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Final Project Report

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Violence Against Women: The Role Of Welfare Reform

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California Institute for Mental Health

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Abstract

Research Goals and Objectives: This research documents the prevalence, incidence, and negative impacts of domestic violence in a California welfare reform population. Research subjects are 356 randomly selected TANF new applicants in Stanislaus County (Bakersfield) and 287 randomly selected longer-term recipients in Kern County. Subjects are women between the ages of 18 and 59, head of household, and English or Spanish speaking. Overall, 40% are white, 37% Hispanic, 15% Black and 8% other. The median age at baseline was 30 and the median number of children living with the woman was two. Forty-four percent of the respondents at baseline had a current partner.

Research Design & Methodology: IRB approval was received for the project and informed consent obtained as part of 90 minute research interviews. Respondents were interviewed three times: at baseline, and 12 months and again 15 months later starting in the summer of 1999. Overall, 91 percent of the Round I respondents were reinterviewed in Round II, and 88% were reinterviewed in Round III. A comprehensive definition of domestic violence (expanding on the Conflict Tactics Scale) was used while mental health and alcohol and other drug problems were defined using the World Health Organization instrument, the CIDI. Descriptive statistics were supplemented by multiple regression analysis when examining the effects of domestic violence (and mental health and AOD) on employment.

Research Results and Conclusions:

- ❖ Rates of both “new” and “sustained” (persisting over more than one year) domestic violence were very high in this study population. DV related PTSD due to adult or childhood family abuse is several times higher in this population than in women nationwide.
- ❖ Between 10 to 17 percent of the sample each year had unidentified domestic violence service needs (across both time periods and in both counties).
- ❖ A substantial number of recipients rate the professional domestic violence services they received as helpful, although help from family and friends was rated most helpful. Despite the fact that about 20 percent of the respondents reported serious abuse each year, very few women in the survey samples used the Domestic Violence Option.
- ❖ Need for domestic violence services is associated with significantly lower rates of finding employment under welfare reform requirements.
- ❖ Regardless of measure of domestic violence, children in families where the mother was a victim of domestic violence did significantly poorer on almost every measure of child well-being utilized in the study.

EXECUTIVE SUMMARY

Introduction

Domestic violence is widely recognized to have a special standing in relationship to welfare reform. Congress codified this understanding when it enacted the Family Violence Option, permitting states to grant domestic violence exemptions regarding TANF welfare-to-work provisions—which at least 38 states have chosen to do.¹ Using survey research in two California counties, this study documents four extremely important findings relevant to welfare reform:

1. Rates of domestic violence are high in this welfare reform population. Serious abuse occurs in any given year in approximately 15 percent of the cases. Over the three year period covered by the research interviews, a total of 37 percent of the women reported serious domestic violence.
2. High proportions of women experiencing domestic violence also have serious mental health impairments and/or alcohol or other drug problems. For example, 35 percent of women experiencing serious domestic violence received a diagnosis of Major Depression compared to 16 percent of those reporting no domestic violence.
3. Domestic violence negatively impacts the capacity of women to find work. At the end of one year of welfare-to-work activities in one of the two counties we studied 28 percent were working at least 26 hours a week if they did not experience serious domestic violence but only 12 percent worked if they did.
4. On virtually all of 51 measures of the well-being of children in the family, the presence of domestic violence is associated with significant risks to the children. For example, in 21 percent of families where there was some domestic violence a child did not get all the medical care needed vs. 11 percent in families with no domestic violence.

Study background. Welfare reform² and the robust economy in the 1990s³ have resulted in massive reductions in the number of welfare recipients but have raised considerable concern regarding both those remaining on the rolls and those who leave but do not find employment. The prevalence of domestic violence (DV), mental health (MH), and alcohol and other drug (AOD) issues and their impacts on welfare tenure, finding and keeping jobs, and child well-being are among the issues that are poorly understood but most pressing.

California offers a particularly fruitful site for this study because it is among the few states that have allocated substantial funds for the identification and provision of services to TANF recipients with DV (or MH or AOD) issues. Since 1998 approximately 100 million dollars a year has been designated for mental health and AOD services and counties have, on their own, contributed approximately 22 million per year for DV services.⁴ These funds are controlled by the county department of social services, contracting with county MH and AOD departments and with independent domestic violence shelters and agencies.

Study description. This study was conducted in two California counties, Kern (with a sample limited to Bakersfield) and Stanislaus. The basic conditions for study participation were the same in both counties:

- ❖ Age: 18-59
- ❖ Language: Fluency in English or Spanish
- ❖ Female Head of the Household (relative-caretakers and two-parent families were not eligible)
- ❖ TANF applicant or recipient: applying for TANF and eligible for Welfare to Work (in Stanislaus) or TANF recipient for at least one year (Kern).

However, the samples in the two counties differ in one important way. In Stanislaus County the sample was comprised of *new applicants* for TANF while in Kern County subjects had to *have received AFDC/TANF at least one year*. Overall, 40% are white, 37% Hispanic, 15% Black and 8% other. The median age at baseline was 30 and the median number of children living with the woman was two. Forty-four percent of the respondents at baseline had a current partner.

Description of the sites. The TANF-oriented services for both study counties—Kern and Stanislaus—are described in detail in the Six County Case Study reports available on the CIMH website: www.cimh.org/calworks. 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.

Methodology. The study surveyed random samples of TANF recipients in each study county three times, starting in the summer of 1999 and then at intervals of one year and 15 months. 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). Overall, 91 percent of the Round I respondents were reinterviewed in Round II, and 88% were reinterviewed in Round III. In both counties most of the attrition was due to the inability of interviewers to reach CalWORKs participants by phone (as required by the social service departments) in order to try to schedule an interview. We compared characteristics of the Stanislaus and Kern 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 are no significant differences between the sample actually interviewed and the population on demographic, geographic, and welfare tenure measures. Thus, we believe that the study samples are representative of the sampled populations in Stanislaus and Kern. We do not know, however, the extent to which these populations themselves are similar to welfare reform populations in other California counties or in other counties around the country.

A comprehensive definition of domestic violence (which incorporated the Conflict Tactics Scale) was used while mental health and alcohol and other drug problems were defined using the World Health Organization instrument, the CIDI, which generates mental health and substance abuse diagnoses.

Key findings

Rates of domestic violence in these welfare samples were high for all types of abuse and indicated high “need” for domestic violence services

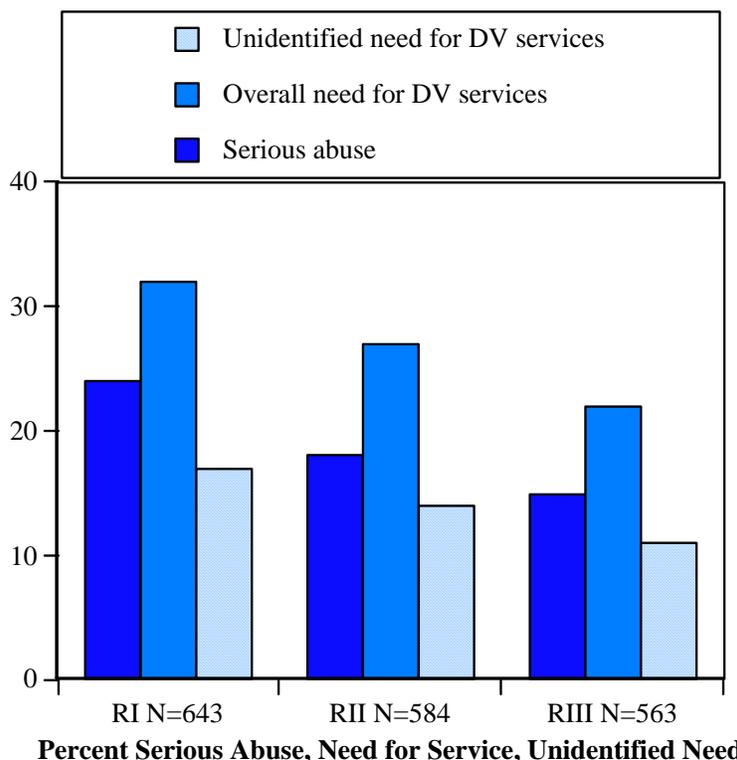
For the purpose of helping administrators and policy-makers plan for needed domestic violence services, we developed three constructs: “Serious abuse,” “Need for services,” and “Unidentified need for services.” We have included the following elements, any one of which would serve to classify the abuse as “serious”:

- ❖ Physical injury
- ❖ Response on the physical abuse questions that respondent was “choked” or “beat-up.”
- ❖ Stalking
- ❖ Forced or coerced sex
- ❖ Threatened to kill woman or kill self
- ❖ Threatened or actually hurt children
- ❖ Threatened to kidnap children or call CPS
- ❖ Actual preventing a woman from working or harassing while on the job

The overall “need for services” construct includes serious abuse but adds to it adult trauma PTSD, any of four other work abuse measures, and having seen a health professional, a counselor, a shelter/DV center, or sought help from police or courts. That is, we say that during the prior 12 months a woman “needed DV services” if she herself sought services *or* if she met the objective criteria. “Unidentified need” is the overall “need for services” measure, but excluding those who actually received professional services.

As seen in Exhibit A, almost a quarter of the women receiving TANF experienced serious abuse in the prior 12 months; almost a third had a need for domestic violence services; and over 15 percent had service needs but had not received any professional help. The rates of all three measures of serious domestic violence did decline somewhat over time. However, even in the third year (the second year of welfare to work requirements for this sample) 15 percent of the entire sample experienced serious abuse, 22 percent had a need for service, and 11 percent had unidentified needs for DV services.

Exhibit A: Percent Serious Abuse, Need for Services, and Unidentified Need for Services



A high proportion of women experiencing domestic violence also have mental health impairment or problems with alcohol or other drugs.

A major focus of the study was to determine the overlap between domestic violence, mental health diagnoses or problems, and alcohol and other drug (AOD) problems. As described in Exhibit B and Exhibit C, almost half of the women reporting serious domestic violence in Round I also met the criteria for Major Depression. One fourth met the criteria for Post-Traumatic Stress Disorder and an even higher percentage had one of several anxiety disorders. Although not a diagnostic category, very low self esteem is a critical trait in the context of welfare reform. Finally, 28 percent had symptom scores as high as a norming group of persons entering outpatient treatment, indicating a need for mental health services as well as domestic violence services. Even for women who would not meet formal criteria for mental health treatment, the mental and emotional distress faced by those experiencing serious abuse is overwhelming.

Women with serious abuse also reported high rates of substance abuse. A third had used an illicit drug at least five times during the prior 12 months and almost one fifth met the diagnostic criteria for alcohol or drug dependence or abuse—a good indication of need for AOD services.

Exhibit B: Percent of Women Reporting Serious Abuse in Round I Who Have Mental Disorders

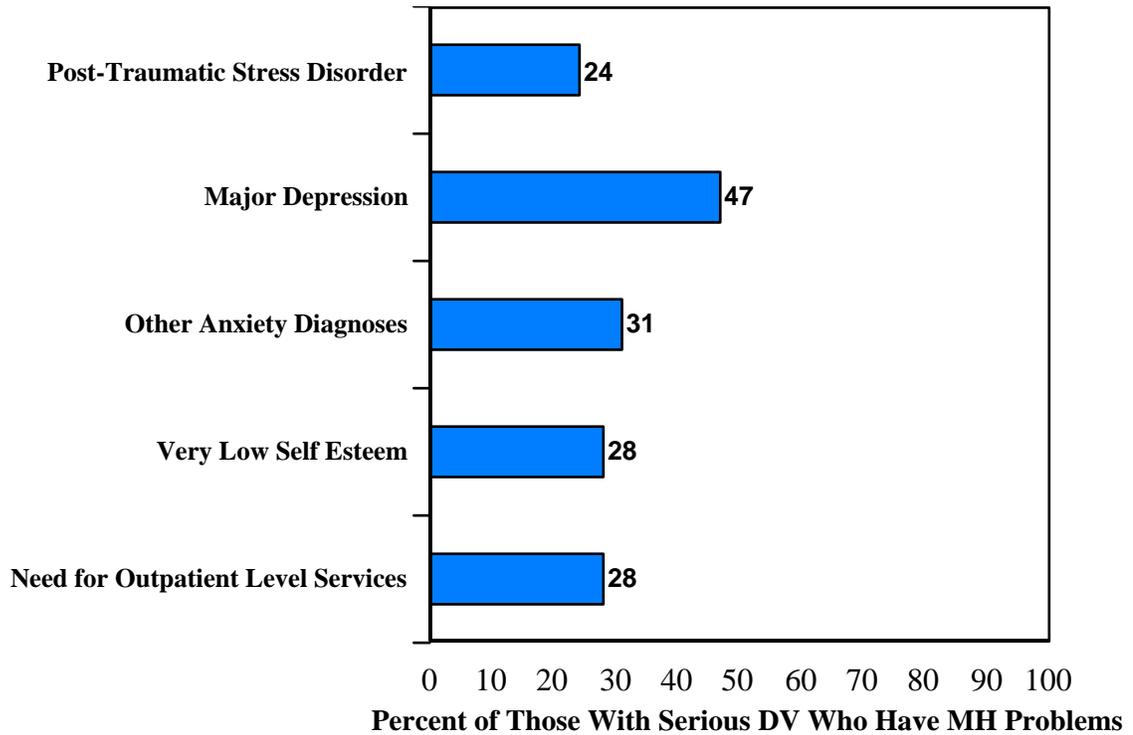
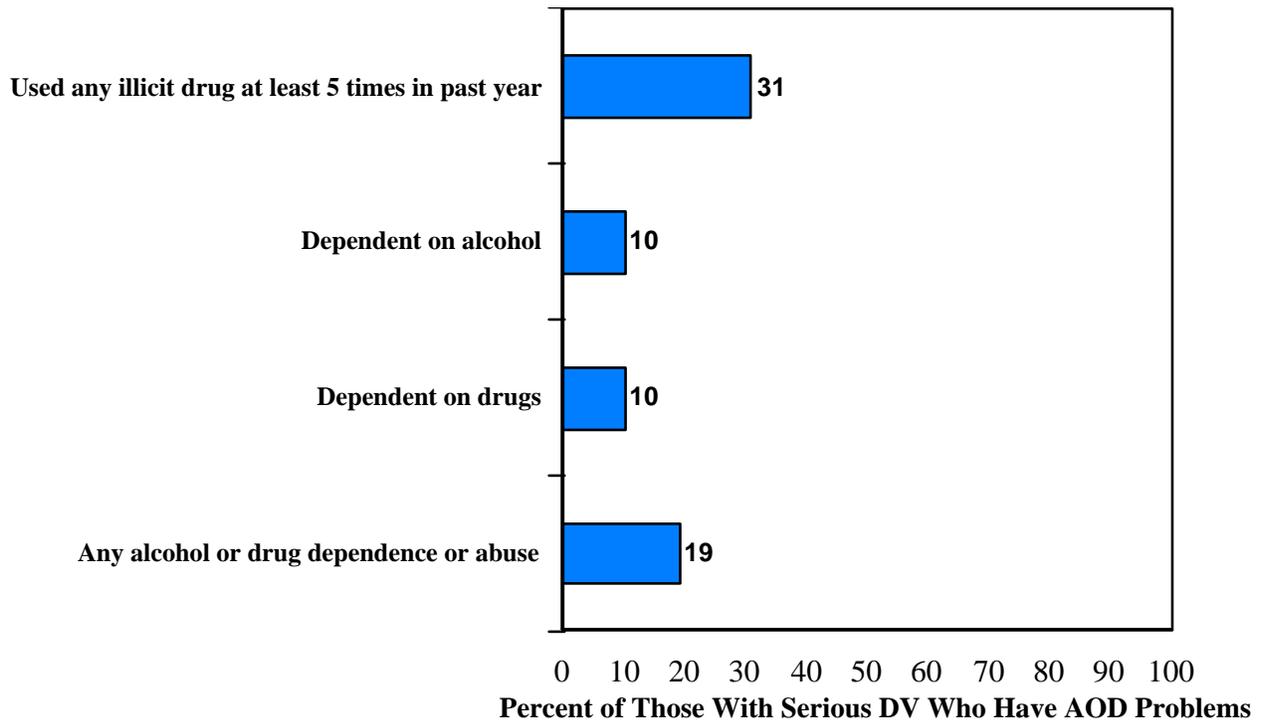


Exhibit C: Percent of Women Reporting Serious Abuse in Round I Who Have AOD Problems

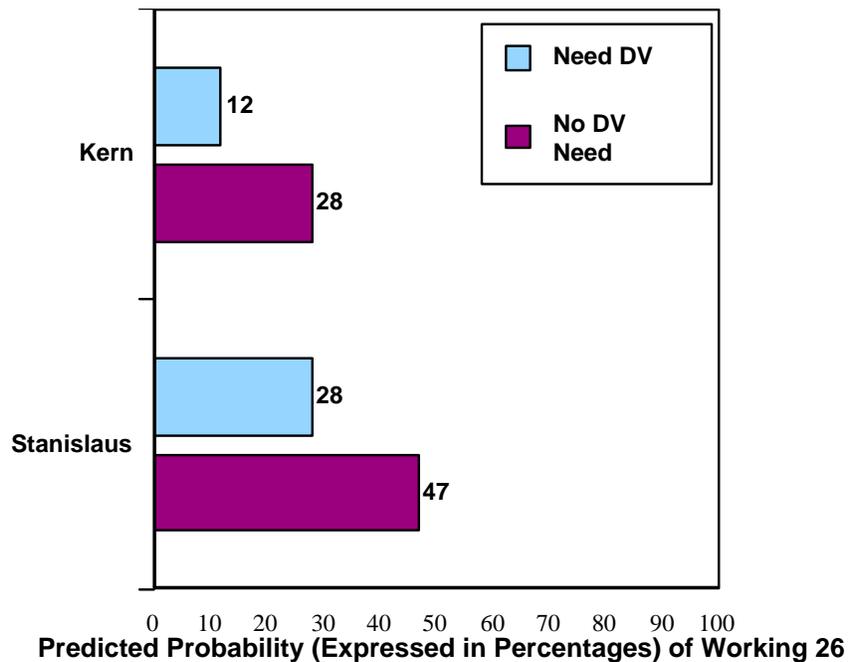


Having a need for domestic violence services significantly impaired women in finding employment under welfare reform

A primary goal of welfare reform is helping women achieve economic independence. Although our findings are complex, they demonstrate that having a need for DV services (or other indicators of domestic violence) makes it much less likely that a woman will find and keep a job. The negative effect of DV is much more prominent in Kern County, although when age, education, service receipt and partner-status are taken into account statistically the effect in both counties is similar. Stanislaus respondents in general were more likely to be working. Exhibit D is a graph showing the predicted probability of working at least 26 hours a week in each study county, comparing those with a need for DV services with those with no such need. The time frame is at the end of the second interview, which corresponds with having been subject to welfare to work requirements approximately one year.

In Kern only 12 percent of the sample worked if they had a need for DV services compared to 28 percent if they had no need. In Stanislaus the comparable percentages were 28 percent for those with a need and 47 percent for those with no need.

Exhibit D: Predicted Probability of Working 26 or More Hours Associated with Need for DV Services, *Adjusted For Covariates*

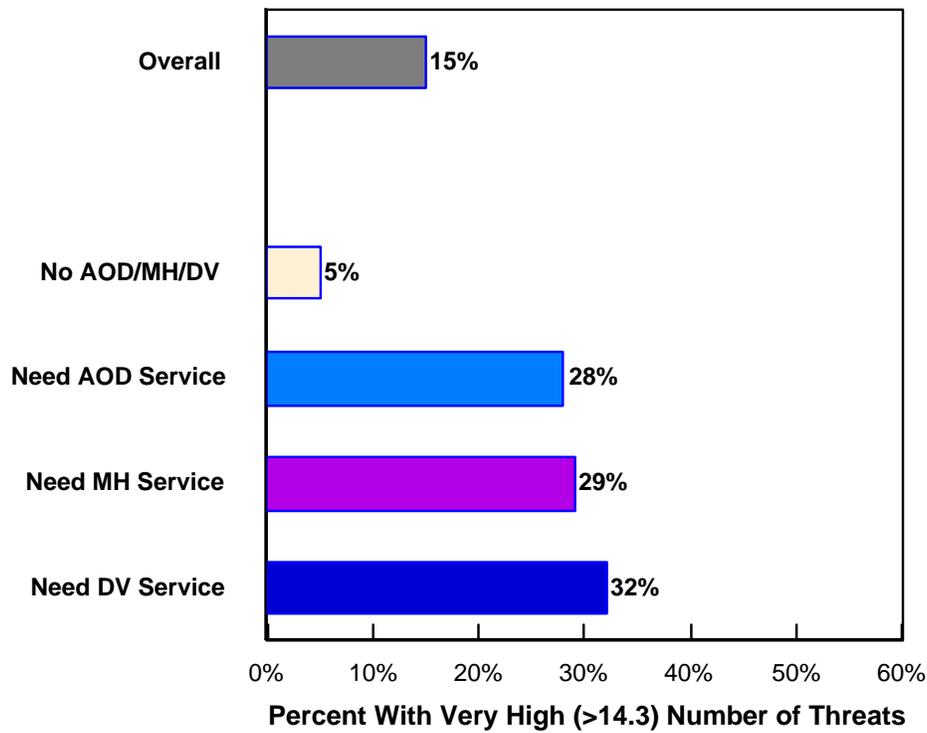


Having a need for domestic violence services was also associated with the presence of a large number of threats to the well-being of children in the family

We collected information on a total of 51 “threats” to child well-being. These ranged from safety net measures such as whether a mother and child had been homeless in the year, to social support for the mother, to child behavior and school performance measures. Exhibit E. shows the percentage of those with DV needs (or MH or AOD needs) who scored “very high” on the sum

of the 51 indicators. The top bar shows the overall percentage of those with a “very high” number of threats to be 15 percent of the sample. Only 5 percent of those women who did not have any DV, MH or AOD needs for service had this many threats to child well-being. However, 32 percent of women with a need for DV services scored at the “very high” level as did 28 percent of those with AOD needs and 29 percent of those with mental health service needs. There was also a strong statistical association of “any abuse,” “physical abuse,” and “serious abuse” with these indicators of threat to child well-being.

Exhibit E: Women With A “Very High” Number (More Than 14.3) Threats To Children In Their Families, by AOD/MH/DV Service Needs



Welfare Policy implications

- ❖ Remediable barriers, including DV (or MH or AOD) services issues, have a strong and predictable impact on employment outcomes. Federal reauthorization of welfare reform legislation should require that TANF programs screen, assess, and provide services to persons with DV (and MH and AOD) issues.
- ❖ Hours spent receiving services for DV (or MH or AOD) issues should count as allowable work activities under TANF for as long as necessary.
- ❖ The 60-month time clock should pause during any months in which a recipient is receiving DV (or MH or AOD) services to overcome barriers to employment. The seriousness of some of the DV (or MH or AOD) conditions requires active comprehensive services that may require more than a few months to rectify.

- ❖ Although all respondents had a TANF status of female head of household, about 40 percent of the women in each county had a steady partner. Information over the two interview rounds revealed that a substantial number of Stanislaus women experiencing serious abuse in a non-marital relationship in Round I had left the relationship by the next year. Any attempt to promote marriage as part of the debate on the reauthorization of welfare reform—on both federal and state levels—should be approached very cautiously so as not to entrap women in abusive relationships.

