Forward

The consequences of removing children from their home in the last 30 years has caused a ripple effect in Kentucky that will be affecting us for decades to come. When we remove children and put them into foster care, we know from research that it can be a death sentence for many. Childhood trauma, mental health issues, substance use disorder, and even incarceration can become the outcomes. When we break families up, we remove the only support system that children know or depend on. Without a support system one small event can create an avalanche of problems. A broken-down car leads to losing a job, leads to poverty, leads to losing your home, leads to losing children, leads to domestic violence and sexual assault for our most vulnerable women.

As a community, state, and nation, we have to figure out the most effective empowerment strategies that we can provide to help families rebuild, reunite, and flourish. The only way I see that happening is for our programs in KCADV to provide the most holistic opportunities for women and families. We have the be the support system through our programs, through case management, through financial literacy, through education, through job training and readiness, through substance abuse therapy, through our services to children, who are also victims.

That is why our programs are so important. We are agencies that provide the most holistic services in our state. We are the glue that can put families back together and on the road to self- sufficiency and independence.

Ann Perkins
Executive Director
Safe Harbor
Ashland, KY
Introduction
Kentucky remains one of the poorest states in the United States, with approximately 25% of children living below the poverty line. Additionally, the state reports some of the highest morbidity and mortality rates connected to chronic illness, high unemployment rates, high incarceration rates, and high levels of food and housing insecurity. In 2019, Kentucky continued to have one of the highest rates of systems-involved children in the country. Opioid dependency and death also continue to be one the state’s top health-related concerns. The Kentucky Coalition Against Domestic Violence (KCADV) has been collecting data related to the types of economic and housing resources shelter residents need in order to maintain or regain custody of their children. Current projects have adopted an anti-poverty framework to address the immediate needs of shelter residents.

This project makes a case for an anti-poverty agenda by exploring the ways in which social, political, and economic institutional barriers affect poor women’s ability to navigate the child welfare system. Naming these issues with an anti-poverty perspective allows for a multi-faceted understanding of the barriers shelter residents experience when facing child removal. An anti-poverty perspective recognizes that poverty is multidimensional and includes a number of factors that overlap and intersect, resulting in social and economic barriers for the poor. Poverty robs people of access to living wage employment; access to comprehensive, consistent medical care for adults and children; food and housing security; and physically and psychologically safe work and home.

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1 According to the most recent Census statistics, 34.5% working families in Kentucky live under 200% of the poverty line, with one quarter of workers employed in low-wage jobs. The poverty rate in Kentucky is 17.2%, with 12% of households living in extreme poverty. Twenty-five percent of Kentucky’s children live in impoverished households, compared to 19% nationally.

2 According to the CDC’s most recent statistics, Kentucky still remains one of the top ten states in the nation reporting high rates of death due to opioid overdose. According the Bureau of Justice statistics, Kentucky ranks ninth in states with high incarceration rates. This includes a growing population of female inmates.
environments. The shrinking social safety net in the United States over the past three decades, both at the state and federal level, has resulted in the streamlining of social service programs and a decrease in funds allocated to combat poverty. This results in declines to funding and programming designed to assist the poor. Understanding that many social and economic issues are related to poverty allows for a better understanding of how social inequalities manifest and also provides a pathway to design solutions that address institutional barriers and structural inequality. This project begins to identify the institutional support and material resources poor women need in order to maintain custody of their children. It also explores the social networks women living in Kentucky’s domestic violence shelters build in order to feel safe and access the resources they need.

