EXECUTIVE SUMMARY

The Issue of Prevalence

At the inception of welfare reform, *domestic violence, mental health, and alcohol and other drug issues* (abbreviated here as AOD/MH/DV) were widely thought to pose special hurdles for women attempting to use the new welfare reform services to increase their economic independence. In consequence, California and other states and localities established methods to identify and serve persons with AOD/MH/DV issues. With rare exceptions, however, they have found that far fewer women than anticipated were identified and served. Thus, four years after welfare reform was enacted on the federal level, one of the major concerns of advocates and policy makers remains puzzling.

This report, which is the first in a series that document a longitudinal study of women receiving TANF in California, presents information on the *prevalence* of alcohol and other drugs, mental health, and domestic violence issues within two samples of CalWORKs[1] participants, one from Kern County and one from Stanislaus County. It also provides information on the prevalence within these samples of other conditions that might be hurdles to employment. Subsequent reports will link prevalence of AOD/MH/DV conditions to need for services and to three outcomes widely viewed as critical to welfare reform: tenure on and utilization of welfare and other public benefits; success in finding and retaining employment; and child well-being.

This study is being conducted by the California Institute for Mental Health, a non-profit educational and research affiliate of the California Mental Health Directors Association, in conjunction with the CalWORKs Project—a collaboration between the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund. The study is funded by a three-year grant from the National Institute of Justice, Violence Against Women Office. Additional funding has been provided by California counties, The California Wellness Foundation and the David and Lucile Packard Foundation.

Study Methodology

The two study samples reported on here (a total of 703 individuals) consist of female heads of household between the ages of 18 and 59 who are fluent in either English or Spanish. At the time of recruitment into the study they had to be applying for CalWORKs and eligible for Welfare-to-Work (in Stanislaus) or have been a CalWORKs recipient for at least one year (Kern).

[1] The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the Aid to Families with Dependent Children (AFDC) program of cash assistance with Temporary Aid to Needy Families (TANF) block grants. The California legislation implementing TANF is called California Work Opportunity and Responsibility to Kids (CalWORKs).

Thus the two samples differ in one important respect: the Kern sample was drawn from those CalWORKs recipients who had received AFDC/TANF for at least one year while that in Stanislaus was drawn from new applicants for TANF assistance. The Stanislaus sample is representative of the population applying for CalWORKs during the sample period, and the Kern sample is substantially representative of the CalWORKs population that was recertified during the sample period. Sampling and attrition are described in Appendix I. Basic characteristics of the respondents in each site are shown in the table below.

Exhibit 1: Respondent Characteristics, by County

Characteristic	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Age (mean)	30	32
Race/Ethnicity		
Hispanic	45%	34%
White	28%	47%
African-American	21%	10%
Other	6%	9%
Education		
< High School or GED	52%	36%
Living situation		
No Partner	53%	59%
Live with Partner	19%	12%
Partner Lives Elsewhere	28%	29%

The results reported here are from face-to-face interviews with the study participants. While most interviews occurred at welfare offices, the interviewers were researchers who presented themselves as entirely separate from the welfare system or the county. Respondents signed a detailed consent to participate and an information release, both of which assured confidentiality.

AOD and MH diagnoses follow DSM-IV criteria. These diagnoses were determined through the use of the Composite International Diagnostic Interview (CIDI). The CIDI is a standardized interview developed, adopted and promoted by the World Health Organization for epidemiological studies around the world. Its reliability and validity, and the reliability and validity of the CIDI short-form which we used for some diagnoses, are well documented.[2]

[2] Wittchen, H. (1994). Reliability and validity studies of the WHO—Composite International Diagnostic Interview (CIDI): a critical review. *Journal of Psychiatric Research, 28*(1), 57-84; Kessler, R. C., Andrews, G., Mroczek, D., Bedirhan, U., & Wittchen, H.-U. (In press). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*.

We used a broad definition of domestic violence for the study. A revised version of the Conflict Tactics Scale[3] for physical violence items was supplemented by a series of questions that assessed other kinds of domestic abuse.[4]

Overall Prevalence

During the 12 months prior to the interview, more than half of the study samples in each county (55 percent in Kern and 69 percent in Stanislaus) reported experiencing domestic violence or were found to have a mental health diagnosis or AOD dependence or abuse—more than one-fifth in each sample had more than one of the three conditions.

The table below shows the percentage having one or more of the three conditions—domestic violence, a mental health diagnosis or AOD dependence/abuse—in each of the county samples.

