Interpersonal Violence Among Women Seeking Welfare: Unraveling Lives

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Objectives. Exposure to violence is a widespread problem among women who receive welfare benefits. Research has focused on partner violence among women with children on Temporary Assistance for Needy Families (TANF), ignoring low-income women without dependent children who are eligible for General Assistance (GA).

Methods. We report findings from a survey of 1235 women seeking TANF (N = 1095) and GA (N = 140) throughout a California county.

Results. Estimates of recent physical, sexual, and severe violence were high in both populations. However, the highest rates occurred among women without children seeking GA, suggesting that they are at higher risk for sexual violence and more severe forms of physical violence, especially from intimate partners. This increased risk is partly accounted for by the co-occurrence of other serious health and social problems. In multivariate analyses, past-year violence was associated with substance use (adjusted odds ratio [AOR] = 2.0, 95% confidence interval [CI] = 1.5, 2.9), recent homelessness (AOR = 1.9, 95% CI = 1.4, 2.6), family fragmentation including divorce or separation (AOR = 3.1, 95% CI 1.8, 5.2), or foster care involvement (AOR = 2.2, 95% CI = 1.1, 4.5)

Conclusions. Welfare reform created TANF programs to address domestic violence. Women seeking GA may need similar services because of the high prevalence of violence. (*Am J Public Health.* 2006;96:1409–1415. doi:10.2105/AJPH.2004.057786)

In the past decade, the widespread problem of domestic violence among women receiving Temporary Assistance for Needy Families (TANF, formerly Aid to Families with Dependent Children) has come to the attention of policymakers. Federal welfare reform directs states to develop special violence-prevention programs and to provide victimized women with exemptions from work requirements under a new "Family Violence Option." These new policies recognize that ongoing exposure to violence can compromise women's ability to meet the more demanding work requirements under welfare reform. In addition, the new policies recognize that welfare providers are in a position to take active steps to address domestic violence and related health and social problems.[1–3]

These new policy measures are supported by epidemiological research that underscores the significance of violence in the lives of women receiving federal aid. Exposure to partner violence in the past year ranged from 20% to 30% in samples of the poor and welfare poor.[4–7] These estimates are 2 to 3 times higher than in the general population.[8–12] Previous studies further show that victimization co-occurs with numerous other health and social problems, linking domestic violence among welfare recipients to homelessness,[13–15] human capital and employment deficits,[16,17] and poor physical and mental health.[4] Numerous studies in welfare and nonwelfare populations link victimization to alcohol and drug dependence and abuse.[6,18–21] For example, a study of Michigan TANF recipients documented a 5-fold increased risk of substance dependence among women reporting domestic violence in the past year.[6]

The literature also suggests that ongoing exposure to violence can limit women's capacity to achieve economic independence—a central goal of welfare reform.[22–25] A noteworthy 3-year longitudinal study by Byrne and colleagues suggested that violent events trigger broad economic destabilization and unraveling in the day-to-day lives of low-income women.[26] Women who reported physical or sexual violence at one point in time were more often found to be living below the federal poverty level over subsequent observations. Violence was associated with other problems, such as divorce, unemployment, and further victimization. Such studies point to the complexity of the problems surrounding women who report being the victim of interpersonal violence, as well as to the significance of violence as a barrier to economic independence for women receiving public aid.

Previous studies have made important contributions by documenting the extent of domestic violence among poor women receiving TANF and have identified related co-occurring health and social problems. However, these studies have typically focused on partner-inflicted violence to the exclusion of other forms of violence that impinge on the lives of women in poverty. Such an overly narrow definition of violence fails to capture the extent of the damage it causes. Broader work based on population and clinically-based samples suggests that sexual and physical assaults in general are associated with significant health and social harms, including physical health problems,[27–29] mental health consequences[18–20,30,31] physical functioning limitations,[27,30,32] and poorer health.[33–35]

Moreover, in focusing on partner violence, previous research has been largely confined to studies[2,6,7,16,17,36] of women with children on TANF. We are unaware of any studies that focus on the health risks associated with violence in the lives of single women who receive welfare benefits who are eligible only for local aid through General Assistance (GA) and General Relief (GR). State and local GA serves as a "last resort" program for those who do not meet the federal requirements for TANF (i.e., women with dependent children) or Supplemental Security Income (SSI).[37,38] GA programs are locally funded, and this fragile funding base has meant the recent closing of GA programs in many states.

