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Does welfare diversion predict domestic violence fatalities?  
Evidence from Georgia

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2020

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## Abstract

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Intimate partner violence (IPV) is a risk factor for homicides and suicides. As poverty is both a predictor and a consequence of IPV, interventions that alleviate poverty-related stressors could mitigate IPV-related harms. Temporary Assistance for Needy Families (TANF), a monthly cash assistance program, is one such potential intervention. Some states implement a TANF diversion program, which provides a non-recurrent lump-sum payment to deter individuals from monthly TANF benefits. Diversion is an understudied component of TANF that may influence the efficacy of state TANF programs in supporting IPV survivors. This paper reports the quantitative findings of our mixed-methods sequential explanatory study examining the effect of TANF diversion on IPV-related mortality. Using state-level data from Georgia within the National Violent Death Reporting System (NVDRS), we conducted a time-series analysis to estimate the effect of TANF diversion on IPV-related homicides and suicides. We found three fewer IPV-related deaths per month after the implementation of TANF diversion compared to pre-diversion forecasts (coefficient = -3.003, 95%CI [-5.474, -0.532]). Coupled with what is already known about the limited reach of TANF, including Georgia's low TANF-to-poverty ratio, findings suggest that diversion payments may be achieving an outcome that differs from its theoretical goal.

Further attention to contextual factors is crucial for understanding how specific policy components of TANF influence IPV. Forthcoming research will contextualize our quantitative findings through semi-structured interviews with key informants who have TANF experience and expertise in Georgia. This work will reveal how TANF diversion is implemented in the state, how the implementation may impact IPV survivors, and the potential disparities experienced by survivors of color. We move the TANF literature forward by examining the impact of an understudied welfare policy component on a severe public health problem. The focus on Georgia is contextually valuable for advancing health equity given the state's high poverty level and prevalence of IPV.

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## Chapter 1: Introduction and Statement of the Problem and Purpose

“Domestic abuse takes a financial form for nearly all survivors, which can be particularly detrimental to survivors with low incomes...”

– Center for Budget & Policy Priorities

Intimate partner violence (IPV), precipitates major social, economic, and public health costs (Centers for Disease Control and Prevention (CDC), 2003; Chan & Cho, 2010), impacting an estimated 10 million people in the U.S annually (Huecker et al., 2022). IPV is defined as “physical, psychological, or sexual abuse or aggression that occurs in a current or former romantic relationship” (CDC, 2022). A significant public health problem, IPV increases the risk of chronic disease, sexually transmitted infections, mental illness, substance use, and injury (Coker et al., 2002; Stubbs & Szoeki, 2022; World Health Organization, 2021). IPV is a risk factor for both homicides and suicides (Kafka et al., 2021). Roughly 1 in 5 homicide victims are killed by an intimate partner (CDC, 2022). Although studies on IPV-related suicides have largely taken place at state- and municipal- levels (Cavanaugh et al., 2011; Kafka et al., 2022; Roehl et al., 2005; Walsh Brown & Seals, 2019), it is estimated that there may be over 2,900 IPV-related suicides occurring annually at the national level (Kafka et al., 2022). Since IPV is underreported, even these grave prevalence figures likely underestimate the severity of the public health issue (Gleicher, 2021; Gracia, 2004; Visschers et al., 2017).

Two decades of research demonstrate that poverty is both a predictor and a consequence of IPV (Benson & Fox, 2002; Capaldi et al., 2012; K. J. Conger et al., 2000;

Cunradi et al., 2002; Humphreys, 2007; Masarik & Conger, 2017; Purvin, 2007; Raphael, 2003; Renzetti, 2001; Staggs et al., 2007; Vest et al., 2002), exerting mutually-reinforcing effects (Conner, 2014; Kishor & Johnson, 2005). For example, lower incomes may increase the likelihood of IPV exposure (Vest et al., 2002), and IPV exposure may lower the survivor's likelihood of remaining financially independent or escaping poverty (Moe & Bell, 2004; Staggs et al., 2007; Tolman et al., 2001). This potential feedback loop suggests that interventions that alleviate poverty-related stressors could also be avenues for mitigating IPV-related harms. Indeed, 50 to 60 percent of IPV survivors participate in economic security programs (Tolman et al., 2001), lending opportunities for intervention in such contexts. The Family Stress Model (FSM) is a widely applied theoretical framework that can elucidate such levers for intervention; this model describes how financial stressors contribute to family economic pressure, which can impair mental health, and, in turn, produce relationship conflict or distress (K. J. Conger et al., 2000; R. D. Conger et al., 1992). The FSM has been applied to family violence in some studies (Ahmadabadi et al., 2018; Fox et al., 2002; Spencer et al., 2020, 2022). Although the FSM extends beyond relationship conflict or distress to parenting and child adjustment, the present study focuses solely on marital conflict and violence to better understand potential interventions for this specific pathway.

Temporary Assistance for Needy Families (TANF), a federal block grant program that provides monthly cash assistance to families in poverty, is one such intervention

with the potential to reduce IPV-related harms (Office of Family Assistance, 2015; Spencer et al., 2020). As a condition of receiving cash assistance, each state's TANF program requires a share of its recipients to be working or looking for work (Meyer & Pavetti, 2021). Research suggests that TANF carries the potential to influence multiple domains of family well-being: mental health (Booshehri et al., 2018; O. Davis, 2019; Smith et al., 2021; Stromwall, 2001), substance use (Crew & Davis, 2003; Oh et al., 2020), child well-being (Spencer et al., 2021; Wang, 2015), and IPV (Spencer et al., 2020, 2022). However, because each state has considerable discretion on how they can spend their TANF dollars, TANF policies vary dramatically across states (Center on Budget and Policy Priorities (CBPP), 2022). For instance, state-level differences lie in who qualifies for TANF receipt, how much in cash assistance one can receive on a monthly basis, who is mandated to fulfill work requirements, if recipients are privy to benefit reductions for not fulfilling work requirements (i.e., sanctions), the maximum number of months recipients are eligible for benefits (i.e., lifetime limits), reductions in benefits after receiving payments for a certain period (i.e., benefit reduction limits), and penalties for having an additional child while receiving TANF (i.e., family caps) (Knowles et al., 2021; Sawafi & Reyes, 2021). This warrants additional research on specific components of TANF that may be helping or harming TANF's potential to support families in general, and survivors of IPV in particular.

Diversion, a non-recurrent, short-term, lump-sum payment aimed at diverting individuals from ongoing TANF benefits, is another component of TANF policy (Knowles et al., 2021). In states such as Georgia, a diversion payment renders a TANF recipient ineligible for monthly assistance for up to 12 months; in others, the ineligibility period depends on the number of months' worth of benefits the family received as a diversion payment (Knowles et al., 2021; Shantz et al., 2021). Diversion may either act as a facilitator or barrier in reducing IPV-related harms. On one hand, a diversion payment can support IPV survivors with an immediate, short-term need or crisis without requiring them to undergo a strict, time-intensive application process to qualify for monthly TANF benefits. In addition, in some states, receiving a diversion payment can put a pause on a family's lifetime limit of TANF funds, thereby saving the limited allotment of monthly payments for a future date (Division of Family & Children Services, 2020a; London, 2003). On the other hand, the reduced access to regular cash benefits may increase their financial strain and exacerbate IPV-related harms. The potential impact of TANF diversion on IPV is inconclusive because diversion has received less research attention compared to other TANF policy components, such as sanctions (Larson et al., 2011; Wang, 2015; Wu et al., 2014), and time limits (Narain & Ettner, 2017; Pepin, 2022; Wang, 2015). Currently, the District of Columbia and 31 states have a diversion policy in place (Knowles et al., 2021), including Georgia.