Exhibit 2: Overall Prevalence of AOD/MH/DV Diagnoses/Issues

Number Of Conditions	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
None	45%	30%
One Only	34%	38%
Two Only	19%	26%
Three	2%	6%
TOTAL	100%	100%

Domestic Violence Issues

At least one-third of the study samples reported an incident of domestic violence within the last 12 months, while roughly 80 percent reported such an incident at some time in their lifetime.

Exhibit 3 on the next page shows lifetime and 12-month prevalence rates for any incident of domestic violence.

[3] Straus, M. A., & Gelles, R. J. (1990). *Physical Violence in American Families*. New Brunswick: Transaction Publishers. Morse, B. J. (1995). Beyond the Conflict Tactics Scale: assessing gender differences in partner violence. *Violence Vict, 10*(4), 251-272.

[4] Many questions came from a 1993 national survey in Canada and the 1995 National Institute of Justice survey in the United States. Johnson, H., & Sacco, V.-F. (1995). Researching violence against women: Statistics Canada's national survey. *Canadian-Journal-of-Criminology, 37*(3), 281-304; Tjaden, P., & Thoennes, P. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey* (http://www.ncjrs.org/txtfiles/172837.txt): National Institute of Justice, Violence Against Women Office.

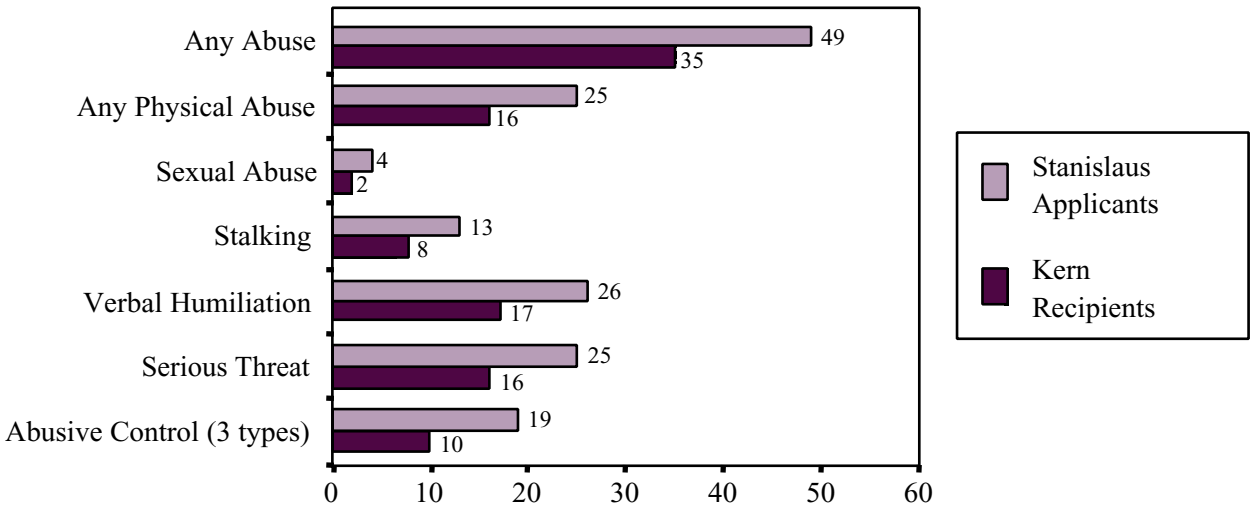
Exhibit 3: Lifetime and 12-Month Prevalence of Domestic Violence

Any Abuse During:	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Lifetime	78%	80%
Last 12 Months	35%	49%

An incident of physical abuse occurred within the last 12 months for 16 percent of the sample in Kern and 25 percent in Stanislaus.

Exhibit 4 shows the percentages of different types of domestic violence occurring within the last 12 months in each of the two samples.

Exhibit 4: Prevalence of Different Types of Domestic Violence, by County



Post Traumatic Stress Disorder (PTSD) resulting from prior physical or sexual assault trauma was present in the last 12 months for 13 percent of each sample.

PTSD is a psychiatric diagnosis that indicates the presence of current symptoms resulting from a traumatic event that occurred at some time in the person's past. The PTSD measured in this study related only to symptoms experienced in the previous 12 months resulting from a sexual or physical assault either as a child or an adult.

Approximately one-quarter of the women (22 percent in Kern and 30 percent in Stanislaus) had at least one impact from DV that could be a barrier to employment.