B. Practice implications for Welfare, DV, MH and AOD Services

- ❖ Although a substantial number of women reported sustained abuse over two or three years, many cases of serious abuse arose each year. Efforts to identify DV issues and to inform recipients about the availability of services and options need to be ongoing in order to address both new cases that emerge over time and ongoing cases that have not been identified.
- ❖ A high proportion of women in the study experience more than one “silent barrier.” Thus, programs that can integrate services are greatly needed. DV programs must also be able to assess and address low self-esteem and learning disabilities.
- ❖ Very few women in the survey samples used the Domestic Violence Option although it was available to them. The fact that many participants don’t remember being told about the DV Option or the availability of AOD and MH services (when we know they have been told) suggests that these informing efforts must also be ongoing. TANF programs may also need to develop more effective ways of presenting the information.
- ❖ For all four of the domestic violence measures we used (and adult trauma PTSD as well), families experiencing domestic violence were associated with high rates of multiple threats to child well-being. In order to address this association, TANF programs should have a family focus. Professional DV (and AOD and MH) programs that serve TANF parents should address the needs of their children by ensuring that any children with suspected problems receive thorough assessments and referrals to services. DV residential programs serving TANF recipients should include women *and* their children, and special programming should be designed to meet the children's needs.

C. Implications for Law Enforcement

Because there is often little difference between women using welfare and other low-income women, findings in this study can be generalized—with caution. Law enforcement officers working with low income women need to be aware of the high probability that domestic violence is experienced, the likely co-occurrence with mental health or AOD issues, and the negative effects on children in the family.

PROJECT DESCRIPTION

Research questions. Domestic violence is widely recognized to have a special standing in relationship to welfare reform. Congress codified this understanding when it enacted the Family Violence Option, permitting states to grant domestic violence exemptions regarding TANF welfare-to-work provisions—which at least 38 states have chosen to do.⁵ While a number of studies prior to the enactment of welfare reform demonstrated that very high rates of welfare recipients experience domestic violence, this study is intended to provide comprehensive information about the prevalence and incidence of domestic violence under welfare reform conditions as well as implications for the provision of domestic violence services.⁶ A second goal of the study is to determine the impact of domestic violence on welfare tenure and employment over a three year period. Finally, the study examines the well-being of children of women welfare participants who experience domestic violence.

Two other behavioral barriers to success under welfare reform are mental health problems and alcohol and other drug problems. Both conditions have often found to be associated with domestic violence⁷, but the extent of this association among welfare participants after welfare reform was enacted has been unclear. Thus the study also examines prevalence and incidence of mental health impairment and alcohol and other drug impairments of functioning with particular reference to their overlap with domestic violence.

Study background. Welfare reform⁸ and the robust economy in the 90's⁹ 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.¹⁰ Other studies have found a number of unintended negative consequences, such as large reductions in use of Medicaid when still-eligible people leave welfare.¹¹ Other studies point to a host of unknowns—such as the effect on the poverty rate and the composition and outcomes of the group of persons who have been sanctioned under the new rules. The prevalence of domestic violence (DV), mental health (MH), and alcohol and other drug (AOD) issues and their impacts on welfare tenure, finding and keeping jobs, and child well-being are among the issues that are poorly understood but most pressing.

California offers a particularly fruitful site for such a study because it is among the few states that have allocated substantial funds for the identification and provision of services to TANF recipients with DV (or MH or AOD) issues. Since 1998 approximately 100 million dollars a year has been designated for mental health and AOD services and counties have, on their own, contributed approximately 22 million per year for DV services.¹² These funds are controlled by the county department of social services, contracting with county MH and AOD departments and with independent domestic violence shelters and agencies.

Domestic violence and welfare. Domestic violence¹³ 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 “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.” In this study we measured each of these aspects of abuse.

Exhibit 1 presents the lifetime and 12 month prevalence rates from the major studies of AFDC/TANF women over the last few years.

Exhibit 1: Prevalence of Domestic Violence in Welfare Population Studies¹⁴

Author	Type of Abuse	Current/Recent (Percent)	Lifetime (Percent)
Allard, Albeda, Colten, & Cosenza (1997) ¹⁵	Physical	13.8	57.7
	Physical, sexual, threats	19.5	64.9
	Physical & emotional	26.0	70.3
Browne, Salomon & Bassuk (1996-1997) ¹⁶	Physical	28.9	NA
Curcio (1997) ¹⁷	Physical	14.6	57.3
	Physical	31.1	NA
Lloyd (1997) ¹⁸	Verbal and emotional	57.9	NA
Plitchta (1996) ¹⁹	Physical		24.
Danzinger, Tolman et al (2000) ²⁰	Severe physical	14.8	51.0

- ❖ *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.²¹ 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.

- ❖ *Reported rates of domestic violence differ by age, income, and race/ethnicity.* The National Crime Victimization Survey (NCVS) from a randomized sample of households in the United States is useful in highlighting reported differences among sub-populations. The rates are highest for younger women—the 20-24 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 African Americans (1.1 percent) than for whites (0.8 percent). The data showed no differences between Hispanics and non-Hispanics.²²
- ❖ *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.

Study description. This study was conducted in two California counties, Kern (with a sample limited to Bakersfield) and Stanislaus. The basic conditions for study participation were the same in both counties:

- ❖ Age: 18-59
- ❖ Language: Fluency in English or Spanish
- ❖ Female Head of the Household (relative-caretakers and two-parent families were not eligible)
- ❖ TANF applicant or recipient: applying for TANF and eligible for Welfare to Work (in Stanislaus) or TANF recipient for at least one year (Kern).

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

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. 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 TANF recipients in the Bakersfield area who had received at least one year of cash assistance and were recertified between mid-April through July.

Description of the sites. 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. The TANF-oriented services for both counties are described in detail in the Six County Case Study reports available on the CIMH website: www.cimh.org/calworks

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 TANF 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).

Exhibit 2: Population, Persons on TANF, and Unemployment Rates

	Population 1/99	Persons on TANF 1/99	Percent of Population on TANF	Unemployment Rate Calendar Year 1999
Kern	648,000	57,970	9.0%	11.4%
Stanislaus	433,000	29,990	6.9%	10.6%

SCOPE AND METHODOLOGY

The study employs survey methodology, with random samples in each study county being interviewed three times at intervals of one year and 15 months.²³ This research is itself part of a larger endeavor called the CalWORKs Project, which has included a case study of AOD/MH/DV services to TANF recipients in six counties (including those in this study) as well as a great deal of technical assistance to California counties.²⁴ The research was approved each year field work was conducted by the Human Subjects Protection Committee (IRB) of California State University at Humboldt.

Attrition and Representivity

Round I. As an incentive and compensation for time and travel, study participants in Round I were offered a \$30 gift card for Wal-Mart. (This incentive increased to \$50 in Round II and \$75 in Round III.) 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.²⁵ 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 TANF 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.²⁶ We compared characteristics of the Stanislaus and Kern 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 are no differences on most measures but there are statistically significant but substantively unimportant differences on 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).

As a further test of representivity we replicated a series of our analyses using post-stratification weights for race, age, and time on welfare. The raw percentages for AOD/MH/DV need measures (alone and cross-tabulated with whether participants worked at least 26 hours) usually did not differ more than one percentage point from the post-stratification adjusted percentages; in no case did they differ by more than 2 percent. Thus, we feel fairly confident that the study samples are representative of the sampled populations in Stanislaus and Kern. We do not know, however, the extent to which these populations themselves are similar to welfare reform populations in other California counties or in other counties around the country.²⁷

Round II. In Kern County, a total of 273 of 287 (95 percent) Round I respondents were re-interviewed in Round II. In Stanislaus County, 3011 of the original 356 respondents (86 percent) were re-interviewed, yielding a total sample of 579 respondents who were present in both interview rounds. At the time of the second interview in the summer of 2000, Stanislaus study participants had been subject to welfare-to-work activity requirements for a year.

Round III. In Round III 89 percent of the original Round I respondents were located and interviewed in Kern while 87 percent were interviewed in Stanislaus. While most of those who were not interviewed simply could not be found, three were in prison, one in jail, and one in a long-term care facility for a medical condition. Three had died.

Pattern of attrition. Exhibit 3 and 4 show the number of respondents in each interview and the pattern of participation. In Kern, 87.8 percent of the clients interviewed in Round I were interviewed in all three rounds; in Stanislaus this was 82.3 percent. An additional 7.3 and 5.0 percent, respectively, were interviewed in Round I and II, while 1 and 4 percent, respectively, were interviewed in the first and third rounds but not the second. In Kern 4 percent and in Stanislaus 8 percent were lost to follow-up after the first round.

Exhibit 3: Number of respondents in each interview round

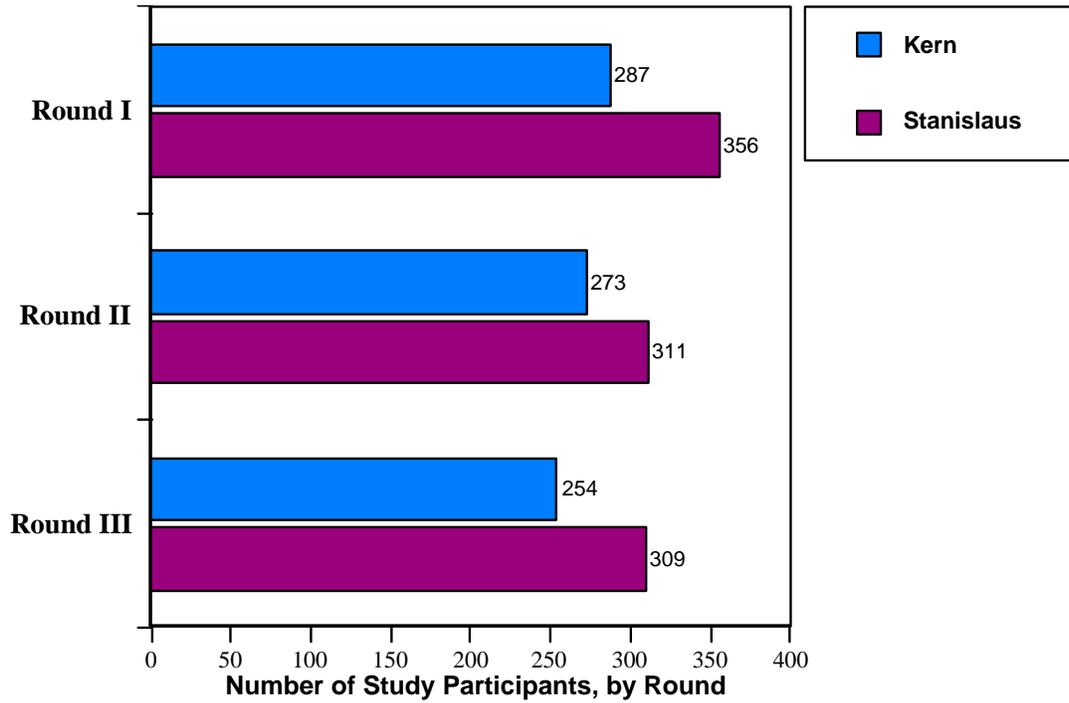
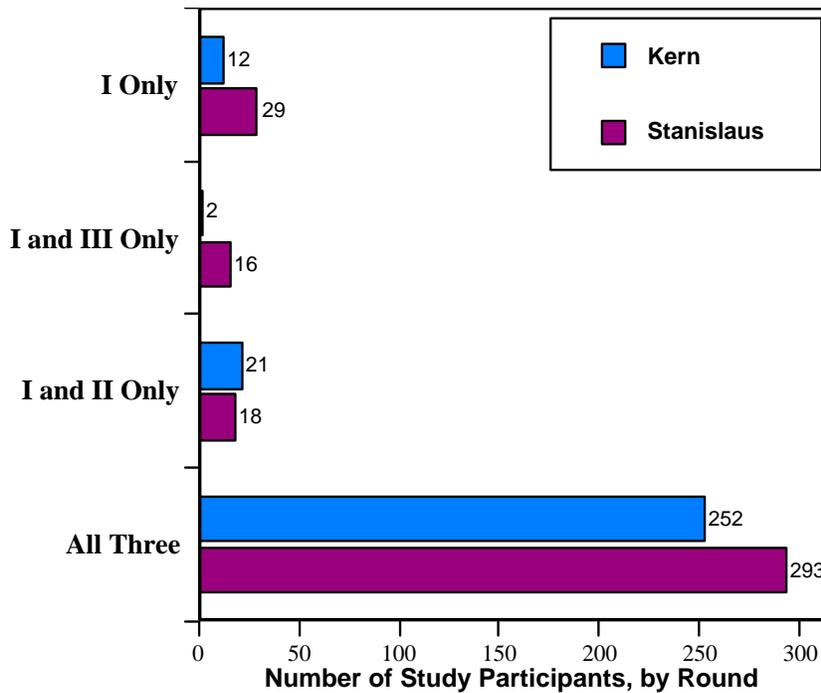


Exhibit 4: Pattern of overlap in the three interview rounds



Measurement Issues

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 TANF population, for alcohol and other drug dependence and abuse and for post-traumatic stress disorder. We have assigned these diagnoses to study participants through the use of the Composite International Diagnostic Interview (CIDI).²⁸ 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.²⁹ For some of the mental health diagnoses the CIDI-Short Form was used.³⁰ 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*.

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.³¹ 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.³² 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. In Round III the domestic violence measures were made more specific with respect to frequency of occurrence and severity.

We also included in the survey a number of measures of the prevalence of factors we believe, on the basis of previous research,³³ to be relevant to the ease with which women can take advantage of services provided by TANF, find employment and potentially move out of poverty. These include age, education, specific occupational skills, learning disability, transportation problems, child care problems, discrimination, caring for a disabled child, prior work history, being homeless, and health status.

Analysis Issues

There are two important analysis issues that should be mentioned in advance. The first is whether or not information from the two counties should be combined or presented separately. In general, we present information from the two counties separately when there are clear differences

between them. The two major examples are prevalence—with prevalence of domestic violence being considerably higher in Stanislaus County—and effect on employment (the effect is greater in Kern). In regression models we have tested the variables that remain in the model for an interaction with county. Where there are not large county differences it often simplifies the presentation to combine the samples.

The second issue is the relative importance placed upon the three interviews. We have put primary emphasis on Round I when dealing with prevalence and need for DV services, since with time limits it is important to identify and serve needs early in the welfare-to-work process. With employment, the most important year is that between the first and second interview rounds, as that is when welfare-to-work requirements were first applied to these TANF participants. Likewise, with respect to child well-being, we have put primary emphasis on this first year of welfare-to-work requirements and supports, as family needs should primarily have been identified and addressed in that year. Information from the third interview round is primarily used to supplement information from the first two rounds—confirming or calling into question earlier trends. It is important, for example, to see the extent to which “new” instances of domestic violence occur over all three years and the extent to which domestic violence is “sustained” over all three years. Planning for services will differ considerably based on pattern shown in these three year rates.

In the third round we also added new domains, in particular questions on the seriousness of domestic violence, on criminal justice history, and on learning disabilities. Two new scales measuring child behavior were also added.

One other point is relevant: California established a two-year time limit for any episode of receiving cash aid for recipients who were on the welfare rolls when welfare reform was introduced. For new applicants it is 18 months. Thus these are built-in time frames during which services needs should be identified and addressed. For our samples these times correspond to 18 months after the baseline interview in Stanislaus and 24 months after baseline in Kern. Since our third round interview took place on average 27 months after baseline, most study participants would in theory have ended their spell on welfare. In practice, because the “Plan Start Date” was often not determined until considerably after the two month job search period or because some women left welfare and then returned, at the midpoint of the third round interviews 211 of the 563 study subjects (36%) were receiving cash aid.

DETAILED FINDINGS AND ANALYSIS I: PREVALENCE, INCIDENCE AND SERVICES RECEIVED

A. Prevalence over three years

Exhibit 5 shows prevalence rates of the major subdivisions of domestic violence for women interviewed in Round I, Round II and Round III, respectively. The Exhibit also shows lifetime rates for all categories except physical injury. Both county samples are combined. Exhibit 6 presents the specific items that define each type of abuse.

Exhibit 5: Summary of prevalence of DV, by type over time both counties combined

Type	Lifetime N=643 Percent	R I N=643 Percent	R II N=584 Percent	R III N=563 Percent
Any abuse (including interference with work)	81%	46%	35%	31%
Physical abuse (at least 1 of 7 acts)	64	21	16	15
Physically injured by abuser in prior 12 months ³⁴	NA	8	8	7
Controlling behaviors (at least 3 of 4 acts)	41	15	9	7
Serious threats (at least 1 of 4 acts)	58	22	14	14
Stalking or harassment at work	33	12	9	8
Forced sexual acts	18	3	2	3

In general, two conclusions appear apparent:

- ❖ Rates of both life time and 12 month domestic violence are very high in these samples. Although rates are difficult to compare directly with the other studies listed in Exhibit 1, clearly they are on the high end of the spectrum.
- ❖ Over the three years there may be a small reduction in prevalence.³⁵ One would actually expect this since the baseline interview in Stanislaus was conducted at a “high point,” that is, the point at which women were forced to apply for welfare. Many of these

women, as we will see later, were specifically using welfare to escape domestic violence. So we would expect some “regression to the mean.”

Exhibit 6 shows the same information only in more detail and broken out for the two counties.

Exhibit 6: Percentage of Randomly Selected Women Head of Household TANF Participants in Two California Counties Who Experienced Domestic Violence Lifetime, In Year Before First Interview and Year Before Second Interview (Shaded Rows are Means)

	KERN			STANISLAUS		
	98-99 N=287 Percent	99-2000 N=273 Percent	2000-01 N=254 Percent	98-99 N=356 Percent	99-2000 N=311 Percent	2000-01 N=309 Percent
CONTROL						
Excessively Jealous of Other Men	24%	20%	18%	34%	25%	21%
Limited Contact with Family/Friends	12	9	6	20	13	9
Had to Know Where She Was	20	18	16	30	22	19
Prohibited Knowledge/Access to Income	3	2	3	11	4	7
Three Out of Four Control Items	10	8	7	19	11	8
STALKING						
Hung Around or Followed Outside	9	8	6	13	9	7
VERBAL ABUSE						
Called Names and Humiliated	18	16	11	26	24	18
THREATS						
Threatened to Kill Himself or Woman if She Left	9	4	5	12	8	7
Threatened to or Hurt or Abused Child	1	1	2	2	1	3
Threatened to Kidnap Child or Call CPS	7	5	3	11	6	5
Threatened With Fist	12	9	8	17	13	13
AT LEAST ONE THREAT OF FOUR	18%	12%	12%	25%	15%	16%
Mean of four threats if at least one	1.7	1.5	1.4	1.7	1.8	1.8

Exhibit 6 continued: Percentage of Randomly Selected Women Head of Household TANF Participants in Two California Counties Who Experienced Domestic Violence Lifetime, In Year Before First Interview and Year Before Second Interview (Shaded Rows are Means)

	KERN			STANISLAUS		
	98-99 N=287 Percent	99-2000 N=273 Percent	2000-01 N=254 Percent	98-99 N=356 Percent	99-2000 N=311 Percent	2000-01 N=309 Percent
FORCED SEXUAL ACTS						
Forced Woman into Sexual Acts	3%	2%	2%	4%	1%	3%
PHYSICAL ABUSE						
Threw Dangerous Object	9	6	6	13	10	10
Pushed Grabbed or Shoved	16	12	11	22	18	15
Slapped	10	5	4	12	9	8
Kicked, Bit, Hit with Fist	8	6	6	11	7	6
Hit With Dangerous Object	6	5	2	10	7	6
Beat up	6	4	3	6	5	5
Choked	6	3	4	8	4	5
PHYSICAL ABUSE AT LEAST ONE OF 7 ITEMS	17%	14%	13%	25%	19%	17%
Physical Abuse: Mean of 7 items, if any	4.4	3.2	3.2	4.4	3.2	3.4

Exhibit 6 continued: Percentage of Randomly Selected Women Head of Household TANF Participants in Two California Counties Who Experienced Interference by a Partner With Work, Lifetime, In Year Before First Interview and Year Before Second Interview (*Shaded Rows are Means*)

“Is it difficult to find or keep a job because partner...”	KERN			STANISLAUS		
	98-99 N=287 Percent	99-2000 N=273 Percent	2000-01 N=254 Percent	98-99 N=356 Percent	99-2000 N=311 Percent	2000-01 N=309 Percent
Prevented from working	4%	1%	1%	8%	7%	4%
Refused to help/went back on promises	4	2	1	8	4	3
Made hard to attend classes or program	3	1	2	4	3	3
Tried to discourage from working	4	2	4	9	7	4
Made feel guilty about working	5	3	3	8	5	2
Harassed with phone calls at job	2	<1	<1	3	<1	1
Shown up at job and harassed	2	<1	<1	1	1	2
Forced to go to work to support partner	NA	0	<1	NA	1	1
INTERFERED WITH WORKING IN AT LEAST ONE WAY (OF FIRST SEVEN)	9%	6%	5%	18%	13%	7%
Mean number of ways interfered if any	2.8	2.1	2.6	2.3	2.5	2.7

Exhibit 7: Percentage with Any of the Measures of Abuse and Mean Number if Any,³⁶ by county

	KERN			STANISLAUS		
	98-99 N=287	99-2000 N=273	2000-01 N=254	98-99 N=356	99-2000 N=254	2000-01 N=309
ANY ABUSE	38%	31%	28%	52%	39%	34%
Mean number kinds of abuse if any	5.4	4.6	4.4	5.9	5.6	5.5

B. Post-traumatic stress disorder

Severe psychological problems that occur in the aftermath of traumatic incidents are termed post-traumatic stress disorder (PTSD). PTSD may occur at the same time as domestic violence or subsequent to it—sometimes not appearing for many years.³⁷ The criteria that must be met in order to qualify for this disorder are:

- ❖ The person has been exposed to a traumatic event.
- ❖ The traumatic event is persistently re-experienced.
- ❖ There is a persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness.
- ❖ There are persistent symptoms of increased arousal (such as difficulty falling or staying asleep).
- ❖ Duration of the disturbance is more than one month.
- ❖ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

We did not ask about all sources of trauma—only about child or adult sexual or physical abuse. Exhibit 8 shows the percentage of persons reporting childhood sexual or physical and adult sexual or physical abuse. The percentages total to more than 100 because some women experienced multiple types of abuse.

Exhibit 8: Percentage of Total Group Experiencing Lifetime Sexual or Physical Trauma

TRAUMA EXPERIENCED	Kern	Stan
	Recipients	Applicants
	N=287	N=356
	Percent	Percent
Childhood sexual abuse	23%	25%
Childhood physical abuse	26	25
Adult sexual abuse	20	13
Adult physical abuse	65	56

Exhibit 9: Which Family/Partner Trauma was Worst (Percentages of those who have PTSD Diagnosis)

WORST TRAUMA IF PTSD DX	ROUND I		ROUND II		ROUND III	
	Kern	Stan	Kern	Stan	Kern	Stan
	Recipients	Applicants	Recipients	Applicants	Recipients	Applicants
	N=41	N=44	N=28	N=50	N=24	N=37
	Percent	Percent	Percent	Percent	Percent	Percent
Childhood sexual abuse	23.7%	17.4%	35.7%	14.0%	20.1%	29.7%
Childhood physical abuse	13.2	21.7	3.6	4.0	8.3	2.7
Adult sexual abuse	5.3	0	0	6.0	8.3	8.1
Adult physical abuse	47.4	56.5	25.0	12.0	20.8	10.8
Multiple (can't separate them)	4.3	10.5	NA	NA	NA	NA
Adult emotional psychological	NA	NA	35.7	64.0	25.0	48.7

Exhibit 9 shows the trauma reported to be “worst” by those who met all six criteria for PTSD. In Round II we also gave respondents a chance to list emotional or psychological abuse as the most traumatic, and large numbers of women chose it. Recent research documents the likelihood of PTSD arising from psychological abuse even more than physical abuse.³⁸ A very large percentage of women, given the option, chose emotional/psychological as the most traumatic they had experienced. In Stanislaus it approached two thirds of those with a PTSD diagnosis.

Sub-clinical symptoms. Very high percentages of women meet at least one of the criteria for PTSD—about two thirds of all respondents. In Kern a fifth meet at least four of the six criteria and in Stanislaus a third of the women meet four of the six criteria.

