

# The CaIWORKs Project

**The Prevalence of Mental Health,  
Alcohol and Other Drug, &  
Domestic Violence Issues among CaIWORKs Participants  
In Kern and Stanislaus Counties**

## Prevalence Report

**September 2000**

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*Daniel Chandler  
Joan Meisel*

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## 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<sup>1</sup> 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).

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<sup>1</sup> 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<br>(N=347) | Stanislaus Applicants<br>(N=356) |
|-------------------------|----------------------------|----------------------------------|
| Age (mean)              | 30                         | 32                               |
| <b>Race/Ethnicity</b>   |                            |                                  |
| Hispanic                | 45%                        | 34%                              |
| White                   | 28%                        | 47%                              |
| African-American        | 21%                        | 10%                              |
| Other                   | 6%                         | 9%                               |
| <b>Education</b>        |                            |                                  |
| < High School or GED    | 52%                        | 36%                              |
| <b>Living situation</b> |                            |                                  |
| 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.<sup>2</sup>

<sup>2</sup> 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<sup>3</sup> for physical violence items was supplemented by a series of questions that assessed other kinds of domestic abuse.<sup>4</sup>

### 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%                            |
| <b>TOTAL</b>         | 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.

<sup>3</sup> 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.

<sup>4</sup> 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.



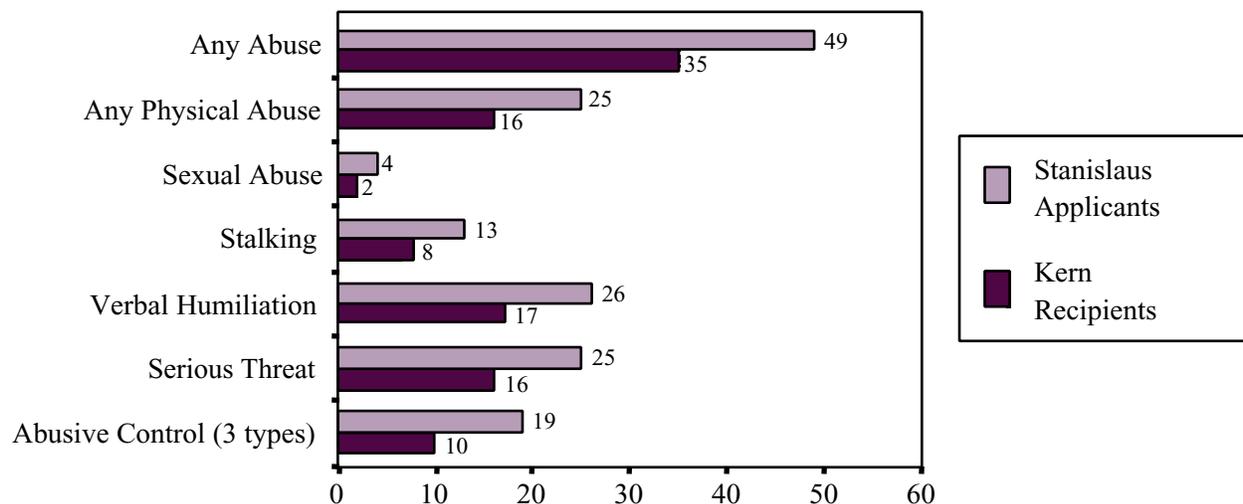
**Exhibit 3: Lifetime and 12-Month Prevalence of Domestic Violence**

| Any Abuse During: | Kern Recipients<br>(N=347) | Stanislaus Applicants<br>(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<br>(N=347) | Stanislaus Applicants<br>(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<br>(N=347) | Stanislaus Applicants<br>(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<br>(N=347) | Stanislaus Applicants<br>(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<br>(N=347) | Stanislaus Applicants<br>(N=356) |
|---------------------------------------------------|----------------------------|----------------------------------|
| <b>Major Depression</b>                           | 22%                        | 36%                              |
| <b>Anxiety Disorders Overall</b>                  | 25%                        | 23%                              |
| Generalized Anxiety                               | 9%                         | 10%                              |
| Specific Phobias (narrow definition)              | 5%                         | 1%                               |
| Social Phobias                                    | 13%                        | 6%                               |
| Panic Disorder                                    | 12%                        | 14%                              |
| Agoraphobia                                       | 5%                         | 1%                               |
| <b>Post-Traumatic Stress Disorder<sup>5</sup></b> | 13%                        | 13%                              |
| <b>Any MH Diagnosis</b>                           | 34%                        | 44%                              |
| <b>Two or More MH Diagnoses</b>                   | 18%                        | 21%                              |
| <b>Three or More MH Diagnoses</b>                 | 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.

<sup>5</sup> 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<br>(N=347) Percent | Stanislaus<br>(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,<sup>6</sup> 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.

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<sup>6</sup> 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.





## INTRODUCTION

### The Issue of Prevalence

Welfare reform<sup>7</sup> and the robust economy<sup>8</sup> have resulted in massive reductions in the number of welfare recipients. Most studies of those leaving welfare have found that a majority of “leavers”—but far from all—have obtained employment and prefer being off of cash aid.<sup>9</sup> Other studies have found a number of unintended negative consequences, such as the large reductions in use of Medicaid when still-eligible people leave welfare.<sup>10</sup> Still other studies point to a host of unknowns—such as the effect on poverty and the composition and outcomes of the group of persons who have been sanctioned under the new rules. One of the puzzles—which this study goes some distance toward solving—is the extent to which TANF recipients have domestic violence, mental health, and/or alcohol and other drug issues which may need to be addressed in order for participants to enter and stay in the work force.

At the inception of welfare reform, *alcohol and other drug, mental health and domestic violence issues* (abbreviated here as AOD/MH/DV) were widely thought to pose special hurdles<sup>11</sup> for women attempting to use the new welfare reform services to increase their economic independence.<sup>12</sup> The role of welfare financial assistance in helping women leave a domestic

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<sup>7</sup> The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the AFDC program of cash assistance with Temporary Aid to Needy Families (TANF) block grants. The California legislation implementing TANF is called CalWORKs (California Work Opportunity and Responsibility to Kids). Unless temporarily or permanently exempt, recipients of cash aid must participate in work activities or employment as a condition of receiving aid. Receipt of aid is limited to a maximum of two years at one time and five years lifetime.

<sup>8</sup> Danziger, S. H. (1999). What Are the Early Lessons? In S. H. Danziger (Ed.), *Economic Conditions and Welfare Reform*. Kalamazoo: W.E. Upjohn Institute for Employment Research.

<sup>9</sup> Loprest, P. (1999). *Families Who Left Welfare: Who Are They and How Are They Doing?* (99-02). Washington, D.C.: The Urban Institute; Westra, K. L., & Routley, J. (2000). *Arizona Cash Assistance Exit Study: Report to the Welfare Reform Joint Committee and Task Force* December 9, 1999. Phoenix: Arizona Department of Economic Security Office of Evaluation.

<sup>10</sup> PRWORA cut the link between AFDC/TANF cash assistance and Medicaid eligibility. As a consequence many families still qualify for Medicaid when they leave TANF since their incomes are still below the cutoff point for Medicaid eligibility.

<sup>11</sup> For the most part we have used the term “hurdle” or “obstacle” rather than “barrier.” A given problem, such as drug use or low education, may increase the statistical likelihood that employment will not be achieved. However, many women with such problems *do* succeed. So the notion of an impenetrable “barrier” is less appropriate than that of a “hurdle” which causes difficulties and requires special efforts (of both participant and the system) but which may be overcome. A “hurdle” also suggests the “race against time” that confronts CalWORKs participants in a time-limited system.

<sup>12</sup> The best review of the state of knowledge regarding alcohol and other drug use among welfare recipients when welfare reform got under way is Young, N. K., & Gardner, S. L. (1997). *Implementing Welfare reform: Solutions to the Substance Abuse Problem*. Irvine, CA. Children and Family Futures and Drug Strategies website: [www.drugpolicy.org](http://www.drugpolicy.org). The best review of mental health issues is Olson, K., & Pavetti, L. (1996). *Personal and Family Challenges to the Successful Transition from Welfare to Work: How prevalent are these potential barriers to employment?* Urban Institute, Washington D.C. The complete report is available on the Web at: <http://www.urban.org/welfare/report1.htm>. The best review of domestic violence research and welfare is Raphael, J. (1997) *Trapped by Poverty, Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare*. Taylor Institute: <http://www.ssw.umich.edu/trapped>.



violence situation was recognized in the Personal Responsibility and Work Opportunity Reconciliation Act which provided through the optional state Family Violence Option specific waivers and exemptions for domestic violence survivors. Welfare administrators and many legislators were also concerned about the consequences of alcohol and drug use, particularly for those recipients who might remain on welfare as the welfare rolls diminished. As a consequence of these concerns some states, including California, established special programs to help recipients with AOD, mental health or domestic violence issues.

With rare exceptions, states and localities that established methods to identify and serve persons with AOD/MH/DV issues have found those availing themselves of these services to be far fewer than anticipated. Analysts have examined the pre-reform and few post-reform studies of prevalence in order to try to understand whether these studies were flawed or whether the low number of identified recipients results from self-initiated leaving to avoid disclosure, inadequate outreach, or any of (literally) 28 other explanations.<sup>13</sup>

Thus, four years after welfare reform was enacted at the federal level, one of the major concerns of advocates and administrators remains puzzling. This report, which is the first in a series that document a longitudinal study of women receiving TANF in Kern and Stanislaus Counties in California, addresses some of the unanswered questions—those having to do with prevalence of AOD/MH/DV and related conditions.

- ❖ **Prevalence**—How frequent are AOD/MH/DV conditions? What is the range of severity within a condition? Is prevalence higher among CalWORKs recipients than in the population overall? Is the prevalence different for persons who have received aid longer? Does the prevalence vary substantially by county? How much overlap is there between persons with AOD and MH and DV issues? None of these questions is currently well understood.
- ❖ **Interdependence with Other Hurdles**—AOD/MH/DV issues may occur in conjunction with each other or with other hurdles such as poor health, lack of a high school diploma, and learning disabilities. Prior research suggests that it may be the *combination* of factors that constitutes a barrier.<sup>14</sup> A critical question thus becomes, to what extent are AOD/MH/DV issues associated with other potential barriers to employment?

Subsequent reports will link prevalence of AOD/MH/DV conditions with three outcomes widely viewed as critical to welfare reform: reduced tenure on and utilization of welfare and other public benefits; success in finding and retaining employment; and child well-being. Outcomes

<sup>13</sup> Gardner, S. L., Young, N. K., & Merrill, J. (2000). The 1% problem: The Case of The Missing Clients. *American Public Human Services Association, Submitted*.

<sup>14</sup> Danziger, S., Corcoran, M., Danziger, S., Heflin, C., Kalil, A., Levine, J., Rosen, D., & al, e. (1998). *Barriers to the Employment of Welfare Recipients* ([www.ssw.umich.edu/poverty/pubs.html](http://www.ssw.umich.edu/poverty/pubs.html)). Ann Arbor: University of Michigan, Poverty Research and Training Center. This point is made more strongly in: Danziger, S., Kalil, A., & Anderson, N. J. (2000). Human Capital, Health and Mental Health of Welfare Recipients: Co-occurrence and Correlates. *Journal of Social Issues, Forthcoming*. (Available on the web at: [www.ssw.umich.edu/poverty/pubs.html](http://www.ssw.umich.edu/poverty/pubs.html)).



for a sub-sample of women who were formally identified as needing AOD/MH/DV services will be compared with outcomes of women facing similar problems but who were not identified. We will also look at need for services and rates under treatment.

Because this is a longitudinal study—there are three interviews at one-year intervals, and administrative data on income and welfare use is available over five years—we will be able to offer insights into two other closely linked questions. First is the question of incidence, how many new cases arise during a year and under what conditions. Second is attribution of cause. We usually assume AOD or MH problems contribute to welfare use. However, there is some evidence that depression is a concomitant of receipt of welfare and lifts when women are enrolled in training or get a job.<sup>15</sup> Studies which examine change over time are the only way to resolve this question and similar questions as to whether welfare participation relieves or exacerbates AOD/MH/DV conditions.

### Study Sponsorship

This study is being conducted by the California Institute for Mental Health, a non-profit educational and research organization, in conjunction with the CalWORKs Project. The CalWORKs Project is a collaboration among the California Institute for Mental Health, Children and Family Futures and the Family Violence Prevention Fund. The work of the Project is overseen by the Joint CalWORKs Committee which is itself a collaboration of the California Mental Health Directors Association, County Alcohol and Drug Program Administrators Association of California, and the County Welfare Directors Association. 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 Design and Methodology

**Sampling**—In the summer of 1999 we conducted one and a half hour-long research interviews with 703 CalWORKs participants in Kern County and in Stanislaus County.<sup>16</sup> The basic conditions for study participation were the same in both counties:

- ❖ Age: 18-59
- ❖ Language: Fluency in English or Spanish

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<sup>15</sup> Coiro, Mary Jo. “Maternal Depressive Symptoms as a Risk Factor for the Development of Children in Poverty.” *Factors in the development of children in welfare families: An ecological perspective*. Ed. K.A. Moore. Washington D.C., 1997.

<sup>16</sup> An additional 83 participants in Stanislaus and 96 participants in Kern were selected from persons who had formally been identified by the county through its regular CalWORKs process as having an AOD/MH/DV issue and who had received at least one unit of service. These groups will be described in a subsequent report on treatment-related issues.



- ❖ Female Head-of-the-Household (relative-caretakers and two-parent families were not eligible)
- ❖ CalWORKs applicant or recipient: applying for CalWORKs and eligible for Welfare-to-Work (in Stanislaus) or CalWORKs recipient for at least one year (Kern).

However, the samples in the two counties differ in one extremely important way. In Stanislaus County, the sample was comprised of *new applicants* for CalWORKs, while in Kern County subjects had to *have received AFDC/TANF at least one year*.

- ❖ Stanislaus Applicants: All new applicants in Stanislaus are assigned to a week-long job club. For a three-month period we attempted to recruit into the study from the job club *all* those fulfilling the study criteria. The final sample comprised 356 women. Study participants came from throughout the county since all new applicants apply for aid and go through the job club process at a central site.
- ❖ Kern Recipients: A random sample was drawn from 4,732 CalWORKs recipients in the Bakersfield area who had received at least one year of cash assistance and were recertified between mid-April through July. A total of 347 women were interviewed.<sup>17</sup>

**Attrition**—As an incentive, study participants were offered a \$30 gift card for Wal-Mart. Interviews occurred at the welfare department and were intended to occur on a day in which the participant had other already-scheduled activities. Thus, for both groups we depended on a complex set of logistics and information transfer between the welfare department and the research interviewer staff. There turned out to be many difficulties with this methodology. The major consequence was that participants were often not at the site at the time at which they were scheduled.<sup>18</sup> This meant interviewers had to try to contact them by letter and phone and arrange for them to come in for the interview. Home visits were not part of the study design, primarily to protect the safety of women who might be in abusive relationships.

Of the Stanislaus study-eligible applicants, 71 percent were interviewed (5 percent refusal rate). In Kern, 55 percent of the recertification sample were interviewed (7 percent refusal rate). In both counties most of the attrition was due to the inability of interviewers to reach CalWORKs participants by phone in order to try to schedule an interview. The completion rate for Stanislaus is comparable to that in the two post-welfare reform surveys that have focused on AOD/MH/DV issues of 63 percent and 70 percent.<sup>19</sup> We compared characteristics of the Stanislaus and Kern

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<sup>17</sup> A total of 49 of these women were undocumented or classed as disabled and thus not required to participate in Welfare-to-Work activities.

<sup>18</sup> A recent New Jersey study also documented attempts to interview a defined sample at recertification interviews, but interviewers were forced to give up and take any client present on a given day. Kline, A., Bruzios, C., Rodriguez, G., & Mammo, A. (2000). *1998 New Jersey Substance Abuse Needs Assessment Survey of Recipients of TANF*. Trenton: Department of Health and Senior Services, Division of Alcoholism, Drug Abuse and Addiction Services.

<sup>19</sup> Barusch, A. S., & Taylor, M. J. (1999). *Understanding Families with Multiple Barriers to Self-Sufficiency*. Salt Lake City: Social Research Institute, University of Utah; Speigman, R., Fujiwara, L., Norris, J., & Green, R. S.



interviewees with those who were eligible but did not participate in order to detect possible bias created by attrition. In Stanislaus the groups did not differ to a statistically significant degree on any measure. In Kern there were no differences on most measures but there were statistically significant but substantively unimportant differences in percent speaking Spanish as first language (more in the interviewed sample), age (interviewed sample slightly older), and time on welfare (slightly smaller percent of interviewed sample on welfare longer than a year). We believe the Stanislaus sample is representative of the population applying for CalWORKs during the sample period, and the Kern sample is substantially representative of the population that was recertified during the sample period. Sampling and the effects of attrition are described in more detail in Appendix I.

### Kern and Stanislaus Counties

The two counties—Kern and Stanislaus—were selected because of their leadership in developing ideas for working with the study population and their emphasis on cooperative planning among their local domestic violence centers and their mental health/substance abuse and welfare departments. Thus, these counties offer a very good chance to develop “best practices” models.

Both counties are in California’s Central Valley and share economic characteristics that make the employment goals of welfare reform particularly challenging. Both are geographically large counties with dispersed populations and limited public transportation systems. Each has a high unemployment rate (10.6 percent in Stanislaus and 11.4 percent in Kern in 1999) and high rates of seasonal labor (with consequently inflated unemployment during the winter). Both are growing rapidly, but most new jobs are primarily in the low-paying retail service sector. Kern County has a population of 648,000. Its largest city is Bakersfield, at 237,000. Stanislaus County has a population of 433,000; the largest city is Modesto, at 188,000.

Kern County has a white population of 41 percent and Hispanic population of 43 percent; in Stanislaus these figures are 51 percent white and 32 percent Hispanic. The CalWORKs caseload (two thirds of which is children) and unemployment rates are shown in Table 1. The 50 percent Stanislaus decline in the welfare roles between July 1996 and June of 1999 was much greater than that of Kern (28 percent).

**Table 1: Population, Persons on CalWORKs, and Unemployment Rates**

|                   | Population<br>1/99 | Persons on<br>CalWORKs 1/99 | Percent of Population<br>on CalWORKs | Unemployment Rate<br>Calendar Year 1999 |
|-------------------|--------------------|-----------------------------|--------------------------------------|-----------------------------------------|
| <b>Kern</b>       | 648,000            | 57,970                      | 9.0%                                 | 11.4%                                   |
| <b>Stanislaus</b> | 433,000            | 29,990                      | 6.9%                                 | 10.6%                                   |

(1999). *Alameda County CalWORKs Needs Assessment: A Lppk at Potential Health-Related Barriers to Self-Sufficiency*, Berkeley, CA: Public Health Institute.



## Measuring Prevalence

A prevalence rate is defined as the number of “cases” divided by the total number of persons at risk at a given point in time or during a given time period. In defining prevalence of AOD/MH/DV issues, we have most often used the previous 12 months as the relevant time-period. Where other times were used, they are specified. Since all study participants were “at risk” for AOD/MH/DV problems, the prevalence rate is the number of women with a given condition during the time period divided by the total in the study group.

The definition of a “case” is complex when dealing with AOD/MH/DV issues. To the extent possible, we have used the widely accepted and rigorously defined algorithms in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). A survey instrument embodying these definitions is available for many (but not all) of the mental disorders most likely to occur in the CalWORKs population, for alcohol and other drug dependence and abuse and for post-traumatic stress disorder. We have assigned these diagnoses to study participants through use of the Composite International Diagnostic Interview (CIDI).<sup>20</sup> The CIDI is a standardized interview developed, adopted and promoted by the World Health Organization for epidemiological studies around the world. It has been used in hundreds of studies, and its reliability and validity are well documented.<sup>21</sup> For some of the mental health diagnoses the CIDI-Short Form was used.<sup>22</sup> The CIDI and how each mental health and AOD diagnosis is defined and scored are described in detail in Appendix II available on the CIMH website at [www.cimh.org](http://www.cimh.org). *Note that even though “caseness” may be established, the effect of having an AOD/MH/DV condition on work, welfare and child well-being outcomes is not yet clear.*<sup>23</sup> The CIDI is supplemented by the BASIS 32, a widely used measure of mental health/AOD outcomes that focuses on symptoms during the previous *week* and the SF-12, a widely used measure of health and mental health functioning during the previous *month*.<sup>24</sup>

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<sup>20</sup> Alcohol and other drug program staff are more likely to be familiar with the Addiction Severity Index. While extremely widespread as an intake and outcome assessment tool for substance abusers applying for treatment, it is not validated as an epidemiological instrument. The only direct comparison of clinician-assigned DSM-III diagnoses and a prediction of diagnosis generated by the ASI showed the ASI to miss approximately 20 percent of the substance use disorders in a psychiatric inpatient population: Lehman, A. F., Meyers, C. P., Dixon, L. B., & Johnson, J. L. (1996). Detection of Substance Use Disorder among Psychiatric Inpatients. *Journal of Nervous and Mental Disease, 184*, 228-233.

<sup>21</sup> 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.

<sup>22</sup> 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*.

<sup>23</sup> One study has rigorously looked at CIDI-generated diagnoses for mental health, alcohol and other drugs among Michigan welfare recipients. Each of these conditions did significantly affect the likelihood of employment. See: Danziger, S., Corcoran, M., Danziger, S., Heflin, C., Kalil, A., Levine, J., Rosen, D., & al, e. (1998, Revised February 2000). *Barriers to the Employment of Welfare Recipients* (<http://www.ssw.umich.edu/poverty/pubs.html>). Ann Arbor: University of Michigan, Poverty Research and Training Center.

<sup>24</sup> Ware, J. E., Kosinski, M., & Keller, S. (1996). A 12-Item Short-Form Health Survey (SF-12): construction of scales and preliminary tests of reliability and validity. *Medical Care, 32*(4), 220-233; Eisen, S. V., Wilcox, M., Schaefer, E., Culhane, M., & Leff, H. S. (1997). *Use of BASIS-32 for Outcome Assessment of Recipients of Outpatient Mental Health Services: the Evaluation Center@HSRI*.



With regard to domestic violence, or intimate partner abuse, there is no such widely accepted epidemiological definition of a “case.” The instrument most often used, the Conflict Tactics Scale (CTS), is quite limited in the range of behaviors it measures.<sup>25</sup> We have, however, used many of the items in the CTS as they permit comparability. We have adopted measures of emotional abuse and controlling behaviors from a 1993 national survey in Canada and the 1995 National Institute of Justice survey in the United States.<sup>26</sup> We restricted our definition, as well, to acts committed by “a current or past partner.” Incidents were recorded separately for the previous year and any time in the past. A few items also permit evaluation of the respondent’s judgement of current danger at the time of the interview.