Despite the common misconception that these local aid programs cater exclusively to

unattached men, recent studies revealed that substantial numbers of women are served by GA. In 1991, the Michigan GA population was 39.8% women.[39] Studies of the GA population also suggested that these aid recipients possess more of the key risk factors associated with victimization than the Aid to Families with Dependent Children/TANF population, including alcohol and drug problems, mental and physical health problems, family distress, and homelessness.[40–43] These factors point to the importance of directing research efforts—and perhaps ultimately violence prevention programs—at a broader spectrum of forms of violence and a wider range of women receiving public aid.

We addressed these limitations by examining victimization in a representative sample of 1235 poor women seeking welfare benefits from federal TANF and local GA throughout a large California county welfare system. We used a broader definition of interpersonal violence than previous studies—one that includes episodes of physical and sexual assault by anyone in these women's lives, with specific information on partner assault. We compared experiences of interpersonal violence among women with dependent children applying for TANF and single women without dependent children applying for local GA. We compared the prevalences for different forms of victimization and examined related health and social problems, as well as the extent to which these problems differed in the 2 populations of women receiving public aid.

METHODS

A large northern California county was selected for its demographic heterogeneity, including urban and rural communities, affluent neighborhoods and inner-city poverty areas, and diverse ethnic groups. A complete roster of applicants for TANF and GA in all 7 of the county's district welfare offices was provided to study personnel. In addition, the names of individuals without appointments (walk-ins) were recorded and referred to the study. Individuals were ineligible if they did not speak English or Spanish or the case involved coverage only for a child. There were 1786 eligible individuals, with a response rate of 85%. Applicants were sampled between June and November 2001, taking every case. TANF and GA applicants were approached and interviewed in person at the welfare offices by trained survey interviewers using a standardized questionnaire. We developed the questionnaire using pretested and established items described here. The same questions were asked of each applicant, and all response categories were predetermined. Interviewers received a 1-week training in the office and the field to teach the consistent administration of the survey instrument, techniques for study recruitment, and full completion of surveys. In-person interviews took place either before or after the welfare intake interview, depending on client availability, but always after an initial screening interview that sorted between applicants eligible for TANF versus those available for GA.

Interviews took an average of 57 minutes to complete and were conducted in English or Spanish using a professionally back-translated version of the survey instrument. Interviews were conducted in an office at the welfare agency specifically designated for the study. In the case of a few individuals, the interview was conducted over the telephone. Each person was told that participation in the study was voluntary and independent of receiving public assistance and that any information collected remained completely confidential from welfare officials. Participants were reimbursed $30 for their time plus a $10 grocery card. Provisions were made to clearly distinguish interviewers from welfare department staff and to ensure complete privacy in interviews; for example, we provided separate babysitting for parents accompanied by their children. All study participants gave written informed consent and are protected by a federal certificate of confidentiality.

Sample

This survey of welfare applicants, which is part of the larger Welfare Client Longitudinal Study,[41,44] included a cross-section of 1510 adult welfare applicants, representative of the countywide population seeking aid. For the purposes of this analysis, we used data on all female welfare applicants (N=1235). Women made up 94% of TANF applicants (n=1095) and 41% of GA applicants (n=140). This sample was comparable to previous research that examined violence in 3 distinct groups: poor women, women receiving TANF, and women receiving GA.

Measures

The analysis incorporated measures of demographic characteristics, including age, ethnicity, marital status, family structure, number of children at home, children in foster care, education, past-year work, and income. Assessment of social problems included receipt of previous aid during the lifetime, episodes of homelessness in the past year, victimization, and family support. Health behaviors were assessed as well, including the use and abuse of alcohol and illicit drugs. Homelessness was assessed by asking the following question, "Have you had your own place for all of the last 12 months, or were you without a regular home at some time?" Family support was assessed by asking the following question, "Not counting any family members that you have lived with in the last 12 months, how many of your relatives do you feel really close to?" Responses were grouped as follows: 0 to 2 people or 3 or more people.

