“We Would Have Had to Stay”

Survivors’ Economic Security and Access to Public Benefits Programs

November 2018
The survey instrument was developed by Dr. Adrienne Adams, a professor and researcher at Michigan State University, in collaboration with staff at the National Resource Center on Domestic Violence (NRCDV), the National Latin@ Network for Healthy Families and Communities at Casa de Esperanza, and the National Domestic Violence Hotline (The Hotline). The instrument assessed:

- The types of public assistance applied for and received during participants’ relationship with their abusive partner (food assistance, cash assistance, healthcare assistance, housing assistance);
- The types of public assistance received;
- Barriers to applying for benefits;
- Case worker screening and survivor disclosure of abuse when applying for benefits;
- The occurrence and effect of a reduction or cessation of benefits;
- Material hardship in the past year (food insufficiency, an inability to pay the full amount of rent/mortgage, an inability to pay the full amount of a utility bill, and not being able to afford needed medical care);
- The importance of benefits for providing basic needs;
- Financial and medical dependence on the abusive partner; and
- Participants’ demographic characteristics.

The survey instrument was translated into Spanish by staff at Casa de Esperanza.

The survey was administered to survivors age 18 or older who contacted The Hotline (and consented to participation) beginning in early August 2017. Initially, the survey was available only to survivors who contacted The Hotline via online chat; however, there were concerns that this could skew the results toward people with higher levels of literacy and technology access, potentially leaving out many survivors who may be more likely to need and rely on public benefits. In mid-September 2017, survivors who called The Hotline were verbally invited to participate in the survey and told where to access it online, and in early October 2017, Hotline advocates began administering the survey directly to survivors over the phone. The survey was available via chat until the the end of November 2017, and advocates continued to administer the survey over the phone to consenting callers until the end of December 2017.

A total of 289 survivors met the criteria for inclusion and completed the survey. While this sample size is robust enough to provide key insights into survivors’ experiences with public benefits programs, the sample size limited what the report authors could examine statistically. The results for the relationships that could be tested are presented in this report.
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For domestic violence and sexual assault victims, the public benefits programs that support basic economic security are of critical importance. While we know that domestic violence and sexual assault occur across the socio-economic spectrum, there are unique challenges and barriers at the intersection of these forms of violence and economic disadvantage. Significant numbers of low-income women are abused or assaulted, and the violence perpetrated against them can make it nearly impossible to climb out of poverty. Abuse can also result in victims who were not previously considered low-income falling into poverty: violence often undermines victims’ ability to work, have a place to live, and do what is necessary to pursue a more stable life for themselves and their children. Poverty and economic instability can also make it more difficult to cope with the physical, psychological, and financial impacts of domestic violence and sexual assault.

Access to economic security programs like Temporary Assistance for Needy Families (TANF), which provides direct financial assistance to families living in poverty, Supplemental Nutrition Assistance Program (SNAP – formerly known as food stamps), affordable healthcare (through Medicaid, Medicare, or the Affordable Care Act), housing assistance, and other programs are critical in providing increased economic stability for survivors. These essential benefits enable survivors to afford basic necessities and help rebuild their lives after violence. Furthermore, the Centers for Disease Control and Prevention has concluded that improving financial security for individuals and families can help reduce and prevent intimate partner violence.

Far too often though, survivors face considerable challenges when trying to access these programs, including barriers stemming from both policies and their implementation. While advocates, attorneys, and other service providers play a valuable role in facilitating access to these programs, it is often not enough to overcome the significant barriers that victims encounter.

