’ career and make additional training optional.

Officials in each state we visited told us that the skills, abilities, and inclinations of staff to conduct domestic violence screening vary considerably. For example, one state official told us that the personalities and style of caseworkers range across the board. This official said that many staff are technical people who have spent their careers stressing program qualifications, and addressing domestic violence and other “soft” issues is difficult adjustment. An official of another state TANF program

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9In our survey, states were able to indicate more than one type of staff “typically” conducts domestic violence screening.
said that even with the best of best training and screening policies, screening effectiveness is dependent on the effectiveness of individual caseworkers, and some caseworkers may simply skim the screening questions and not ask the full range. These comments were reinforced during our observations of domestic violence screening in several local TANF offices. At one office, we observed one caseworker who stressed certain aspects of the TANF experience, such as the need to obtain employment or attend training services, but gave very peremptory attention to other issues, such as domestic violence and mental health. At another office, we witnessed screening performed by a social worker, who paused at length over these issues, and sensitively asked follow-up questions regarding the client’s home life, and took the initiative to gently and patiently describe a local organization that could provide alternative living arrangements, if this were necessary.

In order to supplement the skills of the caseworkers, three of the states we visited—Georgia, New York, and Washington—employed domestic violence specialists to conduct in-depth screening and assessment after a client disclosed that domestic violence was an issue. This practice is implemented statewide in Georgia and New York, and has been established for almost all of the TANF offices in Washington state. In all three states, the domestic violence specialist serves to “backup” the screening conducted by the regular caseworker. For example, New York’s policy requires that a client be referred to a specialist—known as a domestic violence liaison—as soon as a client discloses that domestic violence is an issue. State officials told us that the meeting with the specialist is scheduled as soon as possible and all further inquiry regarding domestic violence is left to the domestic violence liaison. The specialist then conducts a more in-depth inquiry and informs clients about options for protective services and other assistance.

State officials told us that domestic violence specialists can play an important role in addressing the needs of domestic violence victims and are important given the limited skills of many caseworkers in dealing with domestic violence. Officials in Washington, for example, said that the presence of a domestic violence specialist increases the likelihood that a domestic violence victim will attend counseling or other services to

10Because our survey did not include questions about domestic violence specialists, we do not know how many states employ such specialists in TANF offices. However, a 1999 report on domestic violence and the TANF program—Raphael and Haennicke—indicates that this practice is used by other states as well.
address the problem. A caseworker can immediately walk a client over to the desk of the domestic violence specialist, who then conducts an in-depth assessment, provides some degree of counseling, and makes referrals to other agencies for ongoing services. They explained that if the domestic violence specialist were not there, they believe that many clients would ignore the referrals to outside agencies, and the domestic violence issue festers. During one of our site visits, we learned firsthand of the importance of effective interpersonal skills in domestic violence screening. We interviewed an employee of a local TANF office who was a former TANF recipient and a domestic violence victim. She explained that, when she was screened for domestic violence, she was in a desperate situation fleeing from her abuser and needed assistance right away. Nonetheless, the attitude of the screening staff was so perfunctory and indifferent that, had she not immediately been routed to a domestic violence specialist, she said she probably would not have returned to that office. The former victim further noted that many caseworkers are overwhelmed by other demands, and felt that the caseworker she dealt with was not equipped to handle domestic violence issues.

State officials also told us that domestic violence specialists can enhance the ability of other office staff in dealing with clients’ domestic violence issues. In Washington, caseworkers at a local TANF office stated that an onsite domestic violence specialist serves as an important source of technical assistance for caseworkers. For example, the specialist has provided training for staff, and made them aware of the “red flags” that may indicate domestic violence is an issue. The officials repeatedly praised the domestic violence specialist for this “cultural” impact on this TANF office.

HHS has taken a number of measures to identify and disseminate information on what states are doing to screen for domestic violence. For example, HHS funded a 1999 report that summarized how states had implemented the Family Violence Option, including the basic techniques each state used to screen for domestic violence, and a number of detailed examples of how domestic violence screening was conducted at specific locations. Further, an HHS-funded report published in 2000 provided in-depth descriptions how 7 counties in different states identified domestic violence victims and assisted those

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11Raphael and Haennicke.
who disclosed. These reports also made observations regarding the benefits and drawbacks of various screening practices. For example, the report published in 2000 noted the usefulness of a more extensive domestic violence screening tool—covering verbal, emotional, and sexual abuse—that could be used once a worker has some indication that a client may have domestic violence issues.

Although HHS has funded research on state TANF program approaches to domestic violence screening, HHS officials also told us that the agency has not provided state TANF programs with specific advice in the form of policy guidance or memoranda regarding best practices in domestic violence screening. Further, it has not specified minimal acceptable standards for domestic violence screening. Agency officials explained that the legislation establishing the TANF program gives states considerable flexibility in implementing the Family Violence Option, and does not provide HHS with authority to require particular approaches to screening.