Economic hardship and IPV are both pressing public health concerns in the state of Georgia. Its 14% poverty rate and \$34,516 per capita income (U.S. Census Bureau, 2021), coupled with its sharp 49% increase in IPV-related fatalities since 2020 (Georgia Commission on Family Violence, 2022) warrant policy-relevant solutions. The state experiences numerous racial and ethnic disparities in both poverty and IPV. For instance, the poverty rate of Hispanic, Black, and American Indian/Alaska Native individuals in Georgia are 19.7%, 20.3%, and 27% respectively, compared to the 9.5% poverty rate among White individuals (KFF, 2022). Additionally, Black women are disproportionately impacted by IPV in Georgia, at a rate that is 35% higher than that of White women and 2.5 times the rate of women of other races (Georgia Coalition Against Domestic Violence (GCADV), 2019).

The state of Georgia deserves greater attention in the TANF literature in order to understand and address inequities given its high Black population (33.0%), inequities in poverty and IPV, as well as the historically racist roots of TANF policy (Floyd et al., 2021). Indeed, the rationale for replacing TANF's predecessor, the Aid to Family Dependent Children (AFDC), can be traced back to paternalistic, stigmatizing, and racialized narratives aimed at deterring mothers of color from pursuing welfare (Floyd et al., 2021). Even today, Black and Latinx families receiving TANF are most likely to remain entrenched in poverty (Floyd et al., 2021). Furthermore, a qualitative study exploring IPV survivors' experiences with TANF in three states noted that stigma and

psychological stress associated with receiving TANF differentially impact African American women (Spencer et al., 2022).

Among the small handful of studies that do examine diversion policies, all but one (Spencer et al., 2020) predate the last decade (Fears, 2006; Hetling et al., 2006, 2007; Lacey et al., 2002; Rosenberg et al., 2008). Moreover, only one of these studies addresses Georgia, albeit limitedly, and the Georgia diversion policy discussed is different from the present-day diversion program (Rosenberg et al., 2008). Furthermore, only Spencer et al. (2020) estimate the impact of diversion on IPV outcomes in 20 cities, but these are outside of Georgia. This paper contributes to the literature by using evidence from Georgia to estimate whether its current TANF diversion policy has an impact on intimate partner violence. Specifically, the purpose of this study is to **estimate the effect of Georgia's TANF diversion policy on IPV-related mortality**. Based on the literature on poverty and IPV outlined above and the FSM, we hypothesize that TANF diversion will increase the number of IPV-related deaths in Georgia.

This study is of public health significance on multiple grounds. First, the focus on diversion moves the TANF literature forward by examining an understudied TANF policy component that could have crucial implications for the program's ability to support IPV survivors. Second, the use of mortality data enables the field to understand the impact of cash assistance on the most extreme forms of IPV. Third, the attention to

Georgia is contextually valuable for advancing health equity given its substantial racial disparities in poverty rate and prevalence of IPV.

## Chapter 2: Review of the Literature

“...when TANF works well, it makes a significant difference in the lives of [intimate partner violence] victims. Unfortunately though, [a national survey] also reveals a different reality – one marked by bureaucratic black holes, indifferent or even hostile staff, inadequate benefits, rules and practices that effectively bar victims from needed assistance, and in some circumstances, mandates and errors that put victims in more danger than before they sought help.”

– National Resource Center on Domestic Violence

### 2.1. Intimate Partner Violence: Burden and Consequences

Intimate partner violence (IPV), which involves physical, psychological, or sexual abuse or aggression in a romantic relationship (Centers for Disease Control and Prevention (CDC), 2022), is a critical public health and policy concern. In the U.S., nearly 20 people per minute are physically abused by an intimate partner (Freiden et al., 2011), impacting over 10 million men and women per year (Huecker et al., 2022), and accounting for an estimated 15% of all violent crime (Truman, 2014).

Individuals who earn a low income, are disabled, are in the LGBTQ community, or belong to racial and ethnic minority groups are disproportionately burdened by IPV victimization (Hughes et al., 2012; Rollè et al., 2018; Stockman et al., 2015). For example, in 2017, 17.4% of non-Hispanic multiracial women, 12.3% of non-Hispanic Black women, and 7.2% of Hispanic women reported a 12-month prevalence of IPV, compared to 6.0% of white women (Wallensky et al., 2022). While the case counts of non-Hispanic Asian or Pacific Islander women as well as non-Hispanic American Indian or Alaska Native women were too small to provide statistically reliable 12-

month prevalence figures, it is estimated that over half of non-Hispanic American Indian or Alaska Native women (57.7%), and over a quarter of non-Hispanic Asian or Pacific Islander women (27.2%) have a lifetime prevalence of IPV. Similarly, 18.1% of non-Hispanic American Indian or Alaska Native men, 13.7% of non-Hispanic multiracial men, 12.1% of non-Hispanic Black men, and 7.6% of Hispanic men reported IPV victimization in the past 12 months in 2017, compared to 5.5% of non-Hispanic White men. While the case counts of non-Hispanic Asian or Pacific Islander men were too small to provide statistically reliable 12-month prevalence figures, it is estimated that a quarter of non-Hispanic Asian or Pacific Islander men (24.8%) have a lifetime prevalence of IPV (Wallensky et al., 2022). A limitation of the Centers for Disease Control & Prevention (CDC) report, from which these prevalence figures have been derived, is the reporting of estimates in the gender binary.

Although transgender and non-binary individuals encounter disproportionately high rates of IPV, they have received less attention in the IPV literature (Peitzmeier et al., 2020). To remedy this gap, a recent systematic review examined the prevalence and correlates of IPV in these groups, finding a median lifetime prevalence of 37.5% for physical IPV and 25% for sexual IPV, and a 1.7 times greater likelihood of experiencing any IPV compared to cisgender individuals (Peitzmeier et al., 2020). Since IPV is underreported, even these grave prevalence figures likely underestimate the extent of

these disparities, as well as the overall severity of the public health issue (Gleicher, 2021; Gracia, 2004; Visschers et al., 2017).

The toll of IPV is both physical and psychological, increasing the risk of communicable and non-communicable disease, nutritional deficiency, reproductive health consequences, mental illness, substance use, injury, and disability (Coker et al., 2002; Stubbs & Szoeki, 2022; World Health Organization, 2013, 2021). IPV victims are more vulnerable to contracting HIV or other sexually transmitted diseases due to forced intercourse or prolonged exposures to stress (Stubbs & Szoeki, 2022; World Health Organization, 2013). Chronic conditions emerging from IPV include pain, hypertension, cardiovascular disease, neurological disorders, and gastrointestinal concerns (Coker et al., 2002; Stubbs & Szoeki, 2022; World Health Organization, 2013). Reproductive health effects of IPV may include adolescent pregnancy, unintended pregnancy irrespective of age, miscarriage, and intrauterine hemorrhage (World Health Organization, 2013). The most common mental health concerns linked to IPV include post-traumatic stress disorder, depression, anxiety, and suicidal behavior (Truman, 2014; World Health Organization, 2013). A meta-analysis of 285 studies found that overall substance use, alcohol use, and drug use were significantly related to both IPV victimization and perpetration, wherein *use* measures (i.e., misuse and dependence) were stronger correlates than *consumption* measures (i.e., use in general or frequency) (Cafferky et al., 2018).

Cost analyses offer a similarly grim picture of the social and economic consequences of IPV. A recent study examining the lifetime cost of IPV found that victimization costs \$103,767 per female victim and \$23,414 per male victim (Peterson et al., 2018).

Additionally, the World Health Organization reviewed 199 studies that converted findings from cost analyses from different countries into U.S. dollars and found the cost of IPV in the U.S. to be an estimated \$12.6 billion; these costs included medical care, welfare subventions, legal services, law enforcement efforts, lost earnings, the opportunity cost of time, loss of employment and productivity (Waters et al., 2004).