Some indication of the seriousness of the PTSD symptoms for women who do not meet all six criteria is provided by the percentage of women who consulted a doctor or other professional for the symptoms. In both counties, the percentage who saw a professional increases steadily with the number of symptoms, with nearly half of the women having four symptoms having consulted a professional in Round II. For those with all six criteria (that is, who have PTSD) 53% in Kern and 68% in Stanislaus saw a professional.

These high manifestations of clinical discomfort (but at a sub-diagnostic level) show something of the psychological burden women must cope with that is related to sexual, physical, or emotional intimate partner violence.

The percentage of respondents meeting all six criteria—regardless of whether the trauma was experienced in childhood or adulthood—comprised between 10 and 16 percent of the samples, depending on site and year (Exhibit 10). In general, adult-related PTSD (with the adult trauma rated as “worst”) was about half as prevalent (6-8 percent) as PTSD from both childhood and adult traumas.

However, in Round II in Stanislaus 13 percent reported adult-related PTSD. Fully 78 percent of these were emotional abuse with only 15 percent being physical and 7 percent sexual abuse.

Exhibit 10: Percentage With PTSD

	ROUND I		ROUND II		ROUND III	
	Kern Recipients N=287	Stan Applicants N=356	Kern Recipients N=273	Stan Applicants N=311	Kern Recipients N=254	Stan Applicants N=309
PTSD Adult <i>or</i> child trauma	13%	13%	10%	16%	9%	12%
PTSD: Adult Trauma Only	7%	8%	6%	13%	5%	8%

C. “Seriousness” of abuse

Our approach to domestic violence has been to cast a very wide net. We have asked questions that cover all types of potential domestic abuse including emotional and verbal abuse, controlling behavior, and threats. The result has been the documentation of the very high rates of women who are or have been subjected to some type of domestic violence.

The domestic violence field has commonly distinguished physical violence from other types of domestic violence. The research community is increasingly attempting to develop other typologies that will distinguish types of domestic violence in terms of etiology, correlates, and consequences. An approach that goes beyond artificially restricting abuse to physical abuse but

which is not as broad as our category of “any abuse” is particularly important in the context of welfare reform.

The Family Violence Option (FVO) was instituted in order to provide appropriate protection for women whose compliance with the requirements of TANF might jeopardize their safety. In fact, very few women have used the FVO (see below). Does this mean that our estimates of the number of women at potential risk is lower than anticipated or alternatively that the structure of the FVO is not conducive to its being used? It will be helpful for DV advocates to be able to point to data that reflects not just “any” abuse but also what might be considered “serious” abuse, particularly within the structure of TANF requirements. And—as we show later—serious abuse is useful in estimating the percentage of TANF recipients who might benefit from DV services.

We attempt to validate our construct of “serious abuse” by correlating it with other indications of seriousness, for example help-seeking behavior. It should be understood, however, that the use of this terminology does not in any way minimize the potential impact of what we term “apparently less severe abuse” on its survivors. Note that the level of severity applies only in the aggregate, as a statistical generalization. As an example of the limitations involved, there were four respondents who reported “only” excessive jealousy or verbal humiliation who nonetheless felt the need to seek professional help.

“Serious Abuse”

“Serious Abuse” is defined here as abuse that either has resulted in serious physical injury, is considered severe in many other studies, or appears to impact directly on the ability of the person to engage in required TANF welfare to work activity. We have included the following elements, any one of which would serve to classify the abuse as “serious”:

- ❖ Physical injury
- ❖ Response on the physical abuse questions that respondent was “choked” or “beat-up.”
- ❖ Stalking
- ❖ Forced or coerced sex
- ❖ Threatened to kill woman or kill self
- ❖ Threatened or actually hurt children
- ❖ Threatened to kidnap children or call CPS
- ❖ Actual preventing a woman from working or harassing while on the job

“Apparently Less Severe Abuse”

For the purpose of the analysis, “apparently less severe” is used for the types of abuse which do not fit into the “serious” abuse category. Exhibit 11 shows the overall prevalence by site and year of the constructs described here.

Exhibit 11: Prevalence By Type Of Abuse (“Any Abuse” Is Made Up Of “Very Serious” And “Apparently Less Serious” Abuse)

	KERN			STANISLAUS		
	98-99 N=287	99-2000 N=273	2000-01 N=254	98-99 N=356	99-2000 N=254	2000-01 N=309
No Abuse	62%	69%	72%	48%	61%	66%
Any Abuse	38%	31%	28%	52%	39%	34%
Serious Abuse	19%	15%	13%	29%	21%	17%
Apparently less severe	19%	16%	15%	24%	18%	17%

D. The relative frequency of different types of abuse

Exhibit 12 below shows the relative frequency of the different types of abuse in Round I, with both sites combined. The types of abuse we have termed “serious” are in italics. In general, the more serious types of abuse are not among the most frequent—as one would expect.

Exhibit 12: Relative Frequency Of Each Measure Of Abuse (Round I Both Counties Combined)

<i>Came to job site and harassed</i>	1.4%
<i>Threatened or hurt child</i>	2.0
<i>Harassed on job with phone calls</i>	2.6
<i>Forced or coerced sex</i>	3.4
Made difficult to attend classes or training	3.7
<i>Beat up</i>	6.1
Made feel guilty about working	6.4
<i>Prevented from working</i>	6.5
Made it difficult to work	6.7
<i>Choked</i>	7.0
Discouraged from working	7.2
Limited access to income	7.3
<i>Physically hurt</i>	7.7
Hit with something that could hurt	8.2
<i>Threatened to call CPS</i>	9.2
Kicked, bit or hit with fist	9.6
<i>Threatened to kill or kill self</i>	10.9
Slapped	11.0
<i>Followed</i>	11.4
Threw something that could hurt	11.4
Threatened with a fist	14.8
Limited contact with family or friends	16.5
Pushed	19.6
Verbally humiliated	22.7
Had to know where and who with	25.8
Excessively jealous	29.5

In Exhibit 13, we show the correspondence between the number of types of abuse women reported and the percentage who were classified in the “serious abuse” category. Of those reporting one type of abuse, 21 percent were classed as “very serious;” the percentage increased linearly, reaching close to 100 percent for those respondents reporting 9 or more types of abuse. Once again, it is expectable that multiple types of abuse would tend to be associated with serious abuse.

Exhibit 13: Percent Respondents Classified As “Serious Abuse” By Number Of Types Of Abuse Reported (Round I Both Counties)

# OF TYPES OF ABUSE	Serious Abuse
	N
	Percent classified as “serious”
Cases with One Type of Abuse	17 21%
2-4 Types of Abuse	23 27%
5-8 Types of Abuse	39 75%
9-16 Types of Abuse	64 97%
17-23 Types of Abuse	13 100.00

E. Round III supplementary information on seriousness of abuse

Because of persistent questions about what constitutes “serious” as opposed to less serious abuse, we modified the DV questions in Round III in order to ask specifically whether the woman considered the abuse to be serious and also to get measures of the frequency with which different acts occurred.

Exhibit 14 shows each act, ranked in order of total number of persons who experienced it, in terms of whether it occurred infrequently (once or twice), fairly often (3 to 10 times) or very often (over 10 times).³⁹ In general, it is the more frequently occurring types of abuse (such as excessive jealousy) that have the highest rate of occurrence during the year. The four “control” items had high percentages reporting more than 10 occurrences as did verbal humiliation.

Stalking (hung around or followed) is unique in that we gave respondents a chance to report their stalker was “relentless” (coded above as over 10 times). Thirty percent of those stalked reported this category. We also asked an additional question of those who were followed: “How fearful did this make you feel?” Twenty-three percent reported “not very fearful,” 44 percent were “somewhat fearful” and fully a third were “very or extremely fearful.”

Exhibit 14: Frequency Of Occurrence During 12 Months Of DV Acts (Ranked by Total Number Experiencing Each Act)

DV Act	Once or twice	Three to ten times	Over Ten Times	Total
	N	N	N	N
	Percent	Percent	Percent	Percent
Excessively Jealous of Other Men	33 30%	37 33%	41 36%	110 100%
Had to Know Where She Was	14 14%	34 35%	50 51%	97 100%
Called Names and Humiliated	9 11%	25 30%	50 59%	84 100%
Pushed, shoved	25 34%	34 47%	14 19%	73 100%
Threaten with fist	19 33%	26 45%	13 22%	58 100%
Limited Contact with Family/Friends	8 17%	19 41%	19 41%	46 100%
Threw dangerous object	25 56%	12 26%	8 18%	45 100%
Hung around or followed	9 23%	13 33%	17 44%	39 100%
Slapped	18 50%	11 31%	7 19%	36 100%
Threatened Suicide	13 38%	12 35%	9 26%	34 100%
Kicked, Bit, Hit with Fist	15 45%	10 30%	8 24%	33 100%
Prohibited Knowledge or Access to Income	8 27%	8 27%	14 47%	30 100%
Hit With Dangerous Object	11 42%	10 38%	5 19%	25 100%
Choked	16 64%	7 28%	2 8%	25 100%
Beat up	13 54%	7 29%	4 17%	24 100%
Threatened to Kidnap Child or Call CPS	14 61%	4 17%	5 22%	23 100%
Forced Sex	4 27%	6 40%	5 33%	15 100%
Threatened to or Hurt or Abused Child	0 0%	8 62%	5 38%	13 100%

Although based on some untested assumptions, we generated a total “DV score” for each respondent based on weighting the number of types of DV experienced by the three frequency weights (1 for infrequent; 2 for frequent; 3 for very frequent, as above). Thus someone with three

acts that occurred very frequently would have a score of 9, as would someone else with 9 acts that occurred infrequently. Although we considered adding an additional weight so that verbal acts weighed less than physical acts, we decided against this weighting based on two factors:

- ❖ The high percentage of women who said that “emotional abuse” was the most traumatic experienced (see above) made this weighting doubtful.
- ❖ The little research we could find on the subjective weighting of types of abuse led us to doubt that things were quite this simple.

Exhibit 15 presents the mean and median values of the Total DV Score for a number of different (not mutually exclusive) ways of categorizing DV acts.

Exhibit 15: Total DV Score (# of Acts*Frequency Weight) by Type of Abuse, both Counties Combined

Type of DV*	Mean DV Score	Standard Deviation	Median DV Score
Any Abuse	9.25	10.0	5.00
Serious Abuse	15.6	11.4	13
Apparently Less Serious Abuse	3.1	2.4	2
Physical Abuse	15.7	11.3	13.5
PTSD Adult Trauma	15.9	11.2	15

*Serious abuse and Apparently less serious abuse are mutually exclusive divisions of Any abuse. Physical abuse and PTSD adult trauma are separate categories and may overlap with each other or Serious abuse.

Subjective seriousness. Only 153 of the 177 persons reporting abuse answered a further question on the seriousness of the abuse they experienced. There were four response categories: Not very serious; Moderately serious; Quite serious; and Extremely serious. We assume that they represent equal “steps” of seriousness and in Exhibit 16 the mean for each person reporting different types of abuse.

Exhibit 16: Mean “Seriousness” Score by Type of Abuse, both Counties Combined (Minimum=1 Maximum=4)

Type of DV*	Mean Seriousness Score	Standard Deviation	Median Score
Any Abuse	1.82	1.01	1.0
Serious Abuse	2.28	1.11	2.00
Apparently Less Serious Abuse	1.38	0.67	1.00
Physical Abuse	2.07	1.09	2.00
PTSD Adult Trauma	2.23	0.97	2.00

*Serious abuse and Apparently less serious abuse are mutually exclusive divisions of Any abuse. Physical abuse and PTSD adult trauma are separate categories and may overlap with each other or Serious abuse.

While respondents categorized by us as having serious abuse rate their own abuse statistically higher than those with apparently less serious abuse⁴⁰, there is far from concordance between the objective and subjective categories. For example, 29 percent of those we categorized as “serious abuse” rate their own abuse as “Not very serious” and only 36 percent rate their own abuse as quite serious or extremely serious.

The mean Total DV Score (see above) for each of the seriousness categories is: Not very serious=4.45; Moderately serious=11.02; Quite serious=12.43; and Extremely serious =25.94. Thus there is general agreement that the Total DV Score increases with subjective seriousness. However, it is not linear. “Moderately serious” and “Quite serious” are very similar, while “Extremely serious” is more than double either of the middle categories and each of the middle categories is more than double the “Not very serious” category score.

Overall, 3 percent of the combined sample rated their abuse as “Extremely serious” as did those rating it as “Quite serious.” Eight percent rated it as “Moderately serious” and 14 percent as “Not very serious.”

Escalation. We also asked, “Thinking about all the abusive situations during the year would you say that over time they got more or less serious or stayed the same?”

Exhibit 17 shows the overall responses, by county, to this question for those who reported any abuse.

Exhibit 17: Escalation or De-escalation of Abuse Over Year, by County

Response Category	Kern N Percent	Stanislaus N Percent
Much more serious over the year	13 21%	9 10%
Somewhat more serious	7 11%	9 10%
Stayed about the same	19 31%	20 22%
Got somewhat less serious	6 10%	14 15%
Got much less serious	17 27%	40 43%
TOTAL	62 100%	92 100%

The greater likelihood for escalation shown by Kern is only marginally statistically significant.⁴¹ Overall the abusive situation got worse for about 25 percent of the women reporting abuse, stayed the same for about 25 percent, and got better for 50 percent.

Present fear. We asked, “Are you currently afraid of a past or current partner?” If the answer was yes, we asked if the respondent was afraid the abuser would kill her and if she was afraid to go home at that point. Seven percent of the sample in Kern and 6.5 percent in Stanislaus said they were currently afraid of a partner. Six persons in Kern (2.4 percent) and 10 in Stanislaus (3.2 percent) said yes to the question “Do you ever feel that your partner might try to kill you.” The fear of being killed apparently exists to some extent independent of other DV acts, as 7 of the 16 who had this fear reported “moderately serious” DV acts, two reported “quite serious” acts, and another seven reported “extremely serious” acts.

Only three persons out of the 177 reporting abuse said they actually feared going home on the day of the interview. (They, and those saying they feared being killed, were given information about the local domestic violence shelter.)

F. Summary of evidence of validity of the construct “serious abuse”

In general, the analysis which follows supports the use of the “serious abuse” construct as defined here, as it is associated with other important attributes of domestic violence itself and with attributes of MH and AOD or the TANF process. Below we summarize evidence for the validity of the construct that is presented throughout the report. Each of these points makes it more likely that the “serious abuse” category is a useful tool for planning the number of persons

who could benefit from DV services and, to some extent, the type of services they are likely to need.

- ❖ Rates of lifetime “apparently less severe abuse” are far lower than rate of “serious abuse” indicating at a minimum that they are different constructs and perhaps suggesting that “apparently less severe” is not perceived or remembered as “abuse” in the same way as is “serious abuse.”
- ❖ In Stanislaus, “apparently less severe” is less persistent across two years than is “serious abuse.”
- ❖ As noted in Exhibit 13 above, the more types of abuse a woman experiences, the greater is the probability that she will be categorized as experiencing “serious abuse.”
- ❖ Exhibit 15 shows those experiencing “serious” abuse to have a total “DV score” that adds a frequency of occurrence weight to number of acts that is 5 times the number for those with “apparently less serious abuse.”⁴²
- ❖ Women experiencing apparently less severe abuse were considerably more likely than those experiencing serious abuse to still be with the abusive partner.
- ❖ Those reporting serious abuse also report substantially more depression than those reporting apparently less severe abuse.
- ❖ The rate of AOD abuse/dependence for those with serious abuse is about twice the rate reported for those with apparently less severe abuse.
- ❖ In Stanislaus, where women were just going on to cash aid, the rate of those using the current episode of welfare to escape abuse was five times higher among those with serious abuse than among those with apparently less severe abuse.
- ❖ The percentage of women with “apparently less severe abuse” who volunteered they did not seek help because the abuse was very minor, it was not really abuse, or they could deal with it themselves, was two to ten times (depending on site and year) higher than among women with serious abuse.
- ❖ The percentage of women classed as having “serious abuse” who sought DV-specific help was between four and nine times as great as the percentage classed as having “apparently less severe abuse,” depending on site and year.

Although we believe there is strong evidence to justify use of the “serious abuse” construct, it is also important to note how complex these issues are. The new items asked in the third interview both shed light on some of the complexity and emphasize the difficulty of finding measures that do justice to the experience of domestic violence survivors. We regret not having asked questions of subjective seriousness and present danger in earlier interviews.

G. Incidence of new and sustained cases

While “prevalence” reflects the total number of cases present during a given time period, “incidence” reflects the number of *new* cases in a time period—in this case in a 12 month period. Although there is no commonly used term for it, we are also interested in the opposite—the number of cases that change to non-cases in a given time period. Finally, it is critical to know how many cases of domestic abuse persist over time. The tables below present these kinds of data organized by county. First we present detail for the first two years then we briefly present information from all three years.

The time period presented below is Round I and Round II.

Exhibit 18: Kern County New, Sustained and Not Sustained Abuse

	Either One or Both Years Percent	Recent Not Sustained Percent	New Incidence Percent	Sustained Abuse Percent
Any Abuse	50	19	11	20
Work-Related	14	8	4	1
PTSD	20	9	6	4
Physical	26	13	9	4
Serious Abuse	28	12	8	7
Apparently less severe	29	12	9	7

Exhibit 19: Stanislaus County New, Sustained and Not Sustained Abuse

	Either One or Both Years Percent	Recent Not Sustained Percent	New Incidence Percent	Sustained Abuse Percent
Any Abuse	63	24	13	27
Work-Related	25	12	8	5
PTSD	23	7	11	5
Physical	33	14	9	10
Serious Abuse	36	15	8	12
Apparently less severe	36	18	12	6

There are four important patterns here:

- ❖ The most sustained of the subtypes of abuse is “serious abuse” (in Stanislaus).
- ❖ A higher percentage of each category “drops out” across years than there is incidence of new abuse.
- ❖ In Stanislaus about two thirds as many serious cases developed during the second year as persisted over both years; in Kern there were more new cases than persisting cases. In both counties there was a substantial development of serious domestic violence within a year—*efforts at identifying women with DV issues should clearly not be restricted to the initial screening and processing period.*

- ❖ Finally, all of these respondents are the head-of-household—that is, no partner is on the TANF case. The very high amount of abuse occurring in a two year period should make policy-makers consider carefully any policies aimed at encouraging marriages among this group. The government should not be in the position of providing incentives or coercing women into permanent relationships with abusive partners.

The table below includes only those persons who had “any abuse” in both years, i.e. the persistent category for “any abuse.” It indicates the stability and change in patterns of “serious” and “apparently less severe” abuse across the two years.⁴³

Exhibit 20: Percent who Report Abuse in Both Years, by “Serious” and “Apparently Less Serious” Abuse

	Less Serious Both Years	Serious Rnd I Less Serious Rnd II	Serious Rnd II Less Serious Rnd I	Serious Both Rnds
Kern	34.5%	14.5%	16.4%	34.5%
Stanislaus	21.7%	15.7%	16.9%	45.8%

The table indicates that *between a third and one half of those with abuse in both years experience persistent serious abuse and another 15 percent move from “apparently less severe” to serious, that is the abuse escalates.*⁴⁴ This cross-year finding thus supports the earlier table showing that 20 to 30 percent of the women reporting abuse say it is getting worse.

Three Year Patterns

Perhaps the most important measure that encompasses three years is “sustained” abuse. Exhibit 21 shows the percentage of the sample in each county and overall that experience either “any abuse” or “serious abuse” in all three years. The analysis is limited to the 545 women who were interviewed in all three years. Over the three years 13 percent of the women reported some level of abuse in all three while 4 percent reported serious abuse in all three.

Exhibit 21: Sustained Domestic Violence Over Three years

Type of Abuse	Kern N=252	Stanislaus N=293	Both Combined N=545
Any Abuse	25 9.9%	44 15.0%	69 12.7%
Serious Abuse	8 3.2%	15 5.1%	23 4.2%

A second important measure is the total prevalence, that is, the percentage of women who experience abuse in at least one of the three years. These figures are shown in Exhibit 22. Over the three years about two thirds of the women report some abuse. Over one third report serious abuse in at least one year.

Exhibit 22: Three Year Prevalence of “Any Abuse” and “Serious Abuse”

Type of Abuse	Kern N=252	Stanislaus N=293	Both Combined N=545
Any Abuse	146 58%	208 71%	354 65%
Serious Abuse	80 32%	141 41%	201 37%

H. Characteristics, correlates and consequences of domestic violence

Over and above understanding the extent to which different types of domestic violence occur and persist or not over time, planning for services and estimating the impact on need for special consideration under TANF requires understanding four relationships:

- ❖ How are the prevalence and incidence of domestic violence related to whether or not women currently have partners? For example, there is no longitudinal national survey that asks about domestic violence and samples women who are not at that moment in a relationship.⁴⁵ Likewise, a common screening instrument for domestic violence assumes the woman is currently in a relationship. Are such assumptions justified or useful?
- ❖ The recency of abuse and its duration may be important factors in judging severity. Recency includes respondent judgements regarding whether the violence has stopped or is likely to continue.

- ❖ A key goal of the CalWORKs Project is to show the interrelationships of domestic violence, mental health, and AOD issues. Other “silent barriers” that may be associated with domestic violence are low self-esteem and learning disabilities, both of which may compound the difficulties faced by victims of intimate partner violence.
- ❖ Finally, there are explicit ways in which domestic violence is thought to relate to welfare policies and procedures. Do assumptions made about welfare reform and domestic violence hold up in reality? Is the current form of the Family Violence Option useful?

Did women having a partner at the time of the interview report more abuse?

In the analysis below we first look at partner status in general, without asking if the current partner is the abuser. In the next section we look at whether the woman is still with the abuser.

At the time of the second interview, 43 percent of the Kern respondents and 35 percent of the Stanislaus respondents were living with their husband or had a “steady” partner they were romantically involved with. In the first interview it was slightly higher, at 46 and 40 percent.

In both rounds, having a current partner made it somewhat more likely that abuse would have been experienced in the last 12 months (see Exhibit 23). For example, in Kern in Round II, 37 percent of those who had a partner reported abuse in the last 12 months vs. 26 percent among those who did not.⁴⁶ However, in Stanislaus in Round II 39 percent reported some abuse in the last 12 months regardless of whether they had a partner at the time of the interview.

Exhibit 23: Percentage Any Abuse in Year Before Interview, by Whether Have Partner at Time of Interview

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
TOTAL NUMBER IN GROUP	N=287	N=356	N=273	N=311
Women Who <i>Do</i> Have Partner at Interview	49%	59%	37%	39%
Women With <i>No</i> Partner At Interview	27%	48%	26%	39%

Exhibit 24: Percentage Serious Abuse in Year Before Interview, by Whether Have Partner at Time of Interview

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
TOTAL NUMBER IN GROUP	N=287	N=356	N=273	N=311
Women Who <i>Do</i> Have Partner at Interview	21%	35%	18%	17%
Women With <i>No</i> Partner At Interview	16%	25%	12%	23%

Similarly, women with a partner at the time of interview had somewhat higher rates of serious abuse during the last 12 months than women without partners in both counties and both interview rounds. The exception was Stanislaus in Round II, where a *lower* percentage (17 percent) of serious abuse was reported among those with a partner than those without (23 percent).

There are two plausible causes for the considerably lower percentage of serious abuse among those with a partner in Stanislaus in Round II (than in Round I). The first is that many of the women in Round I reporting serious abuse could not be found to be interviewed in Round II. This seems at best a partial explanation because of the 102 women reporting serious abuse in Stanislaus in Round I only 17 were not interviewed in Round II.