To Address the Needs of Victims of Domestic Violence, Most States Use Waivers and Refer Clients to Local Service Providers

State TANF programs play an important role by offering victims of domestic violence waivers from TANF program requirements and helping them obtain needed services. Although most states will waive certain TANF requirements, the provisions of these waivers vary from state to state. Further, limited data from two states that we visited indicates that a comparatively small portion of all TANF recipients obtain domestic violence waivers. Although all state TANF offices rely on local service agencies to provide domestic violence services, some also provide in-house domestic violence services and most actively monitor clients for participation in services. While the full range of services is generally available to victims in urban areas, services in rural areas are generally less available.

Most States Waive Requirements for Work, Time Limits, and Child Support

Of the 48 states that adopted the Family Violence Option or an equivalent policy, the majority will waive the requirement that TANF clients work or engage in work-related activities, the 5-year federal lifetime limit on TANF benefits, and cooperation with the child support authorities to collect child support, as shown in table 1.

12Martha R. Burt, Janine M. Sweig, and Kathryn A. Schlichter, Strategies for Addressing the Needs of Domestic Violence Victims within the TANF Program (Urban Institute, June 2000).
Table 1: Number of States That Grant FVO Waivers

<table>
<thead>
<tr>
<th>Federal or state TANF requirement</th>
<th>Number of states granting waivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work requirement</td>
<td>43</td>
</tr>
<tr>
<td>Time limit for cash assistance</td>
<td>43</td>
</tr>
<tr>
<td>Cooperation with child support authorities</td>
<td>47</td>
</tr>
<tr>
<td>Required aspects of individual personal plan</td>
<td>38</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: GAO survey.

Some states will waive other requirements as well. Thirty-eight states indicated that they will waive specific requirements included in a client’s individual responsibility plan, which is intended to lead to work and financial independence. For example, an Illinois official told us that the individual plan of many clients requires them to meet with their caseworker in order to continue receiving benefits. If a client misses a meeting and can demonstrate that the failure to make the appointment was due to domestic violence, the requirement can be temporarily waived and cash benefits will not be interrupted. Another six states reported that they will, if necessary, waive other program requirements in the event that domestic violence makes them difficult to meet. For example, an Oregon official reported that they will waive certain financial eligibility requirements in the event of domestic violence. For example, if a domestic violence victim must use part of her income to flee an abuser and pay for temporary housing, this portion of the income will be temporarily excluded from eligibility and benefit calculations.

Federal TANF regulations allow states considerable flexibility regarding the conditions for clients to obtain good cause domestic violence waivers. For example, some states reported that they required recipients to provide evidence of domestic violence before granting a waiver, while others reported that the client’s word was sufficient. As table 2 indicates, 25 states do not require evidence beyond a client’s statement in order to grant a waiver from work requirements. For example, a Washington official said that additional evidence before granting a waiver was not needed because officials expect clients to participate in domestic violence services, which clients would not want to do unless such services are needed. In contrast, Illinois requires that recipients provide additional documentation such as a written statement from a third party, a police report, or documentation from a domestic or sexual violence program.
Table 2: Number of States and Evidence Required for a Waiver to Be Granted

<table>
<thead>
<tr>
<th>Domestic violence waiver</th>
<th>Requires only a client statement</th>
<th>Requests but does not require documentation in addition to the client statement</th>
<th>Requires documentation in addition to the client statement</th>
<th>Total states</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work requirement</td>
<td>10</td>
<td>15</td>
<td>18</td>
<td>43</td>
</tr>
<tr>
<td>Time limit for cash assistance</td>
<td>8</td>
<td>11</td>
<td>24</td>
<td>43</td>
</tr>
<tr>
<td>Cooperation with child support authorities</td>
<td>5</td>
<td>18</td>
<td>23</td>
<td>46</td>
</tr>
</tbody>
</table>

Source: GAO survey.

Twenty-seven states reported that they also require domestic violence victims to participate in domestic violence services in order to waive program requirements. For example, officials in Iowa and Washington said that clients must demonstrate that they are making an effort to address the domestic violence by attending counseling or other services. In contrast, an Illinois official explained that the state also requires that caseworkers provide waiver recipients with information about available domestic violence services and encourage them to attend; however, they cannot require their participation. Officials said that some clients do not want to participate in services provided through an agency but prefer to use an informal network for support and assistance such as family, friends, or church ministers.

Some states may also tailor waivers to fit a client’s particular circumstances and will help clients maximize compliance with program requirements. For example, New York offers “partial waivers,” which state officials believe help to ensure a victim’s safety while still participating in program activities. For example, a partial waiver could be granted to a client who is taking job readiness classes but not actively searching for a job because of safety concerns. In such a case, the partial waiver would allow the client to fulfill part of the work requirement without interrupting cash benefits. Similarly, a partial child support waiver would be granted if it would put the client in danger to appear in court to pursue child support (this is in contrast to a full child support waiver in which a client would not be required to pursue child support at all if doing so would threaten their safety).
Limited Data Indicates That a Small Portion of the TANF Population Use Domestic Violence Waivers

Reliable national data on the number of domestic violence waivers issued by the states does not exist, according to an HHS official responsible for tracking state data reporting. During our site visits, some of the eight states were able to provide data on domestic violence waivers from the work requirement. For example, Georgia officials reported that from July 2003 through June 2004, local TANF offices in Georgia granted 925 waivers from the work requirement, which was less than 2 percent of the 52,515 clients who were receiving TANF benefits during that time. In contrast, Washington officials reported that from October 2003 through September 2004, local TANF offices in Washington granted 5,162 waivers from the work requirement, more than 9 percent of the 52,515 clients receiving TANF benefits.