Strengthening the safety net is necessary to help survivors and their families attain economic stability, safety, and well-being.
A majority of respondents (92%) were women, although responses also came from male, transgender, and gender non-conforming/genderqueer survivors. Most respondents were ages 18-34, and about half (43%) have children. More than half of respondents identified as white, with people of color – including those who identified as Black, Hispanic, Asian, and Native American – comprising about 40% of the respondents. Nearly 20% of respondents reported having been born in a country other than the United States. Responses were collected from survivors currently living in 45 different U.S. states and territories. About one-fifth (19%) of respondents identified as having a disability. A majority of respondents reported an income of under $1,000 per month, including 23% who reported no income at all.6
Survivors surveyed commonly reported that they experienced at least one form of economic instability in the previous year, including insufficient food, an inability to pay the full amount of their rent/mortgage, an inability to pay the full amount of a utility bill, and not being able to afford needed medical care. Survivors with children were significantly more likely to experience economic instability and also reported significantly more types of financial strain than survivors without children. Also, survivors with a disability experienced significantly more types of financial strain than survivors without a disability. Those with a disability were significantly more likely to not have enough food to eat, not be able to pay their full utility bill, and go without medical care because they could not afford it when compared to survivors without disabilities. While this survey did not find a significant relationship between race/ethnicity and economic instability, possibly due to sample constraints, research clearly shows that people of color and Native Americans – as well as LGBTQ people, immigrants, and people with disabilities – experience disproportionate rates of poverty and economic insecurity due to the accumulated effects of historical and ongoing structural inequalities and oppression.\(^7\)

**PERCENTAGE OF SURVIVORS WHO EXPERIENCED THE FOLLOWING FORM OF MATERIAL HARDSHIP IN 2017**

<table>
<thead>
<tr>
<th>Material Hardship</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Food insufficiency</td>
<td>24%</td>
</tr>
<tr>
<td>Couldn't pay full rent or mortgage</td>
<td>36%</td>
</tr>
<tr>
<td>Couldn't pay full utility bill</td>
<td>41%</td>
</tr>
<tr>
<td>Someone went without medical care because couldn't afford it</td>
<td>35%</td>
</tr>
</tbody>
</table>
The vast majority (90%) of survivors surveyed said that public benefits are “very much” (78%) or “somewhat” (13%) important for being able to provide basic necessities. These programs help survivors afford food, housing, and healthcare and are a critical bridge to safety and stability as they work to heal from the violence.

POVERTY AND DOMESTIC VIOLENCE ARE INTERCONNECTED

Many abusive partners, in order to exercise and maintain control over their partner and their children, will actively seek to prevent and sabotage their partner from attaining economic independence or stability by limiting their access to financial resources, interfering with employment, ruining credit, and more. Victims may struggle to meet basic needs and are left trapped – and economically vulnerable – in an abusive relationship or otherwise unsafe situation. Ending an abusive relationship may mean losing not only access to a partner’s income, but also housing, employment, health care, or child care. Furthermore, victims often incur substantial out-of-pocket costs while navigating medical, mental health, relocation, and other systems. Survivors may also pursue legal remedies, which can be expensive, to attain safety and justice. While financial instability often means limited options to escape or reduce violence, victims who make efforts to find safety often find themselves thrust into poverty as a result.

Survivors’ ability to meet basic needs is central to their decision-making about whether or not they can leave an abusive relationship. Two-thirds (67%) of survivors surveyed said that they stayed longer than they wanted or returned to an abusive relationship because of financial concerns, such as not being able to pay bills, afford rent/mortgage, or feed their family.

In addition, 37% of survivors said that they stayed longer or returned to an abusive relationship because they were worried about being able to meet their own or their children’s medical needs without their partner’s insurance or financial help. Importantly, survivors with children were significantly more likely to stay or return because of financial concerns (when compared to survivors without children). Even for those survivors who stated they did not themselves need these programs, many shared that they are an essential resource for those who do.
“When I was in an abusive relationship, I was unable to work outside of the home at all. I would have died without public benefits.”

“When trying to break free from an abuser, it may take us a long time to find our footing again. Without public assistance, this would not be possible.”

“For people who need them, it is very important for their well-being, for health, sanity, and to survive.”

“I cannot leave my abuser because I don’t have any benefits.”