A second hypothesis is that many of the Stanislaus women with serious abuse in Round I ended the relationship. This hypothesis accounts for much of the difference: in Round I there were 44 women with a partner at the time of the interview who reported serious abuse during the previous 12 months. In Round II, only 15 of the same 44 women reported having a partner while 29 had no partner.

Although rates are generally somewhat higher among women with a partner, the differences are not large. *These tables point to the need for TANF staff to be alert to the possibility of recent domestic violence regardless of the woman’s current marital status and regardless of the aid code (all of the women in our study are single heads of household).*

Were women still with their abusive partner?

To what extent were women who reported any abuse or serious abuse still with the partner who had committed the abuse?

Exhibit 25: Percentage of Women Reporting Abuse Who Were Still With the Abuser At Interview

	ROUND I		ROUND II	
	Kern Recipients N Percent	Stan Applicants N Percent	Kern Recipients N Percent	Stan Applicants N Percent
Percentage of those with Any Abuse Still With Abusive Partner	109 24%	186 18%	86 48%	119 39%
Percentage of those with Serious Abuse Still With Abusive Partner	102 15%	54 14%	41 41%	64 36%

Overall, fewer than half the women were still with the partner whom they reported had abused them. In Round I only about 15 percent of women with serious abuse were still with the partner who perpetrated it. Surprisingly, though, women were much more likely to be still partnered with their abuser in Round II than in Round I.⁴⁷

Did women temporarily leave an abusive partner

In both rounds we asked women who were in abusive relationships at the time of the interview if they had left or stayed apart from their current partner *because* he was abusive or threatening during the previous 12 months. To have done so is an indication of the severity of the abuse.

Of the women who were still with their abusive partner, at least a quarter reporting “any abuse” had left their partner temporarily during the 12 months previous. The percentages were higher for women reporting serious abuse—39 to 65 percent. Overall, then it appears that high proportions of women who experience abuse, especially serious abuse, either are separated from their partner permanently or have left temporarily.

Exhibit 26: Percentage of Women Currently with Abusive Partner Who Had Temporarily Left During Previous 12 Months

	ROUND I		ROUND II	
	Kern Recipients N Overall Percent	Stan Applicants N Overall Percent	Kern Recipients N Overall Percent	Stan Applicants N Overall Percent
Percentage of those with Any Abuse who had left abuser temporarily	26 27%	33 39%	41 32%	46 26%
Percentage of those with serious abuse who had left abuser temporarily	8 63%	17 65%	17 65%	23 39%

Did women still see abuser who was not current partner?

Women whose abuser was *not* their current partner were asked how often they see the abuser and whether this contact is unwanted, voluntary or required by circumstances (such as shared custody of children).

Exhibit 27: Frequency of Contact with Abuser among Women Not Living with Abuser

	ROUND I		ROUND II	
	Kern Recipients N=69 Percent	Stan Applicants N=62 Percent	Kern Recipients N=46 Percent	Stan Applicants N=83 Percent
Never see or talk to him	48	39	24	27
Occasionally see or talk to him	36	32	48	41
Frequently see or talk to him	16	29	28	32

From 61 to 76 percent of the women who do not live with their abuser see him sometimes. The percentage *not* seeing the abuser is considerably higher in Round I than in Round II. (We do not have information on whether women reporting abuse in Round I but not in Round II see the abuser.) Also, about a third of the women see the abuser frequently.

**Exhibit 28: Reason for Contact with Abuser among Women Not Living with Abuser
(Percentages of those who have contact)**

ANY ABUSE	ROUND I		ROUND II	
	Kern Recipients N=37 Percent	Stan Applicants N=38 Percent	Kern Recipients N=39 Percent	Stan Applicants N=61 Percent
Voluntary	46%	42%	36%	61%
Rather not see or talk to him at all but circumstances require it (work, children, neighborhood)	32	42	54	26
Other	22	16	10	13

A high percentage (26 to 54) see their abuser due to circumstances; but an equally high percentage do so voluntarily (36-61percent). Among those who experienced serious abuse the percentages of voluntary contact are only somewhat smaller.

**Exhibit 29: Reason for Contact with Abuser among Women Not Living with Abuser
(Percentages of those who have contact)**

SERIOUS ABUSE ONLY	ROUND I		ROUND II	
	Kern Recipients N=30 Percent	Stan Applicants N=32 Percent	Kern Recipients N=35 Percent	Stan Applicants N=44 Percent
Voluntary	37%	31%	37%	52%
Rather not see or talk to him at all but circumstances require it (work, children, neighborhood)	40	50	51	32
Other	23	19	11	16

I. Recency and duration

Women were interviewed at a point in time. In Stanislaus it was within a few days after they had applied for cash aid; in Kern it was roughly at the same time women were applying for continuation of their aid. The prevalence and incidence information presented above cover the entire 12 months prior to the interview. Here we share information about how recent the abuse had been—with implications for whether the abuse might appropriately have been reported to TANF case workers or to a DV program connected with TANF.

Respondents in Round I were asked when the first incident of sexual or physical abuse by a partner had occurred—but only *if they had reported abuse in the previous 12 months*.

Exhibit 30: Time Since First Incident of Physical or Sexual Abuse, if Any Abuse in Previous 12 Months (Percentages)

	ROUND I	
	Kern Recipients N=77 Percent	Stan Applicants N=128 Percent
Less than a year	10%	11%
One to three years	29	23
Three to ten years	40	40
Over ten years	21	27

Very few of the women (ten percent) reported abuse that had started within the past year. In fact in over 60 percent of the cases the abuse had started more than three years before. (Note, however, that this does not imply that the same abuser was involved over time—only that the first incident, with whatever abuser, occurred that long ago.)

Exhibit 31: Most Recent Episode Of Sexual Or Physical Abuse If Occurred in Past 12 Months (Percentages)

SEXUAL OR PHYSICAL	ROUND I		ROUND II	
	Kern Recipients N=35 Percent	Stan Applicants N=72 Percent	Kern Recipients N=34 Percent	Stan Applicants N=61 Percent
Less than one month	11%	11%	12%	11%
One to six months	43	51	41	51
Six months to one year	46	37	47	38

About 50 percent of the episodes of physical or sexual abuse occurred in the prior six months. In Round I and II only about 10 percent occurred in the month immediately prior to the interview—in both counties. These results are consistent with what one might expect if acts of violence are distributed evenly around the calendar rather than if recent physical or sexual violence leads to applying for welfare. However, research has shown that substantial periods of time may elapse until help is sought.⁴⁸

Exhibit 32: Respondent Reports Violent Behavior Has Not Stopped (Percentages)⁴⁹

	ROUND I		ROUND II	
	Kern Recipients N Percent	Stan Applicants N Percent	Kern Recipients N Percent	Stan Applicants N Percent
Percent of entire sample in which abuser still violent	287 7.7%	356 8.7%	273 11.7%	311 14.8%
Percent of those reporting any abuse in which abuser still violent	109 37%	186 39%	86 37%	119 39%
Percent of those reporting serious abuse in which abuser still violent	54 44%	102 47%	41 44%	64 47%

About ten percent of both the Stanislaus applicants and the Kern recipients report that at the time of the research interview their abuser had not stopped his violence.⁵⁰ *Nearly half of those with serious abuse reported that the abuser had not stopped his violence at the time of the interview.*

Another aspect of recency is how recently episodes of Post-Traumatic Stress Disorder were manifested.

Exhibit 33: Recency of PTSD Symptoms (Percentages of those with PTSD Diagnosis)

	ROUND I		ROUND II	
	Kern Recipients N=33 Percent	Stan Applicants N=44 Percent	Kern Recipients N=28 Percent	Stan Applicants N=45 Percent
Within past two weeks	79%	66%	68%	60%
Two weeks to one month	6	2	7	16
One to six months	6	14	7	18
Six months to a year	9	18	18	6

At least two thirds, and up to 85 percent, of the women reporting PTSD had had symptoms within the previous month, indicating a likely need for services.

J. Domestic violence and other “silent barriers”

What is the Relationship of Domestic Violence to Depression?

Exhibit 34: Percentage of Respondents with Depression Diagnosis,⁵¹ by Type of Abuse

TYPE OF ABUSE	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N	N	N	N
	Percent	Percent	Percent	Percent
No Abuse	178	170	187	192
	13%*	26%*	14%*	18%*
Any Abuse	109	186	86	119
	27%*	42%*	29%*	31%*
Serious Abuse	54	102	41	64
	41%*	50%*	29%	39%*
Apparently less severe	55	84	45	55
	14.5%	32.1%	23.9%	21.8%
Work-Related	26	64	14	34
	38%*	55%*	21%	35%**
Adult Trauma PTSD	20	27	17	41
	55%*	81%*	65%*	49%*
Physical Abuse	48	89	37	59
	35%*	51%*	24%	35%*

* Indicates that the greater percentage of women with depression among each abused group vs. those not abused was statistically significant (using chi-square). For “Any Abuse vs. No Abuse” the contrast is shown in the first two rows. In Round I 13 percent of the Kern respondents were depressed if they had no DV while 27 percent were depressed if they did; in Stanislaus this was 26 percent vs. 42 percent. For the other categories, the reference group was the converse, i.e. for “physical abuse” it was those with no physical abuse. The N in each case was the total group with that type of abuse. In the first row, first column, there were 178 persons with no abuse and 13% were depressed. [*=.05 or better **=.10]

There are several patterns apparent here:

- ❖ In general, those reporting abuse also report significantly more depression, often twice as much or more.
- ❖ The highest co-occurrence of depression and abuse in both rounds is with women having a PTSD diagnosis. The rates of depression among women with work-related abuse are also quite high.
- ❖ In both counties, the amount of co-occurring depression is somewhat lower in Round II—but it is enough so that in Kern far fewer of the comparisons are statistically significant than in Round I.
- ❖ Overall Stanislaus reports higher rates than in Kern, though the rate of depression among women reporting serious abuse in both rounds is equally high in the second round.

Patterns are similar for “any of four diagnoses” to those for “depression” except that all of the percentages are significantly higher. Some are extremely high: for example, another mental health diagnosis among those with a PTSD diagnosis occurs in 73 to 86 percent of the cases (depending on site and year). Among those with serious abuse 48 to 58 percent (depending on site and year) had at least one diagnosis.

Finally, we present for different types of domestic violence our best estimate of the percentage of respondents who “need” mental health services.⁵² This estimate (described later in the report), combines an objective measure from the BASIS-32 symptom scale with an indication of whether women sought treatment or felt they had needed treatment. That is, this is a comprehensive measure of need that includes both those who got services and those who did not.

In Exhibit 35 the ratio of those needing mental health services if they had a DV issue to those needing mental health services if they had no DV issue is generally at least two to one. Seventy-five percent or more of those with an adult trauma PTSD diagnosis for the previous 12 months had mental health service needs.

Exhibit 35: Percentage of Respondents Who “Need Mental Health Services” Diagnosis,⁵³ by Type of Abuse

TYPE OF ABUSE	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N Percent	N Percent	N Percent	N Percent
No Abuse	178 24%*	170 22%*	187 27%*	192 27%*
Any Abuse	109 42%*	186 38%*	86 48%*	119 44%*
Work-Related	26 50%*	64 42%*	14 50%	34 44%
Adult Trauma PTSD	20 65%*	27 63%*	17 88%*	41 76%*
Physical	48 37%	89 45%*	37 57%*	59 76%*
Serious Abuse	54 46%*	102 41%*	41 63%*	64 50%*

[*=.05 or better **=.10]

What is the Relationship of Domestic Violence to Self-Esteem?

Self-esteem is a separate aspect of “mental health” status from diagnosis. Many TANF programs have established programs to help participants improve low self-esteem in order to be more successful in the job market. We used the Rosenberg Self-Esteem scale, a ten item scale with good psychometric properties, to determine how self-esteem varies with the type (and therefore the severity) of domestic violence. In each county we determine the self-esteem score mean and standard deviation. The figures below show the percentage of respondents with scores lower than one standard deviation from the mean (low self-esteem). That is, we classify respondents as having “low self-esteem” if they are in the bottom 16 percent of the sample.

Exhibit 36: Percentage of Respondents Who Have Self-Esteem Scores More than One Standard Deviation Below the Site Mean,⁵⁴ by Type of Abuse

TYPE OF ABUSE	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N Percent	N Percent	N Percent	N Percent
No Abuse	178 10%**	170 13%*	187 11%	192 12%*
Any Abuse	109 25%**	186 20%*	86 16%	119 25%*
Work-Related	26 46%*	64 20%	14 7%	34 35%*
Adult Trauma PTSD	20 20%	27 56%*	17 35%*	41 49%*
Physical	48 25%*	89 25%*	37 22%**	59 30*
Serious Abuse	54 33%*	102 25%*	41 29%*	64 31%*

[*=.05 or better **=.10]⁵⁵

In both counties, the percent of women with low self-esteem scores is significantly greater among those reporting abuse of different types—in general, on the order of two to three times.

What is the Relationship Between Domestic Violence and Alcohol and Drug Use?

The relationships between domestic violence and AOD use and dependence are still not well-understood. Women who have experienced intimate partner violence may have concurrent AOD problems, sometimes turning to alcohol or other substances in order to cope with their situation—although domestic violence is also frequent in the absence of AOD involvement by either partner.⁵⁶ Abuse of, or dependence on, alcohol or other drugs introduces a whole other set of considerations into the provision of domestic violence services. In the TANF context, the critical issue is the extent to which women who seek or might seek DV services also have AOD problems that require specialized services—that is, abuse of or dependence on alcohol or other drugs.

Exhibit 37: Percentage of women with drug or alcohol abuse or dependence, by type of domestic violence

TYPE OF ABUSE	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N	N	N	N
	Percent	Percent	Percent	Percent
No Abuse	178 9.0%	170 10.0%	187 4.8% **	192 4.2% *
Any Abuse	109 12.8%	186 15.0%	86 10.5% **	119 17.6% *
Work-Related	26 11.5%	64 17.2%	14 14.3%	34 20.5% *
PTSD	33 21.2% *	44 25.0% *	28 7.1%	50 26.0% *
Physical Abuse	48 16.7%	89 24.7% *	37 16.2% *	59 18.6% *
Apparently Less Severe	55 9.1%	84 8.3%	45 8.9%	55 12.7%
Serious Abuse	54 16.7% **	102 20.6% *	41 12.2%	64 21.9% *

[*=.05 or better **=.10]⁵⁷

Overall, AOD abuse/dependence is up to five times higher among women experiencing some types of domestic violence than women with no domestic violence. These differences are generally quite statistically significant. Based on these data, one might expect that 15 to 20 percent of those with serious abuse would have a problem with alcohol or other drugs that might involve AOD specialist treatment.⁵⁸

What is the Relationship of Domestic Violence to Learning Disabilities?

Another “silent barrier” to economic independence is the presence of learning disabilities. There is no reason on the face of it to think that women who experience domestic violence would be more likely than others to have learning disabilities, but to the extent they do share these problems, it makes coping with an already difficult situation harder. As we see below, there was no general pattern: like other women in the sample, about 20 percent of those experiencing DV also have learning disabilities.

Exhibit 38: Percentage of women with learning disabilities⁵⁹, by type of domestic violence

TYPE OF ABUSE	ROUND I		ROUND II	
	Kern	Stan	Kern	Stan
	Recipients	Applicants	Recipients	Applicants
	N	N	N	N
	Percent	Percent	Percent	Percent
No Abuse	178	170	187	192
	16%*	24%	17%	23%
Any Abuse	109	186	86	119
	26%*	20%	19%	20%
Work-Related	26	64	14	34
	15%	17%	14%	21%
Adult Trauma PTSD	20	27	17	41
	30%	37%*	23%	24%
Physical	48	89	37	59
	23%	22%	13%	20%
Serious Abuse	54	102	41	64
	28%	22%	22%	20%

[*=.05 or better **=.10]

In Round III we introduced a new instrument for measuring learning disability—one that was developed and validated for the State of Washington TANF program. Although there are different ways of using the scale to identify “cases” for further assessment, one is simply to refer all those who fall over one standard deviation from the mean—or approximately 17 percent. Our interest here is whether those with domestic violence issues are more likely than those without to exceed this cutoff. Exhibit 39 shows these percentages. None of the differences are statistically significant.

Exhibit 39: Percent Above Learning Disability Cutoff Score, by County

	Kern Recipients N Percent	Stan Applicants N Percent
Percent over cutoff if “no abuse”	31 17%	25 12%
Percent over cutoff if “any abuse”	17 24%	18 17%
Percent over cutoff if “no serious abuse”	40 18%	33 13%
Percent over cutoff if “serious abuse”	8 24%	10 19%

K. Use of welfare due to domestic violence

In the Round I, women were asked if they had ever gone on welfare specifically to get away from an abusive situation and, if so, whether that was the reason for the current spell on welfare.

Consistent with the literature, almost a fifth of the women receiving welfare had at one time or another used welfare to escape an abusive situation. Somewhat less than ten percent of those receiving welfare in each county had gone on welfare to escape domestic violence during the current episode.

Exhibit 40: Percentages Using Welfare to Escape Abuse, Ever and for Current Spell

ROUND I		
WELFARE TO ESCAPE ABUSE	Kern Recipients N=287	Stan Applicants N=356
Ever use welfare to get away	18%	17%
This time use welfare to get away	8%	9%

Exhibit 41: Percentages Using Welfare to Escape Abuse in *Current* Spell by Amount of Abuse in Previous 12 Months

ROUND I		
USED WELFARE TO ESCAPE ABUSE	Kern ⁶⁰ Recipient N=287 Percent	Stan Applicants N=356 Percent
No abuse reported in past 12 months	7.9%	3.5% ⁶¹
Serious Abuse	3.7	20.6
Apparently less severe	10.9	4.8

Although the numbers are very small, the pattern seems clear. In Kern, where women had been recipients of cash aid for at least a year, the percentage of the overall group saying they had gone onto welfare in the current spell due to DV was not associated with severity of abuse. In Stanislaus, where women were just going on to cash aid, those who were using welfare to escape an abusive situation primarily reported serious abuse.

We also asked, in Round I, if the respondent felt “unsafe” at the time she enrolled in TANF. Responses are shown below. Since many Kern respondents had not at that time been recertified as TANF rather than AFDC participants, the question may have been difficult for them to interpret. Stanislaus respondents, however, since they were just enrolling should have had no difficulty: 11 percent felt unsafe (Exhibit 42).

Exhibit 42: Percentage Reporting Feeling “Unsafe” at Time Enrolled in TANF

ROUND I		
UNSAFE AT TANF ENROLLMENT	Kern Recipients N=287	Stan Applicants N=356
Overall percentage feeling unsafe	9.8%	10.7%

L. “Need for services:” Women who might benefit from domestic violence oriented services

The concept of a “needs assessment” to determine the match between available services and inferred needs is common in mental health and alcohol and drug service planning but is less developed in domestic violence service planning. It is important to be clear that measures of “need” “or “who might benefit” from service are at an aggregate level. For example, one domestic violence needs assessment used police records to locate and target a geographic region in a city with extremely high rates of domestic violence. Nor is there any assumption that persons who fit the construct we develop from survey data would agree that they “need” services or would accept them if offered. The relationship between “objective measures of severity,”

“perceived severity,” and “wanting” services is complex—probably much more so with domestic violence even than with mental health and AOD (which each have their own tangled web regarding individual choice).⁶²

In the context of TANF “potentially benefiting from services” could be inferred if the domestic violence is likely to interfere with the activities necessary for the woman to achieve economic independence within the prescribed time limits.

Thus, we have said there was potential need, in the TANF context, if a woman met any of the following criteria during the previous 12 months:

- ❖ Experienced “serious abuse.” Each of the criteria for serious abuse indicates an intimate partner violence situation that presented substantial risk to the woman.
- ❖ Work-related abuse. Actual preventing a woman from working, or on the job harassment are included in “serious abuse.” Here we add any of four other types of work interference.
- ❖ PTSD in last 12 months that stems from adult abuse.⁶³ A PTSD diagnosis involve meeting six criteria which together indicate considerable interference with daily life while they are being experienced.⁶⁴
- ❖ Finally, we believe it necessary to include self-defined need, that is, having seen a health professional, a counselor, a shelter/DV center, or sought help from police or courts. A substantial number of women reported having sought help in these ways who did not report what we classified as serious abuse. In a number of cases, for example, only extreme jealousy and verbal humiliation were reported. But obviously they occurred in such a way as to cause the woman to feel unsafe and seek help. Please see the next section for a detailed breakdown of the type of services sought.

A very direct measure of potential need for service is whether women reported having felt unsafe at the time of enrolling in TANF. However, this measure is only available for the first round and only for Stanislaus, so we do not include it in cross-year comparisons. In Stanislaus, 10.7 percent of the women (all of whom were applying for welfare) reported feeling unsafe at the time of their initial interview.

Exhibit 43 summarizes each of these measures and then combines them into one indicator of needing services—any respondent reporting one or more of the above would be considered potentially to benefit from services in the TANF context.

Exhibit 43: Indicators of Potential Benefit from Domestic Violence Services

	ROUND I		ROUND II	
	Kern Recipients N=287 Percent	Stan Applicants N=356 Percent	Kern Recipients N=273 Percent	Stan Applicants N=311 Percent
Serious Abuse	19%	29%	15%	21%
Work-related abuse not included in serious abuse	4	8	4	6
PTSD if caused by adult abuse	7	8	6	13
ANY OF ABOVE 3 OBJECTIVE SERVICE INDICATORS	24	35	20	31
Sought professional help for domestic violence or adult PTSD	26	27	8	16
ANY OF 4 SERVICE INDICATORS INCLUDING SEEKING SERVICE	26	37	22	32

Between a fifth and a third of the respondents, depending on site and interview, reported any of the three objective indicators of potential need for service: serious abuse, adult PTSD, or work-related abuse. Approximately another one to nine percent are added if we include those who actually sought services (and did not meet the three objective criteria). In sum, between 22 and 37 percent of the respondents had domestic violence issues for which DV-related services might *potentially* be of help.⁶⁵ Exhibit 43a shows the two-year prevalence, incidence and persistence of need for services.

Exhibit 43a: New, Sustained and Not Sustained Need (Round I and Round II)

	Either One or Both Years	Recent Not Sustained	New Incidence	Sustained Abuse
Kern	37%	15%	10%	11%
Stanislaus	52%	20%	15%	17%

In order to understand what it might mean for TANF managers trying to determine what level of DV service referrals is appropriate, we must contrast the persons who might potentially benefit with those actually receiving services—the remainder will provide some idea as to unmet need. The next section undertakes this comparison.

M. Help seeking and rates receiving services

Help-seeking for domestic violence is very complex behavior. Relatively little is known about why and when women decide to seek help and why they choose one avenue (police) over others (physician, counseling)⁶⁶ There is some evidence that help-seeking is related to severity of abuse.⁶⁷ Services available through TANF are only one of many possible sources of assistance.

Medical care if injured. Women who reported physical injuries were asked if they saw a doctor. In Round I, 22 Kern respondents reported an injury and 9 (41 percent) saw a doctor. In Stanislaus, 32 women were injured and only 6 (19 percent) saw a doctor. In Round II, 4 out of the 18 (22 percent) Kern respondents reporting being injured saw a doctor; in Stanislaus, 10 out of 34 (29 percent) saw a doctor.

Medical care or self-medication for abuse-related PTSD. Women responding to the PTSD questions were asked both whether they saw a doctor or other professional for the symptoms and whether they took medications or used drugs or alcohol (more than once) for the symptoms. Note that anyone who reported adult or childhood abuse and responded to the PTSD module is included here, not just those who met all six criteria for PTSD. This seems justified because a substantial proportion of women who met less than six of the criteria still consulted a professional about the symptoms they were experiencing.