The number of waivers granted in some states may be relatively small because clients may opt out of TANF requirements in other ways or because domestic violence victims can comply despite their situation. For example, some domestic violence victims may face multiple barriers and could obtain a state “hardship” waiver that will extend the 5-year time limit without coding it as a domestic violence waiver. Officials in most states that we visited said that many victims prefer to work because they consider financial independence as the best way out of an abusive situation. For example, a caseworker in Colorado who works exclusively with domestic violence victims said that she rarely grants a waiver for the work requirement because most clients want to work, and even if they only work part-time, the participation in domestic violence services is included in the work plan as a work activity. She said that she only grants a waiver from work requirements to individuals that are in such a critical situation that they can only deal with their domestic violence issues. Officials in New York also said that most domestic violence victims prefer to work but that many also participate in the domestic violence services that are offered.

13Federal regulations applicable to the TANF program do not require states to report the number of domestic violence waivers granted, unless a state is seeking penalty relief.
While all states reported that clients are referred to separate local agencies for domestic violence services such as counseling, some offices also offer such services in-house. During our site visits, some states reported that the availability of services varied, with some states reporting that domestic violence services were less available in rural areas. Further, some states appear to be more active than others in monitoring the progress of clients who obtain domestic violence services.

Thirty-eight states reported that their local TANF offices relied exclusively on separate local agencies to provide services to their domestic violence clients. These services generally include counseling, crisis intervention, safety planning, support groups, legal and court advocacy, and emergency shelter. In contrast, 13 states reported that they provided some domestic violence services on-site in the local TANF office in addition to using separate local agencies. For example, officials in Washington said that most of the state’s local TANF offices have a Domestic Violence Advocate (DVA) on-site who works exclusively with domestic violence victims providing services such as safety planning and counseling. The benefit of having this service located on-site is that it gives the victim immediate access to services, and increases the chances that the clients will follow through with services. Also, because the DVA is located at the TANF office, the client may receive services without the knowledge of the abuser. For other domestic violence services, such as shelter and legal advocacy, clients were referred to a separate local service provider.

The kind of services offered to domestic violence victims is determined by their need and the availability of such services in the community. However, among the states that we visited, we found that the kinds of services available varied—urban areas generally provided a full range of services, while services in rural areas were less available. For example, a Colorado official cited one area of the state that had only one shelter serving five counties and officials in one rural county expressed a need for more counseling services. New York officials also said that services were less available in rural areas, but that it was simply not cost-effective to have a full range of services in sparsely populated areas. In addition, officials in several states that we visited said that transportation is less available in the rural areas and access to services can be difficult for victims living many miles from the nearest provider. For example, officials in a rural office in Oklahoma said that the shelter serving their clients was 26 miles away and that caseworkers often have to call the local police to transport domestic violence victims that are unable to transport themselves.

<table>
<thead>
<tr>
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<tbody>
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</tr>
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While most states required that local TANF offices monitor client participation and progress when referred for these services, some states more actively monitor a client’s progress. In responding to our survey, 29 states reported that, in some or all cases, clients referred to a domestic violence service provider must be monitored for progress. For example, Washington officials said that communication with providers is required monthly to monitor clients’ progress so that they can determine when they are able to move into work activities that will allow them to become self-sufficient. In contrast, 16 states indicated that they had no such policy. For example, New York officials said that they discourage communication between the TANF office and the domestic violence service agency. An official explained that the providers, who operate independently, want to maintain confidentiality to ensure the victim’s safety.

Thirty-one states reported using federal TANF funds for marriage or responsible fatherhood programs, and limited research indicates that such programs generally do not specifically address domestic violence. States that reported funding marriage programs most frequently supported adult and youth marriage and education programs. States that reported funding responsible fatherhood programs most frequently supported programs that deliver services to non-custodial fathers to enhance ability to meet parental obligations. Data show that a relatively small portion of TANF funds were used for marriage programs in 7 states and responsible fatherhood programs in 21 states. While research indicates that these programs do not explicitly address the issue of domestic violence, they may nonetheless do so by emphasizing better communications and healthy relationships, and constructive techniques for dispute resolution. Debate exists as to the best approaches for marriage and responsible fatherhood programs to address domestic violence.
Thirty-one states reported using TANF funds for marriage programs, responsible fatherhood programs, or both in the last 3 years. Specifically, 15 states reported funding marriage programs, and 28 states reported funding responsible fatherhood programs from 2002 to 2004. Of these, 12 states reported funding both marriage and responsible fatherhood programs. See figure 5.