“I can’t pay all of my rent without it, I can’t afford to eat healthy without it, it’s hard to feed my child healthy [food] without it, I struggle for basic necessities without public assistance, even when I was employed full time.”

“When I was on food stamps and receiving free health care, they were life-saving to me.”

“If public benefits were not available, my children and I would have had to stay with the abuser.”
Out of the survivors surveyed, 40% applied for at least one type of benefit. About a third applied for health insurance and about a third applied for food assistance. Fewer survivors sought housing assistance (15%) and cash assistance (13%). Almost one-fifth (18%) applied for all four of the programs asked about (health insurance, food assistance, cash assistance, and housing assistance).

The frequency with which survivors applied for each program may reflect an understanding of both need and availability. For example, more survivors may have applied for health insurance because of the medical and mental health needs that result from abuse, as well as the relative accessibility of insurance under the Affordable Care Act. On the other hand, the small number of survivors who applied for cash or housing assistance might reflect the limited availability or amount of those benefits and more extensive requirements to receive assistance.
Of those survivors who applied for benefits, **82%** received them and **18%** were denied. The chart below shows the percentages of survivors who applied for and received or were denied each type of benefit.10 Again, the significant differences in receipt vs. denial under each program may be indicative of how comparatively easy or difficult they are to access, based on policy and implementation factors such as program requirements, application processes, and federal or state funding levels.

**PERCENTAGE OF SURVIVORS WHO APPLIED FOR AND RECEIVED THE FOLLOWING TYPES OF PUBLIC BENEFITS SINCE THE ABUSIVE RELATIONSHIP BEGAN**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Received %</th>
<th>Denied %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>Food assistance</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Cash assistance</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>34%</td>
<td>66%</td>
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**PERCENTAGE OF SURVIVORS WHO APPLIED FOR AND WERE DENIED THE FOLLOWING TYPES OF PUBLIC BENEFITS SINCE THE ABUSIVE RELATIONSHIP BEGAN**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Denied %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance</td>
<td>15%</td>
</tr>
<tr>
<td>Food assistance</td>
<td>19%</td>
</tr>
<tr>
<td>Cash assistance</td>
<td>35%</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>66%</td>
</tr>
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Of the survivors who did not apply for one or more benefits, 98% reported a barrier(s) to applying. The most common barriers that survivors encountered included thinking that their application would be denied, not knowing about the program, or being concerned that they would have to report the abuse in order to access the benefit. When asked to explain why they thought their application would be denied and what other types of barriers they confronted, many survivors shared that they believed their income would be too high to qualify. Survivors described falling into a gap where they are ineligible because of their income and yet still struggling financially and not earning enough to provide basic necessities for themselves and their children.

### REASONS THAT SURVIVORS GAVE FOR NOT APPLYING FOR SOME OR ALL OF THE PUBLIC BENEFITS THAT MIGHT HAVE HELPED THEM SINCE THE ABUSIVE RELATIONSHIP BEGAN

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I thought my application would be denied</td>
<td>25%</td>
</tr>
<tr>
<td>Didn’t know about the benefits</td>
<td>18%</td>
</tr>
<tr>
<td>Concern about having to report abuse</td>
<td>12%</td>
</tr>
<tr>
<td>Concern about having to get a restraining order</td>
<td>9%</td>
</tr>
<tr>
<td>Concern about immigration status</td>
<td>6%</td>
</tr>
<tr>
<td>No transportation</td>
<td>4%</td>
</tr>
<tr>
<td>Concern about criminal history</td>
<td>1%</td>
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</tbody>
</table>
“Income eligibility is so low that even if you are starving and don’t make enough for food, diapers, formula, and daycare, you couldn’t be eligible with a minimum wage job.”

“I can barely survive on what I make. It looks like a lot on paper but I can barely if at all pay my bills. I rarely have food in my house since my food stamps got cut off.”

“I work as hard and as much as possible, but it’s not enough to make ends meet although in the eyes of the state, I am supposedly earning plenty to survive.”