Finally, we included in the survey a number of measures of the prevalence of factors we believe, on the basis of previous research,<sup>27</sup> to be relevant to the ease with which women can take advantage of services provided by CalWORKs, find employment and potentially move out of poverty. These include age, education, specific occupational skills, learning disability, transportation problems, childcare problems, discrimination, caring for a disabled child, prior work history, being homeless, and health status. We present some of the evidence from other studies that these issues are related to employment, but the actual measurement of their impact on welfare recipients in Kern and Stanislaus counties will come in subsequent reports as we track our study samples over time.

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<sup>25</sup> Straus, M. A., & Gelles, R. J. (1990). *Physical Violence in American Families*. New Brunswick: Transaction Publishers. Also see: Morse, B. J. (1995). Beyond the Conflict Tactics Scale: assessing gender differences in partner violence. *Violence Vict*, 10(4), 251-272.

<sup>26</sup> 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/textfiles/172837.txt>): National Institute of Justice, Violence Against Women Office.

<sup>27</sup> Kalil, A., Corcoran, M., Danziger, S., Tolman, R., Seefeldt, K., Rosen, D., & Nam, Y. (1998). “*Getting jobs, keeping jobs, and earning a living wage: Can Welfare Reform Work?*” (Discussion Paper, No. 1170-98). Madison: Institute for Research on Poverty, University of Wisconsin-Madison.





## PROFILE OF THE STUDY GROUPS

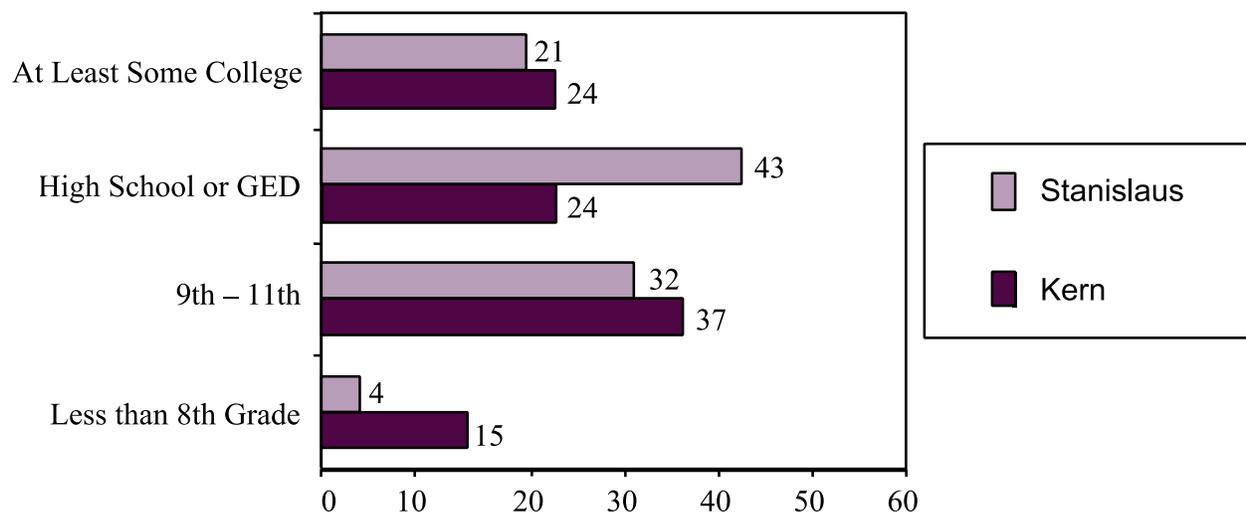
Before presenting prevalence rates for AOD/MH/DV conditions and other potential obstacles to finding and retaining jobs, we profile some of the basic characteristics of the two study groups.

**CalWORKs Status**—While the study population is new applicants in Stanislaus and existing welfare recipients in Kern, the former group had a higher percentage of interviewees who reported having a Welfare-to-Work Plan (68 percent in Stanislaus compared to 56 percent in Kern). In Stanislaus, nearly half of the study group (49 percent) reported not having received their first welfare check.<sup>28</sup> In Kern, everyone interviewed had received a letter informing them of the new CalWORKs time limits and work activity requirements. However, at the time of the interviews many had not had a meeting with employment staff to develop a CalWORKs plan.

**Age**—Kern study participants were slightly older, having a mean age at the time of the interview of 32 compared to 30 for Stanislaus respondents.

**Education**—Kern respondents were also less educated. In Kern, almost one half of the respondents had not completed high school or gotten a GED; in Stanislaus, it was a little over one third. The percentage with at least some college was very similar. A seemingly high 28 percent of the Stanislaus group had completed high school requirements by means of the GED; in Kern it was 12 percent.

**Figure 1: Education, Percent by Site**

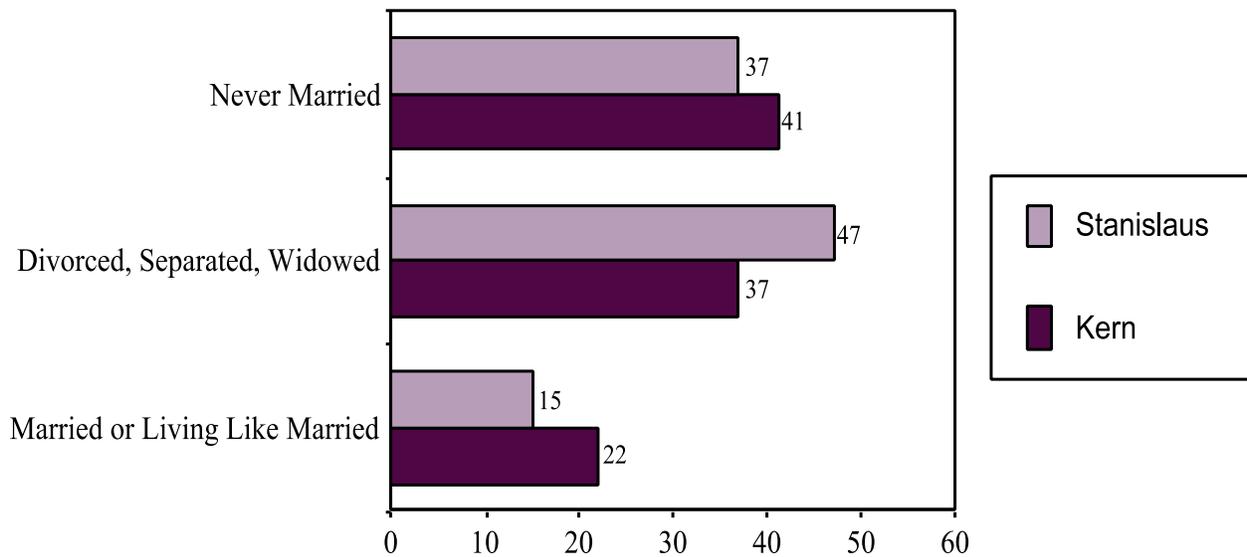


<sup>28</sup> Requiring new applicants to complete the Job Club prior to obtaining TANF aid reflects the strong work-first orientation of Stanislaus County.

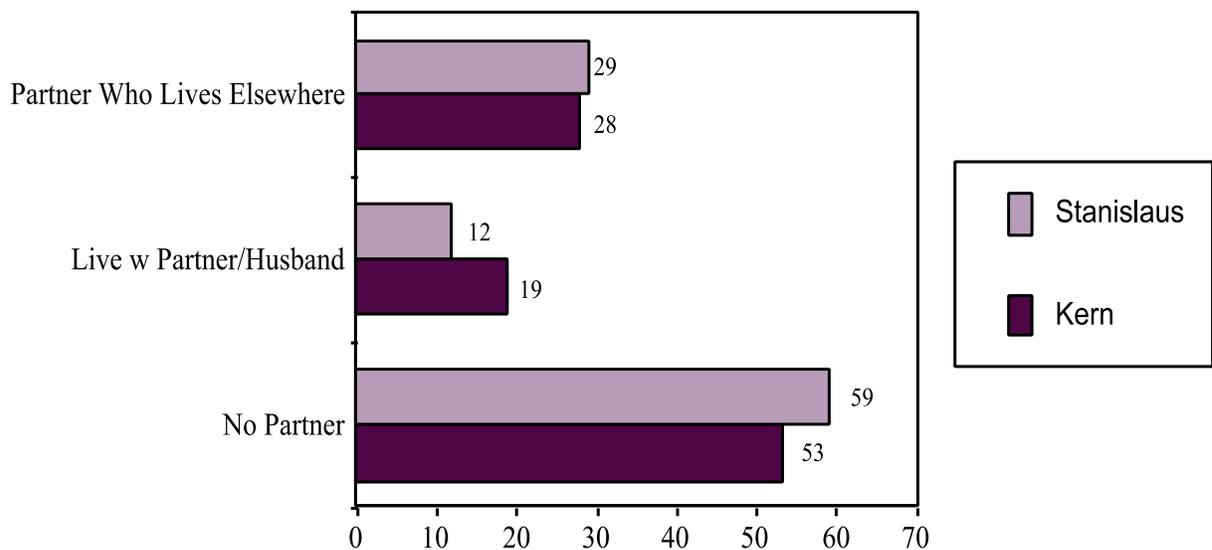


**Marriage and Living Situations**—The smallest proportion of both groups of women heads-of-households are those who are married or living in a marriage-like relationship (Figure 2). Overall, as seen in Figure 3, 53 percent of Kern respondents and 59 percent of Stanislaus respondents had no current partner. For those with partners, the average time together was 4.0 years in Kern and 3.2 years in Stanislaus, with 23 percent of Kern and 33 percent of Stanislaus respondents being involved with their partner less than one year. In Kern 82 percent of the women not living with their partner saw him at least once a week; in Stanislaus this figure was 84 percent.

**Figure 2: Marital Status, Percent by Site**



**Figure 3: Living Situation, Percent by Site**



**Household Composition**—Two Kern and twelve Stanislaus respondents were pregnant. Counting these pregnancies, Stanislaus respondents had an average of 2.1 children for whom they were responsible living with them while Kern respondents had an average of 2.6 (median of two in



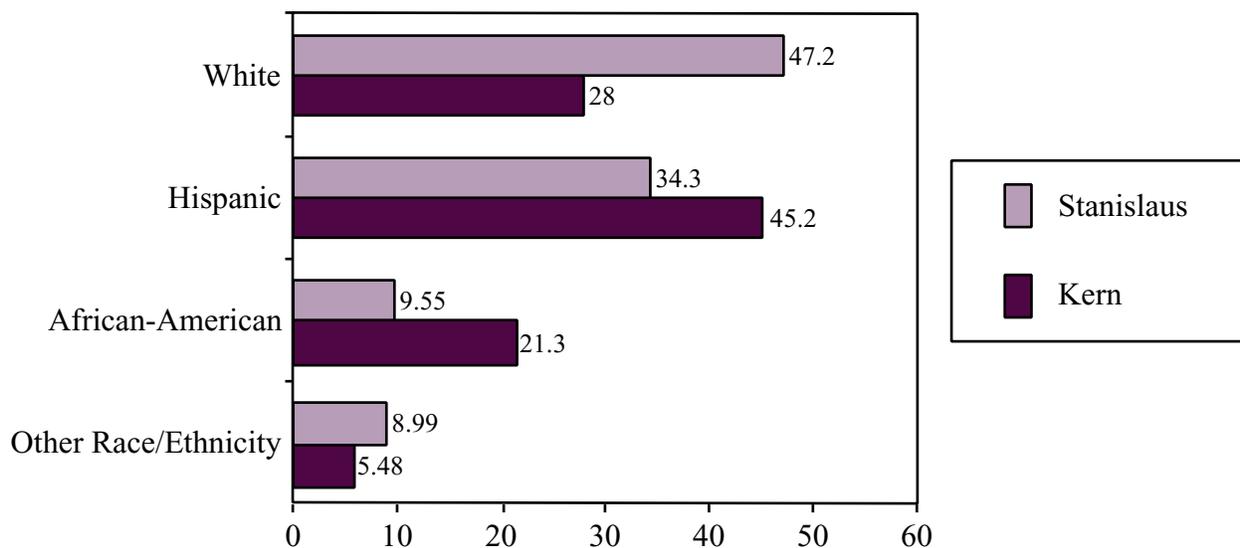
each case). However, thirty percent of the Kern respondents and 26 percent of the Stanislaus respondents had at least one child who did not live with them. Less than 10 percent of the children not living with their mother were living in a placement arranged by child welfare (seven children in Kern and eight in Stanislaus).

In Kern 52 percent of respondents had children four or younger; in Stanislaus 51 percent did. In each county 35 percent of the women were pregnant or had children two or younger living with them.

In each county 48 percent of the respondents reported that only one adult lived in the household. Another 35 percent in Kern and 32 percent in Stanislaus included two adults, and 17 percent in Kern and 20 percent in Stanislaus included three or more adults.

**Race and Ethnicity**—In both counties less than 50 percent of the respondents were white. However, as shown in Figure 4, Kern had much higher percentages of both Hispanic and African-American respondents than did Stanislaus. Women indicating Hispanic ethnicity differed in the two counties with a higher percentage of those in Kern identifying themselves as Mexican (37 percent versus 14 percent), a lower percentage as Mexican-American (54 percent versus 61 percent), and a lower percentage identified with other countries (eight percent versus 25 percent). “Other race/ethnicity” was comprised in Stanislaus by 2 percent Asian or Filipino, 3 percent American Indian and 4 percent combinations of categories; in Kern it was comprised of 3 percent American Indian and 3 percent combinations.

**Figure 4: Race and Ethnicity, Percent by Site**



**Language and Culture**—Most of those who identified themselves as Hispanic had lived in the United States either all their lives (62 percent in Kern and 77 percent in Stanislaus) or more than five years—only 5 percent of Kern and 1 percent of Stanislaus Hispanic respondents had lived here less than five years.



Fourteen percent of the Kern interviews were conducted in Spanish, compared to only 4 percent in Stanislaus. Correspondingly, interviewers judged 13 percent of Kern and 2 percent of Stanislaus respondents to speak English “not very well.” We classified the 11 percent of Kern and 2 percent of Stanislaus respondents who were rated as speaking English “not very well” and who completed the interview in Spanish as having limited English.

As a measure of acculturation we asked how much of the time respondents read books or magazines in Spanish or listened to music in Spanish. In Kern 40 percent of those identifying themselves as Hispanic read in Spanish at least half the time and 63 percent listened to music in Spanish at least half the time. In Stanislaus the corresponding figures were 24 percent and 62 percent.

Thus in Kern a considerably larger percentage identified themselves as Hispanic (and identified themselves as Mexican as opposed to Mexican-American), and of those a higher percentage were less fluent in English and more likely to prefer to read and listen to music in Spanish. Loprest and Zedlewski identified Spanish language (as indicated by a Spanish-language interview) among welfare recipients to be a significant obstacle to finding work.<sup>29</sup>

***Rural vs. Urban Setting***—In Kern, in accord with the sampling design, 99 percent of the respondents live in Bakersfield. In Stanislaus, 60 percent live in Modesto, and 35 percent live in small cities or towns outside of Modesto; only four percent described their residence as rural.

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<sup>29</sup> Loprest, P. J., & Zedlewski, S. R. (1999). *Current and Former Welfare Recipients: How Do They Differ?* (99–17). Washington, D.C.: Urban Institute.



## PREVALENCE OF AOD/MH/DV CONDITIONS

### **DOMESTIC VIOLENCE**

Domestic violence<sup>30</sup> is commonly perceived by the public as referring only to physical abuse. In fact, the term encompasses a range of behaviors used by a perpetrator to exert power and control over the victim. The California Department of Social Services Domestic Abuse Protocol defines domestic abuse as “assaultive or coercive behavior which includes: physical abuse; sexual abuse; psychological abuse; economic control; stalking; isolation, and threats or other types of coercive behavior occurring within a domestic relationship.”

The information below describes rates of abuse within the categories of physical abuse, sexual abuse, stalking, verbal abuse, control, and threats. The rates are presented for lifetime occurrence and occurrence within the last 12 months.

### **Context**

The prevalence figures that will be presented for the two CalWORKs samples are strikingly high. It is important to place that information within an appropriate context, namely that while the rates may be particularly high in the welfare population, domestic violence is not a problem restricted only to that population. Table 2 presents the lifetime and 12-month prevalence rates from the major studies of AFDC/TANF women over the last few years.

- ❖ ***Domestic Violence is a Major Women’s Health Issue Cutting Across all Economic and Ethnic Categories***—A National Violence Against Women (NVAW) national telephone survey.<sup>31</sup> found that 25 percent of women had been subjected to a physical assault or attempted rape by a partner or ex-partner during their lifetime. Women were 5.5 times as likely to be physically or sexually assaulted by a partner or ex-partner than by a stranger. The same study found that 1.5 percent reported an incident of physical or sexual assault by a domestic partner within the last 12 months.
- ❖ ***Domestic Violence Contributes to Some Women’s Applying for AFDC/TANF***—The lack of independent economic means is a major factor in many women’s decision to remain within an abusive relationship. Access to AFDC has historically been one of the avenues by which women can extricate themselves from such relationships. As part of the CalWORKs Project, we surveyed 78 CalWORKs participants receiving domestic violence services in

<sup>30</sup> Domestic violence is also termed intimate partner violence and domestic abuse.

<sup>31</sup> Tjaden, P., & Thoennes, P. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey* (NCJ 181867 <http://www.ojp.usdoj.gov/nij/>). Washington: National Institute of Justice.



two counties. Of these, 37 percent reported that a domestic violence situation was entirely the reason for their applying for aid; another 18 percent said it contributed somewhat to their decision to apply for CalWORKs.<sup>32</sup>

**Table 2: Prevalence of Domestic Violence in Welfare Population Studies<sup>33</sup>**

| Author                                   | Type of Abuse             | Current/Recent (Percent) | Lifetime (Percent) |
|------------------------------------------|---------------------------|--------------------------|--------------------|
| Allard, Albeda, Colten, & Cosenza (1997) | Physical                  | 13.8                     | 57.7               |
|                                          | Physical, Sexual, Threats | 19.5                     | 64.9               |
|                                          | Physical and Emotional    | 26.0                     | 70.3               |
| Browne, Salomon & Bassuk (1999)          | Physical                  | 28.9                     | NA                 |
| Curcio (1997)                            | Physical                  | 14.6                     | 57.3               |
| Lloyd (1997)                             | Physical                  | 31.1                     | NA                 |
|                                          | Verbal and Emotional      | 57.9                     | NA                 |
| Pearson, Thoennes, & Griswold (1999)     | Physical and Emotional    | 26.0                     | 40.0               |
| Shook & Guthrie (1997)                   | Physical                  | 8.5                      | 28.9               |
| Plitchta (1996)                          | Physical                  |                          | 24.0               |
| Danzinger, et al., op cit. (2000)        | Severe Physical           | 14.8                     | 51                 |

❖ **Reported Rates of Domestic Violence Differ by Age, Income, and Race/Ethnicity**—The Bureau of Justice Statistics routinely collects data on intimate partner assaults and rapes in a National Crime Victimization Survey (NCVS) from a randomized sample of households in the United States. The format of the survey (inquiring about crimes) results in lower estimates than other surveys; overall, 0.8 percent of the females reported being a victim of an assault or rape during the prior year. But, the information is useful in highlighting reported differences among sub-populations. The rates are highest for younger women—the 20-24 year-old age group is the highest (2.1 percent) followed by the 16-19 year-old group (1.7 percent) and the 25-34 year-old group (1.6 percent). Reported rates are inversely related to level of reported income: the highest rate is reported for those with income less than \$7,500 (2.0 percent). And rates are higher for

<sup>32</sup> Meisel, J. (2000). *The CalWORKs Project Six County Case Study Project Report*. Sacramento: California Institute for Mental Health, 2030 J Street, Sacramento, CA 95814. Available on the web: <http://www.cimh.org/>

<sup>33</sup> Adapted from Raphael, op cit. Each of these studies, except Danziger, is described in detail in Raphael.



African-Americans (1.1 percent) than for whites (0.8 percent). The data showed no differences between Hispanics and non-Hispanics.<sup>34</sup>

- ❖ ***Reported Rates are Higher for the AFDC/TANF Population than the General Population***—Studies that have surveyed AFDC and TANF populations indicate significantly higher rates of self-reported domestic violence both within the lifetime and within the last 12 months than for the general population.

## Any Abuse

The rates of reporting *any* abuse by a partner during her lifetime—80 percent in Stanislaus and 78 percent in Kern—reflect the enormous role that such abuse plays in the lives of the interviewees. These rates are among the highest reported in the literature to-date.

The rates for *any* abuse during the last 12 months—49 percent in Stanislaus and 35 percent in Kern—indicate the critical importance of domestic violence in the current lives of CalWORKs participants. (See Figure 5) The figures are similar to those among welfare recipients in other studies shown in Table 2 above.

## Types of Abuse

Domestic violence is a means by which a perpetrator exerts power and control over the victim. There are many ways in which this can occur, from extreme physical violence to more subtle but important verbal and emotional abuse. There is no universally accepted typology for types of abuse and no commonly accepted means for assessing its presence. The most work has been done in measuring rates of physical violence, with most studies using some variation of the Conflict Tactics Scale. Comparisons of rates for physical violence are thus more likely to be reliable, but even here studies have used different items and have administered the scale in different settings—which can dramatically alter the results. Comparisons of other types of abuse across studies is more problematic.

***Physical Abuse***—Nearly two-thirds of each study sample reported at least one occurrence of physical abuse during their lifetime—64 percent in Stanislaus and 62 percent in Kern. Table 3 shows the percentages for each of the seven items used from a modified Conflict Tactics Scale. These figures are consistent with results from other studies of AFDC and TANF populations shown in the table above.

The figures for any physical abuse during the last 12 months—25 percent for the Stanislaus applicants and 16 percent for the Kern recipients—are also consistent with figures from other studies of women receiving welfare. (See Figure 5)

***Sexual Abuse***—The questionnaire included the following question about sexual abuse: “Has a current or past partner forced you into any sexual activity that you did not want by threatening

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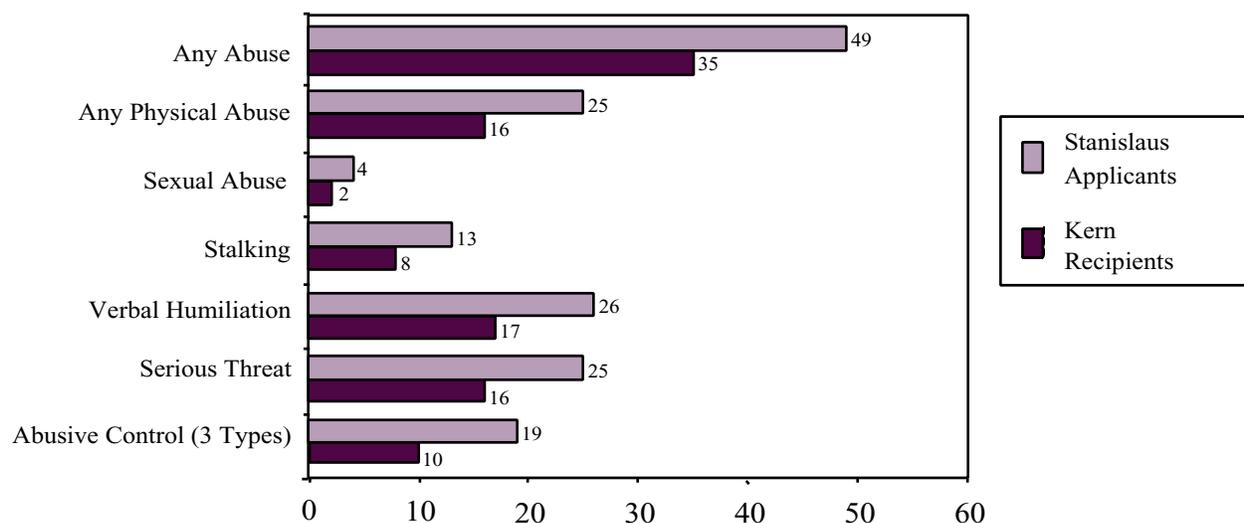
<sup>34</sup> Rennison, C. M., & Welchans, S. (2000). *Intimate Partner Violence* (NCJ 178247): Bureau of Justice Statistics.



you, holding you down, or hurting you in some way?” Seventeen percent of the Stanislaus sample and 19 percent of the Kern sample responded “yes.” The figures for this occurring within the last 12 months were 4 percent in Stanislaus and 2 percent in Kern.