Figure 5: States Using Federal TANF Dollars to Fund Marriage and Responsible Fatherhood Programs

States that funded marriage and responsible fatherhood programs with TANF dollars in the last 3 years reported supporting various types of efforts. Most frequently, states that funded marriage programs with TANF dollars in the last 3 years reported funding adult and youth relationship
and marriage education programs. Such programs are generally based on a standard curriculum, presented in a classroom-style format, and attempt to change attitudes and dispel myths about marriage and to teach relationship skills. For example, the Oklahoma Marriage Initiative works to improve relationships through services that provide skill-based relationship training. Workshop leaders are trained to teach Prevention and Relationship Enhancement Program (PREP) courses, which are designed to prevent divorce and enhance marriage, in their communities and organizations across the states. Most workshops are voluntary and participants learn about the program through the Internet, referrals, word of mouth, local advertising, and churches. One local TANF office required participants to attend PREP or PREP-like courses. Similarly, youth marriage education programs can be taught using one of several nationally recognized curricula for building successful relationships and marriages. Several states also reported funding activities such as media campaigns and conferences relating to marriage.

States that supported responsible fatherhood programs using TANF dollars in the last 3 years typically funded collaborative fatherhood programs between government and private agencies or funded direct services to non-custodial fathers to enhance their ability to meet parental obligations. We visited one state—Georgia—that has fatherhood programs in both these categories. These programs were initiated by the Director of the Division of Family and Children Services, who believed some fathers were not “deadbeats but dead broke” and appointed a special consultant to develop fatherhood programs. Georgia’s Fatherhood Program is a partnership with several state agencies and other organizations. The program’s mission is to assist non-custodial parents in training and educational opportunities leading to employment paying above minimum wage and encouraging increased involvement in the lives of their children. The program contracts with the Georgia Department of Technical and Adult Education to provide job skills and placements for unemployed or underemployed non-custodial parents. Georgia’s other responsible fatherhood program, the Child Access and Visitation Program, is designed to assist non-custodial parents with improving visitation with their children and addressing the children’s relationship with the custodial parent. This program is run through a contract with an outside service provider and funded through a grant from HHS’ Administration for Children and Families.

Two states that reported not using federal TANF funds for marriage programs told us that they address factors that cause stress in marriages without implementing marriage programs. For example, Illinois chose to
emphasize direct support for low-income families by providing material support, such as childcare, transportation, and cash assistance rather than implementing marriage programs. An Illinois official also noted that a key variable in successfully promoting marriage was increasing the economic status of the couple so that they feel marriage is a viable alternative. New Jersey also reported in its survey that the state funded programs that address factors that can cause stress in marriages, as well as efforts that indirectly promote and preserve marriage.

States that reported using federal TANF funds for marriage or responsible fatherhood programs did not report using a large proportion of their total federal TANF budget for this purpose. Specifically, no state providing usable data reported spending more than about 5 percent of its total federal TANF expenditures on marriage or responsible fatherhood programs for 2002 or 2003. While according to HHS officials more complete national data does not exist, a Congressional Research Service report also found that states were not spending large portions of TANF funds on marriage programs. Similarly, according to another report, states spend relatively small amounts of TANF funds on responsible fatherhood programs.

Some states reported that they fund marriage and responsible fatherhood programs with funding sources other than federal TANF dollars. Five states in survey commentary and one state in a site visit indicated that they fund marriage programs with monies other than federal TANF funds.

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14States were asked in the survey to provide data for a 3-year period, 2002-2004. However, 2004 data was determined to be unusable because there were numerous notes indicating that data were not available or states supplied obligated figures rather than expenditures. State data were determined usable if no participant notes accompanied the survey response explaining why data did not conform to our question parameters and if data were not the same dollar amount for all 3 years except in cases where a follow-up call confirmed that the expenditures were accurate. Five states reported usable marriage program data for 2002 and six states for 2003. Seventeen states reported usable fatherhood program data for 2002 and 20 states for 2003.


17These are additional, voluntary survey comments.
Two additional states indicated that they currently fund programs with distinct marriage components, but they did not consider them marriage programs per se. A Georgia official told us that the state will soon be implementing a marriage program similar to the Oklahoma Marriage Initiative. The program will use an ACF grant under the authority of section 1115 of the Social Security Act and private funding rather than federal TANF funds. Furthermore, since state fiscal year 2004, eight states indicated in survey responses or during our site visit that they are implementing or developing new marriage programs that may or may not use federal TANF funds.

Similarly, some states are supporting responsible fatherhood programs through other means. For example, some states also support responsible fatherhood programs with monies other than federal TANF funds. The state of Washington collaborated with Alaska and Oregon using non-TANF funds to create public service videos to encourage fathers to be involved with their children. One national fatherhood report also indicated that responsible fatherhood programs remain largely funded through foundations.

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18 Colorado, Florida, Idaho, North Carolina, and Utah reported in survey comments and Georgia in a site visit using other funding sources for marriage programs. Examples of funding sources reported included non-TANF grants, Title IV-B of the Social Security Act funds, private funds, and child support funds.

19 Two states, South Carolina and Virginia, indicated in survey comments that they funded programs that they do not consider marriage programs per se. For example, Virginia funded an initiative to reduce the number of out-of-wedlock births among young adults. Programs focused on relationships and marriage, discouraging risky sexual behavior, and promoting waiting until marriage to have children.