Other survivors – who are still legally married to the abuser or in the abusive relationship for financial, safety, or other reasons – noted that their abuser partner’s income prevents them from qualifying, despite not having any meaningful access to those financial resources themselves. This limits many survivors’ ability to build the economic stability they might need to leave the abusive relationship. Even after a survivor has left, the consequences of economic abuse and the ongoing impact of experiencing violence and trauma can significantly undermine survivors’ economic stability.

“I understand that because I am currently living with my spouse and being supported by him (when he wants to), I do not qualify for public benefits because he makes too much. Because I will not report him or reach out anonymously to be considered a domestic abuse victim, I cannot take advantage of the benefits offered to domestic abuse victims.”

“If I did not receive help for my housing, food, and medical needs I would not be able to make it. When I was working my partner would steal everything I had. I do not receive any help for utilities and my lights are about to get shut off. But I am trying to get money to prevent that from happening. I have been going to school to try and better my life.”

“I make over $50k, but my credit is really bad from my husband using it and running up my credit cards, because my income is ‘high’ gross I won’t be eligible even though [if it was based on] net income I probably would [be eligible] because of debt.”
While this survey did not explicitly ask survivors about other barriers, such as child support enforcement cooperation requirements, work requirements, or access to childcare or transportation, some survivors nevertheless identified these as challenges that impede their ability to access public benefits programs. More information on how these program requirements and other systems-level barriers impact survivors can be found in a companion report, *The Difference Between Surviving and Not Surviving: Public Benefits Programs and Domestic and Sexual Violence Victims’ Economic Security*, available here.

**ACCESS TO BENEFITS FOR IMMIGRANT SURVIVORS**

Under federal law, most immigrants lawfully residing in the United States are barred from receiving assistance under the major public benefits programs for five years or longer.\textsuperscript{11} Also, if U.S. immigration officials determine someone is likely to become a “public charge” – defined as someone who would be primarily dependent on government programs like cash assistance in order to survive – that person may be denied admission to the U.S. or lawful permanent resident status.\textsuperscript{12} Because of these policies, many immigrant survivors are unable to access necessary support – and even if immigrant survivors or their children are eligible to receive benefits, many are not applying for these programs for fear of being deported, detained, or suffering other negative consequences when they reach out.\textsuperscript{13}

Of the survey respondents who identified as Hispanic, 18% said that immigration status was a barrier to access. The same is true of 15% of Asian survivors and 7% of Black survivors.

**Voices from the Field**

“I don’t have papers yet and worry [about] deportation...just like my abuser told me, nobody [will] believe me and I cannot seek help because of my status.”

“When I called, services were only in English and had not option in Spanish.”
Of the survivors who applied for benefits, just under half (47%) met with a caseworker or staff person at the public benefits program. In only one-third of those interactions did the caseworker screen for or ask about abuse. Despite the fact that survivors of domestic violence often qualify for particular program exemptions or extensions (such as the Family Violence Option under TANF) or need specialized services like referrals or safety planning, nearly two-thirds of survivors surveyed said that their caseworker did not ask about abuse.

Of those survivors who were asked about domestic violence, fewer than half (47%) disclosed the abuse. The low rate of disclosure could be indicative of how these screening questions are asked and survivors’ fear of retribution for disclosing. It suggests that trauma-informed approaches to screening – including creating physical environments where survivors feel safe to disclose, asking questions in a supportive and nonjudgmental way, and being knowledgeable about domestic violence-specific exemptions and referrals – are essential in helping ensure both survivors’ access to these programs and their safety.

In about 30% of cases, the survivor disclosed the abuse, regardless of whether or not the caseworker asked. Those survivors who shared their experiences of domestic violence unprompted might have felt empowered to do so because of advocacy and education by service providers and others in their community, suggesting that this kind of work by domestic violence advocates can be critical to helping survivors get the benefits they need.

Voices from the Field

“I didn’t know my rights.”