**Stalking**—The question used related to stalking was “Has a current or past partner hung around outside your house or followed you when you went out?” Nearly one-third reported this occurrence during their lifetime—31 percent in Stanislaus and 30 percent in Kern. The corresponding figures for the last 12 months were 13 percent in Stanislaus and 8 percent in Kern. The National Violence Against Women (NVAW) Survey reported that 5 percent of women reported stalking during their lifetime with half of 1 percent within the last 12 months. Even though the national estimates used a different definition, the higher rates in our samples is striking.

**Figure 5: Percent Experiencing Domestic Violence in Previous 12 Months, by Site**



**Verbal Abuse**—Interviewees were asked whether a current or past partner had called her names or humiliated her. Over half of each sample group—58 percent in Stanislaus and 56 percent in Kern—reported such verbal abuse at some time in their lives. The figures for the last 12 months were 26 percent in Stanislaus and 17 percent in Kern.

**Control**—Four interview questions related to a partner exerting abusive control—excessive jealousy of other men, limiting contact with family and friends, having to know where she was all the time, and prohibiting her access to financial resources. About four in ten of the women—43 percent in Stanislaus and 39 percent in Kern—reported at least three of these control items at some point in their lives. During the last 12 months, 19 percent of the Stanislaus sample and 10 percent of the Kern sample were subject to at least three of these controlling behaviors by a partner.

**Threats**—Threats can be an effective method of controlling a woman’s behavior, particularly when combined with actual abusive behavior. Interviewees were asked whether a current or past partner had threatened to kill himself or her if she left, threatened her with a fist, threatened to



hurt or abuse her children, or threatened to kidnap her child or call CPS. More than half—60 percent in Stanislaus and 55 percent in Kern—reported at least one such threat during their lifetime and nearly one-quarter—25 percent in Stanislaus and 16 percent in Kern—reported such a threat in the last 12 months.

**Table 3: Types of Domestic Violence, by Site**

| <b>Current or Past Partner</b>                        | <b>Kern Recipients</b><br>(N=347) Percent | <b>Stanislaus Applicants</b><br>(N=356) Percent |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------|
| <b>CONTROL</b>                                        |                                           |                                                 |
| Excessively Jealous of Other Men                      | 61                                        | 66                                              |
| Excessively Jealous Past 12 Months                    | 22                                        | 34                                              |
| Limited Contact with Family/Friends                   | 43                                        | 47                                              |
| Limited Contact Past 12 Months                        | 11                                        | 20                                              |
| Had to Know Where She Was                             | 54                                        | 59                                              |
| Had to Know Past 12 Months                            | 19                                        | 30                                              |
| Prohibited Knowledge/Access to Income                 | 18                                        | 22                                              |
| Prohibited Past 12 Months                             | 3                                         | 11                                              |
| Three Out of Four Control Items                       | 39                                        | 43                                              |
| Three Out of Four Control Items<br>Past 12 Months     | 10                                        | 19                                              |
| <b>STALKING</b>                                       |                                           |                                                 |
| Hung Around or Followed Outside                       | 30                                        | 31                                              |
| Hung Around Past 12 Months                            | 8                                         | 13                                              |
| <b>VERBAL ABUSE</b>                                   |                                           |                                                 |
| Called Names and Humiliated                           | 56                                        | 58                                              |
| Called Names and Humiliated Past 12 Months            | 17                                        | 26                                              |
| <b>THREATS</b>                                        |                                           |                                                 |
| Threatened to Kill Himself or Woman if She Left       | 36                                        | 35                                              |
| Threatened to Kill Himself/Woman Past 12 Months       | 8                                         | 12                                              |
| Threatened to or Hurt or Abused Child                 | 11                                        | 95                                              |
| Threatened to or Hurt or Abused Child Past 12 Months  | 1                                         | 2                                               |
| Threatened to Kidnap Child or Call CPS                | 26                                        | 25                                              |
| Threatened to Kidnap Child or Call CPS Past 12 Months | 6                                         | 11                                              |
| Threatened With Fist                                  | 48                                        | 50                                              |
| Threatened with Fist Past 12 Months                   | 10                                        | 17                                              |
| At Least One Threat of Four                           | 55                                        | 60                                              |
| Mean of Four Threats if at Least One                  | 2                                         | 2                                               |
| At Least One of Four Threats in Last 12 Months        | 16                                        | 25                                              |
| Mean of 4 Threats in Past 12 Months if at Least One   | 2                                         | 2                                               |

**Table 3 Continued: Types of Domestic Violence, by Site**

| Current or Past Partner                                          | Kern Recipients<br>Percent | Stanislaus Applicants<br>Percent |
|------------------------------------------------------------------|----------------------------|----------------------------------|
| <b>FORCED SEXUAL ACTS</b>                                        |                            |                                  |
| Forced Woman into Sexual Acts                                    | 19                         | 17                               |
| Forced Woman into Sexual Acts Past 12 Months                     | 2                          | 4                                |
| <b>PHYSICAL ABUSE</b>                                            |                            |                                  |
| Threw Dangerous Object                                           | 36                         | 43                               |
| Threw Dangerous Object Past 12 Months                            | 8                          | 13                               |
| Pushed Grabbed or Shoved                                         | 56                         | 60                               |
| Pushed Grabbed or Shoved Past 12 Months                          | 14                         | 22                               |
| Slapped                                                          | 44                         | 48                               |
| Slapped in Past 12 Months                                        | 8                          | 12                               |
| Kicked, Bit, Hit with Fist                                       | 40                         | 43                               |
| Kicked, Bit, Hit with Fist Past 12 Months                        | 6                          | 11                               |
| Hit With Dangerous Object                                        | 32                         | 35                               |
| Hit With Dangerous Object Past 12 Months                         | 5                          | 10                               |
| Beat up                                                          | 34                         | 32                               |
| Beat up Past 12 Months                                           | 5                          | 6                                |
| Choked                                                           | 31                         | 33                               |
| Choked Past 12 Months                                            | 5                          | 8                                |
| <b>PHYSICAL ABUSE AT LEAST ONE OF 7 ITEMS</b>                    |                            |                                  |
| Physical Abuse: Mean of 7 Items, if Any                          | 5                          | 5                                |
| <b>PHYSICAL ABUSE IN PAST 12 MONTHS: AT LEAST ONE OF 7 ITEMS</b> |                            |                                  |
| Physical Abuse in Past 12 Months: Mean of 7 if Any               | 4                          | 4                                |
| <b>ANY ABUSE AT ANY TIME</b>                                     |                            |                                  |
| Mean Number Kinds of Abuse if Any                                | 9                          | 9                                |
| <b>ANY ABUSE DURING PAST 12 MONTHS</b>                           |                            |                                  |
| Mean Number Kinds of Abuse if Any, Past 12 Months                | 5                          | 5                                |
| <b>ABUSE DURING PREGNANCY</b>                                    |                            |                                  |
| Woman was pregnant during physical abuse, any time in past       | 28                         | 24                               |



## Patterns of Abuse

***Multiple Instances of Abuse***—Rarely do perpetrators engage in a single type of abusive behavior; thus a woman may be subjected to multiple abusive behaviors. The repeated exposure to abusive behavior, which often escalates in frequency and severity over time, can lead to significant barriers to a woman’s ability to engage in the types of activities required to become and stay employed.

As noted elsewhere, those women who reported any physical abuse during the last 12 months indicated that they had been subjected to more than four of the seven types of physical abuse about which they were asked. Similarly with threats—those who reported being subjected to any of the four threats queried about during the last 12 months reported an average of more than one type of threat (1.7 for Stanislaus and 1.6 for Kern).

And overall, those who reported any abuse within the last 12 months responded positively to over five of the abuse items about which they were asked.

***Abuse During Pregnancy***—Women who reported having been physically abused at any point during their lifetime were asked whether they had been abused during a pregnancy. About one-quarter of the total sample of women (24 percent in Stanislaus and 28 percent in Kern) reported having been physically abused during a pregnancy.

## Post-Traumatic Stress Disorder (PTSD) Related to Abuse

A person diagnosed with PTSD must have been exposed to a traumatic event which caused her to experience helplessness or horror. The traumatic event is persistently re-experienced, and the woman shows persistent avoidance of stimuli associated with the trauma, numbing of general responsiveness, and outbursts of anger, disturbed sleep, or other evidence of arousal. Symptoms must endure more than a month and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Women who have experienced a physical or sexual assault at some time in their past may have current symptoms of PTSD. Interviewees who indicated such an assault at some time in their past were asked to identify the worst such event and then were given the CIDI PTSD module in relationship to that particular event.<sup>35</sup> More than half of those in each county reported that the traumatic event was intimate partner violence as an adult. (See Table 4)

In both Stanislaus and Kern, 13 percent of the interviewees were classified as having PTSD within the last 12 months.<sup>36</sup> (See Table 4) In Kern, 48 percent of the women with a PTSD

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<sup>35</sup> Only child abuse, child sexual abuse, intimate partner abuse or sexual abuse were investigated. There are many other possible causes of PTSD, such as war trauma or witnessing of accidents.

<sup>36</sup> Danziger, *Barriers*, op cit., reports 15 percent with PTSD not restricted to domestic violence traumas.



diagnosis had experienced abuse in the previous 12 months. In Stanislaus, 72 percent had recently experienced abuse.

Women diagnosed with PTSD re-experience the original trauma in intrusive memories or flashbacks. This close conjunction of abuse and PTSD requires analyzing them together. However, PTSD is also a DSM-IV diagnosis and its treatment often involves psychotherapy of a sort not usually provided by domestic violence programs.<sup>37</sup> Therefore, we also consider it in the section of this report on prevalence of mental health conditions.

**Table 4: Post-Traumatic Stress Disorder, by Site**

| PTSD Prevalence                                      | Kern Recipients<br>N=347 Percent | Stanislaus Applicants<br>N=356 Percent |
|------------------------------------------------------|----------------------------------|----------------------------------------|
| Post-Traumatic Stress Diagnosed for Past 12 Months   | 13                               | 13                                     |
| Any abuse <i>or</i> PTSD diagnosis in past 12 months | 41                               | 53                                     |
| <b>Event if PTSD Diagnosis in Past 12 Months</b>     | <b>N=46 Percent</b>              | <b>N=46 Percent</b>                    |
| Child Sexual Abuse                                   | 24                               | 17                                     |
| Adult Sexual Abuse                                   | 4                                | 0                                      |
| Child Physical Abuse                                 | 15                               | 22                                     |
| Adult Physical Abuse                                 | 46                               | 56                                     |
| Multiple Types of Abuse                              | 11                               | 4                                      |

### Age, Race/Ethnicity, Time on Welfare, and Living Situation Differences

**Age**—Consistent with data from national surveys, the prevalence of DV is higher in our samples among younger women. Over half of the women aged 25 and under in both samples had experienced some domestic violence within the last 12 months. (See Table 5)

**Race/Ethnicity**—Racial/ethnic differences are less clear. The percentage of Hispanic women reporting any abuse in the last 12 months is somewhat but non-significantly lower in Stanislaus (30 percent versus 39 percent for whites, 38 percent for African-Americans, and 37 percent for other), but there is no difference in rates in Kern.

**Time on Welfare**—Because of the difference in the sample populations, only in Kern is time-on-welfare relevant, and it apparently makes little difference. Although there is a gradual decline in the percentage with abuse during the previous 12 months from 38 percent among those receiving

<sup>37</sup> At the same time, few psychotherapists have the understanding of domestic violence that counselors in domestic violence programs do, nor do mental health agencies have specific programs for serving battered women (including interagency agreements with domestic violence agencies). Jordan, C. E., & Walker, R. (1994). Guidelines for Handling Domestic Violence Cases in Community Mental Health Centers. *Hospital and Community Psychiatry*, 45(2), 147-151.



welfare two years or less to 24 percent for those receiving welfare over 10 years, the differences are not statistically significant.

**Living Situation**—Those women who reported that they were currently living with a partner were significantly more likely to report any abuse and/or have had symptoms of PTSD (64 percent) within the last 12 months compared to those who said they had a non-live-in partner (45 percent) or no partner (49 percent).

**Table 5: Any Domestic Violence in Last 12 Months by Age and Site**

|              | Kern<br>(N=347) Percent | Stanislaus<br>(N=356) Percent |
|--------------|-------------------------|-------------------------------|
| 25 and Under | 57                      | 54                            |
| 26-35        | 50                      | 32                            |
| 36-45        | 40                      | 25                            |
| 46-59        | 23                      | 8                             |

### Impacts of Domestic Violence on Work-Related Activity

Research on the impacts of domestic violence on the employment of welfare participants is mixed. Some studies report no differences in the percentages of those working between those with current domestic violence and those without while others show a lower percentage working consistently, reflecting what is probably a complex relationship. Some women may be particularly motivated to work in order to obtain the independent resources necessary to leave an abusive relationship while others may work less because of the interference of the domestic violence. Information in a subsequent report about the work patterns of women in our samples who experienced domestic violence will add to our knowledge of this relationship. In this section we present data on three aspects of domestic violence which appear most likely to affect employability.

**Severity of Physical Abuse**—Interviewees were asked whether they had experienced any physical injury as a result of physical abuse during the prior 12 months. Fourteen percent of the respondents in Stanislaus and 7 percent of those in Kern reported such an injury. Thus roughly half of those with reported physical abuse in the last 12 months—56 percent in Stanislaus and 44 percent in Kern—indicated that they had been physically hurt. Figures from other studies range from about one-third (Tjaden, et al., 1998) to one-half (Remison & Welchau, 1999). The types of injuries respondents reported are shown in Table 6.

**Table 6: Prevalence and Type of Physical Injury in Past Year**

|                                                                                      | Kern Recipient          | Stanislaus Applicants   |
|--------------------------------------------------------------------------------------|-------------------------|-------------------------|
| Physically Hurt In Past 12 Months                                                    | 7 Percent               | 14 Percent              |
| Type of Physical Injury in Past 12 Months (one person may have more than one injury) | Number Reporting Injury | Number Reporting Injury |
| Head or Brain Injury (skull fracture, concussion)                                    | 7                       | 3                       |
| Spinal Cord Injury, Broken Neck or Back                                              | 1                       | 2                       |
| Broken Bones, Dislocated Joints, Broken Nose                                         | 3                       | 4                       |
| Burns, Rug Burns                                                                     | 6                       | 4                       |
| Internal Injuries                                                                    | 2                       | 2                       |
| Lacerations, Knife Wounds, Cuts, Stitches                                            | 7                       | 4                       |
| Scratches/Bruises/Welts/Black Eye/Busted Lip/Bites                                   | 18                      | 31                      |
| Chipped or Knocked Out Teeth                                                         | 1                       | 4                       |
| Miscarriage/Complications of Pregnancy                                               | 1                       | 1                       |
| Sore Muscles, Sprains, Strains, Pulls                                                | 10                      | 17                      |
| Bleeding Genitals, Genital Injury                                                    | 0                       | 1                       |
| Perforated Eardrum, Shattered Eardrum                                                | 2                       | 0                       |
| Knocked Unconscious, Passed Out                                                      | 1                       | 3                       |
| Other Injuries                                                                       | 0                       | 7                       |

***Interference with Work-Related Activity***—We do know that many women in abusive relationships have to overcome specific efforts by the perpetrator to interfere with their work-related activities. Interviewees were asked specifically if a “partner or boyfriend had ever made it difficult for you to find or keep a job or get a better job because he had:

- ❖ Refused to help you, or went back on promises to help you, with childcare, transportation, or housework
- ❖ Made it difficult for you to attend programs or classes
- ❖ Discouraged you from finding work or going to work
- ❖ Made you feel guilty about working
- ❖ Harassed you with telephone calls at your job
- ❖ Shown up at your job and harassed you or bothered you”

Respondents were classified into three groups—those reporting “none of the above,” those reporting “one or two of the above” (some work-related interference), and those reporting “three



or more” (substantial work interference). Between one-fourth and one-third reported at least some work interference by a partner or boyfriend in their lifetime—36 percent in Stanislaus and 23 percent in Kern.

The figures for the last 12 months indicate a significant ongoing problem for a subset of CalWORKs participants—potentially from 10 to 20 percent. In Stanislaus, 11.2 percent reported some and 6.7 percent reported substantial work interference. In Kern, 4.9 percent reported some and 3.5 percent reported substantial work interference.

**Post-Traumatic Stress Disorder**—The symptoms of post-traumatic stress disorder—found in 13 percent of each sample—may well make working difficult, especially since PTSD is associated with other mental disorders and is often highly chronic.<sup>38</sup>

**Conclusion**—Based only on the current information, we can identify that subset of women who we would suspect might have particular obstacles as a result of domestic violence, i.e. those who have *either* been physically hurt as a result of domestic violence in the last 12 months, *and/or* had direct interference with their work-related activity in the last 12 months, *and/or* had symptoms of PTSD in the last 12 months as a result of a domestic violence situation. Approximately one-fourth of the total group meet this criteria—30 percent in Stanislaus and 22 percent in Kern. Because these rates are so high it is important to be clear that they do not in themselves indicate either a need for services or that the domestic violence-related experiences will necessarily interfere with finding and retaining employment. The women in the samples will be re-interviewed in one year, at which time we can determine more directly what impact these work-related DV issues may have had on their ability to obtain and retain employment.

## Summary

- ❖ 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.
- ❖ An incident of physical violence occurred within the last 12 months for 16 percent of the sample in Kern and 25 percent in Stanislaus.
- ❖ Post-Traumatic Stress Disorder (PTSD) resulting from a prior physical or sexual assault trauma was present in the last 12 months for 13 percent of each sample.
- ❖ 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. However, actual need for services and impact on employment must wait for a subsequent report.

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<sup>38</sup> Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Post-traumatic stress disorder in the National Comorbidity Survey. *Arch Gen Psychiatry*, 52(12), 1048-1060.



## ALCOHOL AND OTHER DRUGS

The problems associated with alcohol and other drugs are so various as to make classification difficult.<sup>39</sup> There is a huge range of substances which can be and are misused, some legal and others not. Patterns of use may vary by gender. Consequences can affect not only the individual user (addiction, job loss, damaged health, overdose), but his or her family (imperiled welfare of children, divorce, fetal alcohol syndrome) and society at large (AIDS, Hepatitis B and C, substance-related vehicle injury and death). Given the broad spectrum of AOD patterns and effects, the “prevalence” of alcohol and other drug (AOD) issues depends in large part on how it is measured—which in turn reflects the researcher or practitioner’s interests. One major approach is to assess alcohol and other drug *use* patterns, from which “need for service” is sometimes inferred. This approach is particularly important, for example, for understanding and preventing teen-age drug use, for determining law enforcement needs, and for estimating the need for treatment services such as prenatal substance abuse counseling. Some use pattern information is also relevant for CalWORKs—such as use of illegal drugs that could turn up on an employment-related drug test, or heavy drinking that could lead to job performance or tenure problems.

Both need for treatment and potential effect on employment, however, are more likely to be captured with the concept of substance “dependence.” Dependence is a diagnosis involving “a maladaptive pattern of substance use, leading to clinically significant impairment or distress.” It is characterized by having at least three of the following symptoms: tolerance, withdrawal, taking a substance in larger amounts or over a longer period than was intended, persistent desire or unsuccessful efforts to cut down or control substance use, spending a great deal of time on substance-related activities, reduction or loss of important social, occupational or recreational activities, and continuation despite knowledge of a severe substance-caused physical or psychological problem. Thus dependence may or may not involve physiological addiction. In virtually all cases, it is a long-term condition, though one that is responsive to treatment.

A related diagnosis is substance “abuse.” It also involves “a maladaptive pattern of substance use, leading to clinically significant impairment or distress.” However, it is characterized by the presence of one or more of the following: recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home; recurrent use in situations in which it is physically hazardous; recurrent substance-related legal problems; and continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. If dependence can be diagnosed, an abuse diagnosis is not applicable.

Thus substance dependence and abuse are essentially clinically defined constellations that include substance use patterns, individual impairment, distress or addiction, and significant social dysfunction. Diagnostic categories of abuse and dependence have several advantages over

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<sup>39</sup>We are excluding tobacco.



use patterns in the welfare reform context: a) they are clearly defined and widely accepted both among AOD professionals and epidemiologists, b) they take into account individual variations, such as between men and women, c) they provide a common indicator across numerous drug types and alcohol, and, d) by definition they reflect serious impairment and need for treatment. A very important additional advantage is that abuse and dependence diagnoses in epidemiological studies are not subject to the “ad hoc-ism”—defining prevalence by any of a number of measures that are not standardized—that has resulted in wildly varying estimates of service need among welfare recipients.<sup>40</sup>

## Identifying Substance Abuse

The relationship between self-disclosed reports of AOD problems, drug test results, and formalized screening tests or instruments is complex. In general, there is no ideal way of identifying persons with AOD problems.<sup>41</sup> It is important to remember, however, that self-reports in a research interview, in which absolute confidentiality is promised, are likely to be considerably higher than self-reports in settings—like CalWORKs—which can be perceived as coercive and potentially punitive.

## Context

***Abuse and Dependence in the U.S. Population***—The most recent comprehensive national information on AOD dependence and abuse is from the National Comorbidity Survey.<sup>42</sup> The 12-month prevalence of alcohol dependence is 3.7 percent and drug dependence is 1.9 percent for females of all ages. A total of 6.6 percent of women overall had at least one alcohol or other drug dependence or abuse disorder.

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<sup>40</sup> Several studies summarize these national, state and local estimates. See, for example: Johnson, A., & Meckstroth, A. (June 22 1998). *Ancillary Services to Support Welfare-to-Work*. (<http://aspe.hhs.gov/hsp/isp/ancillary/front.htm>). Princeton: Mathematica Policy Research, Inc. In California, Speiglmán (1999), op cit., provides estimates ranging from 10 to 20 percent with “potential barriers to employment” due to AOD based primarily on use criteria.