Measures of recent physical interpersonal violence were based on a series of survey items[45] that have been used in past research on poor women.[14,36] These items were confined to episodes of physical and sexual assault during the year before the interview. Physical assault was assessed with 3 questions. The first question has been used in a National Alcohol Survey to assess physical assault.[46,47] "Did anyone beat you up, attack you, or hit you with something, such as a rock or bottle?" Moderate and severe physical partner assault were assessed (severe violence includes any sexual assault or severe physical assault), respectively, by asking the following 2 questions, which were derived from the Conflict Tactics Scales[45]: "Did a partner, spouse, or someone you've been intimate with push, grab, shove or slap you?" and "Did a partner, spouse or someone you've been intimate with kick, hit, beat you or threaten you with a gun or knife?" Sexual assault was assessed using a question developed and used in previous welfare population surveys: "Did anyone try to force themselves on you sexually (or rape you)?" Those who endorsed this item were further asked, "Was

this by a spouse, partner, or someone you've been intimate with?" Both sexual and physical assault information were asked first without regard to perpetrator ("anyone"). Next, we specifically assessed partner-perpetrated physical or sexual assault. To help reduce problems with underreporting on victimization events, these items were carefully pretested on a relevant study population, and efforts were made to increase interview comfort by matching study participants and interviewers on ethnicity and gender. Moreover, questions about violence were asked toward the end of the interview, providing interviewers with an opportunity to first establish rapport with the study participant.

For the purposes of this analysis, we constructed summary measures reflecting different forms of victimization during the past year. Women who endorsed any of the 3 physical assault questions were considered physically assaulted by anyone. A positive response to the question about rape was categorized as being sexually assaulted by anyone and could include 1 or more sexual assaults in the past year. A measure of "severe violence" was constructed conceptually to include a positive response to any of three levels of assault: (1) severe physical assault by a partner (using the Conflict Tactics Scale[45] definition, including being kicked, hit, beat, or threatened with a gun or knife), (2) a report of being attacked or hit with something, or (3) sexual assault. In sum, we collected information on physical and sexual violence by anyone and violence committed by partners, but we did not capture exclusive non–partner-perpetrated violence among those with partner violence.

Alcohol and drug use were assessed with widely used epidemiological measures that capture problem drinking and heavy illicit drug use.[40,48–50] Problem drinking is a measure of past-year drinking that involves at least 2 of the following 3 conditions: (1) consumption of 5 or more drinks in a sitting at least once a month, (2) 1 or more alcohol dependence symptoms, and (3) 1 or more alcohol consequences. Drug use was assessed as weekly use during the past year of at least 1 of the following illicit drugs: marijuana or hashish, crack or cocaine, amphetamines or crank, sedatives, heroin, other opiates, or psychedelics.[51] Individuals who met the criteria for either problem drinking or weekly drug use were categorized as substance abusers.

These items have a long tradition of use in many published studies on general, clinical, and welfare populations to provide a multidimensional measure of at-risk substance use that correlates well with clinical measures of substance abuse, and they are predictive of relevant factors, such as the use of substance abuse treatment.[40,41,44,52,53]

Data Analysis

Data were analyzed from the 1235 female applicants to TANF and GA programs. Sampling weights were applied in the original sample to adjust for nonresponse and small differences in sampling probabilities. All statistical procedures were carried out using SPSS version 11.5 (SPSS Inc, Chicago, Ill). First, percentages from the total sample, and then TANF and GA applicants, were compared with respect to the study characteristics (Table 1) using χ^2 tests with relevant P values presented. Next, using similar methods, the prevalence of violence was described including the crude odds ratio and 95% confidence intervals (CI) for GA versus TANF (data not shown in tables). Finally, after eliminating family structure (highly correlated with marital status) the remaining factors were included in logistic regression analyses of (1) any reported violence (yes=1, no=0) and (2) severe violence (yes=1, no=0). The final predictors were described on the basis of statistical significance, showing odds ratios and CIs for the individual significant predictors.

RESULTS

Study participants were aged 18 to 65 years, with a mean age of 30 years. Black women constituted the largest single ethnic group at 34%, closely followed by Whites (30%) and Hispanics (23%) (Table 1). Homelessness was reported by 51% of women; 31% reported less than a high-school diploma; 33% reported being unemployed during the past year; and 75% reported previous welfare assistance. Ten percent of women were problem drinkers, and 17% were weekly drug users.