Exhibit 44: Percentage of All Respondents Who Told Physician or Other Professional About PTSD Symptoms or Who Took Medications or Alcohol/Drugs for PTSD Symptoms (Not Limited to Those Who Met All Six PTSD Criteria or Adult-Related Abuse)

	ROUND I		ROUND II	
	Kern Recipients N=287	Stan Applicants N=356	Kern Recipients N=273	Stan Applicants N=311
Told Doctor	12%	10%	9%	14%
Told Other Professional	9%	5%	7%	7%
Took medications or used alcohol/drugs for symptoms of PTSD	15%	18%	14%	21%

Out of the entire sample in each county, a total of 17 percent in Kern and 14 percent in Stanislaus had talked to a doctor or other professional in Round I and in Round II 14 percent in Kern and 21 percent in Stanislaus did.

Exhibit 45 shows the percent seeking help *of those with a PTSD diagnosis*, (regardless of whether its origin was in adult or child abuse). Of those with a PTSD diagnosis, sixty percent or more had self-medicated to deal with the symptoms and between one fifth and three fifths had sought medical help. Exhibit 46 shows the same figures for those with adult-trauma PTSD—with very similar percentages.

Exhibit 45: Percentage of Respondents With PTSD Diagnosis Who Told Physician or Other Professional About PTSD Symptoms or Who Took Medications or Alcohol/Drugs for PTSD Symptoms, Not Limited to Adult Trauma PTSD

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N=33	N=44	N=28	N=50
	Percent	Percent	Percent	Percent
Told Doctor	36%	23%	32%	56%
Told Other Professional	27	7	21	12
Took medications or used alcohol/drugs for symptoms of PTSD	61	57	68	64

Exhibit 46: Percentage of Respondents With Adult-Trauma PTSD Diagnosis Who Told Physician or Other Professional About PTSD Symptoms or Who Took Medications or Alcohol/Drugs for PTSD Symptoms

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N=20	N=27	N=17	N=41
	Percent	Percent	Percent	Percent
Told Doctor	35%	22%	35%	54%
Told Other Professional	20	7	18	15
Took medications or used alcohol/drugs for symptoms of PTSD	50	56	71	63

Who respondents talked with about intimate partner violence (not including PTSD). Respondents who reported any abuse in the prior 12 months (not including work abuse alone or PTSD alone) were asked if they had talked to *anyone* about it. They were then specifically asked if they had sought help from any of the persons or agencies listed in the table above and below (a medical person, a counselor, a shelter or domestic violence agency, police or courts).

Exhibit 47: Percentage of Women with Any Abuse Who Sought Help for Domestic Violence in Previous 12 Months

SOUGHT HELP FROM:	ROUND I		ROUND II	
	Kern	Stan	Kern	Stan
	Recipients N=106	Applicants N=175	Recipients N=83	Applicants N=117
Talk to <i>anyone</i> about abuse	47%	59%	31%	33%
Talked to medical person after physical injury	9	7	5	9
Counselor or social worker (not a DV professional)	6	10	7	11
Domestic violence center or shelter	9	11	6	11
Police	23	27	8	8
Courts/district attorney (e.g., restraining order)	17	15	10	9
Sought help from others	7	7	24	26

In general, as seen in Exhibit 47, between one third and three fifths of the respondents who reported abuse had talked to *someone* about it. There is a considerable difference in the pattern of “help-seeking” in Round II than in Round I. Overall, a higher percentage of respondents reported talking to someone in Round I than in Round II, in both counties. Perhaps more interesting is the decrease in the percentage who sought help from the police or courts, again in both counties. These sources of help seem to have been replaced in Round II by informal supports like family and friends. (In Round II, the “other” was broken down into categories: half sought help from family, a third from friends, with the remainder being widely spread between schools, clergy, AA or woman’s group and new boyfriend.)

Help from domestic violence professionals. In the table above there is duplication in that the same person may have used police and courts and a counselor. In Exhibit 48 we look specifically at help sought from the domestic violence specific agencies—police, courts, and a DV shelter or agency—as well as counselors who provided help with DV issues. Here the percentages represent women who sought help from police OR courts OR a DV shelter or agency OR a counselor, that is any DV-specific professional help.

Overall, about one sixth to a fourth of those reporting any kind of abuse (including work abuse but not including PTSD if it was the only type of abuse) also sought DV specific help. “Serious” abuse victims were the most likely to seek such help, with nearly one half seeking DV specific help. The percentage seeking help was generally higher in Round I. *This reduction in DV-specific help-seeking is greater than the drop in serious abuse from Round I to Round II. Even if informal supports were used instead (see exhibit 47 above), it is of concern that those most equipped to provide help were asked for it so much less frequently.*

Exhibit 48: Percentage of Women Reporting Abuse Who Sought Help from Police, Courts, a Domestic Violence Agency or a Counselor for DV Issues, by Type of Abuse

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N Percent	N Percent	N Percent	N Percent
Any Abuse/not PTSD	109 30%	186 31%	86 19%	119 25%
<i>Serious Abuse</i>	54 46%	102 48%	41 29%	64 37%
<i>Apparently less severe abuse</i>	55 14%	84 11%	45 9%	55 11%

Why help was not requested. Women were not specifically asked how serious they thought the abuse was, but if they did not seek help they were asked why. A substantial number (especially in Round II) said they had not sought help because the behaviors were minor, they felt they could handle it themselves, or it was not really “abuse” in the mind of the respondent. In Round two almost half of those reporting apparently less severe said the abuse was minor.

Exhibit 49: Percentage of Women Reporting Not Seeking Help Because Abusive Behavior was Minor

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N Percent	N Percent	N Percent	N Percent
Serious Abuse	54 1.8%	102 2.0%	41 17.1%	64 25.0%
Apparently less severe	55 18.2%	84 10.7%	45 55.6%	55 41.8%

In Round I, the second largest category (9 out of 46 in both counties combined) was women who were embarrassed or ashamed to talk about it or said it was too hard to talk about. Other responses include: fear and “left immediately”. No differences were apparent by site.

In Round II, the other major reasons for not seeking help were embarrassment/hard to talk about (15/117 of both counties combined) and left or kicked him out (13/117). No other reasons accounted for as much as 5 percent of the total.

Unidentified unmet need. Previously we defined persons who could potentially benefit from DV services as those with serious abuse or adult-PTSD or work-related abuse—or those who had

self-defined a need by seeking services. To what extent did those judged to potentially benefit from services actually receive them?

Overall, 37 to 53 percent of those we classified as potentially benefiting from DV services received some kind of help from professionals. A somewhat higher 48 to 65 percent talked to “someone,” which included friends and family.

In Exhibit 51 below we show the percentage of the total sample in each county that potentially could have benefited from services and did or did not receive any. Approximately 10 to 18 percent of the samples, depending on interview round and site, were judged to potentially benefit from DV services but not to have received any.

The final row in Exhibit 51 adjusts the unmet need by removing from the estimate women who made it clear when asked why they had not sought help that they did not feel help was needed or that the abuse was too minor to require assistance. In Round I this made little difference, but in Round II removing the “minor abuse” reduced the percentage needing services and not receiving them to 10-11 percent.

Exhibit 50: Percentage of Women Judged Potentially to Benefit from DV Services⁶⁸ Who Received Help for Domestic Violence in Previous 12 Months, by Type of Help Received

SOUGHT HELP FROM:	ROUND I		ROUND II	
	Kern Recipients N=75	Stan Applicants N=133	Kern Recipients N=59	Stan Applicants N=101
Talk to <i>anyone</i> about abuse (but not PTSD)	59%	65%	47%	49%
Medical provider for injuries	13	10	7	11
MD or other provider for PTSD	12	5	15	28
Counselor or social worker	8	14	10	13
Domestic violence center or shelter	12	15	9	13
Police	32	36	12	9
Courts/district attorney (e.g., restraining order)	25	20	14	10
Sought help from “others”	11	9	22	26
GOT ANY DV OR PTSD RELATED HELP FROM PROFESSIONALS	53	51	37	50

Exhibit 51: Percentage of All Respondents Judged to Potentially Benefit from DV-Related Services Who Did and Did Not Receive Services

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N=287	N=356	N=273	N=311
Could benefit: <u>Did</u> receive	14%	19%	8%	16%
Could benefit: <u>Did Not</u> receive	12%	18%	13%	16%
Could benefit (minor abuse removed): <u>Did Not</u> receive	12%	17%	10%	11%

Please note that—as shown below by the satisfaction with services ratings and the fact that many women who have sought services still continue to experience abuse—that unidentified unmet need is not intended to profile unmet need in itself. The women who “potentially could benefit from services” is a better measure of that. Unidentified unmet need is, however, an important concept for TANF service planners as it indicates the size of the group not having contact with domestic violence specialists at all.

N. Satisfaction with DV services

Helpfulness of DV services

For those reporting that they sought help from a counselor or social worker, a woman’s center or shelter, the police or courts, or from “others” (primarily family and friends), we present their ratings of how helpful these agencies were.

Exhibit 52: Percentage of Women Who Sought Help for Domestic Violence in Previous 12 Months Who Reported Assistance Rendered was “Very” or “Somewhat” helpful

VERY OR SOMEWHAT HELPFUL	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
Counselor or social worker	5/6 (83%)	14/18 (78%)	6/6 (100%)	8/13 (62%)
Domestic violence center or shelter	7/9 (78%)	16/20 (80%)	4/5 (80%)	9/13 (69%)
Police	11/24 (46%)	18/26 (69%)	7/7 (100%)	9/9 (100%)
Courts/district attorney (e.g., restraining order)	10/19 (53%)	18.26 (69%)	5/8 (62%)	6/10 (60%)
Sought help from others	7/8 (87%)	10/12 (83%)	19/20 (95%)	26/30 (87%)

In general, women who sought help found it at least somewhat helpful. (The ratings were “very helpful,” “somewhat,” “a little,” “not helpful.” Because of the small numbers, we collapsed the first two categories.) Help from friends and relatives (others) appears to have been most likely to have been thought helpful, followed by a domestic violence agency or shelter. Respondents in Round II appear particularly to have looked for, and been more helped by, assistance from informal rather than formal sources. Fewer persons in Round II sought help from the police, but they found it more valuable.

Use of the DV option

Federal and California welfare law provide for special consideration to victims of domestic violence. Round I took place between May and September of 1999. In theory, all of the Stanislaus applicants should have received information about the DV option. Kern respondents may well not have heard about it as many had not yet had an interview explaining to them the welfare-to-work requirements. By the time Round II took place one year later, however, all respondents should have received this information. (This was approximately 18 months or more past the time the counties were required to officially notify TANF recipients of new welfare to work rules, which they did primarily through letters.) In the table below we show only those who responded with a definite yes. Respondents were given an option to choose “not sure,” and overall about six percent of the respondents did so in each county.

Exhibit 53: Percentages Reporting They *Had* Been Told of DV Option

	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N	N	N	N
	Percent	Percent	Percent	Percent
Respondents with no DV	178 19.7%	170 26.4%	187 27.8%	192 38.5%
Respondents with “Any Abuse”	109 27.5%	186 32.3%	86 22.1%	119 39.5%
Respondents with work-related abuse	26 19.2%	64 35.9%	14 0%	34 47.1%
Respondents with “serious abuse”	54 24.1%	102 37.2%	41 17.1%	64 43.7%

Overall, having been told about the DV option was reported for less than half of the participants, whether they reported abuse or not. Stanislaus respondents were somewhat more likely to say they had been told of the DV option in Round I and quite a bit more likely to have been told in Round II. In Kern, the percentage responding yes actually went down from Round I to Round II whereas we would have expected it to increase. Women in need of services or with serious abuse were no more likely to remember having been told than were women with less need.

The women who reported in Round I that at the time of enrolling in TANF they felt unsafe due to a current or past partner were asked if they had “talked to your current caseworker⁶⁹” about their feelings. Only 18 percent of the Kern women (5/28) and 16 percent of the Stanislaus women (6/38) who felt unsafe had talked to their worker. Only one of the Kern women had considered applying for a DV option but 11/28 said they might have but were not informed about it. In Stanislaus, two women said they had considered applying for the DV option and 14/36 might have but did not know about it. One person in each group did actually apply for the DV option and each received a waiver from child support/paternity requirements. These findings are disturbing, but need to be considered in the context of the very slow implementation of TANF activities and programs, including the DV option.

In Round II these questions were asked in a different way. *All* those answering the question regarding whether they had been told about the DV option were then asked whether they had considered using it.⁷⁰ In Kern, only two percent said yes while 20 percent (50/287) said they did not consider it because they did not know about it; the remainder did not consider using the DV Option. In Stanislaus, comparable figures were 3 percent and 16 percent (49/308). Thus even in the summer of 2000, roughly two years after the initial implementation of TANF requirements only a minuscule percentage of the women with severe abuse considered the DV option while many more were not aware of it. Four additional women in Stanislaus, but none in Kern, had applied for the DV option since Round I.

Services and freedom from abuse

In Kern, of those who reported some DV (not PTSD) in the first year but not the second, 57 percent had talked to someone about their problem; of those who reported DV in both years, 46 percent had talked with someone about their problem. The comparable figures in Stanislaus were 64 and 60. In other words, there was little difference in whether the abuse was sustained if the victim had talked with “someone” or not.

In Kern, of those who reported serious abuse in the first year but not the second, 65 percent had talked to someone about their problem; of those who reported serious abuse in both years, 63 percent had talked with someone about their problem. The comparable figures in Stanislaus were 77 and 66. Again, there was relatively little difference in whether the abuse was sustained if the victim had talked with “someone” or not.

We repeated these analyses using the more DV specific measure of whether respondents had sought help from police, courts or a domestic violence agency or shelter. The findings were essentially the same: there were only minor difference, if any, between those with sustained abuse (serious or any) and those with non-sustained abuse in terms of whether a DV-specific source of help had been accessed.⁷¹

We found a similar phenomenon both with respect to mental health and AOD: persons reporting not having problems the next interview round were no more likely to be those who had received services than those who had not. In both those situations we discovered that the reason lay in the considerably higher degree of severity among those seeking services. In the DV context a comparable hypothesis would be that those who reported seeking services had a much higher number of types of abuse.

We constructed an index of severity by adding up each type of abuse. As shown in Exhibit 54 below, among those reporting some abuse, the number of types of abuse was far higher for those who either “talked with someone” about the abuse or who sought a DV-specific service (courts, police, DV shelter/center). These differences are all highly statistically significant. As noted in earlier, the frequency of types of abuse is associated with the severity of abuse. McFarland *et al.* found, similarly, that: “Resource use was significantly ($p < .001$) related to severity of abuse.... Women using resources at 6 months were also users at 12 months. These findings indicate a "survivorship model" whereby abused women assertively and persistently seek a variety of community resources to end the abuse.”⁷²

Exhibit 54: Mean Number of Types of Abuse Reported In Round I (If Any), by Help-Seeking

TYPE OF ABUSE	Kern		Stanislaus	
	Number	Mean	Number	Mean
Talked to Someone	59	7.8***	106	7.7***
Talked to No-One	65	2.7***	80	3.4***
Got help from Police, Shelter, Courts	33	10.0***	53	10.5***
Did not get help from Police, Shelter, Courts	91	3.4***	133	4.0***

*** Significant at $p \leq 0.00$.

Through statistical modeling we can “hold constant” the number of types of abuse when looking at the relationship between sustained and non-sustained abuse for those who do and do not seek help. In Kern, the probability of sustained abuse is significantly lower for those receiving DV-specific services in Round I compared to those who do not (.26 vs. .63).⁷³ However, the relationship was not significant in Stanislaus. Nor is the relationship significant in either site if sustained serious abuse (rather than any abuse) is used as the dependent variable.

In summary:

- ❖ Persons seeking help (DV-specific or not) with abuse are much more likely to have suffered more types of abuse than those who do not seek help.
- ❖ In Kern, receipt of help from courts, police or DV shelters/centers in the year before the first interview was significantly more likely to result in less sustained abuse (abuse over both years). This result did not hold for Stanislaus.

O. Overlap of DV, MH and AOD “need for services”

Earlier we presented information on the percentage of women with different types of DV who had either mental health or AOD issues. Here we present the overlap of all three conditions. For each condition we present either what we have called “need for treatment” or, in the case of DV, “could potentially benefit from services.” All three of these measures include in them self-defined need for services as indicated by having sought out some level of professional services. Exhibit 55 shows the percentages having service needs for one, two or three issues within the same year. Approximately one fifth have needs for more than one type of service. Roughly half have a need for *at least* one type of service.

Exhibit 55: Percentage of Each Sample with Need for Services for Multiple Conditions, by County and Year

SERVICE NEEDED	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N=287 Percent	N=356 Percent	N=273 Percent	N=311 Percent
One only	29%	32%	24%	28%
Two	16	18	16	17
Three	4	6	3	6
<i>ONE OR MORE</i>	<i>49</i>	<i>56</i>	<i>44</i>	<i>51</i>

Exhibit 56: Percentage of Respondents with Unidentified Unmet Need for Services for Multiple Conditions, by County and Year

SERVICE NEEDED	ROUND I		ROUND II	
	Kern Recipients	Stan Applicants	Kern Recipients	Stan Applicants
	N=287 Percent	N=356 Percent	N=273 Percent	N=311 Percent
One only	22	29	18	19
Two	7	6	6	4
Three	1	>1	1	<1
<i>ONE OR MORE</i>	<i>31</i>	<i>36</i>	<i>25</i>	<i>23</i>

Exhibit 56, shows the overlap of unidentified unmet need for each of the three issues we have been considering. In Round I about a third and in Round II about one quarter of the population have at least one unidentified unmet need for AOD/MH/DV services. Five to 8 percent have, at any time or site, unidentified unmet needs for more than one type of service.

Figures 57 and 58 are Venn diagrams that show the specific overlap between the three conditions in Round I and Round II—the time period relevant to identifying and serving all three conditions as part of the TANF episode. The largest overlap in Round I—which is most indicative of the need for integrated or multidisciplinary services—is between mental health and domestic violence. In Kern 10 percent of the whole population has a need for both types of services (with an additional 13 percent for domestic violence alone and 10 percent for mental health alone). In Stanislaus, there is likewise 10 percent of the sample with both conditions (with an additional 17 percent with domestic violence alone and 10 percent mental health alone). However, in both counties 4 percent of the sample has both AOD and mental health needs. In Kern 3 percent overlap between domestic violence and AOD while in Stanislaus 2 percent do.

In Round II the greatest overlap in both counties is again between DV and MH needs: in Kern 10 percent of the sample have this need and in Stanislaus 12 percent do. In Stanislaus in both rounds, 6 percent of the entire sample needed *all three* types of service (in Kern it was 4 and 3 percent, respectively).

A second set of Venn diagrams, Exhibit 59 and 60, presents the overlap between those persons with *unidentified* unmet needs. That is, these are persons who did not see a service provider but who were judged by us to need mental health or AOD services or to potentially benefit from domestic violence services. *Note that for the DV unidentified unmet need we have taken out the women who volunteered that abuse was minor or services not needed, as shown in Exhibit 51.*

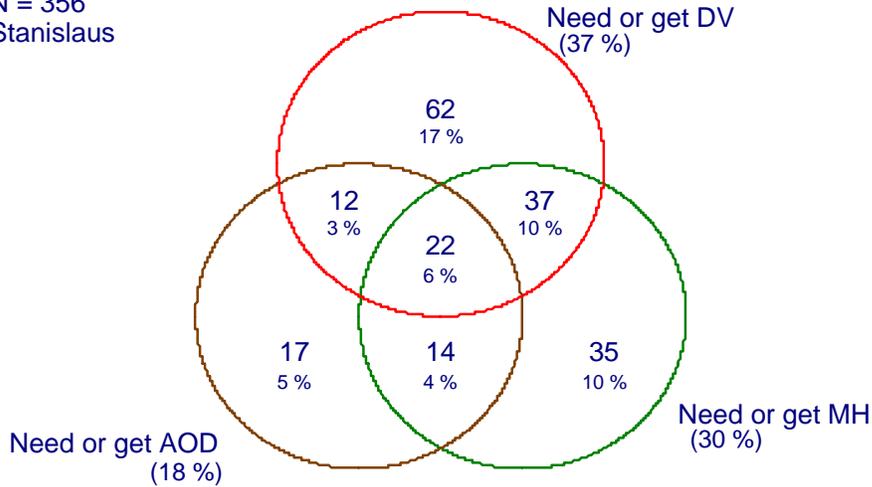
In Round I in Kern county, the largest *single* source of unidentified unmet need is for mental health services alone (18 percent) while in Stanislaus it is domestic violence (17 percent with mental health at 16 percent). In Kern the largest overlap is for domestic violence and mental health (4 percent); in Stanislaus, there is an overlap for 3 percent of the population both for mental health/AOD and mental health/domestic violence.

In part because we added a measure of use of psychiatric medications in Round II, the unidentified unmet need for MH declines. In fact, in Stanislaus in Round II the unidentified unmet need for MH, for AOD and for DV are all very close to 10 percent. In Kern, it is 7 percent for AOD, 10 percent for DV and 15 percent for MH. The largest overlap in Kern is 4 percent (DV and MH) while in Stanislaus it is not more than 1 percent for any combination.