20 These states are Alaska, Delaware, Georgia, Kansas, Kentucky, Mississippi, Texas, and West Virginia. Seven of these states that did not previously fund marriage programs and one, Mississippi, is implementing a new marriage program, but was already funding existing programs.

21 Six states—Colorado, Florida, Georgia, Massachusetts, North Carolina, and Washington—stated in survey comments or an interview that they funded responsible fatherhood programs with other sources such as Social Services Block Grant funds, Title IV-B and D of the Social Security Act funds, child support collection incentive funds, and state general fund monies.
According to research and practitioners in the field of marriage and responsible fatherhood, domestic violence is generally not explicitly included as a component of marriage and responsible fatherhood programs. Recent research funded by HHS found that many of the widely available marriage education programs were designed and tested with middle income, college-educated couples, and do not assess for or address a variety of issues—including domestic violence—that place considerable stress on couple relationships. A researcher in the field of marriage programs stated that such programs do not address domestic violence because marriage education is an emerging field and developers did not initially see the need for discussion of domestic violence within these programs. Similarly, two representatives of national fatherhood advocacy organizations indicated that most responsible fatherhood programs have not addressed domestic violence or lack the resources to deal with domestic violence. Furthermore, one found that this was because practitioners in responsible fatherhood programs usually do not have expertise in domestic violence issues.

Nonetheless, some marriage and responsible fatherhood programs do address domestic violence implicitly through an emphasis on healthy, egalitarian relationships and constructive conflict resolution. For example, the Oklahoma Marriage Initiative program focuses on communication and conflict resolution between couples without an explicit discussion of domestic violence. The Oklahoma program covers danger signs of marital problems, such as negative communication habits that can escalate into anger and frustration, a pattern of constantly putting down or disregarding the thoughts and feelings of a partner, or a habit of negative interpretations of the actions and comments of a partner.

There is a range of opinions on how marriage and responsible fatherhood programs should address domestic violence. Some state officials indicated that marriage programs that address domestic violence through an emphasis on healthy relationships and conflict resolution alone can reduce and help prevent violence in marriages by reducing the stress that often leads to violence. For example, New York indicated that programs designed to encourage healthy relationships will have the positive benefit of reducing the likelihood of physical violence and emotional abuse. Some practitioners have noted the need to address domestic violence explicitly.

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and have begun to take steps toward explicitly including domestic violence in marriage programs and have sought program advice from local domestic violence coalitions. For example, while the Oklahoma Marriage Initiative does not explicitly cover domestic violence in its marriage curriculum, it recently created a handout to assist clients in identifying domestic violence and where to obtain help.

Nonetheless, other evidence suggests that domestic violence should be explicitly addressed in marriage and responsible fatherhood programs. The HHS-funded research on marriage and responsible fatherhood programs found, for example, that many unmarried parents face a variety of challenges that may impede their ability to form a stable marriage. It further states that assessment of barriers—in particular domestic violence—could point out the need for referral to other kinds of appropriate help. State officials and advocates told us that addressing domestic violence specifically is important to ensuring that programs address the dangers of domestic violence. Further, HHS has stated that all future projects funded by its Healthy Marriage Initiative—which seeks to promote healthy marriages through activities such as marriage and pre-marriage education—are to fully incorporate domestic violence protections, including project specific policies regarding screening for domestic violence.

Conclusions

The TANF program emphasizes that recipients move toward economic self-sufficiency, but also recognizes that some recipients may face barriers that may make it difficult or impossible for them to work immediately, or meet specific timelines for attaining self-sufficiency. One of these provisions—the Family Violence Option—requires states that adopt it to screen clients for domestic violence, and offer other assistance to those who need it in overcoming this potential barrier to self-sufficiency. The Family Violence Option offers states considerable flexibility in how they screen for domestic violence, and states have taken a range of approaches to doing so. While this flexibility is consistent with the overall TANF emphasis on allowing states latitude in designing and administering their programs, guidance on effective approaches to domestic violence screening could provide states with additional information on promising screening practices.

Specifically, there may be certain practices that could benefit all state programs, assuming they are affordable and practicable. For example, in the states we visited, domestic violence specialists appear to offer multiple benefits to local TANF offices, including offering greater expertise and
more refined skills in dealing with extremely personal issues than is typical of many caseworkers. This is especially important, given the limited domestic violence training and varying levels of skills and abilities among the caseworkers. Some states also appear, more than others, to stress privacy in conducting domestic violence screening. Although HHS has taken a number of actions to provide states with information about approaches to screening, it has not identified and encouraged the adoption of certain best practices through official guidance or memoranda.

**Recommendations for Executive Action**

We recommend that the Secretary of the Department of Health and Human Services:

- examine current domestic violence screening practices of states, and determine whether certain practices—such as employing and training, where possible, domestic violence specialists—are particularly promising approaches to screening for domestic violence, and
- provide states with information on these practices, and, through agency guidance or memoranda, encourage their adoption.