Not everyone who experiences domestic violence is unable to work. We utilized three indicators to estimate which women might have a DV situation that could impact on their current ability to engage in work activities.

- ***Physical Injury from DV***—Seven percent of the Kern sample and 14 percent in Stanislaus reported they had a physical injury from an incident of physical abuse within the last 12 months.

- ***Interference in Work-Related Activity***—In Stanislaus, 17.9 percent of the sample indicated a boyfriend or partner made it difficult for them to find or keep a job or get a better job. In Kern, 8.4 percent likewise reported some or substantial work interference.

- ***PTSD***—By definition, the symptoms from PTSD are significant enough to be considered a potential barrier to employment. PTSD was diagnosed in 13 percent of each sample.

In sum, 22 percent in Kern and 30 percent in Stanislaus experienced one or more of these conditions during the previous 12 months. Empirical determination of the effects of different patterns of domestic abuse on employment and other CalWORKs related outcomes, however, will be the subject of subsequent reports.

Alcohol and Other Drug Diagnoses

About one in ten respondents (9.5 percent in Kern and 12.6 percent in Stanislaus) had a diagnosable AOD dependence or abuse disorder.

Exhibit 5 below shows the rates of disorder within each of the two samples. Dependence is generally more serious than abuse alone; and abuse is diagnosed only if criteria for dependence are not met. Rates for dependence are higher than for abuse in both counties. Overall rates in Stanislaus are higher than in Kern because of a higher rate of dependence.

Persons who reported using drugs five or more times in the past year but did not meet all the criteria for abuse or dependence are not included.

Exhibit 5: Alcohol or Other Drug Dependence or Abuse, by County

AOD Disorders	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Any AOD Abuse	3.5%	3.9%
Any AOD Dependence	6.3%	10.1%
Any AOD Abuse *or* Dependence	9.5%	12.6%

While a comparable percentage within each county had an alcohol disorder (7 to 8 percent), the Stanislaus sample exhibited higher rates of other drug problems (8.4 percent in Stanislaus versus 3.5 percent in Kern).

The tables below indicate the percentages of alcohol and of other drug abuse and dependence in each county.

Exhibit 6: Alcohol Dependence and Abuse, by County

AOD Disorders	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Alcohol Abuse	2.9%	2.2%
Alcohol Dependence	4.3%	5.6%
Alcohol Abuse or Dependence	7.2%	7.9%

Exhibit 7: Drug Dependence and Abuse, by County

Other Drug Disorders	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Other Drug Abuse	0.9%	1.7%
Other Drug Dependence	2.6%	7.3%
Other Drug Abuse or Dependence	3.5%	8.4%

The 12-month prevalence rates for AOD abuse and dependence do not include other patterns of substance use that could be hurdles to employment.

Interviewees were asked if they considered themselves an alcoholic or drug addict or recovering alcoholic or addict. In each county, a percentage of participants so classified themselves even though they did not meet the criteria for abuse or dependence. Adding these self-reports to the figures for abuse and dependence raises the figures of those with current or past serious alcohol or drug problems to 13.8 percent in Kern and 19.3 percent in Stanislaus.

In general, the criteria for AOD abuse or dependence are such that—in contrast to a mental health diagnosis or the occurrence of domestic violence—just the diagnosis of abuse or dependence creates a strong supposition that chances for employment are reduced and services are needed. In addition, other patterns of substance use were revealed in the interviews that might also place the participant at risk of employment problems. For example, one commonly used measure of problem drinking is drinking five or more drinks at one time at least once a month during the past 12 months. The percentage of women (not dependent on or abusing alcohol) binge drinking in this way was 6.3 percent in Kern and 6.2 percent in Stanislaus.

In Kern 2.3 percent and in Stanislaus 8.7 percent of respondents reported using marijuana more than five times in the previous year but did not meet the criteria for abuse or dependence. While

this use in itself may not interfere with the ability of the participant to perform many work activities, it could be a barrier to employment where jobs require drug testing.

Mental Health Diagnoses

More than one-third of each sample (34 percent in Kern and 44 percent in Stanislaus) had at least one diagnosable mental disorder in the previous 12 months and about 20 percent had two or more.

Exhibit 8 below shows the prevalence of 12 month diagnosable disorders that were assessed within each of the two samples. In general, the co-occurrence of more than one disorder indicates higher levels of severity. In Kern 18 percent met the criteria for two or more diagnoses and in Stanislaus 21 percent had two or more diagnoses.