Methods and Data Collection

Data collected for this project occurred between November 2019 and January 2020. Group interviews were conducted at thirteen of KCADV’s shelters across the state of Kentucky. There were eighty-six participants. The research team was comprised of one independent research consultant who lead group interviews and one KCADV staff member who served as a note-taker and provided information pertaining to KCADV programing. In the planning stages, we created a group interview protocol. We chose to use the term group interviews instead of focus groups in order to draw attention to

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3 Scholars from a wide range of disciplines, including social and health sciences, argue that poverty greatly increases the likelihood of acquiring multiple chronic illnesses. Asthma, diabetes, heart and lung disease, obesity, hypertension, and chronic kidney disease all have complicated relationships with poverty. Deaths related to both acute and chronic illness disproportionately impact poor communities. According to the CDC, in 2019 Kentucky had the highest rate of cancer in the nation, and the highest rate of cancer related deaths. Kentucky is also seventh in the nation for deaths related to heart disease and fifth in the nation for diabetes related death.

4 A recent article published in the Journal of the American Medical Association Forum, argues that new proposed changes to SNAP could remove approximately 3.1 million SNAP recipients. The impact of these changes could have repercussions beyond access to food stamps. Children enrolled in SNAP automatically qualify for free school lunches. Since 2018, approximately three million people have been removed from the SNAP rolls and more than 550,000 children have been dropped from school lunch programs. These changes have made food access particularly difficult in states and communities already experiencing high levels of poverty.  
https://jamanetwork.com/journals/jama/fullarticle/2760377

5 In addition to our adult participants there were also thirty-five children under the age of five who came and went during interviews. The women participating in the interviews frequently played with, held, and comforted other women’s children. Older women who did not attend interviews also volunteered to care for infants and children so their younger mothers could attend.
the ways in which group participants informed and shaped the direction of discussions over the course of the project. These group interviews were part of a bottom-up approach to research design. The intent behind bottom-up data collection is to allow the thoughts and experiences of marginalized groups to drive the direction of research questions. Each group interview began with the same question regarding safety, and then proceeded to address several additional themes connected to the procurement of resources, barriers to retaining or regaining custody, and interpersonal relationships.

We began with the question: “What do you need to have in your life in order to feel safe? When do you know that you and your children feel safe?” This opening question served several purposes 1) It created a common thread through each of the groups which aided in the data analysis process, 2) It allowed the research team to build an understanding of each individual groups’ social dynamics, 3) It encouraged participants to think about their experiences in present tense and think towards their future. Additional lines of questioning included, but were not limited to, access to resources outside the shelter, child welfare, support systems, and feedback on how residents would design a shelter based on their experiences. The interests of participants informed which themes the group addressed. Over the course of the data collection process, project themes remained, while specific questions were modified based on feedback we received from participants.

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6 Social science methods that use a bottom-up approach to research focus on the needs of marginalized groups by creating a space for those groups to collaborate on the research objectives and set the boundaries for research questions. They become an active part of the research as opposed to a passive voice. Part of creating a survivor-centered agenda is giving control of certain aspects of research to the people whose experiences shape the project. Additional readings in bottom-up approach to social science methods: Buraway, M. et al. (1991) Ethnography Unbound: Power and Resistance in the Modern Metropolis. Berkeley, University of California Press. Emerson, R. et al. (1995) Writing Ethnographic Fieldnotes. Chicago, University of Chicago Press.

7 This introductory set of questions was inspired by a report prepared by the Indiana Coalition Against Domestic Violence Titled, Re-Centering: Indiana’s Movement to Ground Domestic Violence Programs in Survivor Defined Success.
Ultimately, the participants themselves guided the flow of the conversation and the importance placed on individual themes.

Data collection consisted of several different methodological approaches informed by social science research. A brief period of observation and note taking occurred when the research team entered shelter grounds. This process was not designed to provide a critique of staff or evaluate facilities; rather it gave the research team context during conversations with residents. Since each shelter is physically different, and the protocols in each facility are unique to that space, it was important to understand how the women’s day-to-day lives in shelter impacted the opportunities and barriers they believed they encountered. The research team was frequently given a brief tour of the facility in order to better understand the in-house resources available to residents and their children. It also served as a source of information to better understand how the number of people housed in the shelter, and the resources the shelter had, affected the staff’s ability to provide services for their residents.