**Agency Comments and Our Evaluation**

We provided a draft of this report to HHS for its review. Overall, HHS agreed with the report’s findings and provided some comments on the report’s conclusions and recommendations. Regarding the report’s conclusions, HHS correctly states that there is a lack of consensus among domestic violence services professionals about the best techniques for screening clients and that it would be reluctant to advocate particular screening approaches over others. It further states that its regulatory authority is limited in this and many other areas of the program. We agree that there is no documented consensus about which screening practices are the most effective and, consistent with current TANF regulations, state programs should retain flexibility in designing the approaches they believe are most effective. However, we believe that there may be some practices that are sufficiently promising that all states should be made fully aware of their merits, so that they can choose to adopt them if practicable. While some of these promising practices might not be applicable in each and every situation, we continue to believe that state TANF programs would benefit from HHS guidance on the advantages and limitations associated with particular promising practices. Further, HHS’ advocacy of these practices would continue to allow state TANF programs and local TANF offices to retain the flexibility and latitude to select approaches that best meet the needs of their programs. We have revised our conclusions and recommendations to more clearly suggest that HHS should make
information on promising screening approaches available to states and to encourage their adoption.

HHS also provided technical comments on the draft report, which we have incorporated where appropriate. HHS' entire comments are reproduced in appendix II.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after the date of this letter. At that time, we will send copies to interested congressional committees and Members, and the Secretary of Health and Human Services. We will also make copies available to others upon request. In addition, our report will be available at no charge on GAO's Web site at http://www.gao.gov.

Contact points for our Office of Congressional Relations and Office Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix III.

David Bellis, Director
Education, Workforce, and Income Security Issues
Appendix I: Objectives, Scope, and Methodology

The objectives of this report were to determine (1) what states are doing to identify victims of domestic violence among Temporary Assistance for Needy Families (TANF) recipients, (2) what states are doing to address domestic violence among TANF recipients once they have been identified, and (3) the extent to which states are spending TANF funds on marriage and responsible fatherhood programs, and how, if at all, these programs are addressing domestic violence.

To address each of these objectives, we:

- conducted a survey of the TANF agencies in all 50 states and the District of Columbia;¹
- conducted site visits to state TANF agencies and local TANF service delivery offices in 8 states; and
- interviewed researchers and representatives of national organizations with expertise in the issues of TANF and domestic violence, as well as marriage and fatherhood programs.

More detailed information on each of these aspects of our research is presented below. We conducted our work in accordance with generally accepted government auditing standards between May 2004 and May 2005.

Survey development and implementation

The survey addressed all three objectives, and included questions about states’ adoption of the family violence option or similar state policies, screening for domestic violence, and the use of waivers and domestic violence services to address victim’s needs. In addition, we asked states about their use of TANF funds to support marriage and responsible fatherhood programs.

The survey was developed based on knowledge obtained during our preliminary research. This included a review of pertinent literature and interviews with members of academia and representatives of organizations that conduct research and policy analysis on TANF, domestic violence, and marriage and fatherhood programs. We also conducted visits to TANF offices in Illinois, Iowa, and Wisconsin to obtain an understanding of their state TANF programs, how they identify domestic violence victims and

¹Consistent with the report, we refer to all respondents to the survey as "states."
address their needs, and the use of TANF funds for marriage and responsible fatherhood programs. The survey was pre-tested with state TANF officials in Maryland, Michigan, and Pennsylvania to determine whether respondents would understand the questions the way we intended. These states were selected to ensure that we pre-tested with at least one state that (1) had adopted the Family Violence Option (FVO)—(Maryland and Pennsylvania); (2) had not adopted the FVO, but was reputed to have adopted a similar state policy (Michigan); (3) administered the TANF program through state offices (Pennsylvania and Michigan); and (4) administered the TANF program through county offices (Maryland). In addition, Maryland was known to have developed a responsible fatherhood program and Michigan had both responsible fatherhood and marriage programs. Revisions to the survey were made based on comments received during the pretests.

We sent the first mailing of the survey in November 2004 followed by a second mailing in January 2005; telephone call reminders followed each mailing. The collection of survey data ended in February 2005 with a 100 percent response rate. We did not independently verify the information obtained through the survey. We did not attempt to verify the respondents’ answers against an independent source of information; however, questionnaire items were tested by probing pretest participants about their answers using in-depth interviewing techniques. Interviewers judged that all the respondents’ answers to the questions were correct. Answers to the final questionnaire items on expenditures were compared to HHS ACF data (form 196) for 2002-2003 and information we received from other researchers in this area. These data are not directly comparable to data obtained in our survey, but do indicate whether survey respondents’ answers were reasonable. We conducted follow-up phone calls to clarify responses where there appeared to be discrepancies.