<sup>41</sup> In some instances self-report is lower than drug tests, in others higher, and in at least one study the self-report, a standardized instrument (SASSI) and drug tests identified similar numbers but different people. See: Vega, W. A., B. Kolody, and J. Hwang. 1993. Prevalence and Magnitude of Perinatal Substance Exposures in California. *New England Journal of Medicine* 329:850-854; Kline, A., Bruzios, C., Rodriguez, G., & Mammo, A. (2000). *1998 New Jersey Substance Abuse Needs Assessment Survey of Recipients of TANF*. Trenton: Department of Health and Senior Services, Division of Alcoholism, Drug Abuse and Addiction Services; Zanis, D., McLellan, A., & Randall, M. (1994). Can you trust patient self-reports of drug use during treatment? *Drug Alcohol Depend*, 35(2), 127-132; Horrigan, T. J., Piazza, N. J., & Weinstein, L. (1996). The Substance Abuse Subtle Screening Inventory Is More Cost-Effective and Has Better Selectivity than Urine Toxicology for the Detection of Substance Abuse in Pregnancy. *Journal of Perinatology*, 16(5), 326-330.

<sup>42</sup> Warner, L. A., Kessler, R. C., Hughes, M., Anthony, J. C., & Nelson, C. B. (1995). Prevalence and correlates of drug use and dependence in the United States. Results from the National Comorbidity Survey. *Arch Gen Psychiatry*, 52(3), 219-229. Kessler, R. C., Nelson, C. B., McGonagle, K. A., Edlund, M. J., Frank, R. G., & Leaf, P. J. (1996). The Epidemiology of Co-occurring Addictive and Mental Disorders: Implications for Prevention and Service Utilization. *American Journal of Orthopsychiatry*, 66(1), 17-31.



***Prevalence among Welfare Recipients***—A limited number of studies have looked at abuse and dependence in relationship to welfare participation. The following studies all sampled only women or approximately 90 percent women (New Jersey, Alameda).

- ❖ The National Household Survey of Drug Abuse is the only national survey to measure mental disorders, alcohol dependence, and welfare participation. Jayakody analyzed the 1994 and 1995 data and found 9 percent of female AFDC recipients to have a diagnosis of alcohol dependence compared to 5 percent in the non-welfare population.<sup>43</sup>
- ❖ The short form of the CIDI was used in a study of welfare recipients in a Michigan city in 1997 and determined that 2.7 percent were dependent on alcohol and 3.3 percent on other drugs.<sup>44</sup>
- ❖ The New Jersey study mentioned above used a modified probability sample of all welfare recipients (90 percent of whom received TANF). Only a few respondents reported abuse, so abuse and dependence were aggregated. Out of the 1328 sampled recipients, 150 (11.3 percent) were judged to have either an alcohol or a drug dependence or abuse disorder within the past 18 months; 6.1 percent had alcohol dependence or abuse and 7.8 percent abused or were dependent on other drugs.<sup>45</sup>
- ❖ Alameda County used a random sample of TANF recipients selected in November of 1998 (interviewed for the most part before work-activity requirements were instituted). Five and a half percent of the participants met the criteria for alcohol dependence. Virtually the only drug which respondents reported using was marijuana so prevalence of drug dependence was not reported.<sup>46</sup>

## Dependence or Abuse

***Any Dependence or Abuse***—Figure 6 on the next page shows the percentage of each study sample having *any* AOD abuse or dependence diagnosis in the previous 12 months, i.e. a person is counted if she has *any* of the following: alcohol abuse, alcohol dependence, other drug abuse, other drug dependence. Stanislaus has a somewhat higher rate than Kern of “any abuse” (3.9 vs. 3.5), of “any dependence” (10.1 vs. 6.3) and therefore of “any abuse or dependence” (12.6 vs. 9.5).<sup>47</sup> The overall rates in the two counties bracket that found in New Jersey (11.3)<sup>48</sup> and are higher than the national comorbidity study (6.6 percent).

<sup>43</sup> Jayakody, R., Danziger, S., & Pollack, H. (2000). Single Mothers, Mental Health and Substance Abuse: Implications for Welfare Reform. *Journal of Health Politics, Policy and Law*, *In press*. On the web at: <http://www.ssw.umich.edu/poverty/pubs.html>.

<sup>44</sup> Danziger, *Barriers*, op cit.

<sup>45</sup> Kline, op cit.

<sup>46</sup> Speiglmann, R., Fujiwara, L., Norris, J., & Green, R. S. (1999). *Alameda County CalWORKs Needs Assessment: A Look at Potential Health-Related Barriers to Self-Sufficiency*. Berkeley, CA: Public Health Institute.

<sup>47</sup> Only the difference on dependence was marginally statistically significant:  $\chi^2=3.303$   $df=1$   $p=0.069$

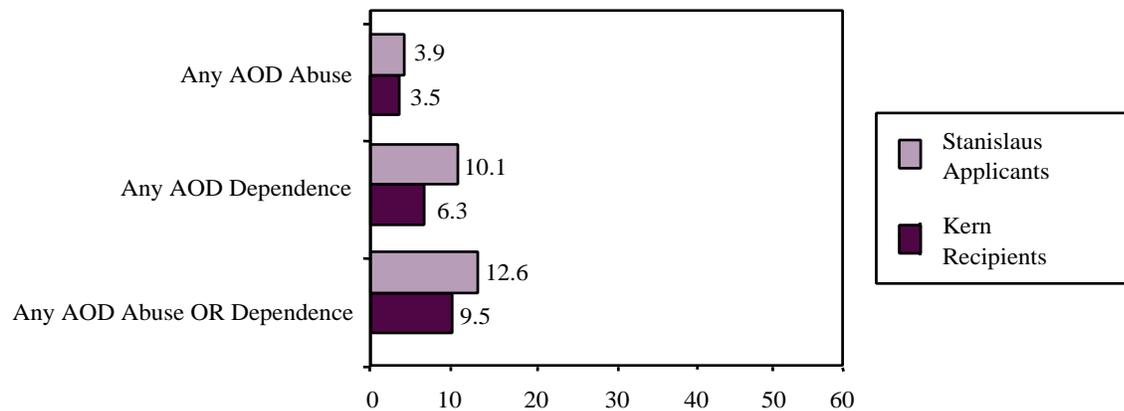
<sup>48</sup> In New Jersey, however, there was an additional group of persons who denied drug use who were classified by hair analysis as “heavy” cocaine users. How many actually met standards of abuse or dependence is unknown.



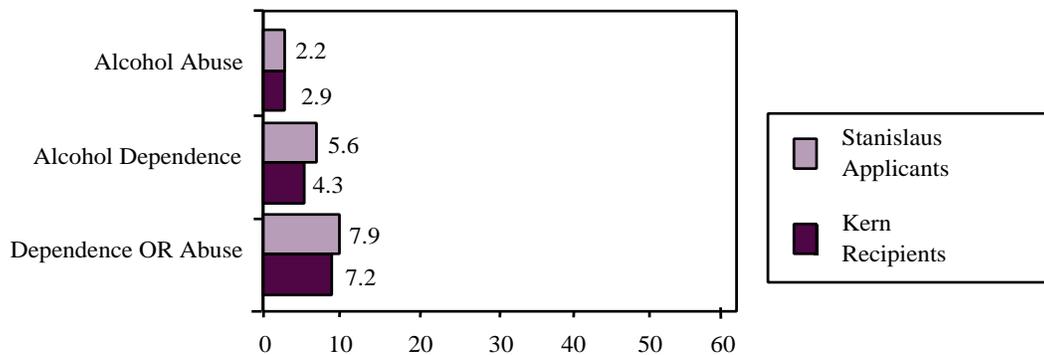
**Alcohol**—Figure 7 shows alcohol abuse and/or dependence in the two samples. Overall, the Stanislaus applicants have a slightly higher level of abuse or dependence (7.9% vs. 7.2%). The rate of alcohol dependence (5.6% in Stanislaus, 4.3% in Kern) is quite comparable to the rates found in the U.S. population overall (4.5%) and the rate found in the other recent California study in Alameda (5.5%). The rates of dependence are somewhat higher than the 2.7 percent in the Michigan welfare study and somewhat lower than the Household Survey of Drug Abuse rate of 9 percent.

**Other Drugs**—As seen in Figure 8, the overall rate of drug (illicit and misused prescription) dependence and abuse is substantially higher for Stanislaus than Kern (8.3 vs. 3.5).<sup>49</sup> The only directly comparable figure we have to the drug dependence figures of 7.3 (Stanislaus) and 2.6 (Kern) is the 3.3 percent from Danziger’s Michigan cohort. Given the similar rates between Kern and Stanislaus for *alcohol* dependence/abuse, the significant difference regarding other drugs by county for both abuse and dependence and for the combined rates is striking.

**Figure 6: Percent Alcohol or Other Drug Dependence or Abuse, by Site**



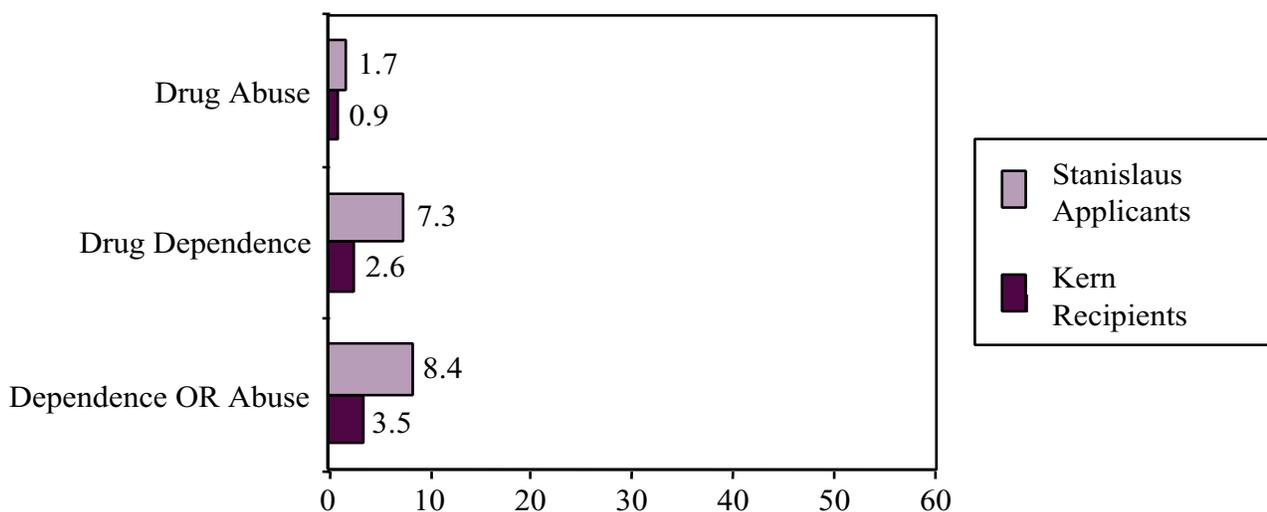
**Figure 7: Percent Alcohol Dependence or Abuse, by Site**



<sup>49</sup> Chi2 7.723 df=1 p=0.005



**Figure 8: Percent Drug Dependence or Abuse, by Site**



**Time on Welfare**—There is a statistically significant tendency for the rate of drug dependence and abuse in Kern to be higher for women who have been on welfare a shorter time. (This measure is unavailable for Stanislaus respondents.) For example, when women received welfare two years and under, 6.9 percent were diagnosed with drug abuse or dependence versus 1.5 percent of those receiving welfare three to five years, and 1.3 percent for those receiving welfare between five and 26 years. There is no comparable trend for alcohol abuse/dependence.

**Influence of Age, Race and Education**—Table 7 below breaks out alcohol abuse or dependence, other drug abuse or dependence, and the combined AOD abuse or dependence by age, race and education. In both Stanislaus and Kern the 18 to 25 year old age-group tends to be higher in each type of abuse/dependence and overall than persons 26-35 or 36-45.<sup>50</sup> In Kern persons over age 45 have the lowest rates overall. However, in Stanislaus women over 45 have a zero rate of alcohol abuse or dependence, but a 15 percent rate of other drug abuse or dependence. The drugs being abused by this group of older women are prescription stimulants.

Race also appears to be associated with each type of abuse or dependence, but the small size of sub-samples makes the reliability of the differences questionable.<sup>51</sup>

There is no clear pattern of dependence/abuse by level of education.

<sup>50</sup> A similar pattern is found in the US population overall, Warner, op cit.

<sup>51</sup> Overall there were 17 Kern respondents and 32 Stanislaus respondents in the “other” race/ethnicity category.



**Table 7: Alcohol Abuse or Dependence, Drug Abuse or Dependence, any AOD Abuse or Dependence, by Site, Age, Race and Education**

|                                          | Kern Recipients<br>(N=347)<br>Percent |            |            | Stanislaus Applicants<br>(N=356)<br>Percent |            |             |
|------------------------------------------|---------------------------------------|------------|------------|---------------------------------------------|------------|-------------|
|                                          | Alcohol                               | Drug       | AOD        | Alcohol                                     | Drug       | AOD         |
| <b>TOTAL</b>                             | <b>7.2</b>                            | <b>3.5</b> | <b>9.5</b> | <b>7.8</b>                                  | <b>8.4</b> | <b>12.6</b> |
| <b>Age</b>                               |                                       |            |            |                                             |            |             |
| 25 or Under                              | 10.8                                  | 4.9        | 13.7       | 9.2                                         | 10.1       | 14.3        |
| 26-35                                    | 5.9                                   | 3.4        | 7.6        | 7.8                                         | 8.5        | 13.5        |
| 36-45                                    | 6.9                                   | 2.0        | 8.8        | 7.2                                         | 4.8        | 8.4         |
| 46-59                                    | 0.0                                   | 4.2        | 4.2        | 0.0                                         | 15.4       | 15.4        |
| <b>Race/Ethnicity</b>                    |                                       |            |            |                                             |            |             |
| White                                    | 10.3                                  | 6.2        | 15.5       | 7.1                                         | 11.9       | 14.9        |
| Hispanic                                 | 5.7                                   | 1.9        | 6.4        | 4.9                                         | 4.1        | 6.6         |
| African-American                         | 6.8                                   | 1.3        | 8.1        | 17.6                                        | 2.9        | 17.6        |
| Other                                    | 5.3                                   | 10.5       | 10.5       | 12.5                                        | 12.5       | 18.7        |
| <b>Education</b>                         |                                       |            |            |                                             |            |             |
| 8 <sup>th</sup> Grade or Under           | 0.0                                   | 3.8        | 3.8        | 7.1                                         | 7.1        | 7.1         |
| 9 <sup>th</sup> through 11 <sup>th</sup> | 10.2                                  | 1.6        | 11.7       | 10.5                                        | 9.6        | 15.8        |
| High School Grad/GED                     | 8.3                                   | 7.1        | 11.9       | 7.2                                         | 7.2        | 11.2        |
| At Least Some College                    | 4.9                                   | 2.4        | 6.1        | 5.3                                         | 9.3        | 12.0        |

**Patterns in Use and Category of Drug**

As shown in Figure 9 on the next page, 8.6 percent of Kern respondents reported use five times or more in the previous year of any drug—compared to 28.9 percent of Stanislaus respondents. Most of those in Kern who reported drug use met the criteria for dependence or abuse, while less than a third in Stanislaus did.



**Figure 9: Percent Using Any Drug at Least Five Times in Past Year, by Site**

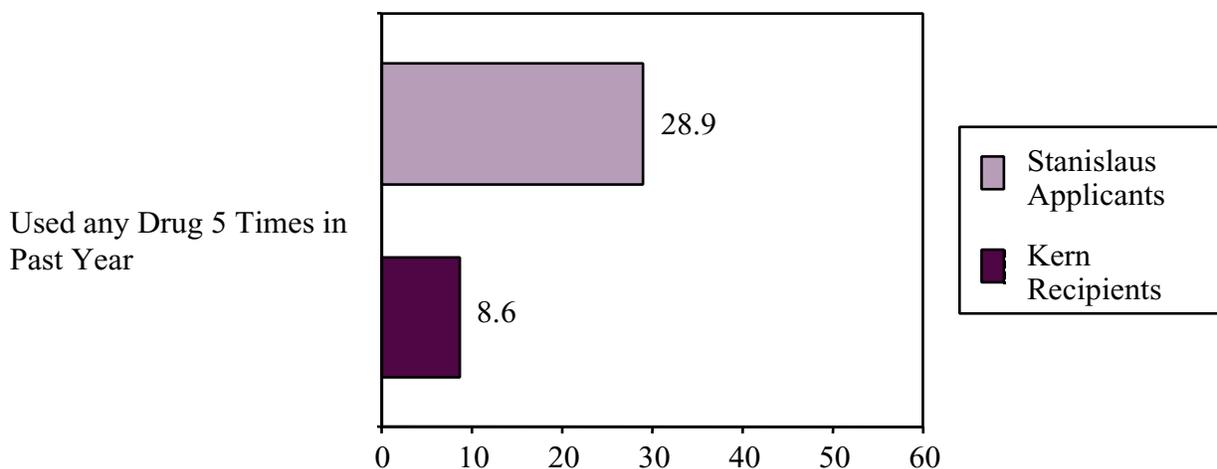


Table 8 details the pattern of use, abuse and dependence by type of drug. Because the CIDI only records drug use that has occurred five times or more in the previous 12 months, only those who used a drug at least five times in the previous year are reported. For this reason it is not generally possible to compare the patterns of use found in this study with those in the other studies listed above. Use of prescription drugs to “get high, to relax, or to make you feel better, more active, or alert” are called “prescription misuse.” Several patterns regarding use and drug class are noteworthy.

- ❖ The most frequent type of drug use, leading even marijuana, is misuse in Stanislaus of prescription opiates such as codeine.

For several drugs there were substantially higher percentages of users than there were cases classified as dependence or abuse. For example, an unduplicated 14.3 percent of the Stanislaus sample used prescription or non-prescription opioids, but only 1.1 percent of these cases were classified as dependence and none were classified as abuse. Likewise, an unduplicated total of 6.2 percent of Stanislaus respondents used sedatives five or more times in the year, but only 0.3 percent were classed as dependence and 0.3 percent classed as abuse. Again, the threshold for abuse and dependence is much higher than use.

- ❖ An unduplicated 14.6 percent in Stanislaus misused prescription opioids, stimulants or sedatives (or combinations of them), indicating a substantial problem with prescription medications. Virtually all of these were older women misusing prescription stimulants.
- ❖ In Kern, 2.6 percent of the respondents used two or more drugs at least five times; the corresponding percentage in Stanislaus was 9.5 percent.
- ❖ In all drug classes except cocaine and PCP, the frequency of use, abuse and dependence is greater in Stanislaus.



**Table 8: Drugs Used Five Times in Past 12 Months, or Dependence or Abuse**

Use includes dependence and abuse. Drug categories not unduplicated (one person may be included in percentages for several drugs).

|                                 | Kern Recipients<br>N=347<br>Percent | Stanislaus Applicants<br>N=356<br>Percent |
|---------------------------------|-------------------------------------|-------------------------------------------|
| Cannabis Use                    | 4.0                                 | 11.8                                      |
| Cannabis Dependence             | 1.1                                 | 2.0                                       |
| Cannabis Abuse                  | 0.6                                 | 1.1                                       |
| Opioid Prescription Misuse      | 0.9                                 | 12.6                                      |
| Opioid Non-Prescription Use     | 0.9                                 | 2.5                                       |
| Opioid Dependence               | 0.0                                 | 1.1                                       |
| Opioid Abuse                    | 0.0                                 | 0.0                                       |
| Sedative Prescription Misuse    | 0.9                                 | 3.6                                       |
| Sedative Non-Prescription Use   | 0.9                                 | 3.1                                       |
| Sedative Dependence             | 0.0                                 | 0.3                                       |
| Sedative Abuse                  | 0.0                                 | 0.3                                       |
| Stimulant Prescription Misuse   | 0.0                                 | 0.8                                       |
| Stimulant Non-Prescription      | 2.0                                 | 3.1                                       |
| Stimulant Dependence            | 1.1                                 | 2.0                                       |
| Stimulant Abuse                 | 0.3                                 | 0.3                                       |
| Cocaine Use                     | 1.4                                 | 1.1                                       |
| Cocaine Dependence              | 0.6                                 | 0.6                                       |
| Cocaine Abuse                   | 0.3                                 | 0.0                                       |
| Psychedelic Use                 | 0.0                                 | 0.3                                       |
| Psychedelic Dependence or Abuse | 0.0                                 | 0.0                                       |
| Inhalant Use                    | 0.0                                 | 0.0                                       |
| Inhalant Dependence or Abuse    | 0.0                                 | 0.0                                       |
| PCP Use                         | 0.9                                 | 0.3                                       |
| PCP Dependence or Abuse         | 0.0                                 | 0.0                                       |
| Other Substances Use            | 0.3                                 | 4.2                                       |
| Other Substances Dependence     | 0.0                                 | 2.5                                       |
| Other Substances Abuse          | 0.0                                 | 0.3                                       |



## Other Measures of AOD Problems

**Binge Drinking**—One commonly used measure of problem drinking is regularly drinking five or more drinks (of any alcoholic drink) at least once a month over the past year. The percentage of women binge drinking in this way (*excluding* those with a diagnosis of abuse or dependence) in Kern (6.3) and in Stanislaus (6.2) was virtually identical.

**Problematic Alcohol and Other Drug Use**—Women were also asked to categorize themselves as one of several types of drinkers. There were 2.9 percent of respondents in Kern and 3.4 percent in Stanislaus who said they were “a problem drinker or recovering problem drinker” or had an “occasional problem with drinking but not a problem drinker.” All of these women except for two (0.6 percent) in Kern and three in Stanislaus (0.9 percent) met criteria for alcohol abuse or dependence.

In self-categorization of their drug use, 2.9 percent in Kern and 4.2 percent in Stanislaus characterized themselves as “a problem drug user or recovering problem drug user” or as having “an occasional problem with drugs but not a problem drug user.” In Kern, 1.4 percent of respondents so categorized themselves and did not meet criteria for drug abuse or dependence. In Stanislaus, it was only 0.8 percent.

**Addiction and Recovery**—AOD dependence is considered a long-term condition in which relapse may occur. Two of the categories respondents were asked to apply to themselves was “an alcoholic or recovering alcoholic” and “a drug addict or recovering drug addict.”<sup>52</sup>

In Kern 3 persons, or 0.9 percent of the total sample, were not classified as having abuse or dependence, but said they were an alcoholic or recovering alcoholic; in Stanislaus, it was 2.6 percent of the total.

Using the same approach, 4.3 percent of the Kern population did not meet the criteria for drug abuse or dependence but classified themselves as an addict or recovering addict. In Stanislaus, 6.2 percent of the sample (not having a drug abuse or dependence diagnosis) classified themselves as addicts or recovering addicts.