Another review of 14 articles identified nine categories of costs from IPV: medical care, mental health care, property damage, productivity loss, loss of consumption efficiency, government transfers, use of services, pain and suffering, as well as loss in quality of life. However, this review found that the lack of consensus on cost measures for IPV led to substantially different findings from one study to another (Chan & Cho, 2010).

Despite these variations, the observed prevalence and public health consequences of IPV are sufficient to demand comprehensive policy-relevant solutions.

## **2.2. Policy Responses to Intimate Partner Violence (IPV)**

Much of the public and legislative dialogue around government protections against IPV in the U.S. has focused on measures that are more reactive than preventive in nature. Since second-wave feminists from the 1960s and 1970s decreed gender-based

violence as a political issue, there have been multiple social advocacy efforts to increase government-level responses to IPV. For example, the Violence Against Women Act of 1994 was aimed at providing IPV victims comprehensive resources; the #MeToo movement publicly denounced previous experiences of sexual violence to increase awareness of victimization; and there has been fervent advocacy for strengthening state anti-sexual assault statutes in response to *Dobbs v. Jackson* (2022), where the Supreme Court overturned the constitutional right to abortion (Kelly, 2022; *Me Too.*, n.d.; National Network to End Domestic Violence (NNEDV), 2017; Purvin, 2007).

Relatively less attention has been paid to factors that fuel IPV victims' poverty or economic hardship, a key driver of IPV. Indeed, two decades of research demonstrate that poverty is both a predictor and a consequence of IPV (Benson & Fox, 2002; Byun, 2012; K. J. Conger et al., 2000; Cunradi et al., 2002; C. Davis et al., 2004; Dew, 2008; Humphreys, 2007; Masarik & Conger, 2017; Purvin, 2007; Raphael, 2003; Renzetti, 2001; Staggs et al., 2007; Vest et al., 2002), exerting mutually-reinforcing effects (Conner, 2014; Kishor & Johnson, 2005). In other words, lower incomes can contribute to IPV exposure (Vest et al., 2002), and, in turn, IPV exposure can lower the survivor's likelihood of remaining financially independent or escaping poverty (Moe & Bell, 2004; Staggs et al., 2007; Tolman et al., 2001). The link between economic hardship and IPV is demonstrated in studies that have found a greater incidence of IPV in households that are impoverished, located in neighborhoods of concentrated disadvantage, undergoing

unemployment or underemployment, or experiencing financial distress (Benson et al., 2003; Benson & Fox, 2002, 2004; Cunradi et al., 2002; Goodman et al., 2009; Lloyd, 1997; Raphael, 2003). Moreover, economic hardship was most recently evidenced as a determinant of IPV during the Great Recession and the COVID-19 pandemic (Hammett et al., 2022; Medel-Herrero et al., 2020; D. Schneider et al., 2016).

Despite this long-established link, examination of economic interventions to reduce IPV has only recently been popularized. A nascent body of both peer-reviewed and grey literature demonstrates how economic policies – while not specifically developed with a violence prevention agenda in mind – such as the Earned Income Tax Credit, Section 8 housing vouchers, paid family leave, minimum wage, cash assistance from the Temporary Assistance for Needy Families (TANF) program – have the potential to function as tools for primary prevention (preventing violence from starting) and secondary prevention (preventing violence from continuing) in various contexts (Edmonds et al., 2022; Jayasundara et al., 2018; Klevens et al., 2015, 2016; Niolon et al., 2017; W. Schneider et al., 2022; Spencer et al., 2020, 2022; Tankard & Iyengar, 2018; Woods-Jaeger et al., 2021). Such efforts are critical for intervening early and curtailing violence before it begins or entraps the victim in a cycle. Additionally, because such policies are already in place in many cases, it can be resourceful and cost-effective to appreciate whether they have incidental effects on IPV (Tankard & Iyengar, 2018), and elucidate possible areas for improvement to better respond to the needs of those in

vulnerable circumstances.

### **2.3. What is a cash assistance program?**

Cash assistance programs and policies are widely held as effective anti-poverty measures that provide social protection and promote well-being (Peterman & Roy, 2022). They can be lump-sum or recurring, and conditional versus unconditional (Pilkauskas et al., 2022). They operate in many countries across the world, with replicable evidence pointing to their capacity to inhibit IPV, even when such reductions are not an explicit objective of their programming (Palermo et al., 2022; Peterman & Roy, 2022). Most of the research on cash assistance programs – conditional and unconditional alike – has taken place in lower and middle-income countries or LMICs in Latin America, sub-Saharan Africa, and south Asia (Banerjee et al., 2015; Buller et al., 2018; Hanlon et al., 2010; Haushofer et al., 2020; Haushofer & Shapiro, 2016; Palermo et al., 2022; Paxson & Schady, 2010). In these instances, the programs are commonly referred to as cash transfers and are not always embedded into government-operated social safety nets (Hanlon et al., 2010). A review of 135 studies on cash transfer programs implemented in LMICs between 2000 and 2015 found consistent improvements across multiple domains: poverty, education, health and nutrition, investment and production, savings, work, and empowerment (Bastagli et al., 2019). Another mixed-methods review of 22 studies found that cash transfer programs in

LMICs, whose focus was primarily poverty reduction, led to a decrease in some form of IPV (emotional, physical, sexual) in 73% of the cases examined (Buller et al., 2018). Similarly, a meta-analysis of 14 evaluation studies of cash transfer programs in LMICs found, on average, decreases in all types of IPV (Baranov et al., 2021). Relative to unconditional programs, there is no evidence that imposing conditions facilitates greater improvements in outcomes (Palermo et al., 2022).

Researchers, activists, policymakers, and members of the general public in high-income countries have also grown interested in the use of direct cash payments (Kowan, n.d.). For example, researchers have studied the Canadian child benefit, which is a monthly cash payment to families with children, to understand its impact on family health across multiple domains including maternal health, child health, and food security (L. E. Jones et al., 2019; Milligan & Stabile, 2011). Similarly, researchers modeled the conditional cash transfer programs common in LMICs to implement and evaluate the Family Rewards program in two U.S. cities: Memphis, Tennessee and Bronx, New York (C. Miller et al., 2016). Moreover, a series of natural experiments pursued by the Richard Nixon administration fifty years ago established an evidence base for the effects of cash transfers in high-income settings (Moynihan, 1973).

In the context of contemporary American social policy, cash transfer payments have occurred through the Earned Income Tax Credit (EITC), COVID-19 stimulus payments, and the Temporary Assistance for Needy Families (TANF) program

(Phillips, 2001). The EITC – which refunds low-income workers’ Social Security payroll taxes – is the largest cash transfer program for low-income families in the country (Phillips, 2001). TANF, on the other hand, reaches very few families (CBPP, 2022). As will be discussed in the forthcoming sections of this literature review, TANF is not purely a cash-assistance program, but also includes services such as work support, childcare, transportation, and job training (CBPP, 2022), and there is inconclusive evidence on whether TANF is currently reaching its potential to support family well-being (Spencer et al., 2020). The U.S. government conditions the recurring TANF and EITC cash payment programs on engaging in or seeking employment, whereas the COVID-19 stimulus payments were non-recurrent and unconditional (Pilkauskas et al., 2022). Studies using associational, quasi-experimental, and experimental evidence demonstrate that cash or near-cash transfers such as the EITC and casino dividends disbursed to tribes can improve the material well-being and relationship quality of low-income families (Akee et al., 2010; Braga et al., 2020; Duncan & Brooks-Gunn, 1997; Evans & Garthwaite, 2014; Papp et al., 2009; Wolfe et al., 2012). Similarly, researchers found that the unconditional COVID-19 stimulus payments reduced material hardship among those with the fewest economic resources (i.e., those who earned less than \$500 in the prior month) (Pilkauskas et al., 2022). There are also ongoing experiments and evaluations of basic income programs (an unconditional cash transfer guaranteed to all individuals) through the Stockton Economic Empowerment Demonstration, the Alaska

Permanent Fund Dividend, and the Basic Income Project (Lee et al., 2022; Open Research, 2020; Pickett, 2022; Treisman, 2021).