Compared with TANF, GA applicants were older. They were also more likely to be White and less likely to be Hispanic; to be divorced, separated, or single; to have been homeless in the past year; to have no children living at home; to have a child in foster care; to be unemployed in the past year; to have received previous aid; to be living below the poverty line; and to be a problem drinker.

An examination of Table 1 shows GA women have a preponderance of risk factors or consequences for violence. In bivariate analyses (data not shown in tables), higher rates of any type of violence were reported by Whites; unmarried women who were either living with someone, separated/divorced, or never married; single women; homeless women; women without children in the household; and women with children in foster care. Having 3 or more supportive family members was negatively associated with violence. Finally, women who met criteria for problem drinking or weekly drug use were twice as likely to report violence.

Table 2 shows the prevalences of different forms of victimization in the study sample and by GA/TANF status. Overall, 28.7% of aid applicants reported at least 1 episode of victimization in the past year, including any physical or sexual assault. Severe violence was described by 18.3% of women, physical assault was reported by 27.4%, and sexual assault was reported by 6.7%. More than 25% of women in this sample reported a physical or sexual assault by a partner. Severe physical assault by a partner was reported by 10% of women, and 3.6% reported partner sexual assault. The vast majority of women who reported interpersonal violence (88%) described circumstances in which at least 1 perpetrator was a partner. That means that 12% of women were assaulted by a nonpartner only, and an unknown number were assaulted by both nonpartners and partners (but were classified as partner assault).

As Table 2 illustrates, with the exception of sexual partner violence, all forms of violence were significantly more common among single women applying for GA than among women with children applying for TANF. It is notable that the most severe forms of violence—rape and severe physical assault—were twice as common among women seeking GA compared with TANF.

Table 3 shows the results from 2 logistic regression analyses that show only statistically

TABLE 1—Weighted Characteristics of Women Applying for Welfare Benefits: California, June to November 2001

	Total Sample %	General Assistance Applicants, %	Temporary Assistance for Needy Families Applicants, %	*P* for GA vs TANF Difference
Unweighted Ns	N = 1,235	n = 140	n = 1095	
Age				
18–24	32	15	34	<.0001
25–34	35	17	37	
≥35	32	68	29	
Race/ethnicity				
Asian	0.4	0	0.4	.006
African-American/Black	34	39	34	
Hispanic	23	10	24	
Native American	2	4	1	
Filipino	3	3	3	
Other minority	8	10	8	
White	30	34	29	
Marital status				
Married/widowed	14	14	14	.010
Living with someone	10	6	11	
Separated/divorced	34	47	32	
Never married	42	33	43	
Family structure				
Single	12	80	5	<.001
Single parent	69	15	74	
Intact family	20	6	21	
Homeless in past year				
No	49	36	50	.005
Yes	51	64	50	
Children in household				
None	7	82	2	<.001
1–2	70	19	73	
≥3	23	0	25	
Children in foster care				
No	97	88	97	<.001
Yes	04	12	3	
Education				
Less than high-school degree	31	36	31	.251
High-school degree or more	69	64	69	
Employed in past year				
No	33	61	30	<.001
Yes	67	39	70	
Received aid previously				
No	25	35	24	.010
Yes	75	65	76	
Family income below federal poverty level				
No	62	37	65	<.001
Yes	38	63	36	

Continued

significant predictors of past year: (1) victimization (any) and (2) severe victimization. In the first model, four factors emerged as significantly associated with any form of violence: marital status (being separated/divorced [adjusted odds ratio (AOR)=3.1] and being never married [AOR=1.9]), having children in foster care (AOR=2.2), substance abuse (AOR=2.0), and past-year homelessness (AOR=1.9). In model 2, five factors significantly predicted severe violence: marital status (being divorced/separated [AOR=4.1], being never married [AOR=2.9]), having a child in foster care (AOR=2.7), substance abuse, (AOR=2.1) and being homeless (AOR=1.6). Family support was protective for severe violence only (AOR=0.7).

DISCUSSION

Recent studies of violence in the welfare population have focused exclusively on partner violence as it occurs in the lives of women with dependent children on TANF. These analyses point to a need for a deeper understanding of the circumstances surrounding interpersonal violence in the lives of single women without children who live in poverty.