In sum, 4.0 percent of the Kern respondents who were *not* diagnosed as abusing or dependent on alcohol or drugs classified themselves as a current or recovering alcoholic or addict.<sup>53</sup> In Stanislaus, this figure was 6.7 percent. Persons in recovery are also at risk for relapse and hence may need special consideration in their welfare-to-work plan. Adding these self-reports to the overall figures for abuse and dependence raises the figures of those with current or past serious alcohol or other drug problems to 13.8 percent in Kern and 19.3 percent in Stanislaus.

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<sup>52</sup> The two conditions are combined in one question. We do not have separate information on addicts/alcoholics and recovering addicts/alcoholics nor do we know how long in the past the recovery started.

<sup>53</sup> This figure is slightly lower than the percentage classifying themselves as *drug* addict or recovering addict alone due to the fact that some of these persons were diagnosed as alcohol abusing or dependent.



***Partner an Alcoholic or Addict or in Recovery***—Women were asked to apply the same categories to their partner, if they currently had a partner. In Kern, 4.3 percent (N=7) of the 162 women with partners answering this question classed their partner as an alcoholic or recovering alcoholic, and another 2.5 percent (N=4) classed the partner as a problem drinker or recovering problem drinker. Stanislaus women classed 11.0 percent (16/145) as alcoholics or recovering alcoholics and 4.1 percent (N=6) as problem drinkers.

Kern respondents viewed their partners as addicts or recovering addicts in 6.7 percent (N=11) of the cases and as problem drug users or recovering problem drug users in 2.4 percent (4/163). Stanislaus women classed their partners as addicts or recovering addicts in 11.8 percent (17/144) and as problem drug users in 3.5 percent (N=5) of the cases.

## Summary

- ❖ Approximately one in ten respondents (9.5 percent in Kern and 12.6 percent in Stanislaus) had a diagnosable AOD dependence or abuse disorder during the previous year. Including self reports of being a current or recovering addict or alcoholic increases the figures of those with current or past serious alcohol or other drug problems to 13.8 percent in Kern and 19.3 percent in Stanislaus.
- ❖ While a comparable percentage within each county had an alcohol disorder in the previous year (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 prevalence rates for AOD abuse and dependence do not include other patterns of substance use that could be barriers to employment. In particular, binge drinking (an additional 6 percent in each county), use of illicit drugs like marijuana (2 percent in Kern and 9 percent in Stanislaus) which might be detected by pre-employment drug testing, and self-identified AOD problems among those without a formal diagnosis of abuse or dependence (4 percent in Kern and 7 percent in Stanislaus) could present issues in the context of CalWORKs.



## MENTAL HEALTH

In the United States, mental health treatment is universally oriented around the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). In general, neither public nor private insurance will pay for treatment without a DSM-IV diagnosis.<sup>54</sup>

For over 20 years, county mental health programs in California have had a priority “target population” of persons who are severely mentally ill. While this category is defined by the Legislature in terms of impairment, it tends to include those with “severe” diagnoses such as schizophrenia and bipolar disorder and exclude those with diagnoses thought to be less severe, such as anxiety disorders or adjustment disorders. The consolidation of Medi-Cal, Phase II, has given responsibility (but very limited funding) to county mental health departments for *all* Medi-Cal eligible clients, regardless of severity.

In planning to provide services to the CalWORKs population, most mental health departments assumed that the relatively small proportion of severely mentally ill in the welfare population were already being seen (and may, in fact, have been transferred to SSI for income support). Thus, it was the less severe but more prevalent “neurotic” diagnoses (generally depression and anxiety disorders) that were expected to be identified among CalWORKs eligible clients. Very little information about prevalence was available, however, as most of the studies of welfare recipients used short mental health screening tests (especially the CES-D) rather than attempting to measure diagnosable disorders.

Given the lack of current welfare-specific information, the estimate used for the statewide allocation for mental health services to CalWORKs recipients was based primarily on prevalence figures from the Epidemiological Catchment Area (ECA) study, a general population survey now 20 years old. It assumed an overall prevalence of 22.1 percent of the adult population having a diagnosable mental disorder. The funding projection assumed that all those with diagnosable mental disorders would receive services—although not all of the disorders would necessarily pose a barrier to work, and only about a quarter of those with diagnosable disorders in the general population receive treatment.

### Context

The CIMH survey is the first attempt in California to determine the prevalence of mental disorders in a welfare reform population. There are, however, several studies that provide relevant context for the prevalence rates reported here.

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<sup>54</sup> There are 15 classes of clinical information that can appear on Axis I (Axis II is personality disorders). Among these are: disorders first diagnosed in infancy or childhood, cognitive disorders such as dementia, schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, sexual and gender identity disorders, sleep disorders, impulse disorders, adjustment disorders, substance-related disorders. LaBruzza, A. L., & Mendez-Villarrubia, J. M. (1994). *Using DSM-IV: A Clinician's Guide to Psychiatric Diagnosis*. Northvale, New Jersey: Jason Aronson Inc.



**U.S. Rates**—The National Comorbidity Study used the same CIDI instrument used in Stanislaus and Kern to determine rates of diagnoses in a probability sample of the US population in 1992.<sup>55</sup> Excluding substance abuse/dependence, 24.6 percent of US females had some 12-month DSM diagnosis. The two most common disorders were depression and anxiety disorders.

- ❖ The most prevalent diagnosis was major depression at 12.9 percent. Another 2.2 percent had other affective disorders (mania, dysthymia).
- ❖ Anxiety disorders as a class were found in 22.6 percent of women.

Measurements of 12-month rates of severe disorders (non-affective psychoses such as schizophrenia) and PTSD are only suggestive. Only 0.6 percent of women had severe disorders, but the sampling did not include the institutionalized population. PTSD was found in 3.9 percent, but this includes males—who have a lower prevalence rate than do females.<sup>56</sup> A major conclusion of the National Comorbidity Survey was that comorbidity (more than one diagnosis) was in general associated with a more serious course of illness.

**Rates in a Welfare Recipient Population**—Two of the studies we cited with regard to AOD diagnoses also reported mental health diagnoses in welfare recipient populations. Jayakody's reanalysis of the National Household Survey of Drug Abuse found a higher percentage of women on welfare with mental health diagnoses than women not on welfare: 19 percent of the women receiving welfare had one or more of four 12-month diagnoses compared to 13 percent of those not receiving welfare.<sup>57</sup> Major Depression was found in 12 percent of women on welfare and 8 percent of those not receiving welfare. Generalized anxiety disorder was found in 3 percent of those on welfare compared to 2 percent for those not on welfare; agoraphobia was 5 percent vs. 2 percent; and panic attack was 5 percent vs. 4 percent.

The Michigan welfare reform study cited above reported three 12-month diagnoses: major depression at 26.7 percent, generalized anxiety disorder at 7.3 percent and PTSD at 14.6 percent.<sup>58</sup>

**Prevalence in Women who Received Welfare over Three Years**—The Utah sample of women who received welfare for over three years reported a 12-month prevalence of major depression of 42.3 percent, and of generalized anxiety disorder of 6.7 percent. In general, mental health problems were the most predictive of a variety of variables of long-term tenure on welfare.<sup>59</sup>

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<sup>55</sup> For mental health diagnoses we used a validated “short form” of the instrument that measured a limited set of diagnoses—those we thought most likely to be undetected in the CalWORKs population. The National Comorbidity Survey used DSMR-III definitions rather than DSM-IV. The CIDI-SF has been re-scored for DSM-IV.

<sup>56</sup> PTSD by sex is available only for lifetime disorders. For females, the types of traumas that cause the disorder are generally the same as we measured: physical assault or abuse and sexual assault or rape.

<sup>57</sup> Jayakody, op cit.

<sup>58</sup> Danziger, *Barriers*, op cit.

<sup>59</sup> Barusch, op cit.



## Prevalence by Diagnosis

Table 9 presents the 12-month mental health diagnoses by site as determined by the respondent answers to the CIDI diagnostic instrument. The prevalence of major depression in Kern was almost twice that of the US as a whole (22 percent vs. 13 percent) and in Stanislaus it was almost three times the US Rate (36 percent vs. 13 percent). The percentages of anxiety disorders, however, were very similar to those in the US population: US = 23 percent, Kern = 25 percent, Stanislaus = 23 percent.

**Table 9: Mental Health 12-Month Diagnosis, by Site**

|                                                    | Kern Recipients<br>(N=347)<br>Percent | Stanislaus Applicants<br>(N=356)<br>Percent |
|----------------------------------------------------|---------------------------------------|---------------------------------------------|
| Major Depression <sup>60</sup>                     | 22                                    | 36                                          |
| Post-Traumatic Stress Disorder <sup>61</sup>       | 13                                    | 13                                          |
| Anxiety Disorders Overall                          | 25                                    | 23                                          |
| Generalized Anxiety                                | 9                                     | 10                                          |
| Specific Phobias (Narrow Definition) <sup>62</sup> | 5                                     | 1                                           |
| Social Phobias                                     | 13                                    | 6                                           |
| Panic Disorder                                     | 12                                    | 14                                          |
| Agoraphobia                                        | 5                                     | 2                                           |

As shown in Figure 10, in Kern 31 percent of the respondents met the criteria during the previous 12 months for at least one diagnosis, and 42 percent of those in Stanislaus did (including post-traumatic stress disorder, and using the narrow definition of specific phobias). We are not able to make an accurate comparison with the US totals as the National Comorbidity Survey included several diagnoses that we did not. However, the rates here must be considerably higher since even with fewer diagnoses being measured, the rates are higher than the 25 percent overall in the US. Figure 10 also shows that 18 percent of Kern respondents and 21 percent of Stanislaus

<sup>60</sup> These diagnoses (but not the AOD or PTSD diagnoses) are derived from the short form of the World Health Organization's Composite International Diagnostic Interview. Scoring was developed by Ron Kessler, Ph.D., a Harvard epidemiologist, based on correlations with the US comorbidity study—which used the long form of the CIDI. The short form pattern of responses is correlated with the long form diagnoses and a specific probability of “caseness” assigned each respondent based on that pattern. The sum of the probabilities creates the number believed to have that diagnosis in the study population. This instrument has been used by Danziger and the National Household Survey of Drug Abuse among others.

<sup>61</sup> 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.

<sup>62</sup> The probability approach works well on most diagnoses, but for specific phobias it results in a large number of persons having a relatively low probability of a diagnosis. The “narrow” definition used here includes only those with at least a 90 percent probability of having the diagnosis.



respondents had two or more diagnoses, which is known to be associated with more impairment. In fact, the mean number of diagnoses is 1.9 in Kern and 1.6 in Stanislaus for those women who have any. In Kern 80 percent of women with a PTSD diagnosis had another mental health diagnosis as well; in Stanislaus this figure rose to 85 percent.

Although these figures appear relatively high, it is likely that they under represent women with diagnosable disorders, because they do not include several other potentially important diagnoses 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.

**Figure 10: Percentage of Women Having at Least One and at Least Two Mental Health Diagnoses (Including Post-Traumatic Stress Disorder), by Site**

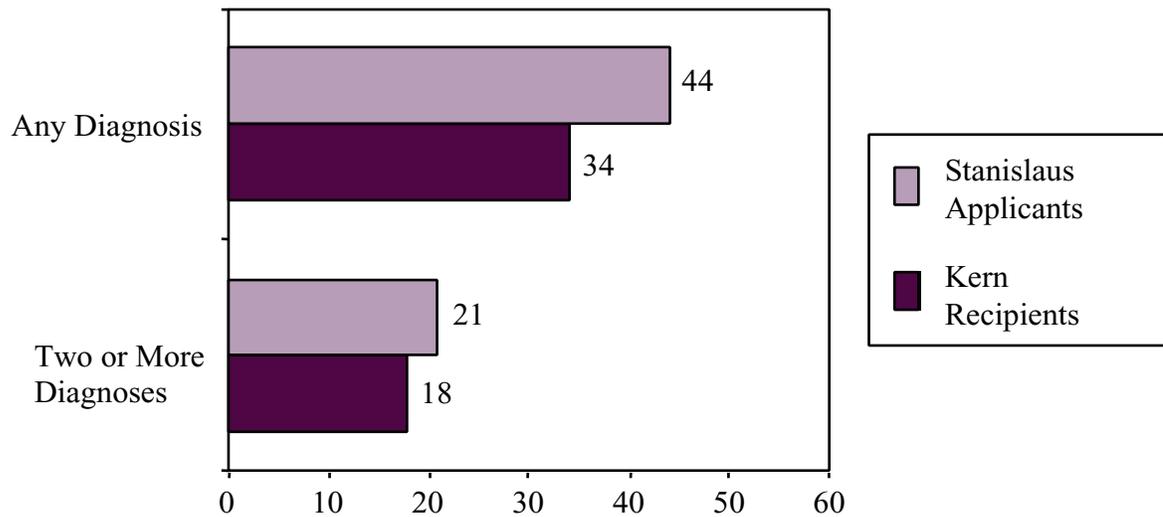


Table 10 presents the three major types of diagnosis—depression, anxiety and post-traumatic stress disorder<sup>63</sup>—by age, race and education. Overall, while there appear to be some differences on selected measures, there are no statistically significant and consistent patterns of variation by age, race, or education.

The length of time women had been receiving welfare was *not* associated with the prevalence of depression, anxiety disorders, PTSD or “any diagnosis”—prevalence was essentially the same regardless of time on welfare. This pattern runs counter to the speculation that those receiving welfare a long time may in fact have selected themselves into this status *based* on mental disabilities or remained on welfare due to mental disabilities.

<sup>63</sup> PTSD is usually classed as an anxiety disorder as well but we have separated it in keeping with our focus on family violence.



**Table 10: Prevalence of Major Depression, Any Anxiety Disorder, Post-Traumatic Stress Disorder, by Site, Age, Race and Education**

|                                          | Kern Recipients<br>(N=347)<br>Percent |                          |             | Stanislaus Applicants<br>(N=356)<br>Percent |                          |             |
|------------------------------------------|---------------------------------------|--------------------------|-------------|---------------------------------------------|--------------------------|-------------|
|                                          | <i>Depression</i>                     | <i>Anxiety Disorders</i> | <i>PTSD</i> | <i>Depression</i>                           | <i>Anxiety Disorders</i> | <i>PTSD</i> |
| <b>TOTAL</b>                             |                                       |                          |             |                                             |                          |             |
| <b>Age</b>                               |                                       |                          |             |                                             |                          |             |
| 25 or Under                              | 19                                    | 18                       | 20          | 29                                          | 18                       | 13          |
| 26-35                                    | 19                                    | 29                       | 10          | 37                                          | 27                       | 16          |
| 36-45                                    | 16                                    | 23                       | 7           | 42                                          | 25                       | 8           |
| 46-59                                    | 29                                    | 46                       | 29+         | 15                                          | 15                       | 8           |
| <b>Race/Ethnicity</b>                    |                                       |                          |             |                                             |                          |             |
| White                                    | 28                                    | 31                       | 13          | 37                                          | 24                       | 13          |
| Hispanic                                 | 15                                    | 21                       | 13          | 33                                          | 20                       | 14          |
| African-American                         | 16                                    | 22                       | 13          | 35                                          | 35                       | 12          |
| Other                                    | 11                                    | 37                       | 16          | 25                                          | 19                       | 9           |
| <b>Education</b>                         |                                       |                          |             |                                             |                          |             |
| 8 <sup>th</sup> Grade or Under           | 21                                    | 35                       | 21          | 64*                                         | 21                       | 14          |
| 9 <sup>th</sup> Through 11 <sup>th</sup> | 16                                    | 20                       | 9           | 30                                          | 21                       | 8           |
| High School Grad/GED                     | 18                                    | 29                       | 12          | 34                                          | 24                       | 16          |
| At Least Some College                    | 22                                    | 21                       | 15          | 39                                          | 25                       | 15          |

*In two cases, a high proportion may reflect a small N. These are shown below:*

*\*9/14 cases;*

*+7/17 cases*

## Severity

**Impairment, by Diagnosis**—The existence of a psychiatric diagnosis does not necessarily imply a high degree of impairment. Impairment can vary considerably from individual to individual. It can also vary by diagnosis. For example, having a specific phobia about blood is much less likely to be impairing than having a social phobia about people watching you while you eat—simply because social occasions at which one eats are much harder to avoid than is blood. Each of the CIDI sections on diagnoses, with the exception of panic disorder—which is virtually by definition disabling (recurrent unexpected panic attacks in the absence of agoraphobia)—asked respondents to categorize how much the symptoms of the disorder “interfere with your life or



activities.” Choices were “a lot,” “some,” “a little,” and “not at all.” Table 11 shows for each diagnosis the percentage of the overall sample in each county with a diagnosis and “a lot” of interference.<sup>64</sup>

**Table 11: Percent of Each Sample Reporting “A Lot” of Interference With Life or Activities Due to Mental Health Symptoms, by Diagnosis and Site**

|                                                                         | Kern Recipients<br>(N=347)<br>Percent | Stanislaus Applicants<br>(N=356)<br>Percent |
|-------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|
| Major Depression                                                        | 9                                     | 20                                          |
| Generalized Anxiety                                                     | 5                                     | 4                                           |
| Specific Phobias                                                        | 5                                     | 1                                           |
| Social Phobias                                                          | 8                                     | 3                                           |
| Panic Disorder*                                                         | 11                                    | 11                                          |
| Agoraphobia                                                             | 5                                     | 2                                           |
| Post-Traumatic Stress Disorder                                          | 11                                    | 11                                          |
| <b>At least one disorder interferes “a lot” with life or activities</b> | <b>25</b>                             | <b>30</b>                                   |

*\*All those meeting criteria for panic disorder counted as “interfere a lot”*

**Unable to Carry Out Normal Activities**—All respondents were asked a series of 26 questions regarding their mental health status (a subset of the Basis 32). Those who indicated in any of these questions that they experienced “quite a bit” or “extreme” difficulty were asked “how many days out of the last 30 days were you totally unable to work or carry out your normal activities because of these difficulties?” They were then asked how many of the past 30 days they had had to “cut down on what you did.”

Table 12 below shows that 26 percent of the Kern group and 19 percent of the Stanislaus group reported being *totally unable* to work or carry out normal activities at least one day of the previous 30. The average number of days of incapacity (for those who reported any days of total disability) was 16 in Kern (median=15) and 13 in Stanislaus (median=10).

Table 13 combines the days women were totally unable to carry out normal activities with the days they had to cut down, for a total number of days in which activities were impaired. In Kern 31 percent and Stanislaus 22 percent were disabled at least one day. Those disabled were so an average of 21 days (median=30) in Kern and 18 in Stanislaus (median=19).

<sup>64</sup> These figures, as high as they seem, are actually a very conservative estimate—considerably lower than viewed by the respondents themselves. This is because, as noted in the methodology section, many respondents reported a number of the symptoms necessary for a diagnosis but not all of them. These persons (not shown in the table) also were asked how much their symptoms interfered with their lives and many of them also said “a lot.”



**Table 12: Days Totally Unable to Work or Carry Out Normal Activities Due to Mental Health Problems, by Site**

|                                   | Kern Recipients<br>(N=347)<br>Percent | Stanislaus Applicants<br>(N=356)<br>Percent |
|-----------------------------------|---------------------------------------|---------------------------------------------|
| One to Seven Days                 | 9                                     | 9                                           |
| Eight to 14 Days                  | 3                                     | 3                                           |
| 15 to 21 Days                     | 5                                     | 3                                           |
| Over 21 Days                      | 9                                     | 3                                           |
| <b>At Least One Day</b>           | <b>26</b>                             | <b>19</b>                                   |
| <b>Mean Number of Days if Any</b> | <b>16 Days</b>                        | <b>13 Days</b>                              |

**Table 13: Days Totally Unable to Work or Carry Out Normal Activities OR Days When Respondent Had to “Cut Down” on those Activities Due to Mental Health Problems, by Site**

|                                   | Kern Recipients<br>(N=347)<br>Percent | Stanislaus Applicants<br>(N=356)<br>Percent |
|-----------------------------------|---------------------------------------|---------------------------------------------|
| One to Seven Days                 | 5                                     | 6                                           |
| Eight to 14 Days                  | 6                                     | 3                                           |
| 15 to 21 Days                     | 2                                     | 4                                           |
| Over 21 Days                      | 17                                    | 9                                           |
| <b>At Least One Day</b>           | <b>31</b>                             | <b>22</b>                                   |
| <b>Mean Number of Days if Any</b> | <b>21 Days</b>                        | <b>18 Days</b>                              |

These high rates of persons with functional limitations due to mental health problems suggest that involvement in work activities or employment is unlikely to be successful for them in the absence of remediation of their symptoms.



## Summary

- ❖ More than one-third of each sample (34 percent in Kern and 44 percent in Stanislaus) had at least one diagnosable mental disorder during the previous 12 months and about 20 percent had two or more.
- ❖ MH symptoms appear to constitute barriers to normal activity for as many as 20 to 30 percent of the interviewees. We asked each participant if the MH symptoms they reported interfered with their life or their activities. Twenty-five percent of those in Kern and 30 percent of those in Stanislaus reported “a lot” of interference.<sup>65</sup> 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.



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<sup>65</sup> The figures reported in the text include only those who had a diagnosable mental disorder. Including all the participants who reported any MH symptoms raises these figures to 36 percent in Kern and 38 percent in Stanislaus.





## PREVALENCE OF DEMOGRAPHIC, HUMAN RESOURCE AND SITUATIONAL OBSTACLES TO EMPLOYMENT<sup>66</sup>

While our primary focus is on CalWORKs participants who have AOD/MH/DV issues, it is important to understand the context in which persons with AOD/MH/DV issues attempt to find and retain employment. In this section we profile the *other* obstacles to employment found in the recipient and applicant groups. In the next section we look at the overlap of these other obstacles with AOD/MH/DV issues.

In describing the sample in each county, we have already presented several demographic characteristics which may pose obstacles to employment. Persons of color face discrimination;<sup>67</sup> persons over age 35 are less likely to be hired for the entry level positions usually available to welfare recipients; women face pay differentials, are shunted to lower status positions, are less likely to have jobs with benefits and face difficulty arranging for time off to care for sick children;<sup>68</sup> those without a high school diploma are often not considered by employers even for entry level;<sup>69</sup> those with children two and under have a more difficult time arranging childcare and organizing their lives; and the type of jobs available to those with limited English is restricted.

Study participants reported a variety of other issues that could make finding or retaining employment difficult. These include situational problems like finding childcare or ensuring reliable transportation. Other issues are more basic: the lack of the human capital needed to be successful in the job market. Lack of recent paid employment, or lack of basic job-related skills are examples. Finally, poor health or disabilities (of the woman or a child she cares for) may present hurdles.

### Limited Work History

Obtaining a job without a recent work history is difficult. Table 14 shows how long it had been since respondents worked for pay (part-time or full-time). In Kern, 37 percent had not worked in the past three years or had never worked, while 15 percent of the Stanislaus respondents had not worked in over three years (or never). These county variations appear to reflect the difference

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<sup>66</sup> A comprehensive review of the literature on factors which affect finding and retaining employment for welfare recipients through 1998 is available: Kalil, A., Corcoran, M. E., Danziger, S. K., Tolman, R., Seefeldt, K. S., Rosen, D., & Nam, Y. (1998). *Getting Jobs, Keeping Jobs, and Earning a Living Wage: Can Welfare Reform Work?* (Discussion Paper no. 1170-98). Ann Arbor: Institute for Research on Poverty, University of Michigan.