Although no sampling errors were associated with our survey results, the practical difficulties of conducting any survey may introduce certain types of errors, commonly referred to as non-sampling errors. For example, differences in how a particular question is interpreted or differences in the sources of information that participants use to respond can introduce unwanted variability into the survey results. We included steps in both the data collection and data analysis stages to reduce such non-sampling errors. Specifically, we pre-tested three versions of the questionnaire, social science survey specialists designed draft questionnaires, and edits were performed to identify inconsistencies and other indications of error prior to analysis of data. Data from the mail survey were double-keyed and verified during data entry and we performed computer analyses to identify
Appendix I: Objectives, Scope, and Methodology

To obtain a detailed understanding of states’ TANF programs’ efforts to screen for and address domestic violence, we conducted visits to eight states. We visited three states—Illinois, Iowa, and Wisconsin—during a preliminary phase of our work, and another five states—Colorado, Georgia, New York, Oklahoma, and Washington in a later phase. We selected these five states in order to ensure we covered (1) states in different regions of the United States; (2) states that had adopted the FVO recently and a state that had not adopted the FVO; (3) a state in which the TANF program is state administered, and a state in which TANF is county administered; and (4) a state that had used TANF funds to support a marriage program, and a state that had used TANF funds to support a fatherhood program.

In each state, we interviewed officials at both the state-level policy setting office, as well as officials in two local service delivery offices. During both the state level, and local office interviews, we used a standard interview protocol that enabled us to obtain more detailed—yet comparable—information than states were able to provide in the survey. In all five state-level interviews, we discussed state policies for domestic violence screening, and policies regarding how victim’s needs are met once identified. In addition, we asked officials about marriage and responsible fatherhood programs, how these programs were implemented, and the sources of funding. During the interviews in local TANF offices, we discussed the implementation of state policies, and toured the offices. In addition, in seven local TANF offices in five states, we were able to observe caseworkers interviewing a client applying for TANF benefits, which included questions about domestic violence. In Georgia, New York, and Washington we also interviewed domestic violence specialists who were located at the local TANF offices specifically to identify and address the needs of domestic violence victims. Finally, we interviewed officials from each state’s coalition against domestic violence to obtain their views about their state’s program for identifying domestic violence victims, meeting victim’s needs, and the existence of marriage and/or responsible fatherhood programs. Our site visit work was conducted between December 2004 and February 2005.

As part of our work, we reviewed pertinent literature and interviewed representatives of the following organizations:

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<td>To obtain a detailed understanding of states’ TANF programs’ efforts to screen for and address domestic violence, we conducted visits to eight states. We visited three states—Illinois, Iowa, and Wisconsin—during a preliminary phase of our work, and another five states—Colorado, Georgia, New York, Oklahoma, and Washington in a later phase. We selected these five states in order to ensure we covered (1) states in different regions of the United States; (2) states that had adopted the FVO recently and a state that had not adopted the FVO; (3) a state in which the TANF program is state administered, and a state in which TANF is county administered; and (4) a state that had used TANF funds to support a marriage program, and a state that had used TANF funds to support a fatherhood program.</td>
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<th>Other</th>
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<td>As part of our work, we reviewed pertinent literature and interviewed representatives of the following organizations:</td>
</tr>
</tbody>
</table>
Appendix I: Objectives, Scope, and Methodology

- The Center for Law and Social Policy;
- The Urban Institute;
- The Center for Impact Research;
- The Center on Budget and Policy Priorities;
- The American Enterprise Institute;
- The American Public Human Services Association;
- The Brookings Institution;
- MDRC;
- The National Governors Association;
- Public Strategies;
- The National Fatherhood Initiative; and
- The Center for Fathers, Families, and Workforce Development.
Appendix II: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

JUL 19 2005

Mr. David D. Bellis
Director, Education, Workforce,
and Income Security Issues
U.S. Government Accountability Office
Washington, DC 20548

Dear Mr. Bellis:

Enclosed are the Department’s comments on the U.S. Government Accountability Office’s (GAO’s) draft report entitled, “TANF: State Approaches to Screening for Domestic Violence Could Benefit from HHS Guidance” (GAO-05-701). The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department provided several technical comments directly to your staff.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely,

Daniel R. Levinson
Inspector General

Enclosure

The Office of Inspector General (OIG) is transmitting the Department’s response to this draft report in our capacity as the Department’s designated focal point and coordinator for U.S. Government Accountability Office reports. OIG has not conducted an independent assessment of these comments and therefore expresses no opinion on them.
Appendix II: Comments from the Department of Health and Human Services

HHS COMMENTS ON THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE’S DRAFT REPORT ENTITLED, “TANF: STATE APPROACHES TO SCREENING FOR DOMESTIC VIOLENCE COULD BENEFIT FROM HHS GUIDANCE” (GAO-05-701)

The Department of Health and Human Services (HHS) appreciates the opportunity to comment on the U.S. Government Accountability Office’s (GAO) draft report.

General Comments

We appreciate the work that GAO has done to compile information about State approaches to domestic violence among clients of the Temporary Assistance for Needy Families (TANF) program. The report documents varying approaches that States use to identify and assist victims of domestic violence. It highlights the challenges to such endeavors, especially in rural settings. It also provides information on State use of TANF funds for marriage and fatherhood education programs.

GAO Recommendations

We recommend that the Secretary of the Department of Health and Human Services:

1. Examine current domestic violence screening practices of States, and consider whether certain practices—such as employing, where possible, domestic violence specialists—should be specifically encouraged by agency guidance or memoranda, and

2. Consider establishing minimum acceptable screening standards, which could include a requirement for a specific inquiry about domestic violence, for States which have certified adoption of the Family Violence Option (FVO).