Beyond cash payment programs, the U.S. relies more heavily on in-kind transfers, such as housing assistance, Supplemental Nutrition Assistance Program (SNAP or food stamps), or Medicaid (Pilkauskas et al., 2022). While studies document that such in-kind payments also improve overall well-being by reducing material hardship (Hoynes et al., 2016; McKernan et al., 2021; Shaefer & Gutierrez, 2013), cash payments can empower recipients with the autonomy to address their specific needs by allowing them to utilize the funds when and how they see fit (Pilkauskas et al., 2022; Shaefer et al., 2018). As with all interventions, the implementation process is as crucial as the outcomes in ensuring fidelity and replicability of findings. While there is abundant research documenting the effects of cash assistance programs around the world, less research attention has been devoted to their design and delivery – factors that may influence program efficacy (Peterman & Roy, 2022).

#### **2.4. Temporary Assistance for Needy Families (TANF): A Brief History**

In 1996, the United States Congress held a bipartisan agreement that welfare should neither disincentivize work nor promote dependency (Lens, 2002). This resulted in the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which concluded a sixty-year-old program for qualified families to receive

cash assistance (K. J. Miller, 1999). Legal researchers concede that PRWORA dramatically reshaped the culture of public benefits in the United States, aligning with then-president Bill Clinton's campaign pledge to "end welfare as we know it." (Lens, 2002; K. J. Miller, 1999) Specifically, one of the decreed objectives of the policy was to "end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage." (CBPP, 2022) To meet this statutory goal, the New Deal-era cash assistance program, Aid to Family Dependent Children (AFDC) as well as other welfare programs were abolished, and Temporary Assistance for Needy Families (TANF) was introduced in their stead as a "workfare" program.

TANF is a fixed block grant from the federal government that provides approximately \$16.5 billion to states, the District of Columbia, U.S. territories, and federally recognized tribes. The stated goals of TANF are four-fold: (1) *Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives;* (2) *End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;* (3) *Prevent and reduce the incidence of out-of-wedlock pregnancies;* and (4) *Encourage the formation and maintenance of two-parent families.* (CBPP, 2022)

The funding structure of TANF substantially differs from that of the AFDC, where the federal government contributed at least \$1 in matching funds for every dollar states spent (CBPP, 2022). Through TANF, welfare was transformed into a block grant program that afforded states considerable discretion on how they used their TANF

funds. Furthermore, while the AFDC was almost exclusively a cash assistance program, states are free to use TANF funds for services and non-cash benefits (Moffitt, 2008). For example, besides cash, states can provide child care vouchers and job training programs to those who qualify based on income and asset limits, as well as legal residency status (CBPP, 2022). The discretion granted to states has led to wide variations in the use of TANF funds on basic cash assistance and reduced spending on basic cash assistance over time (CBPP, 2022). For instance, state-level differences lie in who qualifies for TANF receipt, how much in cash assistance one can receive on a monthly basis, who is mandated to fulfill work requirements, if recipients are privy to benefit reductions for not fulfilling work requirements (i.e., sanctions), the maximum number of months recipients are eligible for benefits (i.e., lifetime limits), reductions in benefits after receiving payments for a certain period (i.e., benefit reduction limits), and penalties for having an additional child while receiving TANF (i.e., family caps) (Knowles et al., 2021; Sawafi & Reyes, 2021).

Importantly, the AFDC was an entitlement program, meaning it guaranteed benefits to all eligible individuals whose income and assets were below eligibility levels (determined by federal guidelines and limits). In contrast, TANF has no requirement that states aid or apply uniform rules to all families. (*Comparing the New (TANF) with the Old (AFDC)*, n.d.). While federal law requires that only “needy” families receive cash assistance, there is no consensus on what constitutes a “needy” family under TANF

policy; as a result, each state devises its own definition of who demonstrates “need” (CBPP, 2022). According to the Center on Budget and Policy Priorities (CBPP), if TANF had the same reach in 2020 as the AFDC did in 1996, 2.38 million more families nationwide would have received cash assistance (Shrivastava & Thompson, 2015).

Federal TANF law imposes work requirements in multiple ways. States face a penalty if they do not meet their target work participation rate (the share of work-eligible TANF recipients who are engaged in work activities) (CBPP, 2022). States are required to meet two work participation rates: (a) an all-families rate, for which 50% of the families should be engaged in work for at least 30 hours per week, and (b) a two-parent families rate by having 90% of two-parent families engaged in work for at least 35 hours per week (CBPP, 2022). The state determines what constitutes “work”, with some legal limits (e.g., some job search or training programs can only count for a limited time). If a state’s caseload has declined since 2005, states received a “caseload reduction credit” for their work participation rate (CBPP, 2022). This has reduced the work participation rates to zero in more than half of the states, meaning that these states are not required to have a specific proportion of TANF recipients engaged in work activities. Thus, there is a nullified likelihood of these states receiving a penalty (CBPP, 2022). Furthermore, the federal time limits imposed on TANF receipt reinforce the idea that the program is aimed at operating as short-term assistance while people secure employment (CBPP, 2022). Such a “work-first” framework encourages states to impose

sanctions and benefit reductions against people who face work requirements but are unable to fulfill them (CBPP, 2022).

A Family Violence Option (FVO) was also included in the TANF legislation to preclude IPV survivors from facing unfair penalties. The FVO requires people to screen for participants for domestic violence, refer survivors to services, and provide waivers from the work requirement (CBPP, 2022). Forty-one states have adopted the FVO. However, a comprehensive review of states' different approaches found variations in the implementation of the FVO option, suggesting a lack of attention to evidence-informed best practices (Casey et al., 2010; Holcomb et al., 2017). According to the Center on Budget and Policy Priorities (2022), few families are granted waivers from the work requirement despite the prevalence of IPV among welfare-seeking individuals.

TANF has been subject to criticism due to its limited reach. There has been a 76% decline in the national caseload since TANF's creation, with only 21 of every 100 families in poverty receiving benefits (compared to 68 out of 100 in 1996). Such a decline in caseload was proclaimed a success only a few years after the program had been established, with no causal evidence of TANF's role in the decrease, nor any indication that the recipients had actually achieved TANF's stated goal of "self-sufficiency" (Lens, 2002). The result was a major gap in the safety net, especially for the poorest households (Edin & Shaefer, 2016; Paxson & Waldfogel, 2003; Shaefer et al., 2018). Today, the "TANF-to-poverty ratio" is at its lowest point in history ranging from 71:100 for

California to 10 or fewer in 14 other states, meaning that for every 100 families living in poverty, 10 or fewer receive TANF (CBPP, 2022a).

Other criticisms of TANF include its shrinking value as a block grant program (Shapiro et al., 2015). In other words, the lack of adjustments to the program accounting for inflation or changing distributions of the number of families in poverty has contributed to a decrease in TANF resources (Shapiro et al., 2015). Furthermore, there has been a shift of funding *away* from helping poor families meet basic needs or prepare for work. For example, in the year 2000, states were spending 40% of their TANF funds on basic cash assistance, 11% on work-related supports, and 21% on childcare; in contrast, in 2014, states spent only 26% of their TANF dollars on basic cash assistance, 8% on work-related supports and 16% on childcare. In the process, states redirected funds towards programs that do not specifically support the most disadvantaged families. These programs include preschool and college scholarships for middle-class students, or programs that are already paid for by other state agencies but are counted by officials as “TANF spending”, such as child welfare and drug courts (Bergel, 2020). Perhaps the most controversial redirection of TANF funds occurred in Mississippi in 2020 after a May audit confirmed that millions of TANF dollars were converted by the state’s Department of Human Services former executive director for personal use and use by family members and friends of staffers; NFL superstar Brett Favre has also been implicated in the scandal and is in the process of returning the \$1.1 million he received

from TANF monies for speaking engagements and promotions (Bergel, 2020). Although the redirection of Mississippi TANF funds was an unusual case, it illustrates the same lack of oversight characteristic of all state TANF programs (Bergel, 2020; Schott, 2016). Though states are required to report how they spend their block grant dollars and meet their maintenance-of-effort (MOE) requirement, they are only asked to provide details on recipients of cash assistance – a small part of MOE spending (Schott, 2016). They are not held accountable for their use of funds for other programs, including those that receive the redirected cash assistance dollars (Schott, 2016). They are also not required to report any TANF outcomes (Schott, 2016).