Exhibit 57: Needed or Received Services in Round I

Overlap of Need for Treatment: AOD, MH, DV

N = 356
Stanislaus



Overlap of Need for Treatment: AOD, MH, DV

N = 287
Kern

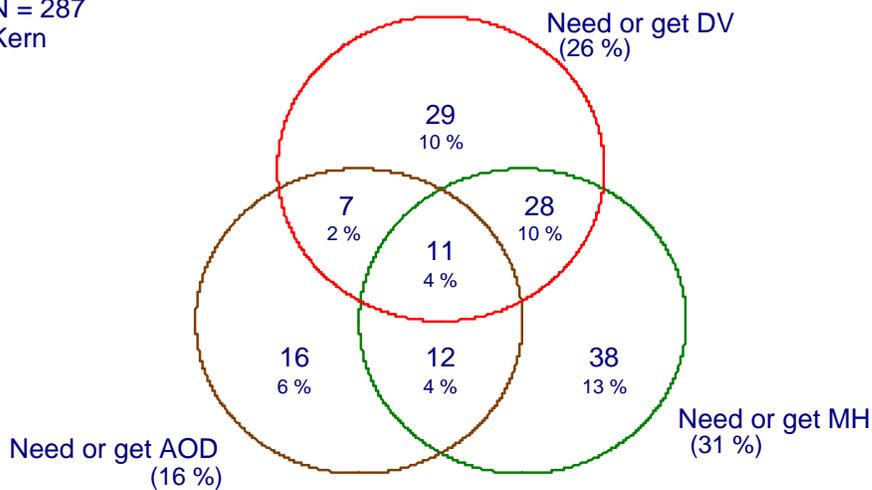
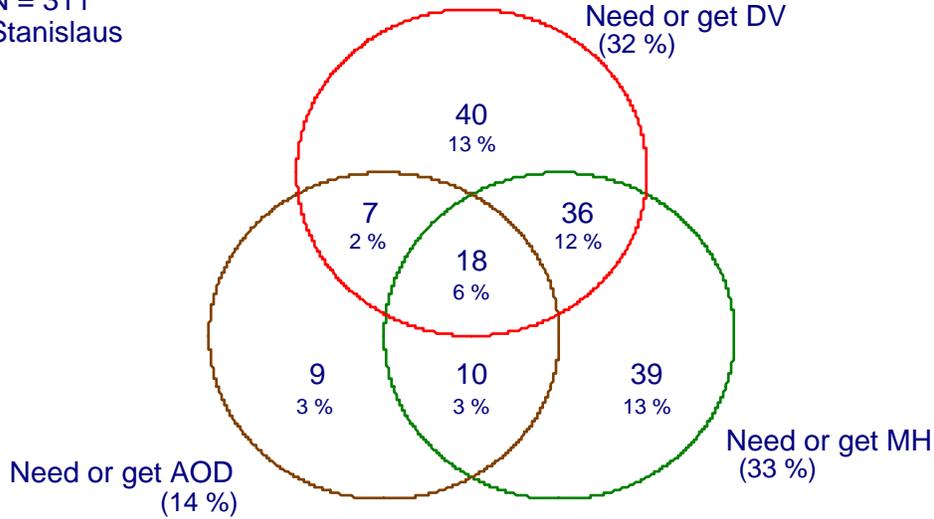


Exhibit 58: Needed or Received Treatment In Round II

Overlap of Need for Treatment: AOD, MH, DV

N = 311
Stanislaus



Overlap of Need for Treatment: AOD, MH, DV

N = 273
Kern

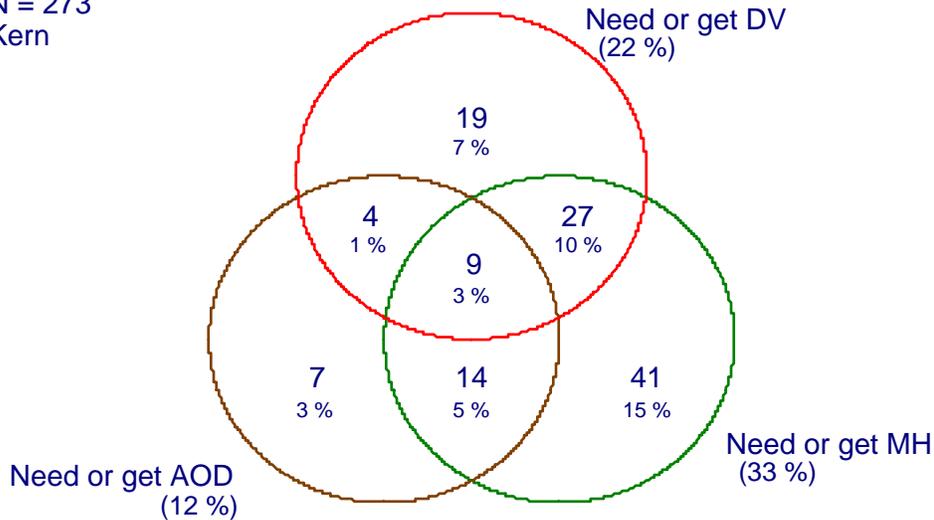
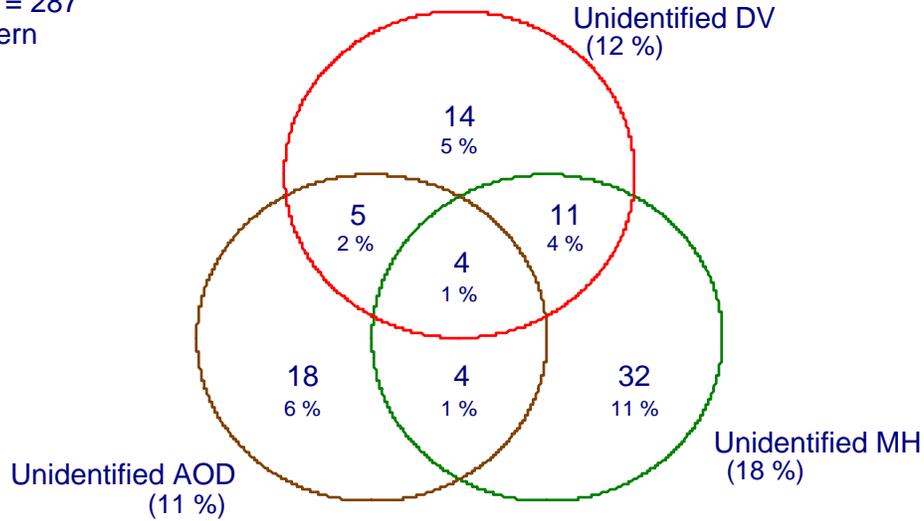


Exhibit 59: Unidentified Unmet Service Needs In Round I

Overlap of Unidentified Unmet Need: AOD, MH, DV

N = 287
Kern



Overlap of Unidentified Unmet Need: AOD, MH, DV

N = 356
Stanislaus

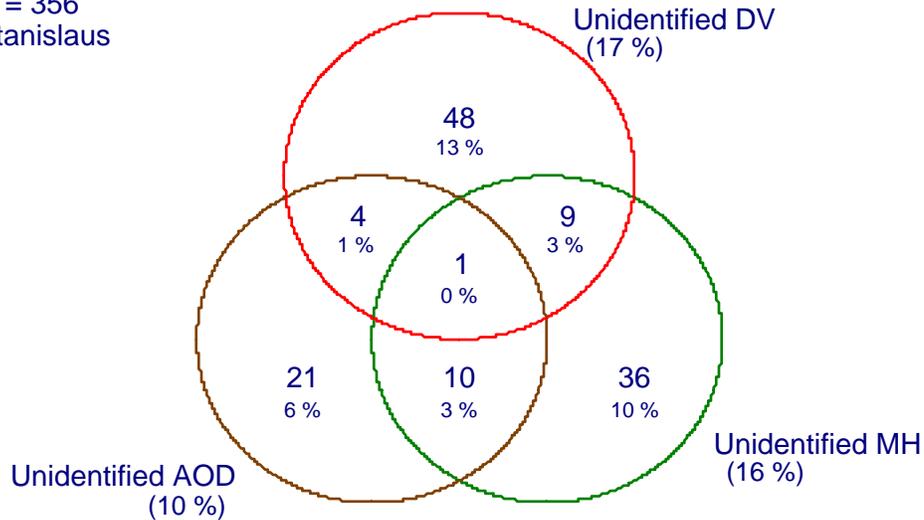
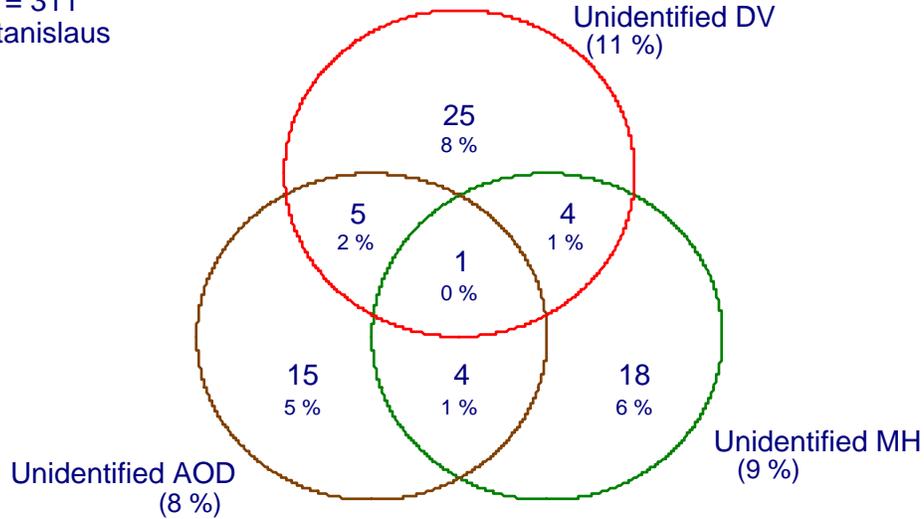


Exhibit 60: Unidentified Unmet Service Needs In Round II

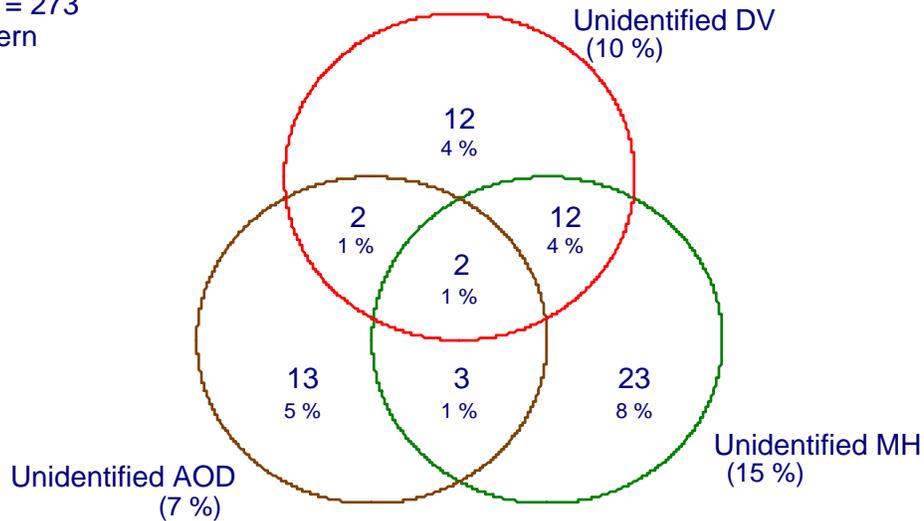
Overlap of Unidentified Unmet Need: AOD, MH, DV

N = 311
Stanislaus



Overlap of Unidentified Unmet Need: AOD, MH, DV

N = 273
Kern



DETAILED FINDINGS AND ANALYSIS II: WELFARE TENURE AND EMPLOYMENT

A. Background

Historically the primary purpose of welfare has been to provide a minimum safety net for dependent children. Under the 1996 welfare reform legislation⁷⁴, the purpose shifted so that moving parents from welfare to employment became the focus. Because welfare benefits are low, leaving welfare for work may in itself benefit the children—but this was an assumption of the legislation and was not proven.⁷⁵

The effects of welfare reform so far show major reductions in use of cash aid in all states. In California there was a 50 percent decline in the welfare rolls between 1994 and 2001.⁷⁶ Studies of employment by those who have left welfare find on average 75 percent were employed at least part of the time in the follow-up period although only 57 percent were employed at the time of leaving welfare. However, only about a third of those leaving worked all four quarters of the next year in a row.⁷⁷ Evidence from New Jersey shows that while job turnover is high 40 months after the study sample began receiving welfare, the average wage has increased over time, and the average income of those working is far greater than that of those not working, whether still on welfare or not.⁷⁸ Nationally, 28 percent of those on welfare in 1999 also worked for pay.⁷⁹

As the caseloads have dropped, attention has increasingly shifted to women who are “hard to employ.”⁸⁰ These may be women who remain on welfare without working, or who work only a few hours a week, or women who have left due to sanctions or for other reasons. Without information about the numbers of persons in the caseload with different barriers and information regarding the impact of those barriers on finding employment, California (and other states) will find it difficult to continue to increase the percentage of welfare recipients finding jobs or at least participating fully in work activities.⁸¹

The role of domestic violence. Although there are good reasons to believe that domestic violence might hamper finding and keeping a job, there are other reasons to doubt this—and there is very little empirical evidence one way or the other. On the one hand, we know that women who are in domestic violence situations may have direct and indirect reasons for not working. An abuser may prevent her from leaving the house or interfere with her work or training or a woman may be afraid to leave her children with the abuser. On the other hand, an abuser may coerce a woman to work, or when she leaves an abusive situation a woman may be particularly motivated to find work and become independent.

The impacts of domestic violence on welfare tenure and employment are complex and appear multi-directional—depending on the situation, DV can either result in reduced employment or increased employment.

- ❖ Tolman and Raphael have reviewed the literature investigating DV and welfare and work through 1999.⁸² A number of studies document active interference with work or training by an abuser.

- ❖ One study with AFDC recipients have shown not only high prevalence rates but also negative impact on employment.⁸³ Others, however, have shown abused women may be *more* likely to work and to work full-time, possibly in an effort to become financially independent and leave the abuser.⁸⁴
- ❖ Speigman’s welfare reform study of barriers to employment in Alameda County found domestic violence to be a barrier to work in bivariate analysis but the association was not statistically significant in multivariate analysis.⁸⁵ Fifteen months after the initial interviews partner control but not physical abuse had significant bivariate relationships with working.⁸⁶
- ❖ Danziger’s Women Employment Study did not find that DV had significant effects on employment if DV was experienced only one year but did have an effect if experienced in two or more years.⁸⁷

B. Effect of domestic violence on working at least 26 hours a week one year after welfare-to-work requirements were implemented

Study participants from Stanislaus were subject to welfare-to-work requirements from their day of application. Since that coincided closely with the interview date the second year’s interview one year later encompassed the first full year of welfare-to-work requirements for Stanislaus participants. In Kern the situation is more complicated. All had been on welfare at least a year when interviewed and all had received a letter telling them of the new requirements about six months prior to the first interview. But very few study participants had actually been required to begin welfare-to-work activities at the time of the first interview. Most had (if still subject to them) by the time of the second interview, although in a few cases the “Plan Start Date” at which requirements began occurred after the second interview. In general though, the year between the two interviews (and covered in the second interview) was the first year of welfare to work requirements. The requirements could be addressed by participants in many ways: by getting a job, by leaving welfare, by violating rules and incurring sanctions, or by failing to find work and thus being required to participate in work activities. DV, MH and AOD services counted as work activities if requested by the client.

We have focused on one measure of employment success: whether the client was working at least 26 hours a week at the time of the second interview. We chose 26 hours as our primary measure because 26 hours a week was the work activity requirement during that year (though later in the year it increased to 32 hours a week). Other CIMH publications explore the impact on other measures of employment success.⁸⁸

Exhibit 61 shows the effect of a number of different measures of domestic violence on working 26 hours a week during this first year of the application of welfare-to-work requirements.

Exhibit 61: Effect of Different Measures Of Domestic Violence⁸⁹ On Working At Least 26 Hours, By County

Measure of Domestic Violence Issues	KERN			STANISLAUS		
	Percent Over 25 if No DV	Percent Over 25 Hours If DV	Probability Due to Chance	Percent Over 25 if No DV	Percent Over 25 Hours If DV	Probability Due to Chance
Any reported domestic violence	37%	24%	0.04	42%	43%	0.85
More types of abuse than mean of 4.7	35	19	0.08	44	37	0.38
Nine or more types of abuse	34	20	0.37	44	33	0.32
At least 1 type physical abuse	35	19	0.05	43	40	0.68
At least 2 extreme “control” behaviors	35	23	0.14	43	43	0.92
Partner was abuser	35	22	0.10	43	43	0.92
Partner interferes with work ⁹⁰	35	6	0.02	43	42	0.92
Serious abuse in Round II	37	17	0.02	43	40	0.66
Serious abuse in Round I <i>and</i> Round II	35	10	0.03	43	41	0.77
“Apparently less serious” abuse	33	36	0.38	42	49	0.66
Needed or got DV services	37	19	0.01	46	36	0.11
Partner still violent when interviewed	35	19	0.07	44	36	0.29
Abuse escalated from Round I to II	33	22	.49	43	31	0.37
PTSD due to adult domestic violence	35	6	0.01	44	34	0.23
Child sexual/physical abuse	32	36	0.61	42	46	0.67

Unlike mental health measures, which affected respondents in both counties in similar ways, the domestic violence measures show little consistency across counties—a quite unexpected result. Below we explore some of the possible reasons for the difference in the impact of DV in the two counties.

First, not *all* measures were different in the two counties. Measures that include the less severe and more frequent types of abuse, in particular, did not show this difference. Look, in Exhibit 61, at “apparently less serious” abuse. In *both* counties women who only reported these common but less severe types of abuse worked *more* than women not reporting them (although the difference is not statistically significant). Another measure compares women who reported a very high number of types of abuse (nine or over). In this case we find that the percentage difference between those with and without this type of abuse in Kern is 14 percentage points while in Stanislaus it is 11 percentage points, so a very small difference. In neither case, though, is this percentage difference large enough to be significant. A similar pattern is found with the variable measuring whether abuse escalated from Round I to Round II (in terms of seriousness). The percentage difference is about the same in both counties, but in neither county is it significant (due to the small N).

Second, while the anomaly is very strong for “serious abuse” and for physical abuse, it is less so for “needed DV services during the year” (which includes those who *got* services). Women with DV service needs are less likely to work in *both* counties, though the difference (46% to 36%) is not quite significant in Stanislaus. That is, not only do some measures not show a difference, but the most inclusive measure, DV service need, shows much *less* of a county difference than do other more “objective” measures.

Third, there is confounding with whether or not the woman lives with her husband. That is, while living with a husband is not in itself associated with working at least 26 hours a week (38% worked if living with husband or not), it *is* associated with county (46% in Kern live with their husband vs. 35% in Stanislaus) as is need for DV services (18% in Kern, 25% in Stanislaus). Exhibit 62 shows what happens to the differential impact by county of need for DV services on work when we “control” for living with husband.⁹¹ Among those women who live with their husband, there is a strong negative impact of DV need on working at least 26 hours in *both* counties (although it is stronger in Kern). While among those women not living with a husband, the impact of DV need on working is not significant in *either* county. There is still some differential by county for both those living with a husband and not, so partner status does not explain the county difference entirely, but it does go quite a ways toward an explanation. This finding makes intuitive sense, too, since women not living with a husband are solely responsible for the economic well-being of themselves and their children and are thus likely to be highly motivated to find employment. Note that the variable that is useful here is whether the woman currently lived with her husband, *not* whether she had any current romantic partner or whether the current partner had committed the abuse.

Exhibit 62: Effect of DV Service Needs On Working 26 Hours A Week, By County And Partner Status

PARTNER STATUS	<i>KERN: Percentage who work at least 26 hours</i>		<i>STANISLAUS: Percentage who work at least 26 hours</i>	
	Have DV Need	No DV Need	Have DV Need	No DV Need
	N %	N %	N %	N %
Live with Husband	2 8%	47 46%***	5 21%	34 40%+
Do not Live with a Husband	5 20%	36 29%NS	24 44%	68 47% NS

N is the numerator not the denominator. I.e. of 24 persons (figure not shown), 2 or 8% worked if they had a need and had a partner. The denominator is different for the two rows but can be calculated by solving for N as in: $.08 * N = 2$.

Exhibit 63: Effect of DV Service Needs On Working 26 Hours A Week, By County And Age

AGE STATUS	<i>KERN: Percentage who work at least 26 hours</i>		<i>STANISLAUS: Percentage who work at least 26 hours</i>	
	Have DV Need	No DV Need	Have DV Need	No DV Need
	N %	N %	N %	N %
Age 35 and under	1 7%	34 36%**	12 60%	34 45%NS
Over age 35	6 18%	49 38%*	17 29%	68 44%*

N is the numerator not the denominator. The denominator is different for the two rows.

Another factor that allows us to specify the effects further is age. (See Exhibit 63.). We used over age 35 as a indicator of likely difficulty in finding/retaining work. There are significantly more persons in Kern over age 35 than in Stanislaus (40% vs. 31%). When the effects of needing DV services on working at least 26 hours a week are broken out by those over 35 and those under 35, we see that for those *over* age 35 there is a significant effect of DV in both counties. For those under 36, there is a very strong interaction: only 7% of women in Kern working at least 26 hours a week while in Stanislaus the figure is 60%. So women who experienced serious domestic violence had lower rates of working 26 hours in both counties if they were older, but only in Kern if they were younger. In fact, in Stanislaus, younger women with DV needs were much more likely than in the population overall to be working 26 hours.

There is also a differential effect of low education (no HS degree). The respondents in Stanislaus are significantly more likely *not* to have at least a high school degree (44% vs. 34% in Kern). In Stanislaus, if the respondent did not have a HS degree there is a nearly significant difference in working at least 26 hours (23% if DV needs, 38% otherwise), but no difference (46% vs. 48%) if she did have a degree. In Kern DV had an impact at both levels of education, although a greater one with no HS degree. (See Exhibit 64.)

Exhibit 64: Effect of DV Service Needs On Working 26 Hours A Week, By County And Education

HIGH SCHOOL STATUS	KERN: Percentage who work at least 26 hours		STANISLAUS: Percentage who work at least 26 hours	
	Have DV Need	No DV Need	Have DV Need	No DV Need
	N %	N %	N %	N %
No HS Degree	0 0%	28 28%**	7 23%	28 38%
HS Degree	23 7%	45 55%*	22 46%	74 48%

N is the numerator not the denominator. The denominator is different for the two rows.

There is also an important difference in the two counties regarding the effect of receiving DV professional services. (See Exhibit 65.) In Stanislaus, 24 of the women with DV needs had seen a DV counselor, a physician or other DV professional, and 12 (50%) of these were working at least 26 hours a week. In Kern, only 12 persons had seen a DV professional, but only 1 (8%) was working at least 26 hours. This difference is enough so that among those *not* having seen a DV professional in Stanislaus the association of DV needs to working 26 hours is significant: 31% worked if they had DV needs vs. 45% if not.

Exhibit 65: Effect of DV Service Needs On Working 26 Hours A Week, By County And Receipt Of Services

SERVICE STATUS	KERN: Percentage who work at least 26 hours		STANISLAUS: Percentage who work at least 26 hours	
	Have DV Need	No DV Need	Have DV Need	No DV Need
	N %	N %	N %	N %
Saw DV Professional	1 8%	0 0%	12 50%	0 0%
Did not see DV Professional	6 16%	82 37%**	17 31%	102 45%+

N is the numerator not the denominator. The denominator is different for the two rows.

Another variable that appears to have an effect (but the N’s are too small to be statistically significant) is whether the respondent ever used welfare to escape a DV situation. (Table not shown.) In Stanislaus, there is no difference in the percentage working if DV never caused use of welfare (45% if have no DV needs vs. 41% if do); but among those who have used welfare to escape there is a substantial percentage difference (43% of those with no DV needs work [N=30] vs 27% of those with DV needs [N=22]).

Exhibit 66 shows the final multivariate model fitted using the variables described above.⁹² Need for DV services is no longer significantly different by county when the interactions with having a partner, age over 35 and not having a high school degree are included. (None of the three way interactions were significant.)

Exhibit 66: Logistic Regression of DV Related Variables On Working 26 Hours Or More In The Week, Both Counties Combined⁹³

Predictor	Odds Ratio	Confidence Interval
County	0.51**	0.32 – 0.80
Interaction of Need DV & have a partner	0.34**	0.13 – 0.88
Interaction of Need DV & no high school degree	0.30*	0.12 – 0.75
Interaction of Need DV & over age 35	2.36+	0.97 – 5.74
Interaction of County and have a partner	1.96*	1.15 – 3.34
Interaction of County and Need DV services	0.49 NS	0.18 – 1.35

+ significant at 10%; * significant at 5%; ** significant at 1%

Although not all measures show the same anomaly of work being much more impacted in Kern than Stanislaus, and although the interactions with partner status, age, receipt of services, applying for welfare to leave an abusive situation, and education “explain” some of the differences, the overall pattern is still very clear for most measures—in Kern domestic violence of almost any type is strongly associated with low rates of working, while the association in Stanislaus is much weaker overall, though strong in some subgroups.

In fact, based on the analyses attempting to explain the anomaly in Stanislaus, there are a number of factors that appear to have a particularly negative effect on women having DV needs in Kern.

- ❖ DV and did not graduate from HS: 0 of 19 work at least 26 hours
- ❖ DV and under age 36: 7% are working, 1 of 15 work at least 26 hours
- ❖ DV and have serious health problems: 4% (1 of 25) work at least 26 hours
- ❖ DV and no driver’s license: 0 of 19 work at least 26 hours

- ❖ DV and need MH treatment: 0 of 18 work at least 26 hours

So for the Kern respondents, it appears that the *combined* effect of domestic violence and human resource or situational barriers is very strong.

C. DV in relationship to MH and AOD as barriers to employment

Both MH and AOD have consistent negative impacts on employment in both counties.⁹⁴ Exhibit 67 shows this as well as the effects in each county when the three conditions are combined in different ways.