Group interviews were conducted in public spaces, such as dining rooms, group living spaces, and meeting rooms. These spaces allowed participants to come and go as needed. We also requested spaces with doors whenever possible so as to insure privacy. Research participants gave verbal consent to have notes taken during the interviews. The research team informed participants that notes would only be used to record relevant responses to questions, and if any members of the group felt uncomfortable, note taking would cease. Participants were informed that no personal information would be recorded, specific thoughts and opinions discussed in interviews would not be shared with shelter staff and advocates, and any personal or geographic identifiers would be disguised in final reporting. Research notes were coded with a key available only to the independent researcher. Notes, analytics, and codes were kept on
computers and external hard drives fitted with encryption software. Code keys and coded analysis were not housed in the same location. Participants were told they did not have to stay for the duration of the discussion and were free to leave if they needed anything or the environment became too overwhelming.

**Analysis 1: Access to Resources**

During the initial planning of this project, shelter residents’ ability to meet their basic needs once they left shelter was a main concern raised by KCADV staff. Earlier KCADV data collection revealed that residents’ lack of basic resources had a direct impact on their ability to retain or regain custody of their children after they left the shelter or other treatment/rehab programs. Shelter staff and advocates, as well as KCADV staff, identified housing, jobs, and transportation as three obstacles facing shelter residents. These three themes served as the foundation for interview questions. During all thirteen group interviews, shelter residents regularly remarked that all of these factors had to fall into place at once in order to achieve economic independence. The fact that residents were unable to access these resources without outside help was a source of great frustration. Residents said that not being able to secure these resources for extended periods of time made them feel hopeless, angry, and greatly aware of a system that did not value them as humans. Residents asked for programming that would make all three resources accessible simultaneously. They felt this was an important step to accomplishing economic security.

**Transportation**

Both shelter residents and shelter staff identified transportation as a major area of concern and anger. Most residents relied on public transportation, mainly buses, to get from one place to another.

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8 Recent scholarship on domestic violence has focused on economic control, or economic abuse as a type of intimate partner violence. Economic withholding frequently accompanies other types of isolation tactics. Women without access to their own funds experience a wide variety of issues that keep them in relationships with abusers. In the context of this project, we have begun to examine what role access to personal transportation might play in this pattern of isolation and economic abuse. For a recent discussion of economic abuse see:
Buses were the most common form of public transportation available, regardless of urban or rural locations. In a few instances, rural communities did not have reliable or consistent public transportation systems, and residents accessed transportation through personal networks outside the shelter, ride sharing programs like Uber or Lyft, or medical transport. These services were unreliable, expensive, required advanced scheduling, and oftentimes required women with children to provide their own car seats. Residents relying on these forms of transportation frequently felt trapped at the shelter and discouraged about their lack of independence. Buses were also considered unreliable. In smaller towns, bus schedules were limited to Monday through Friday business hours, and there were no weekend options. In larger cities, busses ran more frequently, but riders might have to plan for a two- or three-hour commute in each direction. Parenting while using public transportation complicated the experience, especially when women were navigating the bus system with multiple children. Many shelters were not located in areas where residents could safely walk to bus stops, especially at night. Second and third shift workers frequently worried about how they would get to and from work.

DCBS Caseworkers and shelter staff frequently provided rides to family court, especially if court hearings were in another county. However, each shelter had different access to transportation within their facility, and a limited number of staff that could provide rides.

Maintaining or obtaining personal transportation was a goal for many shelter residents. Residents with personal vehicles worried about the maintenance on their vehicles, issues with valid licenses and


9 According the Kentucky Department of Health and Human Services, non-emergency medical transport is available to Medicaid recipients who need transport outside their medical service area as recommended by their primary care physician. Medicaid recipients who do not have access to their own transportation also qualify. In rural areas where public transportation is scarce, women needing non-emergency transport reported waiting days, and sometimes weeks, to be able to secure transport.
insurance, the cost of gas, and the pressure to transport others. Women with their own vehicles did want to extend ride assistance to residents without vehicles. However, they were fearful that saying yes would result in constant asks, and saying no would result in conformation, anger, and social isolation from other residents. A number of residents interested in KCADV’s car loan program were critical of the wait times and restrictions that accompanied the program. They expressed frustration that waiting months to access the funds made it impossible to keep a job long enough to save to meet the program’s economic requirements. Without reliable transportation they were unable to maintain employment, and without employment they were unable to purchase reliable transportation.