Critics of TANF also highlight the racist underpinnings of the welfare program. When TANF replaced its predecessor in 1996, much of the dialogue was both implicitly and explicitly around paternalistic narratives to control the behaviors of people of color and preclude Black mothers from pursuing welfare (Floyd et al., 2021). Even today, as TANF has proven a less effective anti-poverty program relative to its purported goals, Black and Latinx families receiving TANF are the most likely to remain entrenched in poverty (Floyd et al., 2021). Black and Latinx children are also more likely to live in states with the lowest TANF-to-poverty ratio (Shrivastava & Thompson, 2015). Furthermore, a qualitative study exploring IPV survivors' experiences with TANF in three states noted that racialized stigma and psychological stress associated with receiving TANF differentially impacted African Americans and there were

disproportionate burdens related to sanctions, economic hardship, and a lack of formal and informal supports which limited participation in TANF. (Spencer et al., 2022).

These criticisms regarding limited reach and exacerbated disparities because of TANF warrant additional research to closely examine potential areas for improvement or mechanisms that may be helping or harming TANF's potential to support vulnerable families.

## **2.5. TANF Diversion**

Diversion – a non-recurrent, short-term, lump-sum payment aimed at diverting individuals from ongoing TANF benefits – is an underexplored component of TANF that may be affecting the program's reach and ability to support vulnerable families (Knowles et al., 2021). The underlying justification for diversion payments is that a single infusion of cash in lieu of regular monthly payments can provide financial relief for short-term needs, such as a car repair or a utility bill (Seefeldt, 2017). Some families that receive diversion are not eligible for monthly TANF payments for a certain time period specified by their state (up to 12 months). In other states, the ineligibility period depends on the number of months' worth of benefits the family received as a diversion payment (Knowles et al., 2021; Shantz et al., 2021). Additionally, diversion recipients are not subject to work requirements or time limits (Hahn et al., 2018; Rosenberg et al., 2008).

Diversion may either act as a facilitator or barrier in reducing IPV-related harms. On one hand, a diversion payment can support IPV survivors with an immediate, short-term need or crisis without requiring them to undergo a strict, time-intensive application process to qualify for monthly TANF benefits. In some states, the diversion payment can also “stop the clock” on a family’s limited five-year allotment of monthly TANF funds and allow families to save those funds for use on a future date (Division of Family & Children Services, 2020a; London, 2003). On the other hand, this reduced access to cash benefits may increase their financial strain and exacerbate IPV-related harms. The potential impact of TANF diversion on IPV is inconclusive because diversion has received less research attention compared to other TANF policy components, such as sanctions (Larson et al., 2011; Wang, 2015; Wu et al., 2014) and time limits (Narain & Ettner, 2017; Pepin, 2022; Wang, 2015). Currently, 31 states (including Georgia) and the District of Columbia have a diversion policy in place (Knowles et al., 2021). Of the few studies that examine diversion policies (Fears, 2006; Hetling et al., 2006, 2007; Lacey et al., 2002; Rosenberg et al., 2008; Spencer et al., 2020), all but one (Spencer et al., 2020) predate the last decade and therefore may not necessarily reflect the present-day provisions and contexts for TANF receipt.

## 2.6. Georgia as a Case Study

A state with a high Black population (33.0%), Georgia holds contextual value and public health significance for the study of TANF and IPV, as both poverty and violence victimization disproportionately burden Black families (Floyd et al., 2021; Gillum, 2019; U.S. Census Bureau, 2021). Additionally, Georgia's 14% poverty rate is 2.4% higher than the national average (11.6%), and the state's per capita income is \$34,516 (U.S. Census Bureau, 2021). The poverty rate of Hispanic, Black, and American Indian/Alaska Native individuals in Georgia are 19.7%, 20.3%, and 27% respectively, compared to the 9.5% poverty rate among White individuals (KFF, 2022). This makes economic hardship, particularly among people of color, a pressing social policy issue in the state.

Georgia's estimates for IPV victimization hint at the established link between economic hardship and IPV. According to the Georgia Commission on Family Violence (2022), in 2021 alone, there were 114,640 crisis calls to Georgia's certified family violence and sexual assault agencies, and a 49% increase in IPV-related fatalities since 2020. Firearms were the cause of death in 85% of IPV-related fatalities in the state from 2020 to 2021 (Georgia Commission on Family Violence, 2022). Black women have a rate of IPV victimization that is 35% higher than that of White women and 2.5 times the rate of women of other races (GCADV, 2019).

Considering this prevalence of economic hardship and IPV, a cursory survey of Georgia's TANF figures indicates that the program is falling short of its stated goal of

disadvantaged families (CBPP, 2020). In 2020, Georgia spent only 10% of its total TANF funds on basic assistance or monthly TANF payments (Floyd, 2021). Georgia has one of the lowest TANF-to-poverty ratios in the country. Indeed, between 2019 to 2020, for every 100 families living in poverty in Georgia, only five received TANF cash assistance; this TANF-to-poverty ratio has declined 77 points since the mid-1990s (CBPP, 2020). In 1994, there were 141,596 families in Georgia receiving TANF assistance; last year, in 2022, only 5,734 families received assistance – a 96% decline in TANF receipt (Falk & Landers, 2023). The average TANF cash assistance payment per month is \$223 for a family of three, with a maximum payment of \$280 per month (McNamara, n.d.).

To qualify for TANF, recipients must (1) possess documented residency status both within the state of Georgia and the U.S.; (2) be unemployed or underemployed with an income below certain established limits that are adjusted for the number of family members (i.e., a single mother and two children must have a gross income below \$784 per month; (3) meet the asset limit that is adjusted for the number of family members (i.e., a single mother and two children must have countable assets of less than \$1,000); (4) adhere to a lifetime limit of 48 months, with the possibility of an extension due to “justified hardships” including domestic violence; (5) have a child under 18; (6) have a child that is deprived due to the “recent connection to the workforce” of at least one parent, continued absence of at least one parent, physical or mental incapacity of at least

one parent, or the death of parent; (7) have all children ages 6-17 who have not graduated high school or achieved a certificate have satisfactory school attendance; (8) have all preschool children vaccinated; (9) social security number for all household members; (10) apply for and accept other benefits (i.e., supplemental security insurance, child support, unemployment compensation, workman's compensation) for which they may be eligible; (11) establish paternity of a child; (12) comply with the 30 hour per week work requirement; and (13) cooperate with the Office of Child Support Services (Division of Family & Children Services, n.d.). This long list of eligibility criteria could in part explain TANF's limited reach to families in Georgia. It could also be due to a myriad of other TANF policy components, such as maximum cash benefits, time limits, sanctions family caps, and diversion (Spencer et al., 2020).