Exhibit 8: 12-Month Prevalence of Mental Disorders

12-Month MH Disorders	Kern Recipients (N=347)	Stanislaus Applicants (N=356)
Major Depression	22%	36%
Anxiety Disorders Overall	25%	23%
Generalized Anxiety	9%	10%
Specific Phobias (narrow definition)	5%	1%
Social Phobias	13%	6%
Panic Disorder	12%	14%
Agoraphobia	5%	1%
Post-Traumatic Stress Disorder[5]	13%	13%
Any MH Diagnosis	34%	44%
Two or More MH Diagnoses	18%	21%
Three or More MH Diagnoses	11%	8%

These rates are likely to underestimate total mental health disorders since we did not include measures for a range of disorders that might appear in this population including: dysthymia (chronic depression); adjustment disorders (particularly likely in women experiencing the major life upheavals that are often associated with going on or receiving welfare); sleep disorders and eating disorders.

[5] Only trauma associated with childhood or adult sexual or physical abuse was recorded. This group was also reported on in the section on domestic violence.

MH symptoms appeared to constitute hurdles to normal activity for as many as 20 to 30 percent of the interviewees.

Having a MH diagnosis does not automatically constitute a barrier to employment. To estimate the potential impact of the MH problems on employment we asked each participant if the MH symptoms they reported interfered with their life or their activities. Twenty-five percent of all respondents in Kern and 30 percent of those in Stanislaus reported "a lot" of interference. They were also asked if as a result of a MH problem they had been *totally unable* to work or carry out normal activities during the previous 30 days. Twenty six percent of the Kern sample and 19 percent of the Stanislaus sample reported such disability on at least one day. The mean number of such days for those reporting any was 16 in Kern and 13 in Stanislaus.

Human Resource and Situational Barriers to Employment

Exhibit 9 summarizes the prevalence of 14 human resource and situational barriers to employment. It is followed by a brief discussion of the factors other studies have shown to be most critical to finding and retaining employment.

Exhibit 9: Human Resource and Situational Barriers to Employment, by County

	Kern (N=347) Percent	Stanislaus (N=356) Percent
Age over 35	36	27
Homeless at Time of the Interview	15	26
Less than High School Education	52	36
Limited English	11	2
Child or Children Two or Under	35	35
Cares for Disabled Child	22	13
Physical Health Problems	27	22
Special Education or a Childhood Disability	21	22
Childcare "Very Hard" to Arrange	20	21
No Driver's License	51	45
Less than 4 of 9 Occupational Skills	42	26
Reports Discrimination "Often" or "Very Often"	10	6
Did Not Work in Past Year	50	29
Never Worked for Pay	11	4

Limited work histories and limited work skills are hurdles for up to 40 percent of the women respondents.

Obtaining a job without a recent work history is difficult. In Kern 37 percent of the respondents had not worked in the past three years or had never worked compared to 15 percent of the Stanislaus respondents. This pattern appears to reflect the difference between recipients and applicants, with the latter having a less current and less substantial work history.

Even low-wage jobs require certain minimum skills. We asked respondents whether they had ever performed each of nine job-related tasks, for example, working with a computer or talking to customers face-to-face. In Kern, 42 percent of the respondents had performed fewer than four of these actions on a job compared to 26 percent in Stanislaus.

We asked whether respondents had ever been in a special education class or ever been assessed or diagnosed as having learning problems or special needs or a disability. In sum, 21 percent of the Kern respondents and 22 percent of those in Stanislaus reported *either* having been in special education classes or having been told they had a disability.

Childcare issues and transportation difficulties interfered with work-related activity for at least one-quarter of the women.

While CalWORKs provides both childcare and transportation assistance these daily needs still constitute hurdles for many participants. In each county at least 27 percent were unable to take a job in the previous 12 months due to childcare problems. At least 26 percent reported being unable to take a job due to transportation problems.

Physical problems or caring for a child with functional limitations may be barriers for up to 15 to 20 percent of the women.

Counties are able to exempt from Welfare-to-Work requirements up to 20 percent of their TANF caseload. Two of the conditions that qualify for exemption are physical disability and caring for a family member with a disability. Since participants who were exempt at the time of entry into the study were not included in the samples we would expect that some of the women in our sample might later qualify for exemption on these grounds.