“The process of these things can be very stressful and too much for some of us to go through and we are scared to ask for help.”

Of the survivors who received the benefits they applied for, 61% reported that their benefits were later cut or reduced. Almost all (94%) of those survivors said that the loss of benefits “very much” (66%) or “somewhat” (29%) affected their ability to provide basic necessities for themselves or their family. Not surprisingly, those survivors who had their benefits cut or stopped experienced significantly more material hardship, including insufficient food, an inability to pay the full amount of rent/mortgage or a utility bill, and not being able to afford needed medical care.
Public benefits programs at the federal and state levels must be strengthened to improve access for survivors and better support their safety and economic security. These programs must also be implemented in ways that consistently identify survivors and connect them to the resources, exemptions, and services they need. Recommendations that emerge clearly from this survey include:

- Expand eligibility for public assistance to ensure better access for individuals and families in need.
  - Consider survivors’ personal economic resources rather than household resources when determining eligibility so that survivors are not penalized or denied access based on the abuser partner’s income.
  - Remove eligibility barriers for immigrant survivors, including by removing the federal 5-year waiting period for lawful permanent residents and providing access to benefits for immigrant survivors such as those who are eligible for a U visa for victims of crime.\textsuperscript{15}
- Clearly communicate that disclosure of abuse is optional and what will and will not happen if survivors choose to disclose (e.g., they may be eligible for a waiver of certain requirements and they will not be required to get a protection order from the court).

- Increase the amount of assistance available through TANF, SNAP, and other economic security programs so that more survivors can access resources to help meet their basic needs and not have to rely on an abusive partner’s economic resources.

- Clarify, at the federal and state level, the processes for screening for domestic violence and the exemptions or extensions that are available to victims.

- Provide ongoing training for public benefits caseworkers on the dynamics of domestic violence, and on providing trauma-informed services and responses, including safety and confidentiality considerations for survivors.
1. We have chosen to use the terms “victim” and “survivor” interchangeably throughout this report. The term “victim” is often used to serve as a reminder of the violence and control faced by those who are abused or assaulted. “Survivor” may be used to refer to someone who has gone through a process of healing or recovery, or when discussing the short- or long-term effects of domestic violence or sexual assault. Some people identify as a victim, while others prefer the term survivor – and many do not like or relate to either of these or other terms that advocates or policymakers typically use.

2. All those being victimized by a partner deserve effective advocacy, protection and support regardless of gender identity. We have tried to use gender-neutral language throughout this report, except in those circumstances where, as here, research or survey respondents specifically identified gender and/or focused on women. We note, however, that domestic violence and sexual assault are gendered social problems, with women being disproportionately targeted and harmed by men.


4. Id.


6. According to a 2017 report from the US Census Bureau, the median annual household income in 2016 was $59,039 (which equals about $4,920 per month). The nation’s official poverty rate in 2016 was 12.7%, meaning about 40.6 million people are living in poverty. https://www.census.gov/newsroom/press-releases/2017/income-poverty.html Under the 2018 federal poverty guidelines, 100% of the federal poverty level is $20,780 for a family of three (about $1,731 per month) in the 48 contiguous states and DC, $25,980 ($2,165/month) in Alaska, and $23,900 ($1,991/month) in Hawaii. https://aspe.hhs.gov/poverty-guidelines


10. Note that for some of the barriers identified, there was no statistically significant relationship with race/ethnicity. For other barriers, the sample size was too small to determine whether there was a statistical relationship with race/ethnicity.


14. Under the TANF Family Violence Option (FVO), states are, among other things, required to screen for domestic violence while maintaining victims’ confidentiality, refer victims to supportive services, and waive particular program requirements that would make it more difficult for the victim to escape the violence or that would unfairly penalize the victim. Every state has either formally adopted the FVO or reported to the federal government adoption of a comparable policy. States have also adopted similar screening requirements or policies under other economic security programs, such as SNAP.