Employment

Reliable transportation was just one of the issues shelter residents reported in regard to keeping and finding jobs. Women who had a reliable source of income before arriving at the shelter oftentimes lost their jobs soon after entering shelter or expressed concern that they would lose their jobs. Their concern did not stem from a fear of stereotyping victims of domestic violence; rather their concerns were related to how their experiences with domestic violence affected their ability to navigate public spaces. The women participating in group interviews largely worked in service-related fields that gave them little or no personal protection from continued contact with abusers. Many women described scenarios where their abusers came into their places of work to harass them. Even those with protective orders told stories of how abusers waited in parking lots and drew attention to themselves while the women worked inside. It was not uncommon for women to reside in a shelter that was several towns or counties away from the places they called home. Without reliable transportation, they were unable to keep jobs. Women who were moved to shelters in smaller towns said they were lucky if they were able to find employment since many small towns and rural communities had no entry-level jobs available. If there were employment opportunities, they rarely paid above minimum wage. Close to half of the women who

“I had to quit my job because of my [abuser]. I was a cashier at a gas station, and he would watch me from across the road. I had a meltdown, I got too nervous.”
participated in interviews were currently working or were applying for second and third shift jobs. Their reasons for doing so ranged from pay, availability of work in their community, and the belief that they would be safer working at a time when they believed their abuser would also be working or sleeping. Although second and third shift jobs offered better pay, there were almost no options for childcare, even in larger cities.

There was a number of other factors participants cited regarding their ability to find employment. Residents in both rural and urban shelters cited access to the internet or access to phones with internet capabilities as a substantial barrier to finding permanent employment. Since most job applications are completed online, women who did not have access to a device with internet access were unable to check on applications or respond to emails scheduling interviews. Childcare was a concern cited in every interview. Most women also did not live in communities where they had access to affordable childcare. Each shelter had their own policy regarding residents providing childcare for each other. The most common in-house policy allowed a two- or three-hour window for non-related residents to provide childcare. Second and third shift workers not only worried about their access to childcare, but their children’s access to food if their work schedules did not allow them to eat when the shelter offered evening meals. Women with felony convictions or gaps in employment history due to time in recovery programs faced additional barriers passing pre-employment background checks. They felt these barriers were a form of discrimination and worried that they would not be able to meet the goals set by their DCBS caseworkers or treatment programs if they could not find employment. Discrimination and racism also played a role in women’s ability to secure work. In small towns and rural communities, African American participants struggled to find entry-level positions more than their white peers. Women who lived in shelters in gentrifying town centers reported

"How would you even think you're capable of a job when you can't get through the day without shaking or crying? You feel like you're defeated before you even get started."

"I'm trying to get housing, I'm trying to get food stamps...I used to get HUD, but it's complicated and I never seem to have the right paperwork...getting food stamps again is hard too...the face of the abuser has changed."
being turned away from stores and restaurants advertising employment opportunities, even if the women had extensive experience in the service industry.

**Housing**

Without jobs, residents struggled to find safe, affordable housing. Many of the struggles they faced were similar to the ones they experienced searching for jobs. Women who had to leave their homes in a hurry, or had little time to plan, frequently found that they did not have all the documentation needed to enroll themselves or their children in a variety of social service programs. If they did not have the appropriate documentation for housing program applications, then enrollment was delayed. In communities where city centers or county seats were a long distance from the shelter, lack of transportation once again created barriers to obtaining replacement documents. Women with criminal records or an inconsistent work history faced many of the same obstacles securing housing that they did passing pre-employment background checks. Women who were trying to regain custody of their children were especially concerned about accessing permanent or semi-permanent housing since they faced DCBS time limits for regaining custody. A number of additional restrictions placed on housing in local communities included landlords willing to accept Section 8 tenants, housing that was able to pass DCBS inspection, and units with an adequate number of bedrooms. Women with multiple children, or mixed sex households, had challenges finding housing that accepted Section 8 vouchers with enough bedrooms to satisfy program requirements. Because many smaller towns and rural areas throughout the state offered little to no living wage employment, current occupants could not afford to move out of Section 8 housing. Participants were sympathetic to the fact that people stayed in Section 8