Physical Health Limitations—The overall self-ratings of health status for the two samples are comparable to national norms except for older women in the Kern sample who reported poorer health status. Based on national norms of the work limitations associated with low ratings of health we estimate that 16 percent of the Kern sample and 13 percent of the Stanislaus sample may be unable to work because of physical limitations.

Disabled Child—A small percentage of each sample (from 3 to 8 percent) said that they had either had to quit or were unable to take a job, school or training in the last 12 months because of having to take care of a child with functional problems.

Multiple human resource deficits were very common in both counties, and women with AOD/MH/DV issues had more human resource issues than did women overall.

Overall, Kern respondents had an average of four and Stanislaus respondents an average of three of the fourteen situational and human resource issues which may affect finding and retaining employment that we measured. While the mean number of human resource deficits is important, it is probably more significant that a substantial minority had a very large number of deficits. In Kern 12 percent of the sample had at least seven deficits and 43 percent had at least five deficits. In Stanislaus, four percent had at least seven deficits and 21 percent had at least five deficits.

In both sites, persons with any AOD/MH/DV issue had on average more human resource deficits than those with none (Kern = 4.1 vs. 3.9, not statistically significant; Stanislaus = 3.2 vs. 2.9, marginally statistically significant) *plus* they had one or more AOD/MH/DV issues. Thus, to the extent that deficits have a cumulative effect on finding and retaining employment, we would expect persons with AOD/MH/DV issues to have more difficulty with CalWORKs requirements.

Implications for Practice

The results from the first round of research interviews indicate a high prevalence of AOD, MH, and DV issues within the recipient sample in Kern and in the new applicant sample in Stanislaus. The findings suggest several important implications for practice.

Rates for all three conditions were higher in Stanislaus than Kern. To the extent that these differences reflect the characteristics of new applicants versus on-going recipients (as opposed to reflecting county differences), they suggest that many new applicants are under great stress so that identification of AOD/MH/DV conditions early in the CalWORKs process is critical. However, the percentages of respondents with human resource and situational barriers was considerably higher in Kern than in Stanislaus.

The co-occurrence of AOD/MH/DV issues in approximately 20 percent of the samples reinforces the need for service programs to offer comprehensive services, preferably by addressing multiple issues within a single program or, alternatively, by ensuring a high level of coordination among programs.

We would not expect the identification of AOD, MH, or DV issues within the actual CalWORKs program to closely approach the levels revealed in this research. The value of obtaining the information within the confidential research setting is to establish the actual prevalence of the conditions. The high levels do go a long way toward demonstrating, however, that the relatively low rates of identification of persons needing assessment for AOD/MH/DV found in most counties to-date are not due to low prevalence.

Implications for Policy

While it is important for policy-makers to know that low rates of referral to AOD/MH/DV services cannot be attributed to low prevalence of these conditions,[6] it is equally important to realize the limitations of prevalence data and of this study in particular.

First, the rates for domestic violence, mental health and AOD dependence/abuse presented here do not necessarily imply that all persons with these conditions—or even those with more severe conditions—are in need of services through CalWORKs. Nor are the rates for AOD, for mental health, or for domestic violence comparable in terms of need for services. The need for services and service effectiveness in the CalWORKs context will be dealt with in subsequent reports.

Most importantly, while we have presented suggestive information about the potential hurdles these issues may pose to women seeking employment, information in this report does not directly deal with the question of the extent to which AOD/MH/DV conditions—by themselves or in conjunction with situational and human resource issues—actually are barriers to finding and retaining employment. Subsequent reports of this study will deal with this question and other important outcomes of welfare reform.

Finally, the results here are from only two of the 58 counties in California. To the extent that the results confirm other studies in other locations—such as the high rate of women receiving welfare experiencing physical abuse in the previous year—they increase our confidence about general patterns. To the extent the results have not been previously reported—such as the considerably higher rates among applicants for CalWORKs than among on-going recipients—they raise new questions.

[6] The Kern sample includes 49 persons not required to participate in Welfare-to-Work activities and therefore less likely to be identified and assessed for AOD/MH/DV services. However, this fact does not affect the conclusion that far more persons need to be assessed—because the prevalence figures for the Welfare-to-Work group were nearly identical to those in this report. For example, of the Kern overall CalWORKs group 35 percent experienced domestic violence in the past year while 36 percent of the group required to participate in Welfare-to-Work did. Likewise the figures for "any mental health diagnosis" were 31 percent vs. 30 percent and for any alcohol or drug dependence/abuse 9.5 percent vs. 10.7 percent.