Diversion could be influencing TANF's potential to support the most vulnerable families. In Georgia, a diversion payment renders a recipient ineligible for monthly TANF benefits for twelve months (The Urban Institute, 2020). Amounts for diversion payments vary widely in Georgia. Georgia comprises 152 counties and, in 2020, the annual cost of diversionary assistance per county ranged anywhere between \$0 and \$7,361.25. Fulton and Richmond counties provided the most diversion payments in 2020. That year, a total of 642 individuals received some form of diversion payment. The average diversion payment per client was \$168.72 (Division of Family & Children Services, 2020b). Among the small handful of studies that do examine diversion policies

(Fears, 2006; Hetling et al., 2006, 2007; Lacey et al., 2002; Rosenberg et al., 2008), only one addresses Georgia, albeit limitedly. Additionally, in this paper, the Georgia diversion policy discussed is different from the present-day diversion program and is no longer in place (Rosenberg et al., 2008). Furthermore, only Spencer et al. (2020) estimate the impact of diversion on IPV outcomes in 20 cities, but these are outside of Georgia. This paper contributes to the literature by using evidence from Georgia to estimate whether its current TANF diversion policy influences intimate partner violence.

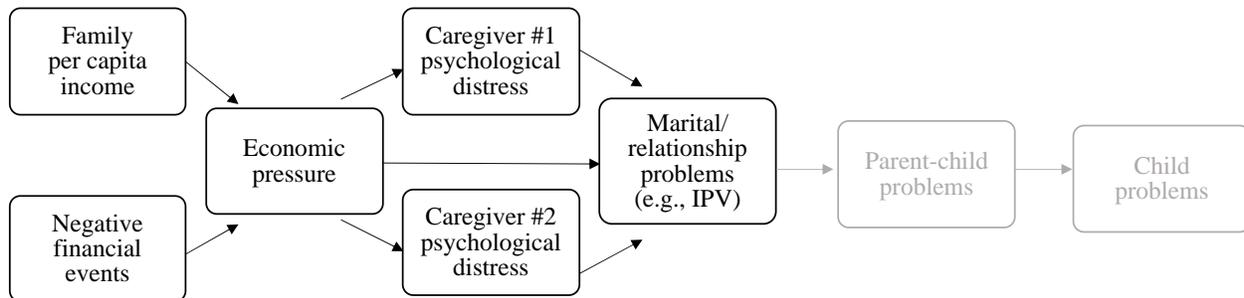
## **2.7. Theoretical Framework: The Family Stress Model**

During the agricultural economic decline of the 1980s in rural United States, Conger and colleagues observed how financial problems influenced three generations of midwestern families (R. D. Conger & Conger, 2002). They expounded their findings into an integrated framework that outlines the relationship between economic hardship, marital conflict, and child developmental outcomes: the Family Stress Model (FSM). The FSM posits that economic hardship – whose indicators include low income, negative financial events, a high debt-to-asset ratio, inability to pay bills, unmet material needs, having to cut back on necessary expenses such as health insurance, meeting governmental guidelines for poverty status (K. J. Conger et al., 2012) – and the resulting economic pressure in a can influence both family functioning and child

adjustment by increasing the risk of emotional distress. These emotional concerns are expected to increase conflict between caregivers, which may be demonstrated in reduced affection, and, in dire situations, increased hostility towards one's intimate partner. Such disruptions in marital relationships are also likely to have spillover effects on interactions with children, leading to harsh and inconsistent parenting that infringes on a child's social and emotional development. Indeed, Conger and colleagues found that the disruptions to caregivers' mental health and the resulting strain on their parental practices predicted a range of both internalizing and externalizing concerns among adolescents: greater adjustment problems, depression, hostility, and antisocial behavior (R. D. Conger et al., 1992, 1993). Consistent with these findings, a meta-analysis of 44 other studies found that adequacy of family resources is associated with increased positive and attenuated negative well-being at the individual-, family- and child well-being levels (Dunst, 2021).

The FSM was originally based on empirical evidence from White farm families in Iowa. Studies have since replicated specific pathways of the model with different racial or ethnic groups and location urbanicity – both within and outside of the U.S. (Aytaç & Rankin, 2009; Benner & Kim, 2010; Borge et al., 2004; R. D. Conger et al., 2002; Emmen et al., 2013; Mistry et al., 2002; Morrison Gutman et al., 2005; Parke et al., 2004; Robila & Krishnakumar, 2005; White et al., 2015; Wickrama et al., 2005; Yoder & Hoyt, 2005;

Zevalkink & Riksen-Walraven, 2001). Similarly, the present study only applies the initial stages of the FSM, as pictured in Figure 1.



**Figure 1.** Family Stress Model.

While the FSM has been directly applied to intimate partner violence (IPV) in a handful of studies (Ahmadabadi et al., 2018; Fox et al., 2002; Spencer et al., 2020, 2022), an abundance of prior research implicitly signals its applicability to IPV. For instance, there is evidence that economic hardship in the family can be a risk factor for caregiver depression, relationship dissatisfaction, relationship conflict and aggression toward an intimate partner (Butterworth et al., 2012; Byun, 2012; Capaldi et al., 2012; O. Davis, 2019; Dew, 2008; Faulkner et al., 2005; Goodman et al., 2009; Keller et al., 2009; Theobald & Farrington, 2012). Indeed, couples with high levels of financial strain are three times more likely to experience IPV than couples who do not (Goodman et al., 2009). Given this existing body of evidence, the FSM is well-positioned to function as a guiding framework for the present study, which examines a welfare diversion program (i.e., a

possible source of economic pressure) as a potential determinant of IPV (i.e., an indicator of caregiver relationship problems).

## **Chapter 3: Methods**

### **3.1. Ethical Review**

This study was reviewed and approved by the Emory University Institutional Review Board (IRB).

### **3.2. Population, Sample & Measures**

The population of interest is intimate partner violence victims in Georgia. State-level intimate partner violence (IPV)- and intimate partner problem (IPP)-related mortality data from 2011 to 2019 within the National Violent Death Reporting System (NVDRS) was obtained from the Georgia Department of Public Health. IPV- and IPP-related incidents are defined as those in which the homicides or suicides are related to immediate or ongoing conflict, or violence, between current or former intimate partners. IPV- and IPP-related deaths are inclusive of cases with corollary victims (for example, where ex-husband kills his ex-wife's new boyfriend, the child of an intimate partner, friend of the victim, or bystander). NVDRS defines an intimate partner as a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse, and is inclusive of same-sex partners. The dataset does not distinguish between IPV and IPP. From July 2011 to December 2019, the dataset consists of 2,857 reports of IPV- and IPP-related deaths.

We referred to the Welfare Rules Database and divided the dataset into two pre- and post-diversion periods based on the start date of Georgia's ongoing diversion policy (February 2015). There were 1278 observations in the 43 months prior to the implementation of the diversion policy (hereafter referred to as pre-diversion), and 1579 observations in the 59 months after the intervention (hereafter referred to as post-diversion).

### **3.3. Research Design, Procedure, & Data Analysis Methodology**

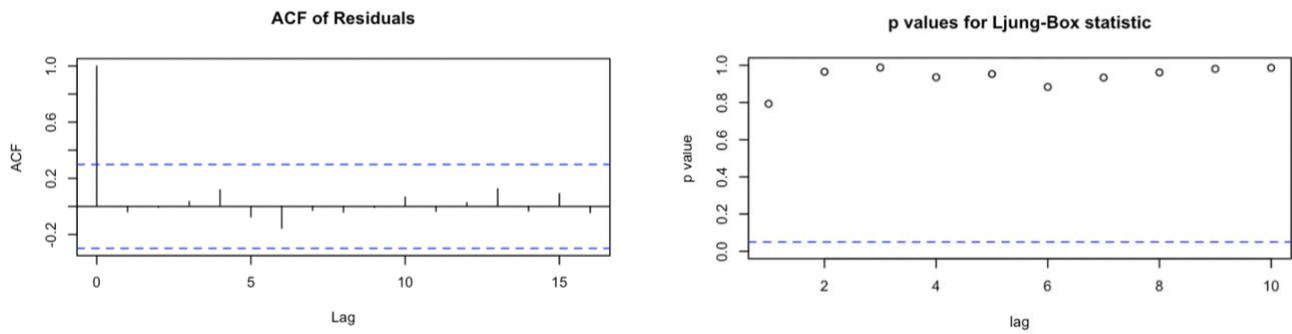
Quantitative analysis was completed on RStudio 2022.07.0+548 for macOS. To understand the demographic makeup of the dataset, univariate analysis was conducted on race, gender, and age variables. An ARIMA (Autoregressive Integrated Moving Average) time series forecasting model was used to analyze the effect of Georgia's TANF diversion policy on reports of IPV- and IPP-related deaths. ARIMA is a modeling technique with a time-dependent outcome variable, which is a function of past counts of the variable and error values. It consists of four model components: autoregressive (AR) model, moving average (MA) model, seasonal model, and differencing. The ARIMA model is constructed by combining the four model components and is notated as ARIMA ( $p, d, q$ ) ( $P, D, Q$ ). Here,  $p$  is the lag value of the AR component,  $d$  is the differencing interval, and  $q$  is the lag value of the MA component, and  $P$  is the seasonal lag value of the AR component,  $D$  is the seasonal differencing interval, and  $Q$  is the