<sup>67</sup> Holzer, H., & Stoll, M. A. (2000). *Employer Demand for Welfare Recipients By Race* ([http://www.russellsage.org/publications/working\\_papers/stoll-employer.pdf](http://www.russellsage.org/publications/working_papers/stoll-employer.pdf)): Russell Sage Foundation.

<sup>68</sup> *Explaining Trends in the Gender Wage Gap*. June 1998. A Report by The Council of Economic Advisers. (<http://www.whitehouse.gov/WH/EOP/CEA/html/gendergap.html>)

<sup>69</sup> Danziger, *Barriers*. op cit. says: "Holzer (1996) surveyed 3200 employers about entry-level jobs available to workers without a college degree and reported that most jobs required credentials (high school diploma, work experience, references) that many recipients do not have." Other studies show that the increase in the welfare roles in the early 90s was greatest where educational attainment and workforce requirements was most disparate (Danziger. *Economic Conditions*. op cit.)



between new applicants and recipients, with the latter having a less current and less substantial work history.

**Table 14: Time since Respondent Worked for Pay**

|                               | Kern<br>(N=345)<br>Percent | Stanislaus<br>(N=354)<br>Percent |
|-------------------------------|----------------------------|----------------------------------|
| Currently Working             | 31                         | 21                               |
| Less than Six Months Previous | 10                         | 33                               |
| Six to 12 Months Previous     | 14                         | 13                               |
| 12 to 24 Months Previous      | 14                         | 13                               |
| 3 to 10 Years Previous        | 14                         | 9                                |
| Over 10 Years                 | 12                         | 2                                |
| Never Worked for Pay          | 11                         | 4                                |

Since it is virtually impossible to increase income over the poverty level without working full-time (and earning at least \$8 per hour), it is important to know how many respondents are currently working full-time or worked full-time in the past.<sup>70</sup> As seen in Table 15, 46 percent of the Kern recipients and 31 percent of the Stanislaus applicants had either never worked for pay, never worked full-time or the period of working full-time was more than eight years in the past. This represents a very significant group of persons without a demonstrated recent capacity to provide for their families at a level that might lead to leaving welfare.

**Table 15: Time since Respondent Worked Full-Time**

|                                         | Kern<br>(N=345)<br>Percent | Stanislaus<br>(N=354)<br>Percent |
|-----------------------------------------|----------------------------|----------------------------------|
| Full-Time in 1999                       | 24                         | 30                               |
| Full-Time in 1997 or 1998               | 14                         | 26                               |
| Full-Time in 1992 – 1996                | 16                         | 14                               |
| Full-Time before 1992                   | 18                         | 10                               |
| Never Full-Time or Never Worked for Pay | 28                         | 21                               |

<sup>70</sup> Edin, K. J. 1995. “The Myths of Dependence and Self-sufficiency: Women, Welfare, and Low-Wage Work.” *Focus* 17(2): 1–9. Institute for Research on Poverty, University of Wisconsin–Madison. Cited in Kalil, op cit.



## Limited Work Skills

Even low-wage jobs require certain minimum skills. We asked respondents whether they have ever performed each of nine tasks on a job (at least once a month).<sup>71</sup> The nine tasks were:

- ❖ Read instructions or reports
- ❖ Write letters or memos
- ❖ Work with a computer
- ❖ Do arithmetic including making change
- ❖ Fill out forms
- ❖ Keep a close watch over gauges, dials or other instruments
- ❖ Talk with customers face-to-face
- ❖ Talk over the phone with customers
- ❖ Supervise other people

Following Danziger,<sup>72</sup> we considered having performed fewer than four of these tasks to be a barrier to employment. In Kern, 42 percent of the respondents met this criteria, while in Stanislaus only 26 percent did. In Danziger's February 1997 Michigan sample of welfare recipients, 21 percent had fewer than four of these skills.

## Discrimination

Perceived discrimination is wide-spread in American society. For example, a national survey found that 15 percent of women felt they had been discriminated against in hiring and 11 percent perceived discrimination in promotion based on gender.<sup>73</sup> Danziger, et al. found at least one instance of perceived work discrimination in 50 percent of their 1997 sample of Michigan welfare recipients; it was also a strong negative predictor for current work.<sup>74</sup> We asked: "Thinking about all the jobs you have ever had or applied for, how often were you discriminated against? By 'discriminated against,' we mean you weren't hired, were treated unfairly on the job or were fired because of being a woman, because of being on welfare or because of your race or ethnicity, your sexual orientation or your age?" Table 16 shows the percentage in each group reporting discrimination is very similar across categories, with fewer than half in each group reporting any instance of discrimination. Ten percent of the Kern sample and 6 percent of the Stanislaus sample report encountering discrimination "Often" or "Very Often." However, the

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<sup>71</sup> Holzer, H. 1996. What employers want: Job prospects for less-educated workers. New York: Russell Sage Foundation. The items were adapted from and used by Danziger, *Barriers*, op cit. We included them for comparability with Danziger.

<sup>72</sup> Op cit.

<sup>73</sup> Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *J Health Soc Behav*, 40(3), 208-230.

<sup>74</sup> Danziger, *Barriers*, op cit.



percentage reporting “Often” or “Very Often” did not vary to a statistically significant degree with age or race, so the discrimination respondents perceived may have had more to do with gender or being a welfare recipient.

**Table 16: Perceived Frequency of Job-Related Discrimination**

|             | Kern<br>(N=307)<br>Percent | Stanislaus<br>(N=339)<br>Percent |
|-------------|----------------------------|----------------------------------|
| Never       | 58                         | 57                               |
| A Few Times | 23                         | 27                               |
| Sometimes   | 9                          | 9                                |
| Often       | 3                          | 4                                |
| Very Often  | 7                          | 2                                |

### Time on Welfare

It seems possible that receipt of welfare for an extended time affects likelihood of employment independent of the other obstacles presented here. Certainly, studies have repeatedly shown that chances for leaving welfare diminish with length of receipt. We do not have information on recurrent spells on welfare for either the Kern or Stanislaus groups, but we do have time on welfare in the current spell for the Kern group. Table 17 shows that 23 percent had, at the time of their recertification, received AFDC or TANF for over five years. Fifty percent had received welfare for three or more years.

**Table 17: Time on Welfare for Kern Sample of Respondents**

|                                          | Kern<br>(N=347)<br>Percent | Cumulative Percent |
|------------------------------------------|----------------------------|--------------------|
| One Year (or Less) at Recertification    | 13                         | 13                 |
| Two Years at Recertification             | 24                         | 37                 |
| Three Years at Recertification           | 12                         | 50                 |
| Four or Five Years at Recertification    | 27                         | 77                 |
| Six through Ten Years at Recertification | 15                         | 92                 |
| Ten through 24 years at Recertification  | 8                          | 100                |



### Childcare Problems

In Kern 34 percent, and in Stanislaus 25 percent of the respondents reported they do not use childcare while they are at work, training or in school. Table 20 shows that in each county 30 to 50 percent of those who *do use childcare for work, training or school* report difficulty in arranging childcare. Table 18 also shows that relatively few women feel that the quality of the childcare they use is poor.

**Table 18: Ease of Arranging and Quality of Childcare**

|                                           | Kern (N=228)<br>Percent | Stanislaus (N=265)<br>Percent |
|-------------------------------------------|-------------------------|-------------------------------|
| Difficulty in Arranging Childcare if Used |                         |                               |
| Very Difficult                            | 30                      | 28                            |
| Somewhat Difficult                        | 20                      | 20                            |
| Quality of Childcare Used                 |                         |                               |
| Poor                                      | 4                       | 2                             |
| Fair                                      | 9                       | 9                             |

In the second section we noted that of the Kern respondents, 52 percent had children four or younger; in Stanislaus 51 percent did. The percentages reporting difficulty among these women were very similar to those in the group overall—that is, having young children did not seem to increase the difficulty of arranging childcare. Surprisingly, a lower percentage among those with children *under* five reported not using childcare for work, school or training (Kern = 20; Stanislaus = 12) than did persons in the group overall (Kern = 34; Stanislaus = 24).

Table 19 shows that in each county about a quarter of the respondents have quit or not taken a job (or school or training opportunity) during the previous year due to childcare issues (difficulty arranging, difficulty paying for).

**Table 19: Quit or Unable to Take Job, School or Training in Past 12 Months Due to Childcare Problems**

|                                                                                    | Kern (N=347)<br>Percent | Stanislaus (N=356)<br>Percent |
|------------------------------------------------------------------------------------|-------------------------|-------------------------------|
| Quit Job, School or Training in Past 12 Months Due to Childcare Problems           | 24                      | 25                            |
| Unable to Take Job, School or Training in Past 12 Months Due to Childcare Problems | 27                      | 31                            |



**Childcare Assistance**—In Kern 26 percent of the sample, and in Stanislaus 31 percent of the sample reported they receive childcare assistance. The percent receiving childcare assistance is considerably higher for women whose children are under five in Kern county (50 percent vs. 26 percent overall) but is actually lower in Stanislaus (27 percent vs. 31 percent overall). The considerably higher rate in Kern may reflect a settled time on welfare during which childcare can be arranged. The Stanislaus applicants may have been interviewed before stable childcare was arranged through CalWORKs (although 68 percent indicated they had a Welfare-to-Work Plan).

Of the women in Kern who said it is “very difficult” to arrange for childcare, 41 percent were receiving assistance with childcare. In Stanislaus, only 27 percent of those saying it was “very difficult” received assistance.

### Transportation Problems

Respondents were asked whether they were unable to take a job, school or training opportunity or had quit a job, school or training situation due to a problem with transportation. As seen in Table 20, about a quarter in each group reported being unable to take advantage of a work-related opportunity in the past year due to a transportation problem. The percentage was somewhat lower for those who had quit a job due to transportation issues, and it was lower in Stanislaus (14 percent) than in Kern (20) percent.

**Table 20: Quit or Unable to Take Job, School or Training in Past 12 Months Due to Transportation Problem**

|                                                                                         | Kern<br>(N=346 <sup>75</sup> )<br>Percent | Stanislaus<br>(N=356)<br>Percent |
|-----------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|
| Quit Job, School or Training in Past 12 Months Due to Transportation Problems           | 20                                        | 14                               |
| Unable to Take Job, School or Training in Past 12 Months Due to Transportation Problems | 28                                        | 26                               |

Although there are many jobs for which public transportation is possible, there are many others which would require a driver’s license, if not a car. Fifty-one percent of the Kern respondents and 45 percent of the Stanislaus respondents did not have a valid California driver’s license at the time of the interview. The recent Alameda needs assessment found 48 percent without a driver’s license.<sup>76</sup>

<sup>75</sup> N=344 for “unable” and 346 for “quit.”

<sup>76</sup> Green, R. S., Fujiwara, L., Norris, J., Kappagoda, S., Driscoll, A., & Speigman, R. (2000). *Barriers to Working and Summaries of Baseline Status* (2). Berkeley: Public Health Institute.



### Physical Health Problems

Physical health is associated with getting and keeping work and having full-time work.<sup>77</sup> The most widely used and best validated survey measure of the effects of health on functional status is the SF-36 or, as used in this study, the nearly equivalent SF-12.<sup>78</sup> As shown in Table 21, the overall physical health scores of the scale are very similar in each county and each age category to the norms for the U.S. population—with one exception. The women in Kern who are over 45 (N=26) are in considerably poorer health than the U.S. norm or women of the same age in Stanislaus. Ultimately, the part of the TANF population that has very severe health problems is likely to be exempt from the CalWORKs work-activity requirements. Since many or most in our Kern sample, and virtually none in the Stanislaus sample, had yet been evaluated for health-related disability these comparisons to the US norms appear to be valid.

**Table 21: SF-12 Norms for U.S. Female Population Compared to Study Samples**

|           | <b>Kern<br/>(N=343)<br/>Median</b> | <b>Stanislaus<br/>(N=356)<br/>Median</b> | <b>Norms for Females<br/>by Age Group,<br/>U.S. Population</b> |
|-----------|------------------------------------|------------------------------------------|----------------------------------------------------------------|
| Age 18-24 | 54.6                               | 53.3                                     | 53.4                                                           |
| Age 25-34 | 53.0                               | 53.7                                     | 52.5                                                           |
| Age 35-44 | 50.8                               | 53.1                                     | 51.4                                                           |
| Age 45-55 | 35.6                               | 50.4                                     | 48.9                                                           |

SF-12 physical health scores have also been shown to correlate with being unable to work (and to predict subsequent loss of job within two years).

Table 22 shows the percentages of respondents in each of four SF-12 physical health scale levels. The right hand column shows the percentage of persons in the norming group who were unable to work at each level. By multiplying the number receiving each scale score range by the percent who were unable to work in the norming<sup>79</sup> study we get an approximate number in the Kern and Stanislaus samples who are likely to be unable to work due to health status. In Kern this is 55 persons, or 16 percent of the sample. In Stanislaus it is 47 persons, or 13 percent of the sample, who would be unable to work due to health status—figures quite in line with national data on welfare recipients who are unable to work due to health status.<sup>80</sup> We are assuming here that

<sup>77</sup>Ross, C. E., and J. Mirowsky. 1995. "Does Employment Affect Health?" *Journal of Health and Social Behavior* 36: 230–243, cited in Kalil, op cit.

<sup>78</sup>Ware, op cit.

<sup>79</sup>The Medical Outcomes Study. See Ware, op cit., for a description.

<sup>80</sup>"Analysis of data from the 1990 Survey of Income and Program Participation and the National Health Interview Survey revealed that between 16.6 and 19.2 percent of women receiving welfare have a disability that limits their ability to work." Kalil, op cit. Loprest, P. J., & Zedlewski, S. R. (1999). *Current and Former Welfare Recipients: How Do They Differ?* (99–17). Washington, D.C.: Urban Institute cites a figure of 13 percent for whom health limited work among former welfare recipients and 18 percent among current recipients.



relatively few of the sample in either county has yet to be assessed for a medical exemption to CalWORKs requirements.

**Table 22: SF-12 Scale Levels and Associated Levels of Health-Related Inability to Work**

|                             | Kern<br>(N=347)<br>Percent in<br>Category | Stanislaus<br>(N=356)<br>Percent in<br>Category | Percent Who<br>Cannot Work<br>Based on U.S.<br>Norms |
|-----------------------------|-------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| Physical Health Score 55-72 | 41                                        | 46                                              | 5                                                    |
| Physical Health Score 45-54 | 31                                        | 31                                              | 6                                                    |
| Physical Health Score 35-44 | 12                                        | 12                                              | 27                                                   |
| Physical Health Score 8-34  | 16                                        | 10                                              | 58                                                   |

Table 23 shows the percentage of respondents working at the time of the interview by the same four scale categories as above. The percentage in each county is lower if the physical health score is lower. The considerably lower percentage working in Stanislaus at higher health scores presumably has to do with sample differences and the relatively low percentage who are working at the time they apply for welfare.

**Table 23: Association of SF-12 Scale Levels with Percentage of Respondents Who are Currently Working, by Site**

|                             | Kern<br>(N=347)<br>Percent Working | Stanislaus<br>(N=356)<br>Percent Working |
|-----------------------------|------------------------------------|------------------------------------------|
| Physical Health Score 55-72 | 35                                 | 23                                       |
| Physical Health Score 45-54 | 42                                 | 20                                       |
| Physical Health Score 35-44 | 20                                 | 21                                       |
| Physical Health Score 8-34  | 13                                 | 17                                       |

### Caring for a Disabled Child

Approximately 15 percent of welfare recipients in the AFDC era had a child with serious functional limitations.<sup>81</sup> Ten percent of the children for whom information was collected in

<sup>81</sup> Loprest, P., and G. Acs. 1995. "Profile of Disability among Families on AFDC." Washington, DC: Urban Institute. Cited in Kalil, op cit.



Alameda had a “chronic” health condition. Respondents in this study were asked, “Do any of your children living with you have an on-going physical, mental, or emotional problem or disability that limits their activities?” Twenty-two percent of the Kern respondents and 13 percent of the Stanislaus respondents reported a child with limited activities.

If a child’s functional limitation was reported, respondents were asked if they were unable to take a job, training or school opportunity—or had quit a job, training or school situation—due to having to care for the child. In each group about a third said they had been unable to take an opportunity, while 17 percent said they had had to quit a work-related situation. Table 24 shows these figures as a percentage of the total samples.

**Table 24: Quit or Unable to Take Job, School or Training in Past 12 Months Due to Needing to Care For a Disabled Child**

|                                                                                | Kern<br>(N=347)<br>Percent | Stanislaus<br>(N=356)<br>Percent |
|--------------------------------------------------------------------------------|----------------------------|----------------------------------|
| Quit Job, School or Training in Past 12 Months Due to Disabled Child           | 4                          | 2                                |
| Unable to Take Job, School or Training in Past 12 Months Due to Disabled Child | 7                          | 5                                |

**Not Living in Own Home at Time of Interview**

Respondents were asked “Are you currently homeless, living in a shelter, or living somewhere that is not your own place?” In Kern 15 percent responded yes; in Stanislaus it was a very disturbing 26 percent. In Stanislaus 56 percent of those who said they were homeless had applied for but not yet received aid. All those homeless in Kern received cash aid.

**Learning Disabilities**

Relatively few studies have looked at the prevalence and impact of learning disabilities among welfare recipients. In three states that have, prevalence was found to be 21 percent in Utah, 25 percent in Kansas and up to 50 percent in Washington.<sup>82</sup> This study is dependent on respondent self-report, which probably underestimates the true prevalence. In Kern 14 percent and in Stanislaus 12 percent answered “yes” to the following question: “Were you ever assessed or diagnosed as having learning problems or special needs or a disability?” Those answering “yes” were asked the nature of the problem. Table 25 shows the number of persons with each type of disability volunteered by respondents.

<sup>82</sup> Sweeney, E. P. (2000). *Recent Studies Indicate That Many Parents Who Are Current Or Former Welfare Recipients Have Disabilities Or Other Medical Conditions*. Washington, D.C.: Center on Budget and Policy Priorities.



Respondents were also asked if they had participated in “Special Education” classes when they were in school. Fourteen percent of the Kern sample and 17 percent of the Stanislaus sample responded “yes.” 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.

**Table 25: Type of Problem or Special Needs Respondents Reported Having**

|                                           | Kern<br>Number<br>Having Problem | Stanislaus<br>Number<br>Having Problem |
|-------------------------------------------|----------------------------------|----------------------------------------|
| Learning Disability                       | 29                               | 16                                     |
| Behavioral Disorder/Emotional Disturbance | 7                                | 6                                      |
| Mental Retardation                        | 1                                | 0                                      |
| Physical Handicap                         | 5                                | 3                                      |
| Speech or Language Impairment             | 9                                | 2                                      |
| Serious Hearing Impairment                | 5                                | 2                                      |
| Visual Impairment                         | 1                                | 1                                      |
| Multiple Handicaps                        | 1                                | 1                                      |
| Hyperactive                               | 3                                | 2                                      |
| Sensory Motor Disorder                    | 2                                | 0                                      |
| Attention Deficit Disorder                | 3                                | 2                                      |
| Other                                     | 6                                | 6                                      |
| TOTAL                                     | 72                               | 41                                     |



### The Occurrence of Multiple Human Resource and Situational Obstacles

The existence of multiple human resource deficits is associated with less likelihood of employment.<sup>83</sup> We converted each of the deficits or hurdles described in this section into 14 “yes” or “no” variables. These variables are shown in detail in Table 26 below.

**Table 26: Summary of Percent Respondents Having Each of 14 Human Resource and Situational Barriers, by County**

|                                                | Kern<br>(N=347)<br>Percent | Stanislaus<br>(N=356)<br>Percent |
|------------------------------------------------|----------------------------|----------------------------------|
| Age over 35                                    | 36                         | 27                               |
| Not Living in Own Home                         | 15                         | 26                               |
| Less than High School Education                | 52                         | 36                               |
| Limited English <sup>84</sup>                  | 11                         | 2                                |
| Child or Children Two or Under                 | 35                         | 35                               |
| Cares for Disabled Child                       | 22                         | 13                               |
| Physical Health Problems <sup>85</sup>         | 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                                |

We then added up how many of the 14 hurdles each person reported. Table 27 shows the frequency distribution and cumulative frequency distribution of hurdles in each site. Fewer than five percent of respondents in each site have none of the hurdles. Overall, Kern respondents have more hurdles on average than do Stanislaus respondents: a mean of 4.0 rather than 3.1 obstacles.

<sup>83</sup> Danziger, *Barriers*, op cit.

<sup>84</sup> Interviewed in Spanish, and interviewer rating of how well respondent speaks English: “not very well.”

<sup>85</sup> SF-12 score 44 or lower, which correlates to over 27 percent being unable to work.

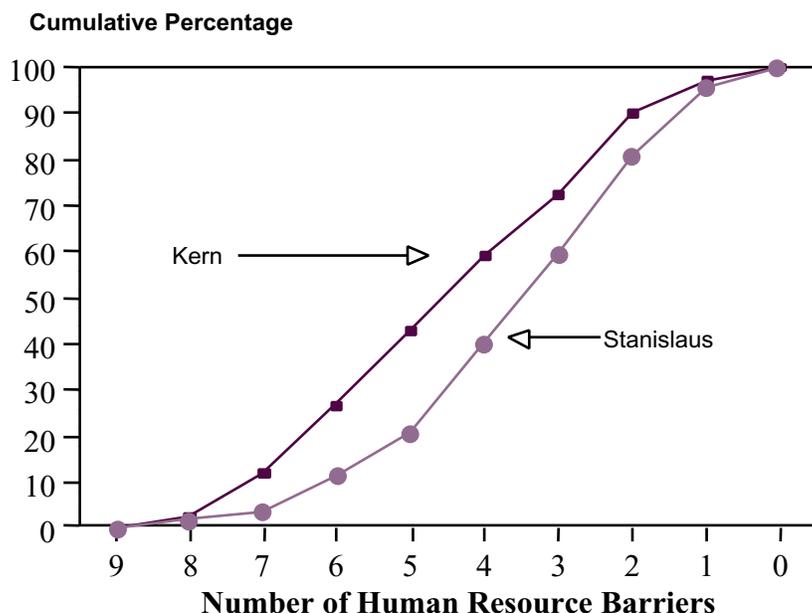


**Table 27: Number of Human Resource Obstacles to Employment, by Site**

| Number of Human Resource Obstacles | Kern<br>(N=341)<br>Percent | Stanislaus<br>(N=353)<br>Percent |
|------------------------------------|----------------------------|----------------------------------|
| No Obstacles                       | 3                          | 4                                |
| One                                | 7                          | 15                               |
| Two                                | 18                         | 21                               |
| Three                              | 13                         | 19                               |
| Four                               | 16                         | 20                               |
| Five                               | 16                         | 9                                |
| Six                                | 15                         | 8                                |
| Seven                              | 9                          | 2                                |
| Eight                              | 2                          | 2                                |

Figure 11, shows the cumulative percentage of human resource deficits. The vertical axis tells what percentage have *at least* the number of deficits shown on the horizontal axis. For example, in Kern (square symbols) 12 percent of the sample have at least seven deficits, 43 percent have at least five deficits, and 90 percent have at least two deficits. In Stanislaus, four percent have at least seven deficits, 21 percent have at least five deficits and 81 percent have at least two deficits.