"Only so many apartment complexes have enough units with enough bedrooms for my family...if I do find one, it's probably not going to pass HUD inspection."

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10 For more detailed information regarding the involuntary termination of parental rights in Kentucky [https://manuals.sp.chfs.ky.gov/chapter11/37/Pages/1136InvoluntaryTerminationofParentalRightsTPR.aspx](https://manuals.sp.chfs.ky.gov/chapter11/37/Pages/1136InvoluntaryTerminationofParentalRightsTPR.aspx)
residences because they may never be able to find another affordable house or apartment if they moved.\textsuperscript{11}

Analysis 2: Women and Children

One of the primary goals of this project was to better understand the barriers women living in shelter face when seeking to retain or regain custody of their children. Approximately two-thirds of the women who participated in the interviews had been in shelter for less than two months. On average, the women who volunteered information regarding the longevity of their stay had been in shelter between two and six weeks. This made it challenging to discuss some of the topics covered in the interview protocol. Many of these women were coping with immediate forms of trauma that made it hard for them to conceptualize anything past their most immediate needs for shelter, food, and safety. This was especially true for women who had entered the shelter for the first time. Women in this position were rarely able to directly connect their basic needs with the institutions put in place to provide those needs.

Women who had a longer tenure at the shelter, or who had been through the shelter system multiple times, expressed concerns that fell into one of these general categories: childcare, access to information while in shelter, shelter environment, housing, and court. Childcare was the biggest barrier shelter residents experienced. Shelter staff and advocates also noted that childcare frequently made employment prohibitive for shelter residents, especially in towns where there were limited jobs and

\textsuperscript{11} Accessing affordable housing in Kentucky can be complicated. KHC currently has a waitlist of 2000. There is no specific wait time for placement. In communities where housing is available, wait times can be measured in weeks. If housing is scarce, program enrollees may wait for years. There is a number of factors that can slow the housing application process, including criminal records and debt accrued while participating in different housing programs.
childcare resources available countywide. Staff also voiced frustration that there were not enough economic resources available at the state and federal level to allow shelters to build more robust programming that could be used to aid children’s well-being while in shelter. Shelter residents expressed concern for their children’s mental and physical health needs, especially if their children were living in shelter. Many residents recognized that their own trauma symptoms affected how they protected their children and interacted with other residents and staff. However, they were fearful that their children could be exposed to continued abuse or interpersonal violence between adult residents. One resident stated, “I’m worried all the time. I have to know where my kids are all the time…I’m so afraid something will happen to them, like they’ll keep getting abused. I know this is mostly me, it’s [trauma symptoms], it’s what I’m feeling right now…It stresses me out, and I know that stresses them [children] out too.” They also worried that living in shelter would affect DCBS caseworkers’ opinions of them as parents. “I don’t have all my kids right now; I have one with me and one in foster. I think she [DCBS caseworker] thinks I’m not working hard enough to find an apartment.” All thirteen groups expressed interest in finding physical spaces both inside and outside the shelters where their children, especially teens, could have age-appropriate, safe and supportive environments.