seasonal lag value of the MA component. ARIMA is growing in popularity as a method of evaluating the impact of policy-level interventions on time-dependent outcomes as it controls for underlying trends, autocorrelation, and seasonality (Schaffer et al., 2021). Here, ARIMA modeling is used to quantify the impact of TANF diversion on the number of IPV- and IPP-related violent deaths at monthly time points from July 2011 to December 2019. Dummy variables for diversion were assigned to separate pre- and post-diversion data. An initial ARIMA model was developed to fit only the pre-diversion data. To determine the optimal  $(p, d, q)$   $(P, D, Q)$  values for the ARIMA model, the autocorrelation function (ACF) and partial autocorrelation functions (PACF) of the residuals were evaluated;  $(p, d, q)$   $(P, D, Q)$  values were then manually tested to determine the best fitting ARIMA model. The ARIMA model was re-estimated for the entire time series, including the post-diversion data. A coefficient test was performed to estimate the effect of the diversion policy on the number of IPV- and IPP-related deaths.

After performing diagnostic checks of the residuals, the optimal  $(p, d, q)$   $(P, D, Q)$  values of the best-fitting model were found to be  $(0,0,3)$   $(0,0,1)$ . In other words, the optimal model had an AR component lag value of 0, a differencing interval of 0, a MA component lag value of 3, an AR component seasonal lag value of 0, a seasonal differencing interval of 0, an MA component seasonal lag value of 1, and a seasonal order of 9.

Diagnostic checks results of the residuals of this model are pictured in Figures

2a-b. The ACF of the residuals demonstrated a rapid exponential decay, indicating a stationary time series (Figure 2a). The p-values for the Ljung-Box statistic were greater than 0.05, rejecting the test's null hypothesis that the residuals are not independently distributed (i.e., that there is an absence of serial autocorrelation) (Figure 2b).



**Figures 1a-b.** Results of time-series diagnostic checks of residuals.

## Chapter 4: Results

### 4.1 Sample Characteristics

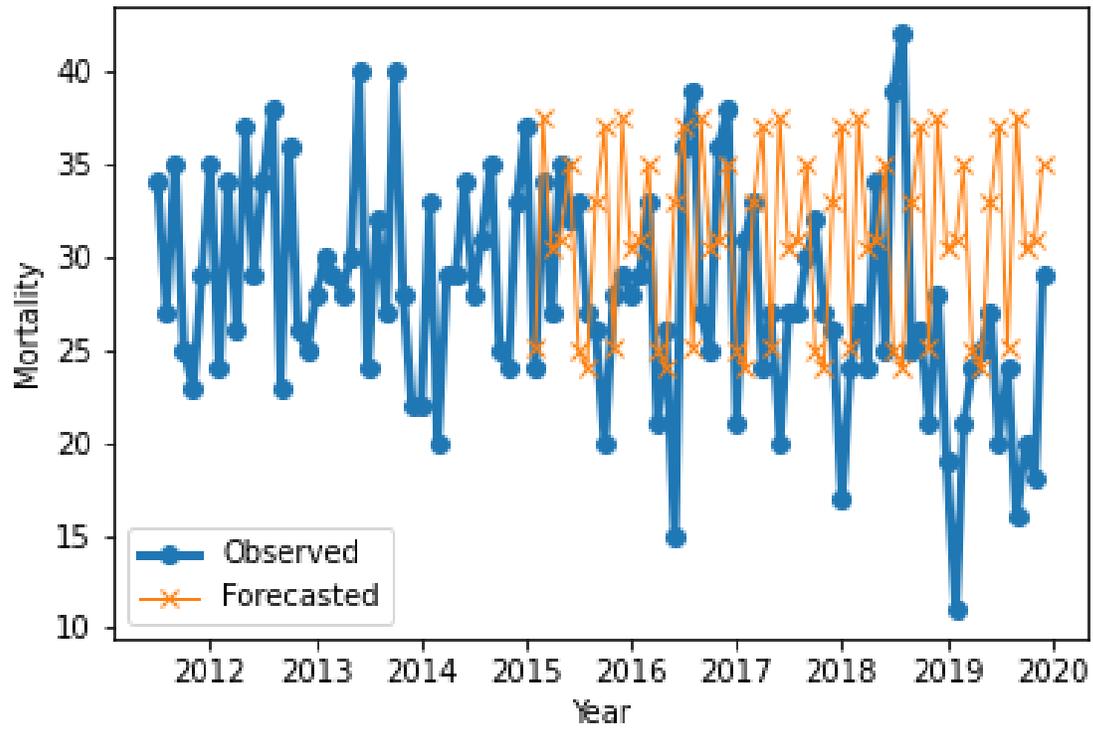
Table 1 summarizes the demographic makeup of Georgia's IPV and IPP mortality data reported on the NVDRS from 2011 to 2019.

**Table 1. Demographic Characteristics**

<b>Age, mean (sd)</b>	40.46 (14.54)
<b>Sex, n (%)</b>	
Men	1999 (69.67)
<b>Race, n (%)</b>	
White	1948 (68.18)
Black or African American	760 (26.60)
Asian	5 (0.18)
Native Hawaiian or Other Pacific Islander	56 (1.96)
American Indian or Alaska Native	57 (2.00)
Unspecified	31 (1.09)
<b>Ethnicity, n (%)</b>	
Hispanic or Latino	4.66 (131)
Unspecified	1 (0.04)

### 4.2 Key Findings

With the inclusion of post-diversion mortality data, the ARIMA (0,0,3) (0,0,1)<sub>9</sub> model revealed 3 fewer observed deaths per month, compared to pre-diversion forecasts (coefficient=-3.003, 95%CI [-5.474, -0.532], p=0.017). As such, the data does not support the study's initial hypothesis (i.e., that diversion will result in an increase in IPV-related mortality). Figure 3 illustrates the change in IPV- and IPP-related mortality trends as a result of the 2015 diversion policy, and compares the ARIMA forecast projected from pre-diversion mortality trends to the observed post-diversion mortality.



**Figure 3.** Comparison of observed and forecasted IPP and IPV-related mortality between 2011 and 2019 after Georgia’s ongoing diversion policy is implemented.

## **Chapter 5: Conclusion**

### **5.1. Summary of Study**

This study estimated the effect of Georgia's TANF diversion policy on IPV-related mortality using ARIMA modeling. We hypothesized that diversion, which is aimed at reducing access to monthly TANF benefits, will increase the number of IPV-related deaths in Georgia. Our findings did not support this hypothesis. Instead, we observed 3 fewer deaths per month post-diversion.