**Figure 11: Cumulative Percentage of Number of Human Resource Deficits, by Site**





## Summary

- ❖ Limited work histories and limited work skills are hurdles for up to 40 percent of the women respondents.
- ❖ Childcare issues and transportation difficulties interfered with work-related activity for at least one-quarter of the women.
- ❖ Physical problems or caring for a child with functional limitations may be barriers for up to 15 to 20 percent of the women.
- ❖ Multiple human resource and situational obstacles were very common in both counties, with the average woman having three to four of the fourteen potential barriers.







## AOD/MH/DV AND MULTIPLE OBSTACLES

### OVERLAP OF AOD/MH/DV CONDITIONS

An increasing number of studies have documented the substantial number of persons who have both mental health and AOD issues. The National Comorbidity Survey is the most comprehensive and representative of these studies.

- ❖ Forty-three percent of all respondents having a 12-month diagnosis of AOD abuse or dependence also had at least one mental disorder—one fourth had a 12-month affective disorder (like depression) while 35.6 percent also had a 12-month anxiety disorder (including 8.3 percent with PTSD).<sup>86</sup>
- ❖ Looked at from the other perspective, 14.7 percent of those with any mental disorder also had an AOD disorder. This includes 18.4 percent of those diagnosed with major depressive disorder and 15.2 percent of those with an anxiety disorder (including PTSD with 17.4 percent also having an AOD diagnosis). Despite these high rates, treatment programs that can appropriately deal with both diagnoses are in short supply in California.<sup>87</sup>

Epidemiological studies of the co-occurrence of domestic violence with mental health and with AOD are more limited since national surveys of domestic violence have not adequately measured AOD and mental health issues. Two diagnoses, depression and post-traumatic stress disorder are, however, frequently associated with being a domestic violence survivor. Mental health agencies do not ordinarily have a specific program for dealing with domestic violence.<sup>88</sup>

As noted, PTSD is associated with domestic violence and is also a mental health diagnosis. However, since in at least 80 percent of the cases PTSD occurs with other mental health diagnoses, and since treatment is a kind of psychotherapy more often found in mental health providers than domestic violence providers, we have classed PTSD with the mental health disorders in looking at overlap of conditions.

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<sup>86</sup> Kessler, R. C., Nelson, C. B., McGonagle, K. A., Edlund, M. J., Frank, R. G., & Leaf, P. J. (1996). The Epidemiology of Co-occurring Addictive and Mental Disorders: Implications for Prevention and Service Utilization. *American Journal of Orthopsychiatry*, 66(1), 17-31.

<sup>87</sup> Young, N., & Grella, C. (1998). Mental health and substance abuse treatment services for dually diagnosed clients: results of a statewide survey of county administrators. *J Behav Health Serv Res*, 25(1), 83-92.

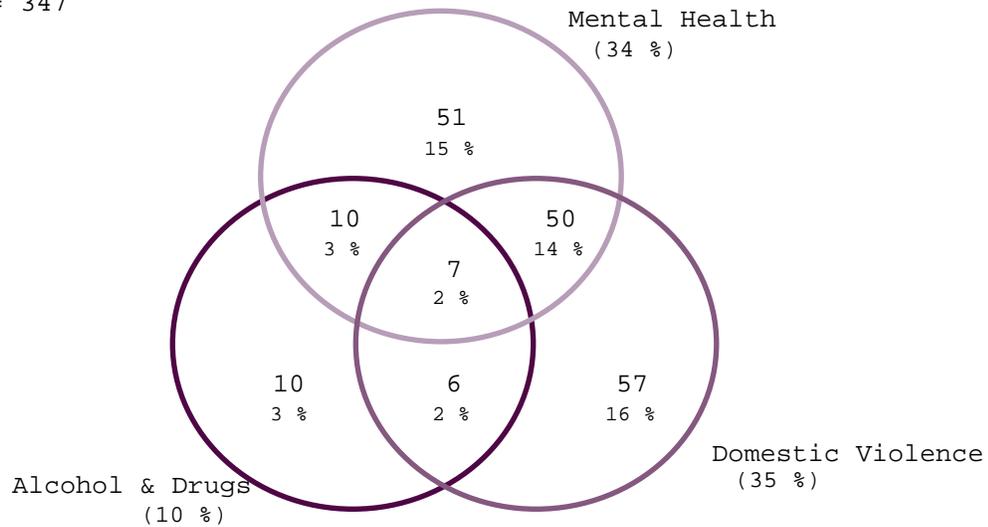
<sup>88</sup> Raphael, op cit.; Jordan, C. E., & Walker, R. (1994). Guidelines for Handling Domestic Violence Cases in Community Mental Health Centers. *Hospital and Community Psychiatry*, 45(2), 147-151.



**Figure 12: Kern County**

AOD, MH, DV Overlap

N = 347



**Table 28: Overlap of AOD/MH/DV Conditions in Kern County**

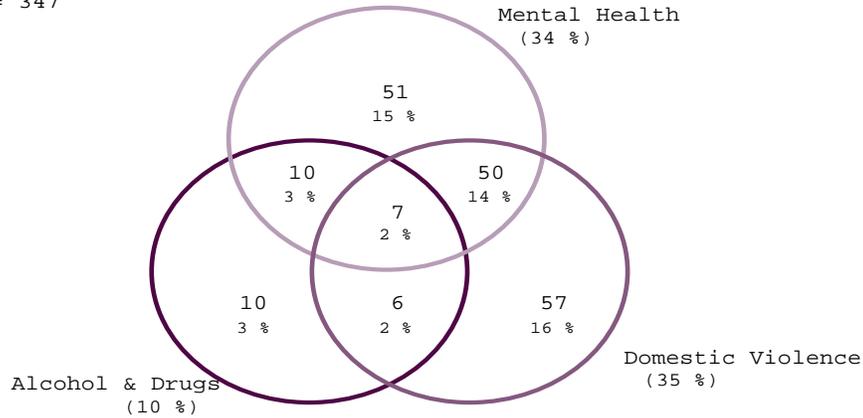
|                                     | Number | Percent |
|-------------------------------------|--------|---------|
| Any AOD                             | 33     | 10      |
| AOD Alone                           | 10     | 3       |
| Any Mental Health                   | 118    | 34      |
| Mental Health Alone                 | 51     | 15      |
| Any Domestic Violence               | 120    | 35      |
| Domestic Violence Alone             | 57     | 16      |
| AOD and Mental Health               | 10     | 3       |
| AOD and Domestic Violence           | 6      | 2       |
| Domestic Violence and Mental Health | 50     | 14      |
| All Three Conditions                | 7      | 2       |
| No AOD/MH/DV                        | 156    | 45      |



**Figure 13: Stanislaus County**

AOD, MH, DV Overlap

N = 347



**Table 29: Overlap of AOD/MH/DV Conditions in Stanislaus County**

|                                     | Number | Percent |
|-------------------------------------|--------|---------|
| Any AOD                             | 45     | 13      |
| AOD Alone                           | 7      | 2       |
| Any Mental Health                   | 157    | 44      |
| Mental Health Alone                 | 54     | 15      |
| Any Domestic Violence               | 175    | 49      |
| Domestic Violence Alone             | 74     | 21      |
| AOD and Mental Health               | 10     | 3       |
| AOD and Domestic Violence           | 8      | 2       |
| Domestic Violence and Mental Health | 73     | 21      |
| All Three Conditions                | 20     | 6       |
| No AOD/MH/DV                        | 110    | 31      |



Figures 12 and 13, and the associated Tables 28 and 29 summarize the prevalence of the AOD/MH/DV conditions and their overlap. Several conclusions can be drawn:

- ❖ These conditions are widely prevalent at some level during the previous 12 months: over half of those in Kern (55 percent) and over two-thirds in Stanislaus (69 percent) had at least one AOD, MH, or DV issue.
- ❖ Overall, the percent with two conditions is greater than the percent of either AOD, mental health or domestic violence alone. In Kern 21 percent of the sample has two or more conditions while only 16 percent has a single condition (domestic violence). In Stanislaus 32 percent has at least two conditions while the largest “single” condition is domestic violence at 21 percent.
- ❖ New applicants have higher rates of all three conditions than do recipients who have been on welfare at least one year—contrary to what has usually been believed.
- ❖ Although it is common to hear treatment personnel say that “most people have all three conditions,” in fact, relatively few people have all three: two percent in Kern and six percent in Stanislaus.
- ❖ The percentage of respondents having AOD abuse or dependence alone is relatively low—3 percent in Kern and 2 percent in Stanislaus. In each county, this is considerably less than half of the persons with AOD abuse or dependence. This suggests that counties should have the capacity to provide AOD services in conjunction with mental health and/or domestic violence services.
- ❖ The percentage with domestic violence alone (16 in Kern, 21 in Stanislaus) is substantial as is the percentage with domestic violence and mental health issues (14 and 21 percent). The latter figures lead to the inference that mental health staff need to know about domestic violence and domestic violence staff need to know about mental health.<sup>89</sup> Ideally, comprehensive programs that can serve persons with any of the AOD/MH/DV issues should be a part of each county’s CalWORKs supportive services.

### Overlap of AOD/MH/DV and Demographic, Situational and Human Resource Obstacles

Persons with AOD/MH/DV issues may well also have some of the demographic, situational and human resource obstacles described in the previous section. At issue here are: a) do persons with AOD/MH/DV issues have *more or fewer* human resource obstacles to employment than do persons without AOD/MH/DV issues? and b) which human capital obstacles, if any, are particularly associated with domestic violence, with AOD and with mental health problems?

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<sup>89</sup> Significant proportions of respondents had domestic violence alone, AOD alone, or mental health alone, and could be served in traditional single-focus programs if assessment procedures were capable of identifying those with more complex problems.



*How many demographic, situational and human resource obstacles are experienced by persons with AOD/MH/DV issues?*

Table 30 shows the mean, median and maximum number of the 14 human resource issues associated with domestic violence, AOD and mental health issues.

**Table 30: Number of Demographic, Situational and Human Resource Obstacles, by Site and AOD/MH/DV Condition**

|                   | Mean | Median | Maximum |
|-------------------|------|--------|---------|
| <b>KERN</b>       |      |        |         |
| Domestic Violence | 4.0  | 4      | 8       |
| AOD               | 3.4  | 3      | 8       |
| Mental Health     | 4.5  | 5      | 8       |
| Any AOD/MH/DV     | 4.1  | 4      | 8       |
| No AOD/MH/DV      | 3.9  | 4      | 9       |
| <b>STANISLAUS</b> |      |        |         |
| Domestic Violence | 3.1  | 3      | 8       |
| AOD               | 3.5  | 3      | 8       |
| Mental Health     | 3.3  | 3      | 8       |
| Any AOD/MH/DV     | 3.2  | 3      | 8       |
| No AOD/MH/DV      | 2.9  | 3      | 9       |

We saw in the previous section that Kern respondents have more demographic, situational and human resource obstacles to employment on average than do Stanislaus respondents, having a mean of 4.0 versus 3.1. *Within* each site, there is not a clear pattern regarding the number of concurrent hurdles experienced by persons with AOD vs. mental health vs. domestic violence issues. In Kern, persons with mental health issues have a higher mean and median number of hurdles than do persons with domestic violence issues and are higher than those with AOD issues.

In Stanislaus, however, the number of hurdles experienced is highest for persons with AOD dependence or abuse, with mental health and domestic violence following.

In both sites, persons with any AOD/MH/DV issue have 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 have 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.

In later reports, we will also test the hypothesis that AOD/MH/DV makes coping with other barriers more difficult.

### *Which demographic, situational and human resource hurdles are particularly associated with AOD/MH/DV issues?*

For each condition—domestic violence, AOD dependence/abuse, and mental health—we present below the extent to which there are statistically significant patterns of co-occurring multiple deficits.<sup>90</sup> Tables summarizing all of these relationships are presented in Appendix III.

#### *Domestic Violence and Other Hurdles*

**Kern**—Recipients with domestic violence issues in the past year were more likely than chance to be under age 36 and to have children two or under.<sup>91</sup>

**Stanislaus**—New applicants who experienced domestic violence in the previous 12 months were more likely to be under age 36 than 36 or over. They were also much more likely to be living in their own home than to be homeless, and to have a drivers license than not to have one.

#### *Alcohol and Other Drugs and Other Hurdles*

In neither county were any of the human resource deficits statistically associated with AOD dependence or abuse.

#### *Mental Health and Other Hurdles*

**Kern**—Recipients with mental health issues were more likely than chance to also have functional health limitations (associated in the norming group with problems in working) and to report having a disability or having been classified as special education. They also were much more likely to report perceived discrimination than those without mental health issues.

**Stanislaus**—New applicants with mental health conditions were also more likely than those without to have functional health limitations and to report having a disability or having been

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<sup>90</sup> For each domain—any domestic violence vs. none, any AOD vs. none, or any mental health diagnosis vs. none—we estimated a logistic regression model with the 14 human resource barriers as covariates. The fit of the final model was tested with the Pearson chi-square goodness of fit statistic and Akaike's Information Criterion.

<sup>91</sup> More or less likely than chance means that a difference as large as we found would occur by chance in less than one out of 20 trials (if successive samples were selected and measured). So for example, among those over 35, 21 percent reported domestic violence, while among those 35 and younger 42 percent did—a statistically significant difference.



classified as special education. They also were more likely to have a child with a limiting disability than were those without mental health issues.

The most apparent relationships, then, of AOD/MH/DV issues to human resource issues are that women with recent domestic violence tend to be young with young children, while women with mental health issues are more likely to have concurrent function-impairing health problems and to report having been in special education or having a disability when in school.

## Summary

Many of the respondents have to cope with multiple problems.

- ❖ In Kern 21 percent of the sample had two or more AOD/MH/DV conditions; in Stanislaus 32 percent had at least two conditions. Multiple conditions—especially domestic violence with mental health or with AOD—were more frequent than single conditions. However, the co-occurrence of three conditions was relatively rare: 2 percent in Kern and 6 percent in Stanislaus.
- ❖ 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; Stanislaus = 3.2 vs. 2.9) *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.
- ❖ In both counties, persons with a mental health diagnosis were likely to also have functional health limitations and to have been involved in special education or have had a disability as a child. Women reporting domestic violence were more likely to be under 36 and to have young children.





## IMPLICATIONS FOR PRACTICE AND POLICY

### 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, either by addressing multiple issues within a single program or 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.<sup>92</sup>

### 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, it is equally important to realize the limitations of prevalence data.

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 we have termed of greater severity—are in need of services through CalWORKs. Nor are the rates for AOD, for

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<sup>92</sup> As noted above, 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. For example, of the Kern CalWORKs group 35 percent experienced domestic violence in the past year, while of the group required to participate in Welfare-to-Work activities it was 36 percent. Likewise the figures for any mental health diagnosis were 31 percent vs. 30 percent and for any alcohol or drug dependent/abuse 9.5 percent vs. 10.7 percent. That is, the prevalence rates were virtually identical.



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.





## APPENDIX I: SURVEY METHODOLOGY<sup>93</sup>

### Sampling Criteria

Criteria for populations to be sampled in both counties included:

- ❖ Applying for or a recipient of CalWORKs<sup>94</sup>
- ❖ Woman head-of-household (not a two-parent family)
- ❖ Head-of-household was mother, not another relative
- ❖ English-speaking or Spanish-speaking only
- ❖ Age 18-59
- ❖ At time of interview must have been an AFDC/TANF recipient at least one year (Kern only)

### Selection of the Sample

#### *Kern County*

TANF recipients in Kern County are served in seven localities, with Bakersfield being by far the largest. For logistic reasons, the main and AOD/MH/DV populations were limited to clients served in Bakersfield.

The recertification population of interest is all women receiving AFDC/TANF who had done so for at least a year. In practice, this group was limited to those scheduled for TANF recertification visits between the middle of April and the end of August, a period of four and a half months during which the interviews were conducted.

A complete list of 4,732 TANF participants meeting the criteria above who were due for annual recertification between April and August was generated by the Kern County Department of Human Services. A stratified random sample was drawn for each month during the sampling period, with stratification on age (over 25 or not) and duration of time on AFDC/TANF (two

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<sup>93</sup> A more detailed version of this appendix is available on the CIMH website: <http://www.cimh.org/>.

<sup>94</sup> 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. Of these, 31 were women receiving SSI, and the remainder were women in the country illegally whose children receive cash aid but who do not themselves. In terms of prevalence, the inclusion of these respondents made little difference. For example, of the Kern CalWORKs group, 35 percent experienced domestic violence in the past year, while of the group required to participate in Welfare-to-Work activities it was 36 percent. 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. That is, the prevalence rates were virtually identical.



years and over vs. less than two years). It was planned that each member of the sample would receive a letter from the researchers along with the recertification meeting notice and that at their recertification meeting sampled clients would be asked by their eligibility worker if they would talk to a researcher. All interviewing was to occur in private interview booths at the Welfare Department Eligibility Office (there is only one for Bakersfield).

The approach of intercepting clients at recertification interviews was taken in a New Jersey study of AOD and other TANF barriers to employment also. In both cases, a large part of the motivation for this method rather than home visits was to have the interview in a secure place for both interviewee and interviewer—a particularly important issue for women who might have an abusive partner. In the New Jersey experiment, this methodology had to be abandoned for a variety of logistic reasons, and interviewers simply approached the clients who actually came in on a given day. In our case, although we did not give up on the method, it required modification and enormous efforts by the interviewing team.

In the first instance, no letters were mailed until mid-May. Appointments were frequently rescheduled without the interviewers being able to track the changes, and no-shows were common. Thus during the first two and a half months of interviewing, only a small proportion of the sampled clients for the period could be contacted. When contacted, however, very few refused.

In order to deal with the inability to plan interviews around the recertification meeting itself, the interview team started calling clients (in a welfare supervisor's office and under her supervision) and arranging separate interview times for the research interview. Although time-consuming, this procedure worked much better—though it did not eliminate canceled or rescheduled appointments. Additionally, only those people who could be reached by phone (or message phone) could be contacted, and it turned out that many of the phone numbers on record with the welfare department did not lead to contact. As noted above, the letters themselves did not result in calls to schedule interviews. Because the study was not planned (nor funded) to involve home visits to clients otherwise not reachable, the percentage of interview attempts in which there was no contact was higher than desirable (25 percent). In addition, both before, during the scheduling of an interview, and in a few cases after an interview, information sometimes surfaced that disqualified the interviewee. For example, she might have turned out to be on a case that included her husband or to be exempt by virtue of receiving SSI. In some cases, the client was found not eligible for recertification, or chose not to reapply. Table 1 shows the disposition for those who *were* found to be eligible for participation. (Some of those whom we were unable to contact may also have been ineligible but we have no way of knowing.) A total of 56 percent of eligibles were interviewed; all but two completed the interview. An additional three percent consented but it was not possible to schedule and complete the interview in the timeframe. Seven percent refused the interview, and 34 percent of the eligibles could not be contacted using the mailing address and phone number in the welfare department records.



**Table 1: Disposition of All Eligible Sampled Cases in Kern County<sup>95</sup>**

| Final Status              | N   | Percent | Cumulative Percent |
|---------------------------|-----|---------|--------------------|
| Completed                 | 348 | 55.33   | 55.33              |
| Refused                   | 46  | 7.31    | 62.64              |
| Consent but Not Completed | 21  | 3.34    | 65.98              |
| Partially Completed       | 2   | 0.32    | 66.30              |
| Unable to Contact         | 212 | 33.70   | 100.00             |
| TOTAL                     | 629 | 100.00  |                    |

**Stanislaus County**

We interviewed 342 new applicants for CalWORKs who were granted recipient status, and 9 by mistake (they were ineligible but we did not find out until later). Another 14 were eligible at the time of the interview (they had submitted applications and were complying with the requirement to go to Fast Track training) but their applications were either denied or withdrawn so that they never became recipients of aid. We have included them as “eligible” because at the time of the interview they were still being processed.

A total of 71 percent of the eligible applicants coming through the Stanislaus County CalWORKs system between April 15 and July 30, 1999 were interviewed; 5 percent refused; and another 23 percent could not be interviewed in the time frame but did not refuse. The latter group was comprised of persons who consented but whose appointment(s) were not kept, as well as those who were absent on the day we presented the study to Fast Track and whom we attempted to contact later.

**Table 2: Disposition of All Applicant Eligible Sampled Cases in Stanislaus County**

|                                           | N   | Percent | Cumulative Percent |
|-------------------------------------------|-----|---------|--------------------|
| Completed Interview                       | 356 | 71.34   | 71.34              |
| Refused                                   | 26  | 5.21    | 76.55              |
| Unable to Complete Interview/Make Contact | 117 | 23.45   | 100.00             |
| TOTAL                                     | 499 | 100.00  |                    |

<sup>95</sup> One woman was in this eligible group and interviewed in August. In October she entered the Haven shelter and was interviewed again (by a different interviewer). Since she legitimately met the sampling criteria of both samples she is counted in both for the attrition analysis. In the substantive analysis, however, she is only counted as a DV client so we can track the outcome of her services.



## Representivity and Attrition

### *Kern County*

Because 44 percent of the eligible sample was not interviewed, sampling attrition may have introduced bias. We compared the Kern study participants both with the population from which they were drawn and the sampled women who did not complete an interview. The variables available for comparison differed somewhat from those in Stanislaus. In particular we could look at time on welfare but had no employment measure. Compared to the sample from which they were drawn, the Kern interviewees did not differ to a statistically significant degree on race, age, geographic area (based on ZIP code), or time on welfare.<sup>96</sup> There was a significantly higher percentage of women in the interview sample whose primary language was Spanish (15% vs. 11%<sup>97</sup>) but we do not believe this makes a substantive difference. There were no significant differences between the part of the sample interviewed and the part not interviewed regarding race or geographic location. There was a statistically significant but substantively unimportant difference in mean age (31.3 for interviewees vs. 29.8 for those not interviewed;  $t=2.237$   $p\leq 0.026$ ) and a statistically significant and possibly substantively important difference in mean years on welfare (4.02 for interviewees and 3.38 for those not interviewed;  $t=2.364$ ,  $p\leq 0.02$ ). The most important difference is the percentage whose recertification would be at one year rather than longer: 87 percent of the interviewees were recipients over one year vs. 81 percent of those not interviewed. To the extent the Kern interviewees differ from those we were unable to interview, it is in being slightly older and having been on welfare somewhat longer.