Exhibit 67: Round II Comparison of impact of AOD/MH/DV Measures Separately And Combined, By County And Total (MH=Unable 5 of last 30 days; AOD=Overall Need; DV=Serious Abuse)

Measure of Domestic Violence	Kern N in Sample	Kern Percent of N Working 26+ Hours	Stanislaus N in Sample	Stanislaus Percent of N Working 26+Hours	Both Counties N in Samples	Combined Percent of N Working 26+ Hours
None	187	41%	201	48%	388	45%
MH only	27	7	23	17	50	12
AOD only	15	27	13	38	28	32
DV only	26	27	38	47	64	39
MH&AOD	3	0	7	0	10	0
MH&DV	6	0	8	37	14	21
AOD&DV	4	0	11	36	15	27
All Three	5	0	5	0	10	0
Total	273	100%	306	100%	573	100%

Exhibit 68 deals with the issue of small N's by combining all instances of overlap of two or three conditions. That is, "overlap" is two or more conditions of AOD, MH or DV in any combination. In Kern none of the 18 cases with overlap were working 26 hours or more (0 percent) compared to the 38 percent working among those with no overlapping conditions. In Stanislaus 7 out of 31 persons with overlapping conditions were working (23 percent) as opposed to the 45 percent of those with no overlapping conditions.

Exhibit 68: Percent Working 26 Plus Hours A Week If Two Or More AOD/MH/DV Domains, By County

Measure of AOD Issues	KERN			STANISLAUS		
	<i>Not Overlapping Issues</i> N Percent	Issues Overlap N Percent	Prob. Due to Chance	<i>Not Overlapping Issues</i> N Percent	Issues Overlap N Percent	Prob. Due to Chance
Working 26 Hours or More a Week	90 35%	0 0%	0.00	124 45%	7 23%	0.02

Multivariate model. As noted above, Danziger’s bivariate relationship between domestic violence and employment washed out in multivariate analysis. In this section we use multiple logistic regression to explore the effects of DV in the presence of relevant human capital (like education), demographic (age and race) and situational (child care and transportation) variables. We include as interaction terms to relationships with education, age, living with a husband, having received DV services and having used welfare to leave an abusive relationship. The measure of domestic violence we use is the potential “need for DV services”—which appears more likely to have a significant effect on employment in both counties that does serious abuse or other measures.⁹⁵

Note that in this model an interaction of DV need with education, an interaction of DV need and having a partner, and an interaction of DV need with education, and an interaction of county with having a partner proved significant (of the variables mentioned above).

This model had a McFadden’s R2 (adjusted) of .16 and an adjusted count R2 of .29. When the covariates were held to their mean, the relationship between working at least 26 hours a week and need for DV services was strong and in the same direction in both counties. The negative impact of MH remains strong in the multivariate analysis but AOD is only marginally significant.

Exhibit 70 shows the raw bivariate relationship in the upper graph and the relationship adjusted for covariates including interactions in the lower graph. The adjustment strengthens the relationship in Stanislaus considerably (percentage difference of 19 rather than 10 which is equivalent to the percentage difference in Kern of 18).

Exhibit 69: Logistic Regression Model For Working At Least 26 Hours A Week, Both Counties Combined Using “Overall Need for DV Services” as a Predictor

Predictor	Odds Ratio	95% Confidence Interval
Needed DV Services or Got Them	0.44	(0.10 - 1.89)
Needed DV Services and County is Kern	0.59	(0.17 - 2.05)
Did Not Need DV Services & High School Degree	3.40	(1.10 - 10.50)*
Needed DV Services & Have Partner	0.27	(0.08 - 0.84)*
County is Kern	0.36	(0.11 - 1.26)
County is Kern & Have Partner	1.67	(0.89 - 3.13)
Overall AOD Need	0.51	(0.26 - 1.01)+
Impaired MH Functioning 5/30 Previous Days	0.30	(0.13 - 0.70)**
Abuse as child was worse than adult abuse	1.63	(0.95 - 2.80)+
Race/Ethnicity is not African-American	0.50	(0.29 - 0.87)*
Not Work in Last Year (Round I)	0.21	(0.11 - 0.41)**
County * Not Work in Last Year (Round I)	2.95	(1.21 - 7.20)*
No Housing of Own	0.47	(0.29 - 0.77)**
No driver’s License	0.60	(0.39 - 0.92)*
Child Care Very Difficult To Arrange	0.44	(0.23 - 0.85)*
Discriminated Against 'Often'	2.12	(0.83 - 5.43)
Live with Child/children Under Age Three	0.73	(0.47 - 1.13)
Physical Health Problems	0.52	(0.32 - 0.84)**
Very Low Self Esteem	0.61	(0.40 - 0.94)*
Three or Less of 9 Work Skills	0.68	(0.41 - 1.10)

Observations 576

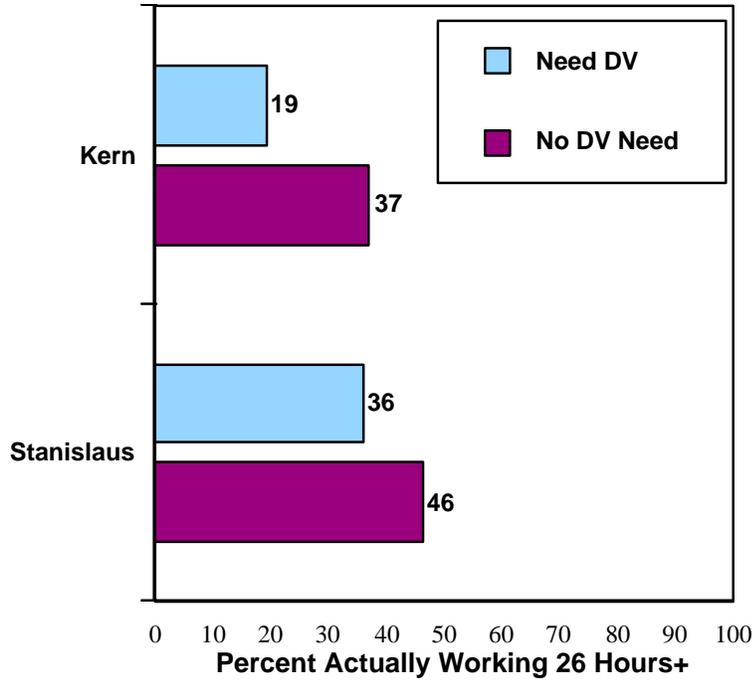
95% confidence intervals in parentheses

+ significant at 10%; * significant at 5%; ** significant at 1%

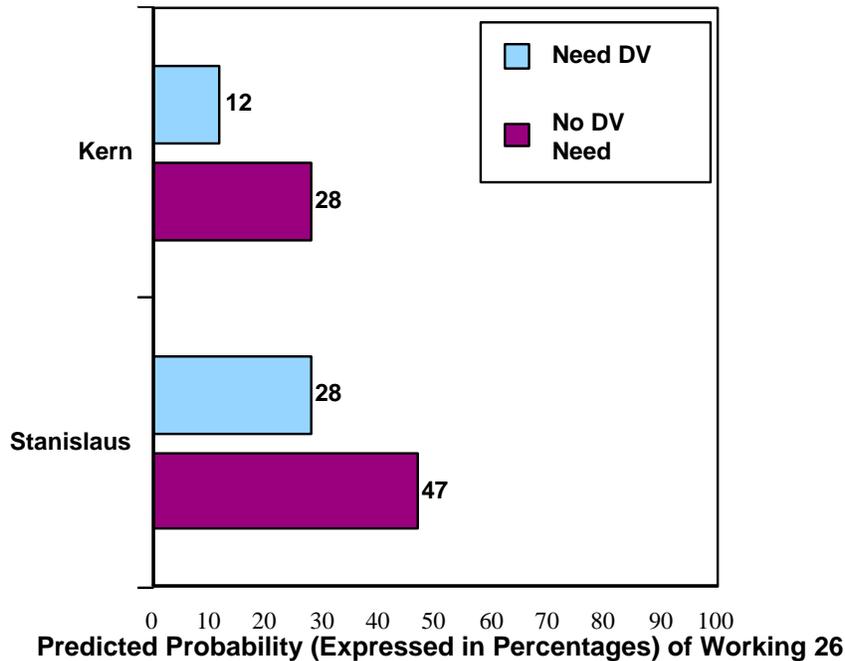
In summary, for reasons that we only partially can explain, domestic violence (regardless of measure) has a strong negative impact on employment in Kern County but less impact in Stanislaus County. As we noted in the introduction to this section, results in other studies have also revealed the relationship between domestic violence and employment to be complex. We are still far from being able to predict success (or failure absent services) in working based on our knowledge of DV.

Exhibit 70:

Need for DV Services and Percentage *Actually* Working 26 or More Hours Per Week



Predicted Probability Of Working 26 Or More Hours Associated with Need for DV Services, *Adjusted* For Covariates



DETAILED FINDINGS AND ANALYSIS III: CHILD WELL-BEING

A. Background

The major goal of the 1996 welfare reform legislation was to assist poor parents become economically self-sufficient through transitioning from welfare to work. As welfare reform undergoes reauthorization six years later, the provisions of welfare reform which affect the well-being of children in the family remains a matter of some concern.

Impact of parental DV issues on their children. A great deal of research suggests that the experience of serious domestic violence has deleterious effects on the children in the home. Younger children who are exposed to spousal abuse suffer from a variety of psychological and behavioral problems such as low self-esteem, insomnia, depression and phobias and PTSD. Cognitive and learning problems also are related to witnessing violence. Delinquency, school problems and aggression characterize adolescents exposed to battery. Experts estimate 45 to 70 percent of children exposed to domestic violence suffer from child abuse.⁹⁶ Both child abuse and witnessing domestic violence are linked to child abusing and domestic violence as an adult. Victims of domestic violence often have mental health or substance abuse problems—or their partner does—which is also a risk factor for the children.⁹⁷

Two other research findings regarding threats to child well-being are important: First, not all children at risk from any one or more of these conditions experience adverse outcomes. There are preventive and protective factors that are not well-understood (including some provisions of welfare reform programs).⁹⁸ Second, much research demonstrates that the cumulative impact of multiple risk factors is most predictive of negative outcomes for children rather than any particular risk factor.⁹⁹

A total of 51 measures of potential “threats” to child well-being are included in the Round II interview with 21 in the baseline interview at Round I. Note that there is a very wide range of types of “threat” from the immediate problem of lack of food to long range developmental outcomes and from direct consequences such as child abuse to indirect ones such as high parental stress. In sum, what we provide is a system of “indicators” of well being. We think that taken together they present a powerful picture of the quality of life of these children in TANF families.

The overall rates for many of the 51 items are alarmingly high in our sample, as illustrated below:

- 29 percent had no home of their own (so had to live with someone else)
- 23 percent had to cut the size of meals or skip meals
- 14 percent regularly leave a child under 13 alone due to lack of child care
- 45 percent said friends had provided little support in the prior year
- In 27 percent of the families at least one child lives separate from his/her mother

- 19 percent of children age 7-11 were in special education classes, and 19 percent had been expelled or suspended during the prior year
- 29 percent of youth aged 12-17 were in special education classes, and 20 percent had run away, gotten in trouble with the law, were using drugs or drinking, had gotten pregnant or gotten someone else pregnant, or were getting in with a bad crowd or gang

As prominent as these threats are in the general TANF sample, they are consistently even higher for the children living in TANF families with mothers who have serious DV, AOD, or MH issues

Most of the analysis following focuses on Round II, but we add a discussion of two well-validated scales of child behavior and functioning that were first used in Round III. The new Round III measures are the “Ohio Youth Problems and Functioning Scales” (one for functioning the other for behavioral severity) used statewide in Ohio and in pilot projects in California.¹⁰⁰ In addition, in Round III we asked about criminal justice history, and information on arrests and jail days is presented here, as both are disruptive of family life.

B. Overview of findings for families in which a parent has a DV, MH or AOD “need for services”

We use the following definitions of those who “need” AOD, MH, or DV services. We started with a “serious” condition:

- AOD – a diagnosis of dependence or abuse, employment problems because of AOD (flunking a drug test or being fired), or coming to the interview under the influence.
- MH – a measure of symptom severity equivalent to that for a norming group of patients starting services at outpatient clinics.
- DV – physical injury; having been choked or beaten-up; stalking; threats by the abuser to kill the woman or himself or threats to kidnap the children or call CPS; abuser actively interfering with employment; or, Post Traumatic Stress Disorder resulting from adult abuse.

To this we added those who actually sought and used or thought they needed professional services for an AOD or MH condition (even if they did not meet the above criteria). Our measurement of AOD, MH, and DV issues thus includes objective criteria *and* self-perceived need for services. Using these definitions, at the Round II interviews, we classified 13% as having a need for AOD services, 33% for MH services, and 22% for DV services.

Exhibit 71 below summarizes the results for each of six risk categories that our 51 measures from Round II covered. A filled-in circle means that those with each condition are statistically different from those without (we are 95% sure such a difference is not due to chance); an empty circle means the association was not statistically significant. Statistical tests were applied to the sum of measures (for each respondent) in each category.

Exhibit 71: Statistically significant associations between mother’s AOD/MH/DV needs and child well-being measures (P<0.05): measures are sum of indicators in each risk category

	Participants with AOD Needs	Participants with MH Needs	Participants with DV Needs
RISK CATEGORIES	N=76	N=192	N=127
SAFETY NET (21 indicators covering housing, utilities, food insecurity, medical care, resources)	○	○	○
CHILD CARE (8 indicators)	○	○	○
PARENT SUPPORT & FRUSTRATION (7 indicators)	●	○	○
ABUSIVE PARTNER THREATENS CHILD (threats regarding a child by partner or physical abuse while pregnant)	○	○	○
CHILD STATUS (living away from mother, placed out of home, or serious disability)	○	○	○
SCHOOL PERFORMANCE & PROBLEMATIC BEHAVIOR (7 indicators)	○	○	●
TOTAL (51 INDICATORS)	○	○	○

For each risk category we discuss the results and show a graph of one measure as illustrative of the risk category. In each graph we show the overall percentage of the sample experiencing that particular threat to child well-being and, for contrast, the percentage experiencing it in the 54% of the sample who did not report any AOD, MH or DV needs during the year (N=318). The bars for AOD, MH and DV are not mutually exclusive; there is an overlap in these conditions since approximately 11% of the sample overall experienced two or more types of AOD/MH/DV needs during the year. All responses are based on the mother’s self-report regarding herself and her family.

AOD/MH/DV and safety net needs

Families in which mothers have AOD/MH/DV service needs report far more threats to the material well-being of their children. Families in which the mother has one or more of these needs experience more housing inadequacies (including no utilities or phone), more food insecurity, less access to needed health care, and greater income deprivations.

Housing and utilities. We asked seven questions about housing which covered homelessness, number of moves in the year, neighborhood safety, whether utilities had been turned off, and lack of a phone¹⁰¹. There were strong negative differences for each of the AOD/MH/DV groups for housing and for MH and DV regarding utilities. Exhibit 72 shows that while only 2% of

women with no AOD/MH/DV needs were homeless on the street or in shelters during the year 10% to 13% of women with AOD/MH/DV needs were.

Exhibit 72: Homeless on street or in a shelter during the year, by AOD/MH/DV service need

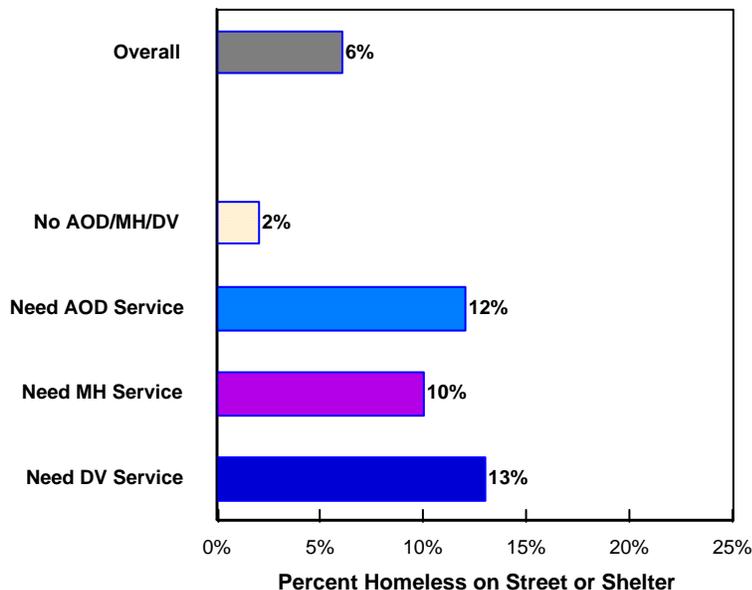
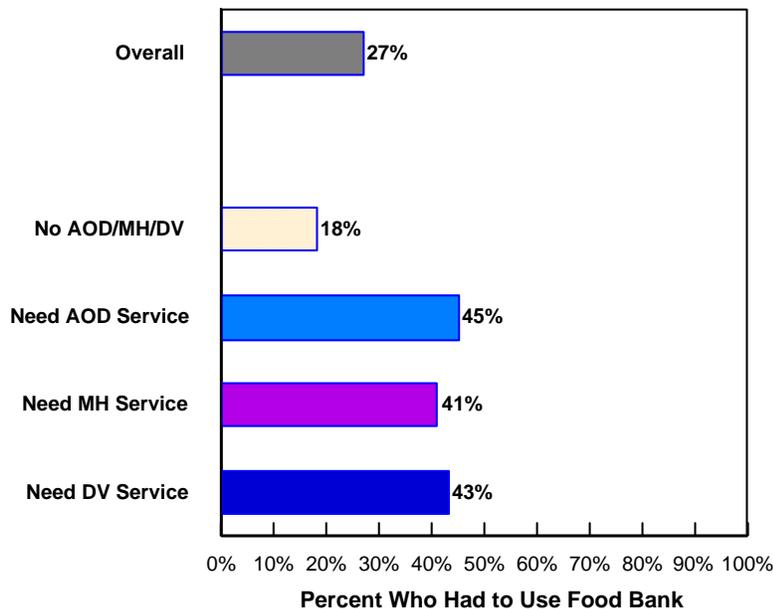


Exhibit 73: Had to use food bank in previous year, by AOD/MH/DV service need

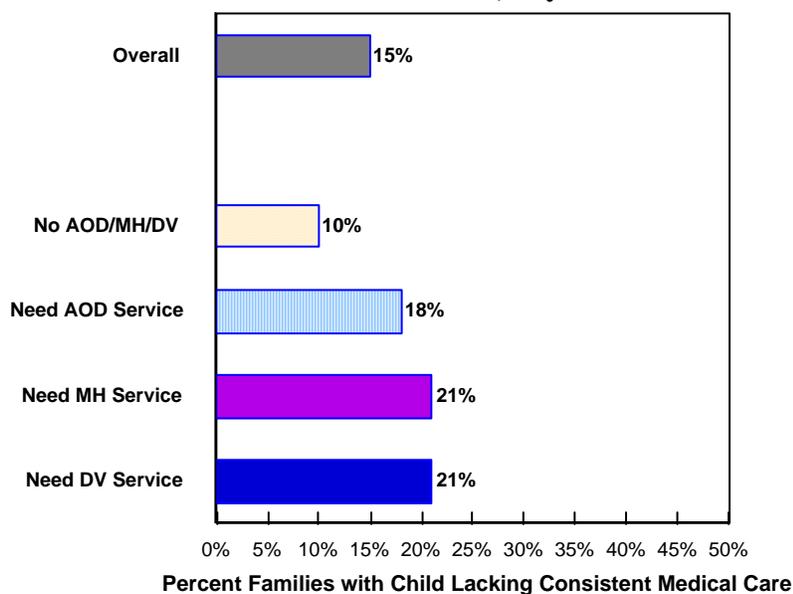


Hunger. Food insecurity was measured by whether a family reported having to use a food bank, having skipped or cut down the size of meals in the past year, or by a parent *or* child having been hungry because the family just could not afford food. Food insecurity was statistically associated with all three AOD/MH/DV conditions. Exhibit 73 portrays the group differences in those

having to use food banks to get by—more than twice as many in the AOD/MH/DV need groups as among those with no need used food banks.

Medical care. Lack of a medical safety net was measured by whether any child was not covered by medical insurance and by how frequently each child received needed medical and dental care. Negative values on these measures are associated with AOD/MH/DV need, most strongly for mental health conditions. Exhibit 74 presents the most important of these measures, whether medical care was *not* received by children in the family “all of the time.” Among those with MH and DV needs one fifth reported lack of consistent care—double that reported by those with no AOD/MH/DV needs.

Exhibit 74: Families in which a child in the family did not receive needed medical care “all of the time,” by AOD/MH/DV service need



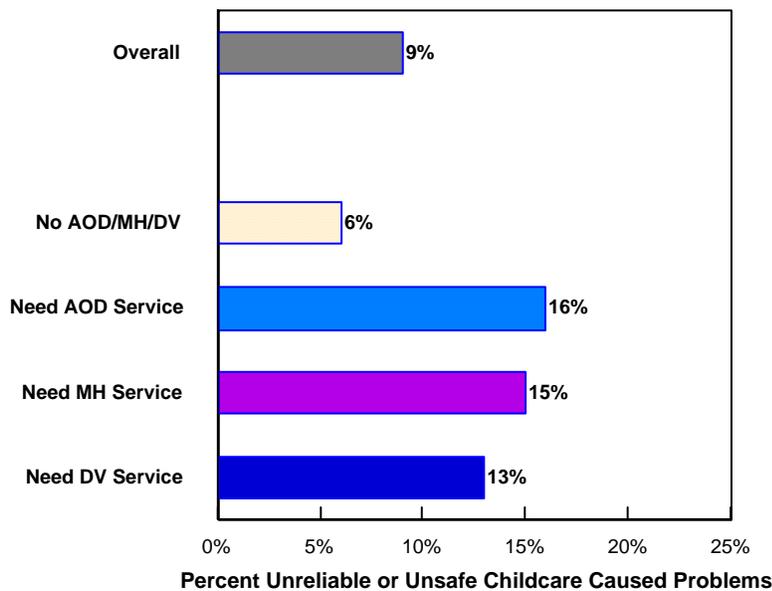
Family financial resources. Not having received food stamps in the prior month, not having received child support in the year, having more than \$1,000 in debts, having a total annual income of less than \$5,000 (in 1999), having a much lower income in 1999 than 1998, and having a period of three months when the mother lacked medical insurance were counted as resource-related threats to child well-being. AOD/MH/DV needs were significantly associated with these measures.

AOD/MH/DV and the adequacy of work-related child care

The availability of reliable childcare is essential to being able to work. However, child care also involves a number of elements that directly affect the well-being of the child being cared for. Among the items measured in this area were whether children under 13 were regularly left alone; whether work-related child care was very difficult to obtain; whether the quality of the child care was poor; whether the youngest child had had more than two regular child care arrangements in the prior year; and whether pre-school children did *not* have access to Head Start or other center-based child care (which is associated with better developmental outcomes). Having AOD, MH

and DV needs was associated with these measures in the aggregate and with most of the measures individually. Exhibit 75 shows the results for women who reported that in the past year unreliable or unsafe child care had caused them problems finding a job, caused absenteeism or lateness, or caused them to quit or be fired. More than twice as many women with AOD/MH/DV service needs reported these problems as among the group with no AOD/MH/DV service needs.

Exhibit 75: Respondents who report unreliable or unsafe child care caused work problems in previous 12 months, by AOD/MH/DV service needs



AOD/MH/DV and parental stress and social support

The research also looked at measures of parental stress and measures of parental social support, which could alleviate parental stress. Measures of parental stress included feelings within the past month by these mothers that their children were much harder to care for than most children, that their children did things that really bothered them a lot, that they felt angry with their children, and that they were giving up more of their lives to meet their children's needs than they had expected. Additional stress indicators were having a child under two years of age and caring for four or more children.

The social support scale measured emotional, personal, financial, and decision-making help. It was supplemented by questions regarding whether the woman respondent was in a marriage-like relationship that had lasted at least a year, and the amount of support provided by friends and by welfare/employment staff.

Mothers with DV and MH conditions expressed significantly more frustration on the questions about their children and received less support than those without these conditions.