HHS Response:

The HHS Administration for Children and Families (ACF) has shown and continues to show a strong commitment to reducing domestic violence and to helping victims of domestic violence obtain the safety and supportive services they need. One way ACF has demonstrated that commitment is by promoting the adoption of the FVO, a TANF State-plan provision that provides a specific method for addressing the needs of domestic violence victims receiving welfare. In turn, ACF holds States that adopt the FVO and grant specialized waivers harmless from financial penalties if the penalties would otherwise result from State efforts to assist victims of domestic violence. We have shown considerable success in this regard. As the report documents, 40 States have adopted the FVO and 8 other States have similar policies in place.

The report recommends that we consider encouraging the use of certain domestic violence screening practices by issuing guidance to States. ACF agrees that it would be beneficial for State TANF programs to have an array of best practices of domestic violence screening techniques on which to draw in order to assist their clients. However, as the report indicates on page 9, there is a lack of consensus among domestic violence services professionals about the
best techniques for screening clients. With disagreement among experts in the field, ACF is reluctant to advocate particular screening approaches over others, allowing the State and local entities the latitude to determine the techniques that serve their clients best.

Although we have found that we do not have sufficient evidence of superiority to advocate specific screening methods over others, in an effort to provide technical assistance, training, and information on responding to and preventing domestic violence, ACF funds the National Resource Center on Domestic Violence. The center serves organizations and individuals nationwide, including State and local government agencies.

ACF does, however, commend GAO for noting the shortfall that can occur when there is a lack of trained staff or persons with experience and available expertise to work through a domestic violence issue with a TANF client. Services staff, as the report adequately demonstrates, understand that domestic violence expertise is an unused resource that should be available on relatively short notice. It is critical that the report maintain its focus on the need for States to utilize existing domestic violence expertise, i.e., whether States believe that it is more useful to initiate the discussion of domestic violence issues early or to let those discussions occur later in the interview process. It is also critical for States to utilize some of the existing expertise to assist caseworkers and intake workers in their attempt to provide for self-improvement for their clients.

The report also recommends that the Department consider establishing minimum acceptable screening standards, which could include a requirement for a specific inquiry about domestic violence for States that have certified adoption of the FVO. For States that adopt the FVO, the State’s first requirement is to have and enforce procedures to screen and identify TANF recipients with a history of domestic violence while maintaining recipient’s confidentiality. However, as we noted above and as the report itself highlights, the domestic violence prevention community does not agree about screening techniques. You cite an example on page 14 of a State that, on the advice of the State coalition that advocates for domestic violence victims, does not make a specific inquiry but gives the client the freedom to come forward whenever he or she is comfortable discussing domestic violence.

It is also important to understand that the FVO is just that: optional. We want to encourage States to use it. If we add restrictions, we run the risk that States will simply bypass the option entirely. We believe that this would be counterproductive for victims of domestic violence, particularly in the absence of evidence for establishing minimum standards. Moreover, our regulatory authority is limited in this and many areas of the program. The spirit of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which created TANF, is one that affords States broad discretion over the design of their programs within broad Federal parameters.

Finally, with respect to the recommendations, we suggest that GAO qualify its conclusions. We believe that it would be helpful if the report mentioned that the conclusions are based on perceptions of what constitutes good practice. We also believe that GAO may well be correct in these perceptions, but presently there is little evaluation to support particular approaches.
Appendix II: Comments from the Department of Health and Human Services

Other Comments

We would also like to comment on the report's discussion of marriage and fatherhood programs. Throughout the report, you refer to "marriage and fatherhood promotion" programs. ACF does not consider its Healthy Marriage Initiative to be "marriage promotion" but rather an initiative that offers healthy marriage education, i.e., education for those interested in marriage; our fatherhood programs are responsible fatherhood projects, not "fatherhood promotion." ACF believes the difference is noteworthy and we hope that GAO will correct the report before publication.

GAO also notes on page 29 that domestic violence is generally not explicitly included as a component in marriage and fatherhood programs. ACF is not aware of general practice in State-initiated programs, but it is our stated policy for all Federally funded Healthy Marriage Initiative projects to require grantees to develop domestic violence protocols that set forth project-specific policies with regard to screening for domestic violence and referrals to local domestic violence services. ACF is committed to ensuring that all future Healthy Marriage Initiative projects fully incorporate domestic violence protections.
Appendix III: GAO Contact and Staff
Acknowledgments

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**GAO Contact**

David Bellis, Director, (415) 904-2272

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**Acknowledgments**

David Lehrer, Assistant Director, Michael Hartnett, Analyst-in-Charge, Deirdre Gleeson-Brown, Gale Harris, Alison Martin, Nancy Purvine, and Amber Yancey-Carroll also made significant contributions to this report.

Important contributions were also made by Jen Popovic, Corinna Nicolaou, and Daniel Schwimer.
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Gloria Jarmon, Managing Director, JarmonG@gao.gov (202) 512-4400
U.S. Government Accountability Office, 441 G Street NW, Room 7125
Washington, D.C. 20548

Paul Anderson, Managing Director, AndersonP1@gao.gov (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
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