Rules and policies related to social services available to shelter residence was another popular topic of conversation. Participants expressed confusion regarding their SNAP benefits in shelter. Residents at each individual facility appeared to have their own interpretation regarding the use of SNAP benefits. The most common concerns voiced by residents were whether they would lose SNAP benefits if they did not use them while in shelter, whether there was shelter-level surveillance observing how and where they used their benefits, and if they could use their benefits if the shelter did not provide food that met their children’s dietary preferences. There was very little cohesion through the shelter system regarding how this information was conveyed to residents, and whether or not the information residents had up to date and accurate. Eight shelters housed women who claimed residency in states other than
Kentucky. There was a lack of information available regarding the steps they needed to take in order to avoid penalties and continue to receive services. Additionally, most shelter residents were not aware of federal programs that provide financial and administrative support for children who have lost their homes but wanted to remain in the same schools.\textsuperscript{12}

\textbf{Communication and Support}

Communication and consistent institutional-level support were the two themes participants identified when discussing issues related to maintaining or regaining custody of their children. Barriers to custody most frequently cited were courts, family members seeking custody, and issues with accessing affordable housing. Women who were currently, or had recently been, attending family court expressed anger and concern that they did not feel as if they always had support to navigate the court system, that attending legal proceedings could be confusing and frustrating, and rescheduling hearings created anxiety if they did not have personal transportation or had to travel long distances to attend court. Another major concern was family members seeking custodial rights. Women cited issues with immediate and extended family that included family members actively seeking custody of their children, family in other states with temporary custody seeking permanent custody, and family members threatening to return children to an abusive partner. Women viewed time spent in family court as a way to experience continued abuse or triggers for their trauma symptoms. Partners or ex-partners with economic resources could not only seek custody, but could also use the criminal justice system to pursue legal actions against women without access to legal or economic resources. One participant shared “My [perpetrator] disclosed abuse…It was

\textsuperscript{12} The McKinney-Vento Act of 2001 ensures that children who have been displaced by domestic violence can continue to attend the same school.  
[still] my word against his. I was legally advised to withhold visitation because of child abuse. He got a warrant for my arrest and now I’m facing felony charges.”

Women who had been in shelter for months, and women who had been in shelter on multiple occasions, expressed sadness and frustration that they believed the system that was designed to protect them was actually a new abuser. But unlike an individual they could identify as an abuser; institutions offered no individual person or chain of command to follow in order to get answers or face accountability. What they were battling was now a never-ending network of bureaucracy and paperwork that required constant attention. A participant who had sought refuge in three shelters, each in a different state, expressed her anger over her inability to access basic needs resources. “I’m trying to get housing, I’m trying to get food stamps…I used to get HUD, but it’s complicated, and I never seem to have the right paperwork….getting food stamps again is hard too…The face of the abuser has changed.” The court system, an institution that was supposed to protect survivors of domestic violence also increased their visibility in public ways, even when their children were involved. One participant worried that people in her community and her husband’s social circle would be able to find her “I have kids and going from court to court is hard. I’m here because of my perpetrator…He has connections. When I have to give out my personal information [in court] I don't feel safe.” Many of the women who participated in the interviews had lost hope and faith in the people and institutions they once believed would keep them safe.

_Have your child(ren) been involved in the foster care system, the juvenile justice system, removed from your home, subjects of DCBS investigation(s)? (KCADV Sept – Dec 2019)_
As a minor, were you involved in the foster care system, the juvenile justice system, removed from your home, or the subject of DCBS investigation? (KCADV Sept – Dec 2019)

**Analysis 3: Support Systems**

The original interview protocol included a line of questions exploring the importance of support systems. When asked about the individuals or groups shelter residents drew upon for support, most women laughed or rolled their eyes. Overwhelmingly they did not feel as if they had people or institutions in their lives that provided care and support. Interestingly they did rely on friends and family for many daily activities. Participants in seven different shelters cited contacting a family member or friend if they needed transportation to court or work. Women living in shelters in rural areas were more likely to call
upon these networks than women in larger towns or urban areas. Siblings and friends also helped shelter residents apply for jobs, provided childcare, or helped secure basic resources like groceries or medicine. Women whose children were in the care of relatives often had contentious relationships with those relatives. They felt family judged their ability to be good mothers and that the support they received from family was conditional. Residents largely conceptualized support as individual relationships, and rarely cited the shelter or any other institutions as part of their personal support system.