We found that the overall prevalence of recent victimization in this sample of women seeking public aid was extremely high relative to rates in the general population. Rates were comparable[54–56] or higher[57–60] compared with past-year violence reported by women seeking trauma or emergency department services. In total, one quarter of this sample reported at least 1 episode of physical abuse by a partner in the past year. This rate is 2 to 3 times higher than comparable rates reported by general population studies.[8,9,11]

We also found that many of the women in this study had recent experiences with violence that involved persons other than their domestic partners. These episodes of victimization have not been captured very well by previous welfare studies. For example, 7% of our welfare-based sample reported at least 1 recent sexual assault. However, only 4% of the sample reported that the sexual assault(s) occurred with a partner. Domestic or partner violence was, therefore, not the only type of violence reported by women applying for welfare.

TABLE 1—*Continued*

Family support				
0–2 people	57	62	57	.283
≥3 people	43	38	43	
Problem drinker				
No	90	82	91	.003
Yes	10	18	9	
Weekly drug user				
No	84	80	84	.335
Yes	17	20	16	
Problem drinker or weekly drug user				
No	78	69	79	.012
Yes	22	31	21	

Note. All percentages were weighted to adjust for nonresponse and small differences in sampling probabilities. Percentages may not sum to 100 because of rounding.
[a]Problem drinkers exhibit at least 2 out of the following 3 conditions: comsumption of 5 or more drinks in a single sitting at least once a month; >1 alcohol dependence symptoms in the past year; >1 incident of consequences from alcohol in the past year.
*$P \leq .05$; **$P \leq .01$; ***$P \leq .001$.

TABLE 2—Past Year Prevalence of Violent Victimization Among Women Welfare Applicants: California, June to November 2001

Type of Violence	% (No.)	General Assistance, %	Temporary Assistance for Needy Families, %	Crude Odds Ratio (95% Confidence Interval)
Any violence, partner or nonpartner	28.7 (357)	38.1	27.8	1.6** (1.1, 2.4)
Severe violence[a]	18.3 (229)	31.4	16.9	2.2*** (1.5, 3.4)
Physical assault	27.4 (340)	34.7	26.6	1.5 (1.0, 2.2)
Sexual assault	6.7 (84)	12.7	6.1	2.2** (1.2, 4.0)
Partner violence	25.3 (314)	33.1	24.5	1.5* (1.0, 2.3)
Physical assault by partner	25.0 (309)	33.3	24.2	1.6* (1.0, 2.4)
Moderate physical assault	24.5 (302)	30.1	23.9	1.4 (0.9, 2.1)
Severe physical assault	10.0 (125)	19.3	9.1	2.4*** (1.4, 4.0)
Sexual assault by partner	3.6 (44)	3.7	3.6	1.0 (0.4, 3.0)
Unweighted total	(1235)	(140)	(1095)	

Note. All numbers are unweighted; percentages were weighted to adjust for nonresponse and small differences in sampling probabilities.
[a]Severe violence includes any sexual assault or severe physical assault.
*$P \leq .05$; **$P \leq .01$; ***$P \leq .001$ for significant difference between General Assistance and Temporary Assistance for Needy Families.

One of the most notable findings from this study was that the highest rates of violence were observed in a group of low-income women that has been largely excluded from previous research, namely, single women without dependent children seeking local GA. Although it is often assumed that local GA programs cater to single unattached men, 41% of our representative sample of GA applicants were women. Although rates of victimization among women seeking TANF were disproportionately high, they were even higher among women seeking GA. Perhaps most troubling was that women seeking GA were 2.5 times more likely to have experienced severe violence in the past year. Paradoxically, in this sample of purportedly single women, violence perpetrated by partners was extremely common.

Overall, the single women applying to GA in this study had a more complex and high-risk profile than those applying to TANF. Along with higher rates of violence and severe violence, women applying to GA were more likely to experience problem drinking, divorce or separation, homelessness, having a child in foster care, and poverty. In our multivariate analysis, applying for GA was no longer a significant predictor of any violence or severe violence, suggesting that differences in reported violence have to do with the characteristics of women in the respective programs.