### **5.2. Discussion of Key Results**

Our preliminary findings should be exercised with caution. Given the complexity of TANF policy within and across states, there is insufficient evidence to suggest that the lower dollar amount received in diversion payments (relative to monthly TANF payments) is the key factor attributable to the reduced IPV-related deaths. As documented in previous literature, there are numerous hurdles to receiving TANF benefits in Georgia, including but not limited to stringent eligibility criteria (Division of Family & Children Services, n.d.), 45-day-long application processing times (Scroggy et al., n.d.), 30-hour work requirements, and 48-month time limits (CBPP, 2022). This is also evidenced in the historically low TANF-to-poverty ratio in Georgia, wherein for every 100 families living in poverty, only five receive assistance through TANF (Floyd, 2021). Therefore, for many, a diversion payment may be the only route for cash

assistance, and it cannot be assumed that monthly TANF payments are a readily available alternative. Additionally, to receive a diversion payment, an individual would not have to subject themselves to the potentially challenging work requirements associated with the recurring monthly TANF benefits (Seefeldt, 2017), which may facilitate access to cash benefits.

Furthermore, many individuals may opt for a diversion payment to curb an acute stressor before their challenges intensify, such as emergency assistance to pay rent, utility bills, repairs, other housing- or vehicle-related costs, or domestic violence services (Shantz et al., 2021). Indeed, there is broad recognition among psychologists that IPV is associated with psychological stress of varying intensities and durations (Cerda-De la O et al., 2022; Goldberg, 2022; L. Jones et al., 2001; Schwab-Reese et al., 2016; Spencer et al., 2022; Yim & Kofman, 2019). For example, IPV survivors may endure long-term or chronic stress from continual violence and intimidation, as well as short-term stressors that culminate over time, such as becoming unemployed or lacking the transportation to escape (Nahar & Cronley, 2021; Roberts et al., 2011; Tur-Prats, 2021; Yim & Kofman, 2019). Therefore, administering short-term interventions have been identified as an important element of coordinated community responses to IPV (Arroyo et al., 2017). However, the current evidence base on short-term IPV interventions primarily focuses on psychotherapeutic modalities and shows the greatest promise for intrapsychic needs – and even then, the effects of these short-term

interventions are known to attenuate over time (Arroyo et al., 2017). While there is some exploratory evidence on the role of small amounts of cash for short-term (yet insufficient) relief among IPV survivors who are TANF recipients (Spencer et al., 2022) and women living with HIV (Hémono et al., 2023), there is a need for additional research to conclusively determine whether quick material support (such as a one-time payment) can specifically function as a short-term intervention against acute stressors.

Beyond these possibilities, other unexplored factors may also be at play. As such, to better contextualize our findings, we are currently conducting a qualitative exploration of the TANF diversion policy by interviewing key stakeholders with both personal experience and professional expertise in this area. Informants may include recipients of TANF diversion, TANF caseworkers or other staff who support IPV survivors in securing TANF payments, and policy experts familiar with Georgia's TANF provisions. This work will explore how TANF diversion is implemented in Georgia, stakeholders' and recipients' perceived benefits and harms associated with TANF diversion, stakeholders' and recipients' perspectives on how diversion may specifically help or harm IPV survivors, and stakeholders' and recipients' perspectives on racial disparities experienced by survivors of color. Such a mixed-methods sequential explanatory design will allow our findings to be interpreted alongside the communities under study, and, in turn, ensure the validity of the final conclusions we draw from this research.

### 5.3. Strengths and Limitations

Although this study moves the TANF literature forward by examining an understudied policy component, several limitations are in order. Foremost, because it was neither logistically nor ethically feasible to randomize diversion payments to individuals, our quasi-experimental research design leaves room for potential confounding. However, the COVID-19 pandemic assistance relief is not one of these confounders, as we do not use mortality data in 2020. Additionally, we only examine TANF diversion in Georgia. Because the association between TANF diversion and IPV-related mortality may vary by contextual factors and state-level differences in the implementation of TANF policy, findings may not be generalizable to other states implementing a TANF diversion policy. As such, future research should replicate these analyses in other states. Moreover, the deidentified data did not allow us to assess group-level outcomes, limiting our ability to account for possible caveats in our findings. Finally, the present study only focuses on IPV- and IPP-related mortality, which may not paint a complete picture of the overall prevalence of IPV in the state. While there are benefits to honing in on the most extreme forms of IPV (for example, it allows for targeted resource allocation), economic policies should be designed to operate as primary and secondary prevention tools against violence.

Despite these limitations, there are multiple strengths to this study. Although our threadbare social safety net has long been implicated in the prevalence of IPV

victimization (Purvin, 2007), population-level studies of the impact of social and economic policies on violence are only recently receiving research attention in the U.S. We contribute to this growing body of evidence with our preliminary investigation of a specific element of a welfare policy that can influence its effectiveness in supporting disadvantaged families. Because TANF is a complex program, malleable to social and political conditions at the state level, this natural experiment lends an opportunity to evaluate the impact of a TANF policy component within the “real world”. Finally, very few studies examine the impact of social and economic policies on violence-related inequities. The present study aims to push the literature in this direction by focusing on a state with a high Black population and substantial disparities in both poverty and IPV, and our forthcoming qualitative evaluation of TANF diversion in Georgia will more explicitly explore and racial disparities.

#### **5.4. Lessons Learned**

This study imparts some key lessons about methodology. Although quantitative methods such as ARIMA modeling can serve as robust tools for examining whether specific policies can impact health outcomes, we found that they do not necessarily capture complex phenomena in their entirety. In these instances, combining quantitative and qualitative methods with a mixed-methods design can allow us to contextualize and explain quantitative findings. Social policy researchers are urged to

consider community-engaged, mixed-methods evaluations to better understand the impact of policies that have a limited or inconclusive evidence base, including the complexity of policy implementation that may influence findings. This will be the next step in our project examining the impact of TANF diversion on IPV.

The benefits of triangulating qualitative and quantitative data are widely recognized. Yet, it is common for one of the approaches to override the other, which risks undermining the rigor and intent underlying a mixed-methods design. To ensure that both methods receive equal weight, it is crucial to foster interdisciplinary collaborations with experts in both qualitative and quantitative methods. However, mixed-method designs tend to be more time- and resource-intensive than studies that are solely qualitative or quantitative in nature. As such, when researchers are unable to pursue a mixed-methods design, it is best practice to transparently identify what their study design *does* and *does not* answer.

Beyond methodology, this study underscores the importance of paying close attention to the caveats of TANF policy, wherein seemingly inconsequential or previously unobserved policy elements can have critical implications for the health and well-being of families in poverty. It also illustrates the cruciality of context: no two state-level TANF policies are alike, and state-level case studies of TANF policy components are vital for proposing tailored interventions and policy alternatives.

Additionally, while some scholars have coined TANF a failure due to its limited reach (Lens, 2002), TANF's past and present suggest that the policy may be functioning as intended, with unfettered flexibility at the state level. Considering (a) the program's original goal of keeping families off welfare rolls (Shrivastava & Thompson, 2015) without accountability for ensuring their self-sufficiency (Lens, 2002), (b) its efforts to divert individuals from receiving monthly benefits (Shantz et al., 2021), (c) its marginalization of Black and Latinx families (Floyd et al., 2021), (d) states' redirection of TANF funds to other programs (Bergel, 2020), (e) and states' accumulation of TANF surplus funds (e.g., \$2.2 million in Georgia) (Floyd, 2021) and (f) the paucity of federal oversight as states carry out these activities (Bergel, 2020; Schott, 2016) suggests that TANF's inertia in lifting families out of poverty may not be accidental. Accordingly, TANF should not be considered a silver bullet for poverty alleviation (Schott, 2016). However, it is one of the only income-support programs of its kind in the U.S. since Unemployment Insurance and Supplemental Security Income have more precise eligibility criteria, and EITC would be insufficient as the sole anti-poverty program. Because TANF still provides relief to a small proportion of families in poverty, experts and legislators are encouraged to refrain from abandoning the policy without introducing structural reforms that remedy the inequities and material conditions forcing families to seek TANF in the first place.

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