While shelter residents did not directly cite organizations or institutions as part of their immediate support system, they did share knowledge about these resources with one another. The most remarkable and oftentimes subtle support system the women in the shelter built was with each other. The loving friendships and vocal encouragement women gave each other demonstrated intentional networks of caring and support. The ways in which women shared information or offered to help one another navigate bureaucracy revealed the understated ways they showed support.

Every group interviewed argued that no one could really understand what it was like to experience domestic violence unless they were survivors of domestic violence themselves. They defined survivors as other women living along side them in the shelter. Initial discussions of safety and discussions of public transportation frequently led women to explore the reasons why they did not feel safe in public. They cited fear that they would encounter their abuser, anxiety over whether they might have a panic attack related to trauma symptoms, and concern that no one would help them if they were in trouble around strangers. They coped with their fear, anxiety, and frustration by relying on one another. Women in every group accompanied each other in public and provided care and emotional support if one or more members of the group experienced fear or anxiety. They used words such as strong, empowered, proud, and blessed to describe how they felt both receiving support and being able to give that support to others.

"Being here is strange, but when I can do something for others, like cooking, it makes me feel normal...like I have a family."

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When interview discussions included topics related to resource access, women who were familiar with the community, or had lived in the shelter longer, were quick to offer advice or assistance to others. Many of these conversations occurred before or after the formal interview process. If the resources in question were related to the shelter itself, more experienced residents would detail how and where to access information. Extroverted women, or women who had longer tenure in the shelter, regularly offered to accompany newer women who were afraid to approach staff. Information regarding resources provided by community partners, including but not limited to, clothing and household goods, physical and mental health services, and ongoing recovery support groups, were shared amongst women during and after interviews.

Residents also stressed the importance of caring for others and being cared for themselves while they were in shelter. Preparing and sharing meals as a form of caring was one of the common themes discussed in ten of the thirteen groups. Cooking for each other, sharing meals, catering to children’s specific food interests, and learning new recipes were activities that brought the women joy. Residents living in shelters with restricted access to kitchen equipment and limited pantry staples were saddened that they were not able to provide this kind of care to others. Meeting the food needs and desires of the children living in the shelters was at the forefront of many of these discussions. Women living in shelters where resident-prepared community meals were part of the daily routine shared that the experience of cooking and dining with others made them feel normal and part of a family.

“The other women here are my friends...maybe the only real friends I’ve ever had...I wish we could all keep living together once we left the shelter. Not in the same house, but near each other so we could keep helping each other and loving each other.”
Recommendations

Based in the data collected to complete this report, as well as data collected from KCADV projects in 2018 and 2019, KCADV has the following observations and recommendations.

Recommendations for KCADV to consider:

- Remove time-based rules for participating in the Car IDA program. When participants who are experiencing the effects of poverty have the funds to be able to, with matched funds, purchase a car, this is an investment in an immediately accessible resource.
- Explore the possibility for member programs to acquire loaner vehicles that can be available to shelter residents for any transportation need related to acquiring or maintaining employment, housing, court dates, charges, investigations, case plans, and health.
- Assist member programs to establish public/private relationships with community partners who could assist with car donation and mechanical assistance, which could be used as a tax deduction for companies and organizations.
- Advocate with DCBS to expand the timeframe for termination of parental rights for survivors receiving services from domestic violence member programs through procedural changes or regulation or legislation changes.
- Explore the option for domestic violence member programs to be able to offer on-site childcare services at shelter to assist survivors with addressing childcare as a significant barrier to employment, compliance with court dates, prevention plans, and visitation schedules as set by DCBS.
- Advocate for procedural, regulation, or legislative change that allows DCBS to provide shelter workers with DCBS log-in to assist survivors in their application for benefits or continuation of benefits (SNAP, Medicaid, KTAP).
- Engage in robust systems advocacy (legislative and regulatory) to strengthen the social service system that provides support to poor families.
• Explore a statewide MOU to establish roles and responsibilities for DCBS staff and member program staff when families are working toward maintaining or regaining custody of children.