GA may be a marker for a cluster of complex interrelationships between violence and various other social and health problems. Our data paint a picture of women whose lives are "unraveling." Victimization in this population is co-occurring with numerous other health and social problems, the most noteworthy being substance abuse; family fragmentation because of divorce, separation, or loss of child custody; and recent experiences with homelessness. Events such as marital separations and spells of homelessness, for example, may actually represent partial solutions to partner violence when, because of a lack of resources, women are forced to make difficult trade-offs.[61] Because our analysis was limited to cross-sectional data, the time ordering of unraveling events in these women's lives cannot be ascertained. This points to the need for longitudinal studies that can time order events and shed light on the meaning of these associations.

Limitations

There were some limitations regarding the violence questions. We collected information on physical and sexual violence by anyone and whether any portion of this violence was committed by partners, but we did not capture exclusive non–partner-perpetrated violence among those with partner violence.

GA clients are similar nationally in that they serve those who do not meet criteria for uniform federal programs; however, some counties may have additional criteria (such as reporting domestic violence in Pennsylvania) that could make our findings less generalizable to those counties.

Conclusions

The American welfare system places primary importance on serving women with

TABLE 3—Adjusted Odds Ratio (95% Confidence Interval) for Logistic Regression Predicting Any Recent Victimization and Severe Victimization

Characteristic	Any Recent Victimization	Severe Victimization
Marital status		
Married/widowed	Reference	Reference
Living with	1.8 (0.9, 3.5)	2.0 (0.8, 4.8)
Separated/divorced	3.1*** (1.8, 5.2)	4.1*** (2.0, 8.5)
Never married	1.9* (1.1, 3.4)	2.9** (1.4, 6.2)
Child in foster care	2.2* (1.1, 4.5)	2.7** (1.3, 5.4)
Problem drinking or heavy drug use	2.0*** (1.5, 2.9)	2.1*** (1.4, 3.0)
Homeless in past year	1.9*** (1.4, 2.6)	1.6** (1.1, 2.3)
Family support	NS	0.7* (0.5, 0.9)

Note. Data were weighted to adjust for nonresponse and small differences in sampling probabilities. The above models controlled for the following variables that were nonsignificant: age, race/ethnicity, children in the household, education, employed in past year, received prior aid, family income below federal poverty level.
*$P \leq .05$; **$P \leq .01$; ***$P \leq .001$.

dependent children.[62] Therefore, it is not surprising that innovative policies targeting violence in the welfare population, such as the Family Violence Option, have been confined to addressing domestic violence in TANF. Yet our study suggests that poor women without children are the most vulnerable to experiencing victimization and that violence in the lives of those seeking aid does not always unfold within the family context. Future research should consider including (1) other forms of violence besides partner violence, (2) diverse populations seeking aid, and (3) complex interconnections between violence and other problems that can unravel in women's lives. This agenda of research may help to identify ways that welfare systems can better serve a broader cross-section of women in poverty and may encourage the wider adoption of policies such as the Family Violence Option.

The growing emphasis on providing social services brought about by welfare reform may help set the stage for dealing more effectively with the problem of victimization within TANF. Welfare reform shifted the orientation of TANF providers away from a focus on providing cash aid and toward a wider range of health and human services that support employment.[1] This approach may be particularly effective given the multiple problems seen among women reporting violence. The results of our analysis underscore the fact that violence coevolves with numerous other health and social problems in the lives of aid recipients—problems ranging from substance abuse to homelessness and family fragmentation. Because welfare providers have become more oriented toward providing recipients with a greater range of social services and toward forging community partnerships with health and social service providers, they will be in a better position to address the complex problems that seem to accompany life in poverty for both GA and TANF recipients. ■

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Contributors

L. A. Schmidt originated the study and supervised all aspects of its implementation. E. A. Lown developed the concept for the paper, carried out the statistical analysis, and wrote versions of the paper. L. A. Schmidt contributed substantially to the overall themes and editing at each stage. Editing and organization of initial versions of the article and statistical critique were performed by J. Wiley.

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Human Participant Protection

This research was conducted after appropriate review of the research protocol and consent documents by the Public Health Institute. Study participants are also protected by a Certificate of Confidentiality from the US Department of Health and Human Services.

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