Because of the modifications to the sampling procedure made necessary by the problems described above, the sampling proportion in the early months turned out to be smaller than in the later months, even though during August calls were made to clients who had been missed in the early months. Thus, the sample is drawn unequally from the 4.5 month sampling period. Although there is no known reason why the recertification month should be related to the study questions,<sup>98</sup> we looked at whether the recertification month was systematically associated with age, time on welfare, zip code, or race. There was no such association either in the population as a whole,<sup>99</sup> or in the interviewed sample.<sup>100</sup>

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<sup>96</sup> Race:  $\text{Chi}^2=1.8278$   $\text{df}=2$   $\text{Pr}=0.401$ ; mean age  $t=1.36$   $\text{Pr}=0.17$ ; ZIP code:  $\text{Chi}^2=14.5505$   $\text{df}=10$   $p\leq 0.149$ ; years on welfare:  $t=1.08$   $p\leq 0.28$ .

<sup>97</sup>  $\text{Chi}^2=7.8741$   $\text{df}=1$   $p\leq 0.005$ .

<sup>98</sup> This is not the case in Stanislaus County. Initial applications are quite seasonally dependent due to the agricultural base of the economy. Recertifications, especially, after several years of being an AFDC participant, are unlikely to reflect the same seasonality since a number of factors can cause the recertification date to differ from the initial application date. For example, of the 3,738 persons in the population during April-August, 1,497, or 40 percent, began service in a month other than April-August.

<sup>99</sup> For the population: time on welfare:  $t=-1.490$ ,  $\text{df}=1$ , 3736,  $p=0.136$ . Age:  $t=-0.59$ ;  $\text{df}=1$ , 3736;  $p=0.553$ . Race:  $\text{Chi}^2=7.4731$ ;  $\text{df}=8$ ;  $p=0.487$ .

<sup>100</sup> For the interview sample: time on welfare  $t=0.882$ ;  $\text{df}=1$ , 346;  $p=0.378$ . Age  $t=-0.524$ ;  $\text{df}=1$ , 346;  $p=0.601$ . Race:  $\text{Chi}^2=2.7352$ ;  $\text{df}=8$ ;  $p=0.950$ .



Because the original stratification of the sample (by month, age, time on welfare) was not carried out consistently, the analysis is conducted as if simple random sampling was used.<sup>101</sup> We also considered using post-stratification weights, but such weighting assumes that those interviewed having the stratification characteristics are the same as those not interviewed having those characteristics. Given the unknown selection factors at work, we believe it is safer to use the data as collected with the caution that there is some selection bias as described above. During the analysis we will attempt to link age and time on welfare to other variables of interest so that we can project the possible effect of the greater age and time on welfare of the interviewed group.

### *Stanislaus County*

The Stanislaus County Community Service Agency provided data from their GEMS employment management information system in order to help us determine whether attrition caused the sample to be unrepresentative. Information on persons who had not signed an informed consent to participate and for information release was stripped of all identifying information. We compare those in the applicant sample who completed the interviews with those who did not. The employment variables reflect wages, hours and work in the 30 days prior to applying for welfare. Since employment status is one of our major dependent variables, the extent to which the groups differ on the work-related variables below is a very good measure of how representative the interviewed clients are compared to those not interviewed.

There were no significant racial differences between the groups (Chi2=1.195 df=3 p≤0.754). However, education did differ, with persons in the interviewed group marginally more likely than those in the group not interviewed to have at least a high school education (Chi2=2.42 df=1 p≤0.119). Although the numbers were quite small, the interviewed group was less likely to have less than a 9<sup>th</sup> grade education and more likely to have some college. There was very little difference between the groups on mean age (t=0.620 p≤0.534).

There was also very little difference between the two groups regarding whether at the time of interview they had any recent wage recorded by an employment counselor or the amount of the recent wage if any. Although not statistically significant, the differences that exist do slightly favor the group who completed the interview.<sup>102</sup> The two groups had very similar distributions of employment status. A total of 17.0 percent of those who completed the interview were working to some extent compared to 11 percent of those who were not interviewed. The differences were

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<sup>101</sup> A stratified sample would have considerably smaller standard errors than a simple random sample, but the fact that the proportion of interviewed clients in each sampling month is significantly different from that in the population makes it untenable to assume stratification was successful. Likewise, we considered weighting the interviewed sample by the sampling month (inverse of sample size in any month over population size in that month). However, we believe this would introduce more distortion than assuming the renewal month to be essentially random.

<sup>102</sup> Employment status: Chi2=5.675 df=4 p≤0.225; wages if any: t=0.516 p≥0.610.



not statistically significant ( $\text{Chi}^2=5.675$   $\text{df}=4$   $p\leq 0.2248$ ). For the few applicants who had a recent wage recorded, there was not a significant wage difference ( $t=0.516$   $p\geq 0.610$ ).

In summary, on the straight demographic variables of race/ethnicity and age there were no appreciable differences between applicants interviewed and applicants who were not interviewed. On the employment-related variables and education, the applicants who were interviewed had a small, non-significant edge.



## APPENDIX II: SCORING OF DSM-IV DIAGNOSES

The survey instrument contained the Alcohol, Drugs, and Post-Traumatic Stress Disorder modules 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. It has been used in hundreds of studies, and its reliability and validity are well documented.<sup>103</sup>

The full CIDI has been converted to a CIDI-Short Form, also under the aegis of WHO. However, the actual development was performed by Ron Kessler, Ph.D., the lead investigator of the National CoMorbidity Study—the largest psychiatric and AOD epidemiological study in the past decade. The development and the psychometric properties of the instrument are described by Kessler.<sup>104</sup> We used the modules on major depression, generalized anxiety disorder, social phobias, specific phobias, agoraphobia and panic attack. The short form of the CIDI differs from the long form in that a subsample of questions were selected through scientific methods that would accurately reflect diagnoses that would be produced by the full CIDI. However, this is done through a probabilistic approach. Each individual receives a probability, based on the particular questions answered affirmatively, that they would have a particular diagnosis if they answered the full CIDI. Since some of these probabilities are less than 1.00, the method produces an overall prevalence figure that is accurate but does not assign a diagnosis to each person. We have used these summed probabilities in presenting the overall prevalence. When analyzing the overlap of diagnoses, however, we have assigned “caseness” to all persons with .89 probability or greater.<sup>105</sup> This results in a number of persons considered to have the diagnosis somewhat smaller than the total prevalence number. As noted above, alcohol and other drug diagnoses and PTSD are derived from the full CIDI, so the probabilistic method was not necessary in those cases. Note, however, that even with the CIDI-SF a probability of 1.00 can be assigned for the diagnoses of generalized anxiety disorder and agoraphobia.

Both the long form CIDI and short form CIDI assign DSM-IV diagnoses. The rest of this appendix explains the criteria that must be met for each diagnosis. The explanations are taken verbatim (with some editing for brevity) from two documents available on the WHO website. Scoring for the full CIDI is drawn from the DSM-IV scorer for CIDI 2.1 (12-Month Version), Release 2.1 (August 1998), written by Lorna Peters, Tim Slade and Lucy Cooper.<sup>106</sup> The short CIDI scoring is drawn from *Scoring the World Health Organization’s Composite International*

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<sup>103</sup> 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.

<sup>104</sup> 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*.

<sup>105</sup> This is a conservative approach; Kessler has suggested using a cut-off of .5 or more.

<sup>106</sup> WHO Collaborating Centre for Mental Health and Substance Abuse, St Vincent’s Hospital, 299 Forbes St, Darlinghurst NSW 2010, Australia, Fax: +612 9332 4316, email: <mailto:lornap@crufad.unsw.edu.au>.



*Diagnostic Interview Short Form, (CIDI-SF; v1.0 November 1998)* by Christopher B. Nelson, Ronald C. Kessler, Daniel Mroczek.<sup>107</sup>

## Substance Abuse and Dependence (CIDI)

Respondents can skip out of the CIDI substance abuse and dependence section under the following conditions: (1) the respondent has not used prescription medicines or they have not used them other than according to prescription, (2) the respondent has not used medicines when they were not prescribed, (3) the respondent has not used any drugs more than 5 times, and (4) the respondent has not used any unlisted drugs more than 5 times. In addition, questions about specific drugs are only asked if the respondent used that drug more than five times or without a prescription. The CIDI covers nine drug classes in DSM-IV—Opioids, Cannabis, Sedative/Hypnotics, PCP, Cocaine, Amphetamines, Hallucinogens, Inhalants, Other. The criteria for abuse and dependence are the same for each drug class.

## Substance Dependence

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three or more of the following, occurring at any time in the same 12-month period:

- (1) Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect, (b) markedly diminished effect with continued use of the same amount of the substance
- (2) Withdrawal as manifested by either of the following: (a) the characteristic withdrawal syndrome for the substance, (b) the same (or a closely related substance) is taken to relieve or avoid withdrawal symptoms
- (3) The substance is often taken in larger amounts or over a longer period than was intended
- (4) There is a persistent desire or unsuccessful efforts to cut down or control substance use
- (5) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- (6) Important social, occupational, or recreational activities are given up or reduced because of substance use

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<sup>107</sup> Epidemiology, Classification and Assessment Group, World Health Organization, Ave Appia, 1211 Geneva, Switzerland; e-mail: <mailto:nelsonc@who.ch>; fax: 41.22.735.4160. The CIDI-SF instrument and related material can be viewed and downloaded from the web (<http://www.who.int/msa/cidi/cidi-sf>).



- (7) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

### Substance Abuse

**CRITERION A**—A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period.

- (1) Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home
- (2) Recurrent substance use in situations in which it is physically hazardous
- (3) Recurrent substance-related legal problems

**CRITERION B**—The symptoms have not met the criteria for Substance Dependence for this class of substance. This criterion is addressed by reference to the substance dependence diagnoses scored above. The Abuse diagnosis for a drug type will be negative if the Dependence diagnosis for that drug type is positive.

### 309.81 Post-Traumatic Stress Disorder

Respondents can skip out of the PTSD section under the following conditions: (1) They have never experienced a traumatic event.

**Criterion A**—The person has been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others, (2) helplessness, or horror.

**Criterion B**—The traumatic event is persistently re-experienced in one or more of the following ways: (1) recurrent and intrusive distressing recollections of the event including images, thoughts, or perceptions, (2) recurrent distressing dreams of the event, (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes), (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event (K27). PT4B is the variable name given to Criterion B.

**Criterion C**—Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, as indicated by three or more of the following: (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma, (2) efforts to avoid activities, places, or people that arouse recollections of the trauma, (3) inability to recall some important aspect of the



trauma (K35), (4) markedly diminished interest or participation in significant events, (5) feeling of detachment or estrangement from others, (6) restricted range of affect (e.g., unable to have loving feelings), (7) sense of a foreshortened future.

**Criterion D**—Persistent symptoms of increased arousal, as indicated by two or more of the following: (1) difficulty falling or staying asleep, (2) irritability or outbursts of anger, (3) difficulty concentrating, (4) hypervigilance, (5) exaggerated startle response.

**Criterion E**—Duration of the disturbance is more than one month.

**Criterion F**—The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

### Major Depression (CIDI-SF)

Section A of the CIDI-SF is designed to classify respondents according to the criteria of a DSM-IV major depressive episode. No distinction is made between respondents with major depressive disorder, major depressive episodes that occur as part of a bipolar disorder, or major depressive episodes that occur in the course of psychotic disorders. There are two ways to meet the diagnostic stem requirement for MD: either to endorse all questions about having two weeks of dysphoric mood or to endorse all questions about having two weeks of anhedonia. Note that each series requires the respondent to report two weeks of this symptom lasting at least most of the day, at least almost every day. Either denying the existence of the symptom or denying persistence leads to a skip-out and the respondent receives a probability of caseness equal to zero. If the respondent endorses the stem series, an additional seven symptom questions are asked: losing interest, feeling tired, change in weight, trouble with sleep, trouble concentrating, feeling down, and thoughts about death. The MD series ends after the A8 series for respondents who endorse the stem series. However, respondents who do not endorse this series are skipped to A9 from A1, A1a, or A1b (whichever is failed first). The A9-A9a-A9b series provides a second chance to meet the stem question requirement for a diagnosis of MD. Respondents who fail this series are skipped out of the section with a probability of caseness equal to zero. Those who pass through the series, though, are asked a series of six symptom questions identical to questions A1d-A6.

### Generalized Anxiety Disorder (CIDI-SF)

The second section of the CIDI-SF is designed to classify respondents according to the criteria of DSM-IV generalized anxiety disorder. This section allows for full diagnostic assessment. This means that if the diagnostic requirements are fulfilled the respondent receives a probability of caseness equal to one. Otherwise, the respondent receives a probability of caseness equal to zero. The diagnostic stem requirement for GAD is met when the respondent reports a period of feeling worried, tense, or anxious that lasted at least 6 months. Respondents who do not report an anxious period lasting at least 6 months are skipped out of the section and receive a probability of caseness equal to zero. If an anxious period of sufficient duration is endorsed, further qualifiers are asked to determine whether the period was excessive, lasted more days than not, and involved worrying about more than one thing, all of which are necessary qualifiers for DSM-



IV GAD Criterion A. Lack of control over these worries (Criterion B) is then assessed in a series of three questions. The types of physiological symptoms that characterize the worried, tense, or anxious period (Criterion C) are then assessed.

### **Specific Phobia (CIDI-SF)**

Section C of the CIDI-SF is designed to classify respondents according to the criteria of DSM-IV specific phobia with the exception that Criterion G (exclusions for fears that are attributed to other mental disorders) is ignored. The section begins by assessing types of unreasonably strong fears experienced by the respondent which are associated with “clearly discernable, circumscribed objects or situations.” Fears of this type are organized into four categories: natural environment, situational, insect-animal and blood-•5 injection-injury. If no fears are endorsed the respondent is skipped out of the section and receives a probability of caseness equal to zero. Otherwise, the question series goes on to evaluate the frequency of anxious response to the stimulus. For those respondents who have endorsed an unusually strong fear with a sufficiently high frequency of response to the stimulus, the subsequent questions evaluate for how long the fears have been experienced, whether it interferes significantly with the respondent’s life, whether it causes distress, and whether the fear is excessive or unreasonable.

### **Social Phobia (CIDI-SF)**

Section D of the CIDI-SF is designed to classify respondents according to the criteria of DSM-IV social phobia and is similar to that of the specific phobia evaluation apart from the need for a social or performance situational context. It should be noted that Criteria G (exclusions for fears that are a result of substance use, or which result from a general medical condition or another mental disorder) and H (the fear is unrelated to a general medical condition or mental disorder) are ignored. The section begins by assessing the types of situations where unreasonably strong social anxiety might occur. Fears of this type are organized into six categories: public speaking, eating or drinking in the company of others, talking with a person, writing in the company of others, participating in a discussion, and participating in a social gathering. If no social anxiety is endorsed the respondent is skipped out of the section and receives a probability of caseness equal to zero. Otherwise, the question series goes on to evaluate the frequency of anxious response to the stimulus. For those respondents who have endorsed an unusually strong social anxiety with a sufficiently high frequency of response to the stimulus, the subsequent questions evaluate for how long the fears have been experienced, whether they interfere significantly with the respondent’s life, whether they cause distress, and whether the fears are excessive or unreasonable

### **Agoraphobia without History of Panic Disorder (CIDI-SF)**

Section E of the CIDI-SF is designed to classify respondents according to the criteria of DSM-IV agoraphobia without history of panic disorder. The section begins by assessing the occurrence of anxiety associated with being in places or situations from which escape might be difficult or in which help may not be available when panic symptoms occur. These situations fall into five categories: being in a crowd or standing in a line, being away from home alone, traveling alone, traveling in a bus, train or car, or being in a public place. If none of the situations are endorsed



the respondent is skipped out of the section and receives a probability of caseness equal to zero. Otherwise, the question series goes on to evaluate the frequency of anxious response to the stimulus. For those respondents who have endorsed one of the situations together with a sufficiently high frequency of anxious response to the situation, the subsequent questions evaluate: for how long the fears have been experienced, and whether they interfere significantly with the respondent's life. In addition, questions evaluate the characteristic symptoms of agoraphobia: fear of fainting, losing control or embarrassing yourself, fear of being trapped without escape, and fear that help might not be available if it is needed.

### **Panic Attack (CIDI-SF)**

Section F of the CIDI-SF is designed to classify respondents according to DSM-IV panic attack criteria. The section begins by assessing whether a panic attack has occurred. This is followed by a series of questions that evaluate exclusions for attacks that occurred as a result of being in a life-threatening situation, being in danger or at the center of attention, or being in a situation that usually provokes unreasonably strong fear. If the respondent reports a panic attack and passes the exclusion criteria, then six symptom questions are asked. The panic attack score (range 0-6) is calculated by summing the number of positive responses to these questions.



### APPENDIX III: TABLES SHOWING OVERLAP OF AOD/MH/DV CONDITIONS WITH DEMOGRAPHIC, SITUATIONAL AND HUMAN RESOURCE HURDLES TO EMPLOYMENT

Kern Recipients: Percent Having “Other Hurdles,” by AOD/MH/DV Category

| Other Hurdles                                     | MH<br>Diagnosis <sup>108</sup><br>(N=118 <sup>109</sup> ) | AOD Abuse/<br>Dependence<br>(N=33)    | Domestic<br>Violence<br>(N=120)       | Any AOD/<br>MH/DV<br>(N=191)          | No AOD/<br>MH/DV<br>(N=156)           |
|---------------------------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|                                                   | <i>Percent with<br/>Other Barrier</i>                     | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> |
| Age Over 35                                       | 36                                                        | 30                                    | 22*                                   | 34                                    | <b>39</b>                             |
| Not Living in Own Home                            | <b>18</b>                                                 | 12                                    | 17                                    | 14                                    | 15                                    |
| Less than High School<br>Education                | 50                                                        | 51                                    | 51                                    | 51                                    | 53                                    |
| Limited English <sup>110</sup>                    | 9                                                         | 0                                     | 4*                                    | 6                                     | <b>17</b>                             |
| Child or Children Two or<br>Under                 | 30                                                        | 33                                    | <b>46*</b>                            | 35                                    | 35                                    |
| Cares for Disabled Child                          | <b>29</b>                                                 | 10                                    | 25                                    | 26                                    | 17                                    |
| Physical Health Problems <sup>111</sup>           | <b>43*</b>                                                | 30                                    | 24                                    | 35                                    | 18                                    |
| Special Education or a<br>Childhood Disability    | <b>33*</b>                                                | 21                                    | 27                                    | 27                                    | 13                                    |
| Childcare “Very Hard” to<br>Arrange               | <b>27</b>                                                 | 15                                    | 26                                    | 25                                    | 14                                    |
| No Driver’s License                               | 52                                                        | <b>58</b>                             | 52                                    | 49                                    | 53                                    |
| Less than 4 of 9<br>Occupational Skills           | 45                                                        | 27                                    | 37                                    | 39                                    | <b>46</b>                             |
| Reports Discrimination<br>“Often” or “Very Often” | <b>16*</b>                                                | 10                                    | 9                                     | 12                                    | 9                                     |
| Did Not Work in Past<br>Year                      | 50                                                        | 36                                    | 49                                    | 50                                    | <b>51</b>                             |
| Never Worked for Pay                              | 10                                                        | 12                                    | 9                                     | 9                                     | <b>13</b>                             |

<sup>108</sup> Includes PTSD.

<sup>109</sup> N varies slightly from variable to variable.

<sup>110</sup> Interviewed in Spanish, and interviewer rating of how well respondent speaks English: “not very well.”

<sup>111</sup> SF-12 score 44 or lower, which correlates to over 27 percent being unable to work.


**Stanislaus New Applicants: Percent Having “Other Hurdles,” by AOD/MH/DV Category**

| Other Hurdles                                                   | MH<br>Diagnosis <sup>112</sup><br>(N=157 <sup>113</sup> ) | AOD Abuse/<br>Dependence<br>(N=45)    | Domestic<br>Violence<br>(N=175)       | Any AOD/<br>MH/DV<br>(N=246)          | No AOD/<br>MH/DV<br>(N=110)           |
|-----------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|                                                                 | <i>Percent with<br/>Other Barrier</i>                     | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> | <i>Percent with<br/>Other Barrier</i> |
| Age over 35                                                     | <b>29</b>                                                 | 20                                    | 21*                                   | 26                                    | <b>29</b>                             |
| Not Living in Own Home                                          | <b>33</b>                                                 | 29                                    | 34*                                   | 31                                    | 16                                    |
| Less than High School<br>Education                              | 34                                                        | <b>42</b>                             | 35                                    | 37                                    | 35                                    |
| Limited English <sup>114</sup>                                  | 2                                                         | 0                                     | 1                                     | 2                                     | 2                                     |
| Child or Children Two or<br>Under                               | 28                                                        | 29                                    | <b>39*</b>                            | 35                                    | 35                                    |
| Cares for Disabled Child                                        | <b>20*</b>                                                | 19                                    | 12                                    | 15                                    | 11                                    |
| Physical Health Problems <sup>115</sup>                         | 32*                                                       | <b>36</b>                             | 24                                    | 26                                    | 13                                    |
| Special Education or a<br>Childhood Disability                  | <b>30*</b>                                                | 27                                    | 22                                    | 25                                    | 17                                    |
| Childcare “Very Hard” to<br>Arrange                             | 25                                                        | 27                                    | 23                                    | 23                                    | 15                                    |
| No Driver’s License                                             | 44                                                        | <b>56</b>                             | 41*                                   | 44                                    | 46                                    |
| Less than 4 of 9<br>Occupational Skills                         | 22                                                        | 18                                    | 22                                    | 22                                    | <b>35</b>                             |
| Reports Job Linked<br>Discrimination “Often”<br>or “Very Often” | 8*                                                        | <b>12</b>                             | 8                                     | 7                                     | 4                                     |
| Did Not Work in Past<br>Year                                    | 28                                                        | 29                                    | <b>30</b>                             | <b>30</b>                             | 27                                    |
| Never Worked for Pay                                            | 4                                                         | <b>7</b>                              | 3                                     | 4                                     | 6                                     |

<sup>112</sup> Includes PTSD.

<sup>113</sup> N varies slightly from variable to variable.

<sup>114</sup> Interviewed in Spanish, and interviewer rating of how well respondent speaks English: “not very well.”

<sup>115</sup> SF-12 score 44 or lower, which correlates to over 27 percent being unable to work.



The tables above show, for Kern and Stanislaus respectively, the relationship between having a mental health diagnosis, AOD abuse/dependence, or experiencing domestic violence—all within the past 12 months—and 14 other attributes that may make finding employment difficult. The two columns on the right show the contrast between those who have *any* AOD/MH/DV issue and those who do not.

The tables are read initially by comparing across. So, for example, in the first row of the Kern table we could say that “Of those with a mental health diagnosis, 36 percent are over age 35; of those with AOD abuse or dependence, 30 percent are over age 35; of those with domestic violence, it is 22 percent; of those with any of the three conditions, it is 34 percent; and the highest percentage, 39, is among those who have *none* of the three conditions.

In each row, the highest percentage (indicating the greatest obstacle to work) is in boldface. So it is possible to scan down each column to see how many and which “other hurdles” are highest for a given subgroup. In Kern, for example, we can see that those with a mental health diagnosis and those with no AOD/MH/DV condition at all have the greatest number of boldfaced attributes.

Statistically significant relationships (at  $p < .05$ ) are shown with an asterisk.