• Provide formal guidance to member programs and DCBS on TANF protocols for exempting survivors of domestic violence from SNAP (TANF funded) work requirements and regarding TANF protocols for not decreasing survivors benefits while in shelter.

Recommendations for domestic violence programs to consider

• Build relationships with community partners and state-level institutions to help provide on-site trauma-informed parenting support (such as PCIT) provided at shelter to address parenting education requirement.

• Train staff to advocate with DCBS to expand timeframe for TPR (termination of parental rights) when survivor is residing in domestic violence shelter and update prevention/case plans to reflect extended time frames.

• Reach out to DCBS staff to organize family team meeting/case coordination meeting with DCBS staff, shelter advocate, and survivor within first 30 days of survivor’s arrival to shelter to coordinate services and work towards reunification with child(ren).

• Request that DCBS staff provide shelter workers with DCBS log-in to assist survivors in their application for benefits or continuation of benefits (SNAP, Medicaid, KTAP).

• Provide requisite paperwork to DCBS caseworkers for survivors in order for survivors to avoid a reduction in TANF funded benefits, such as SNAP.

• Provide formal guidance to programs and DCBS regarding meaningful access in removal and investigation processes.
Recommendations for DCBS & the CHFS to consider

- Create trauma-informed case plans with a goal that accounts for multiple, complex barriers (including referrals to START teams for survivors with substance use or TAP for survivors with multiple barriers).

- Provide shelter workers with DCBS log-in to assist survivors in their application for benefits or continuation of benefits (SNAP, Medicaid, KTAP).

- Ensure that DCBS staff schedule Family Team Meeting/case coordination meeting that includes DCBS staff, shelter advocate, and survivor within first 30 days of survivor’s arrival to shelter to coordinate services and work towards reunification with child(ren).

- Provide training to DCBS staff that focuses on identifying the effects of poverty on families.

- Explore a statewide MOU to establish roles and responsibilities for DCBS staff and member program staff when families are working toward maintaining or regaining custody of children.

- Educate and provide guidance to DCBS caseworks on exemptions for domestic violence survivors through TANF for public assistance programs, such as SNAP.

- Partner with KCADV and member programs for cross training on domestic violence dynamics, available programming for survivors, meaningful access for survivors, stigma reduction, and DCBS investigation and removal processes. Specifically, ensure training for DCBS staff on not removing children from a non-offending parent.

- Receive training for DCBS staff on the referrals process for survivors with substance use disorder and prioritize programs allowing survivors to retain custody of their children through recovery.

- Revise CHFS protocol and guidance for DCBS staff for the Mandatory Education and Referrals Act of 2017, specifically while it is mandatory for DCBS staff to provide a referral to a survivor upon disclosure, it is not mandatory that the survivor comply with the referral.

- Revise CHFS manual to reflect current language for domestic violence.

- Make consistent referrals for perpetrators of domestic violence to Batterer Intervention Program.
About the researcher

Elizabeth New received her master’s and PhD in Medical Anthropology at the University of Kentucky. Dr. New’s research interests have largely explored racial health disparities, the barriers poor women face accessing social service programs, gender inequality, economic and housing insecurity, and the relationship between poverty and state and federal social service policies and programs. Her Master’s research examined the social barriers and stereotypes both Appalachian born healthcare workers and low-income eastern Kentucky residents experienced navigating Kentucky’s Medicaid and SNAP programs. Her dissertation research examined how chronically ill, working poor and working class African American women built social and economic networks in order to support each other and access healthcare resources during the first phases of the ACA. In addition, Dr. New has taught classes pertaining to her research interests in the departments of Anthropology, Gender and Women’s Studies, and Appalachian Studies at the University of Kentucky as well as community and liberal arts colleges in the region. She currently consults with KCADV on projects that explore domestic violence from an anti-poverty perspective.

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