Exhibit 76: Very low social support reported by mother, by AOD/MH/DV service needs

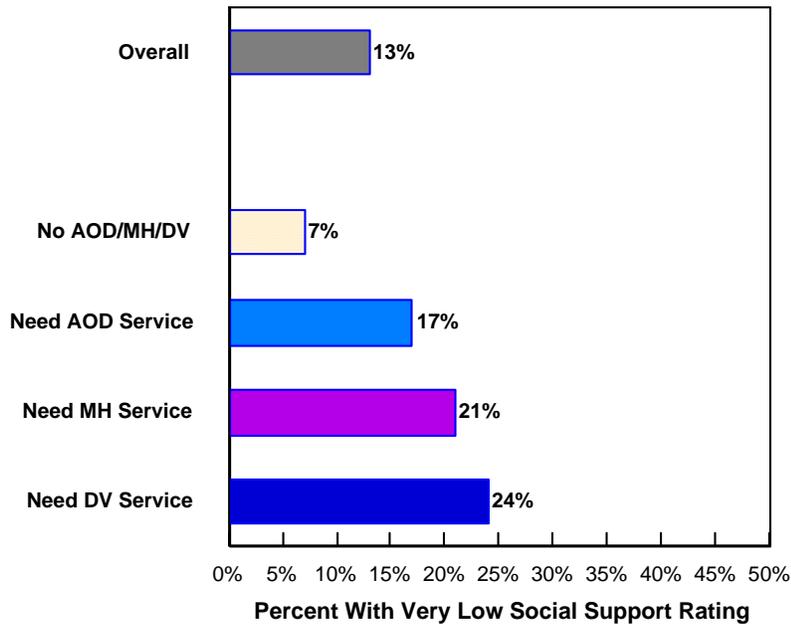


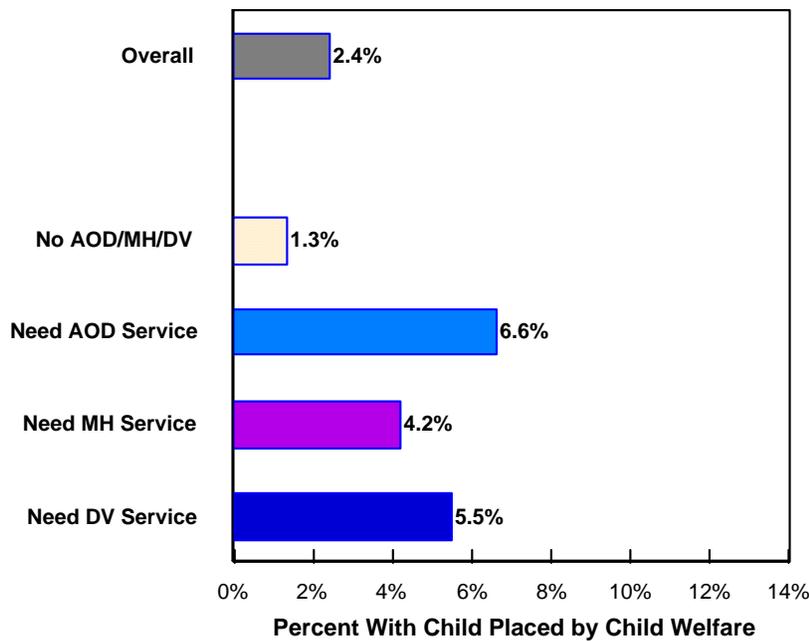
Exhibit 76 presents the percentage overall and in each subgroup who scored very low on the social support scale (in the bottom 13% overall). In fact, two to three times as many women report very low social support if they have AOD/MH/DV service needs than if they do not.

AOD/MH/DV and child status

For a variety of reasons, including neglect or abuse, a mother may not be able to keep all of her children with her, and they have to reside out of the home. Children may also have a significant physical or emotional disability which limits their activities and therefore requires special care from the parent. Families where the mother has AOD/MH/DV service needs are more likely to have children in these difficult situations than when the mother does not have such needs.

Exhibit 77 shows the percentage of mothers reporting that at the time of the interview one or more child had been placed in a foster home by child welfare. Although the overall rate is fairly low (2.4%), respondents with AOD/MH/DV service needs were three to five times as likely as those without such needs to have had a child placed in foster care. The rate was particularly high among those with AOD needs.

Exhibit 77: One or more child placed in foster care by child welfare, by AOD/MH/DV service needs

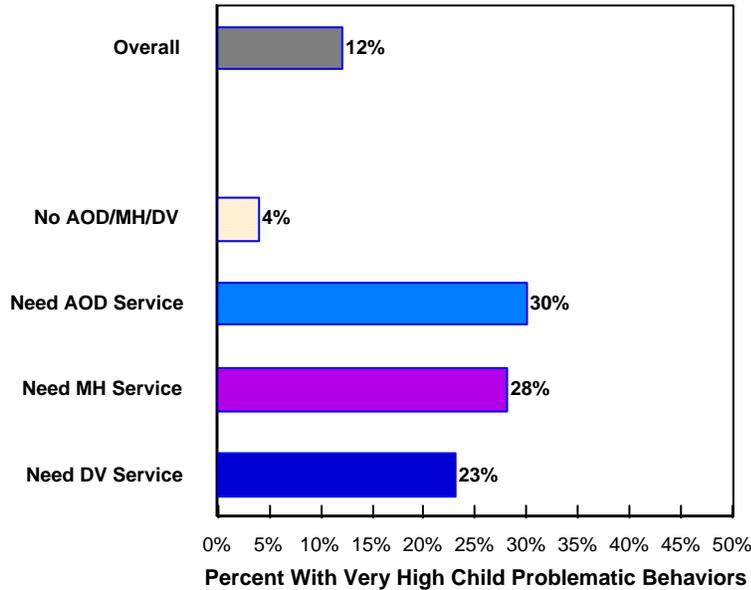


AOD/MH/DV and child behaviors and schooling

These measures are often considered “outcomes,” that is, they may reflect the effects of the risks we have outlined above. In this summary we present the results for families in which the child we asked about was between the age of 7 and 17—282 families. In the later tables results for different age groups are broken out separately.

We measured five problematic behaviors and six school-related indicators, including whether the parent was contacted by the school about the child’s performance, whether the child was held back a grade, whether the child was in special education or was suspended or expelled. Taking these measures in the aggregate, the children of mothers with AOD and MH service needs were significantly different from those without. In Exhibit 78 we show the percentage of focal children age 7-17 in each group with very low (bottom 12% overall) behavior scores. Very low scores are reported by six to seven times as many women having AOD/MH/DV service needs as among those who do not have any AOD/MH/DV service need.

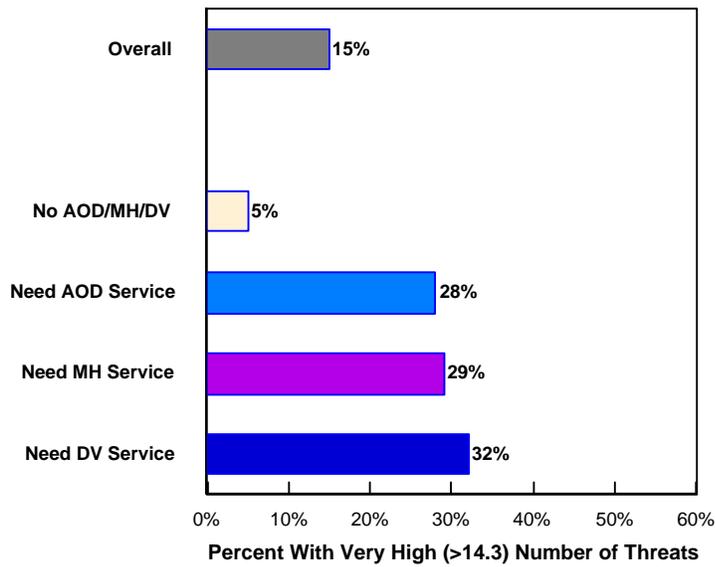
Exhibit 78: Very high scores on child behavior difficulties, age 7-17, by AOD/MH/DV service needs



AOD/MH/DV and the cumulative threats to child well-being

As noted above, the best predictor of poor developmental outcomes among young children is often the *total* number of risk factors to which they are exposed. In this study we have measured 51 potential threats to children. Within the study population there is a range of from two threats to as many as 29—the mean is 9.8. All three of the AOD, MH and DV subgroups have significantly more threats than do those without these issues.

Exhibit 79: Women with a “very high” number (more than 14.3) threats to children in their families, by AOD/MH/DV service needs



The 15% of families with the highest number of risks (above 14.4 threats) were defined as having a “very high” number of threats. Exhibit 79 compares the percentage in each subgroup with a very high number of threats, that is, over the 14.4 threats threshold.

Roughly twice as many families in the AOD (28%), MH (29%), and DV (32%) groups had more than 14.4 total threats as did the group as a whole. And the percentages were five to six times as high as for the 5% among those not having any AOD/MH/DV condition.

It is clear that the lives of a substantial minority of parents and children receiving TANF are precarious and excruciatingly difficult. To the extent that we know the outcomes for children in the family, the results are not encouraging. It seems safe to say that DV, MH and AOD issues only make a difficult situation worse for a disturbingly large percentage of families who have had to rely on the safety net of our welfare system—a system “reformed” but not yet transformed into compassionate and helpful services for all participants. In this section we present the measures that will begin to address the needs of TANF participants with DV/MH/AOD needs.

C. Relationship of child well-being measures to different types of domestic violence in Round II

Exhibit 80 summarizes the relationship of four DV measures to the six risk categories we have discussed. The shaded variable is the “DV need for services” measure reported in Section B above. *Overall, all of the four measures of domestic violence are statistically associated with threats to all six types of child well-being except behavioral developmental problems (which are inconsistent).*

D. Round III functional and behavioral severity scores

The items and scales used in Round II for measuring child functioning and the severity of negative behaviors were relatively few. By adding to the survey results the two Ohio Scales with 20 items each we are able to get a much better picture of these domains¹⁰²—albeit one year later than for the other measures. The functioning scale includes questions such as the extent to which the child has trouble getting along with friends, family, or maintaining good health. The severity of behavior items focus on acts such as fighting, fits of anger, or nightmares. Because the scores are ratings by the mothers, it is not possible to determine if negative ratings reflect actual behavior or a perceptual bias on the part of the mother. Either would be of concern. Exhibit 81 (skip one page) shows these results.

Exhibit 80: Alternative DV issues and mean number of threats to child well-being, by domain in Round II

TYPES OF THREATS	Overall Sample N=549	No Abuse N=381	Serious Abuse N=103	Physical Abuse N=94	Any DV N=198	DV Needs N=127
SAFETY NET						
Housing (7 measures)	1.40	1.17	2.04***	2.07***	1.84***	2.02***
Utilities (2 measures)	0.24	0.17	0.46***	0.45***	0.39***	0.40***
Hunger (3 measures)	0.58	0.47	1.01***	1.13***	0.79***	0.92***
Medical (3 measures)	0.47	0.40	0.57	0.57	0.62***	0.59**
Resources (6 measures)	1.98	1.88	2.30**	2.40***	2.19***	2.35***
SUBTOTAL (21 measures)	4.68	4.09	6.37***	6.63***	5.83***	6.28***
CHILD CARE (8 measures)	1.75	1.54	2.12***	2.18***	2.14***	2.02***
PARENT SUPPORT/ FRUSTRATION (7 measures)	2.44	2.35	2.71***	2.72***	2.62***	2.72***
ABUSIVE PARTNER THREATS TO CHILD (2 measures)	0.08	0.00	0.46***	0.39***	0.24***	0.29***
CHILD STATUS (3 measures)	0.23	0.18	0.36***	0.34***	0.32***	0.54**
SCHOOL/ BEHAVIOR						
4 to 6 (2 measures)	0.50	0.45	0.57	0.54	0.55	0.45
7 to 11 (7 measures)	1.65	1.59	2.12*	1.82	1.79	1.67
12 to 17 (8 measures)	2.01	1.79	3.5***	3.33***	2.72**	2.36
GRAND TOTAL (51 measures)+	10.35	9.34	13.27***	13.37***	12.28***	12.79***
Percent “very high” risks	14%	9%	32%***	32%***	23%***	31%***

+The school/behavior subcategories are mutually exclusive for different age categories, so the denominators vary. The means shown are for the families with a focal child in that age group. Statistical significance: Each condition is tested against those not having the condition—not against the overall or those with no AOD/MH/DV issue, which are provided only for reference. Legend: $p \leq 0.01$ is ***; $p \leq 0.05$ is **; $p \leq 0.10$ is *. DV categories are not mutually exclusive (there is overlap).

Exhibit 81: Level of Child Functioning Rated by Mother, by Any Abuse and Serious Abuse

	Any Abuse?		Serious Abuse?	
	NO N Percent	YES N Percent	NO N Percent	YES N Percent
Impaired	7 4%	4 5%	7 3%	4 11%
Low Functioning	10 5%	3 4%	12 5%	1 3%
Moderate Functioning	22 11%	20 26%	28 12%	14 40%
High Functioning	155 80%	50 65%	189 80%	16 46%

Although both children whose mothers report “any abuse” or “serious abuse” have significantly lower functioning (using chi-square¹⁰³) the low N’s make the conclusion tenuous. Collapsing impaired and low functioning together and moderate and high functioning together makes it clear that the statistical significance is an artifact of the classification and low N as neither “any abuse” nor “serious abuse” is close to be statistically significant when reclassified.

Exhibit 82: Severity of Child Behavior Rated by Mother, by Any Abuse and Serious Abuse

	Any Abuse?		Serious Abuse?	
	NO N Percent	YES N Percent	NO N Percent	YES N Percent
Minimum severity	156 80%	50 65%	188 80%	18 51%
Mild severity	23 12%	16 21%	30 13%	9 25%
Moderate severity	9 5%	5 6%	9 4%	5 14%
High severity	6 3%	6 8%	9 4%	3 9%

The behavior ratings are also statistically significant¹⁰⁴ but suffer from the same small cell sizes. When recoded into two categories (mild and minimum vs. moderate and high) the “serious abuse” scores remain statistically significant at an alpha of 0.05 and the “any abuse” scores at alpha of 0.10.¹⁰⁵

Thus there is weak evidence in these tables that in families in which abuse has occurred behavior and social functioning are somewhat more likely to be in negative realms.

An alternative analysis looks not at pre-set levels “high severity or impairment” but simply compares those experiencing abuse (any or serious) with those not. In this analysis it turned out to be very important to analyze the counties separately:

Exhibit 83: Effect of “any abuse” on function and behavior scores of children in the family

County	No abuse Mean	Any abuse Mean	T-score	Alpha	Equivalent Percentage Difference
Kern Behavior	13.9	15.6	-0.78	0.43	7% NS
Stanislaus Behavior	11.5	17.4	-2.85	0.00	24%
Kern Functioning	63.5	61.6	0.63	0.53	5% NS
Stanislaus Functioning	64.9	56.9	3.92	0.00	32%

Behavior Scale: Maximum score of 80. Higher is “worse;” Functioning Scale: Maximum score is 100, higher is better. Two-tailed t-test. Note there were only 12 respondents reporting “serious abuse” in Kern.

Exhibit 84: Effect of “serious abuse” on function and behavior scores of children in the family

County	No serious abuse Mean	Serious abuse Mean	T-score	Alpha	Equivalent Percentage Difference
Kern Behavior	14.1	20.3	-1.23	0.22	10% NS
Stanislaus Behavior	12.0	19.5	-2.95	0.00	25%
Kern Functioning	64.0	52.9	2.47	0.01	21%
Stanislaus Functioning	63.9	55.5	3.36	0.00	28%

Behavior Scale: Maximum score of 80. Higher is “worse;” Functioning Scale: Maximum score is 100, higher is better. Two-tailed t-test. Note there were only 12 respondents reporting “serious abuse” in Kern.

Results are less ambiguous using the greater power of continuous rather than categorical data.¹⁰⁶ Stanislaus respondents report more negative behavior *and* functioning if they have “any” abuse or “serious” abuse. Kern respondents report more negative functioning but only if they experienced serious abuse. (Results for behavior and for “any abuse” are not significant in Kern.) The final column, “Equivalent Percentage Difference,” is calculated from the t scores and shows substantial differences between those with and without DV, especially in Stanislaus.

E. Round III: The risk of mother’s criminal justice system involvement

Only in Round III did we ask about the respondents’ involvement with the criminal justice system (other than as a resource in stopping domestic violence). We asked several questions that cover arrest, convictions and jail time (over the prior three years). Women in both counties

reporting domestic violence (any abuse or serious abuse) were significantly more likely to also report having been arrested and also to have been convicted since they turned 18 (Exhibit 85). Of those reporting “any abuse,” 45 percent had been arrested and 31 percent convicted of a crime; of those reporting serious abuse 53 percent had been arrested and 30 percent convicted.

Exhibit 85: History of Arrest or Conviction, by Any Abuse and Serious Abuse¹⁰⁷

	Any Abuse?		Serious Abuse?	
	NO	YES	NO	YES
	N	N	N	N
	Percent	Percent	Percent	Percent
Arrested since age 18	109 28%	79 45%	143 30%	45 53%
Convicted since age 18	85 22%	54 31%	109 23%	30 34%

Women reporting serious domestic violence (but not “any abuse”) also reported significantly more time spent in jail during the three years 1998-2000. For those reporting serious abuse the number of days incarcerated was 33.7 vs. 8.9 for those not reporting serious abuse.¹⁰⁸ Note that the mean number of days is uses the entire group as a denominator not just those who were convicted; so it combines the influence of differential arrest and conviction with number of jail days. Since it is the effect on the children we are particularly concerned with, this seems the appropriate measure rather than comparing jail days only among those convicted.

CONCLUSIONS AND IMPLICATIONS OF FINDINGS

This study was undertaken to determine whether domestic violence (and mental health and alcohol and other drug problems) was prevalent enough to be a significant problem for women facing new welfare reform requirements. And if so, we wanted to find out what impact these issues had on the two major outcomes of welfare reform: parent employment and child well-being.

Despite the fact that use of the Family Violence Option is minimal, we found rates of a number of different types of domestic violence and Post Traumatic Stress Disorder to be extremely high. Over the three year period we studied, serious abuse occurred for over one third of the women. Significant numbers of women experiencing DV also reported mental health problems or AOD problems as well. We also found that virtually all measures of DV in Kern County were associated with less success in getting off welfare and working. In Stanislaus the impact on employment differed by measure. We also found that for all of the different types of threats to child well-being we measured, four different measures of domestic violence were associated with statistically significant higher rates of threat.

We believe these findings lead fairly directly to both policy and practice implications. Below we have laid these out. The policy implications focus, since this is the year reauthorization of welfare reform is being considered, on potential legislative changes. The practice implications are from the standpoint of welfare and AOD/MH/DV service administrators attempting to plan a system of supportive services for TANF recipients.

A. Welfare Policy implications

- ❖ Remediable barriers, including DV (or MH or AOD) services issues, have a strong and predictable impact on employment outcomes. If TANF programs identify the presence of these barriers they can begin to address them early in the participant's welfare tenure. Given the time limits built into welfare reform, this kind of early identification of barriers becomes critical. Federal reauthorization of welfare reform legislation should require that TANF programs screen, assess, and provide services to persons with DV (and MH and AOD) issues. We know that services for DV (and MH and AOD) issues can help participants be more effective in their lives. DV (or MH or AOD) services that focus specifically on overcoming the aspects of the problems that constitute barriers to employment are consistent with the work emphasis of TANF and would be particularly helpful to recipients.
- ❖ Hours spent receiving services for DV (or MH or AOD) issues should count as allowable work activities for as long as necessary. States that currently allow these services to be credited as work activities are penalized in calculation of their federal work participation rates. States should be given the flexibility to allow provision of services for these impairments as long as they deem necessary.
- ❖ The 60-month time clock should pause during any months in which a recipient is receiving DV (or MH or AOD) services to overcome barriers to employment. The

seriousness of some of the DV (or MH or AOD) conditions requires active comprehensive services that may require more than a few months to rectify.

- ❖ Although all respondents had a TANF status of female head of household, about 40 percent of the women in each county had a steady partner. In Kern, 21 percent and 18 percent (in Round I and II) of women with partners reported serious abuse. In Stanislaus the Round I and Round II figures were 35 and 17 percent. Information over the two interview rounds revealed that a substantial number of Stanislaus women experiencing serious abuse in a non-marital relationship in Round I had left the relationship by the next year. Any attempt to promote marriage as part of the debate on the reauthorization of welfare reform—on both federal and state levels—should be approached very cautiously so as not to entrap women in abusive relationships.

B. Practice Implications for Welfare, DV, MH and AOD Services

- ❖ Although a substantial number of women reported sustained abuse over two or three years, many cases of serious abuse arose each year. Efforts to identify DV issues and to inform recipients about the availability of services and options need to be ongoing in order to address both new cases that emerge over time and ongoing cases that have not been identified.
- ❖ A high proportion of women in the study experience more than one “silent barrier.” About one fifth of the TANF participants have an overall need for services in more than one domain. Those with the most serious situations are more likely to have multiple issues. In addition, a third or more of the women with DV (and MH and AOD) issues have very low-self esteem. Thus, programs that can integrate services are greatly needed. DV programs must also be able to assess and address low self-esteem and learning disabilities.
- ❖ Very few women in the survey samples used the Domestic Violence Option although it was available to them. The percentage of those who remembered having been told about the Domestic Violence Option was no higher than 40% in either county at either of the first two interview rounds. Over the two rounds only five people reported having used the Domestic Violence Option. The fact that many participants don’t remember being told about the DV Option or the availability of AOD and MH services (when we know they have been told) suggests that these informing efforts must also be ongoing. TANF programs may also need to develop more effective ways of presenting the information.
- ❖ There were substantial numbers of respondents with unidentified needs at both time periods and in both counties. For DV the percentage of those with serious abuse not having received services was between 10 and 17 percent of the entire sample (depending on site and interview round). Thus there is a substantial and continual need for focused identification efforts within TANF programs.
- ❖ A substantial number of recipients rate DV services as helpful, but information from respondents who are either not satisfied or who discontinue services indicates that identified needs are not always being met effectively. TANF collaboratives (interagency

consortia) need to begin to turn their attention to ensuring that services are relevant and effective for TANF clients.

- ❖ For all four of the domestic violence measures we used (and adult trauma PTSD as well), families experiencing domestic violence were associated with high rates of multiple threats to child well-being. In order to address this association, TANF programs should have a family focus.
- ❖ Professional DV (and AOD and MH) programs that serve TANF parents should also address the needs of their children. Given the high likelihood of threats to child well-being in these families, these programs should make proactive efforts to provide a range of general support services for the children in these families. These can include educational, recreational, and/or more therapeutic support activities. The programs should also ensure that any children with suspected problems receive thorough assessments and referrals to services. Ideally these general and specialized services for children could be obtained at the same program that serves the parents. Where this is not possible the DV (and AOD and MH) programs serving the parents must form close collaborations with programs that do provide the needed services for the children.
- ❖ DV residential programs serving TANF recipients should include women *and* their children, and special programming should be designed to meet the children's needs.

C. Research implications

- ❖ Very few longitudinal studies have been performed that allow us to track the incidence (new cases) in a given time period of different types of domestic violence. While cross-section studies are valuable (and much cheaper), we believe the findings in this report justify a greater emphasis on longitudinal investigations.
- ❖ Although we have made a start, further research is needed to investigate the complex ways in which domestic violence can be categorized so as to assist administrators plan services for women likely to benefit from them. What is needed is ways of categorizing domestic violence so as to help understand the factors that might lead a woman to seek help and which might cause the pattern of threat to child well-being demonstrated in this report.
- ❖ The use of several measures for DV rather than the commonly used physical abuse alone has been justified by our findings. In particular, it is noteworthy that a great many women suffering from adult partner induced PTSD view emotional abuse as the most traumatic. In addition, the impact on employment depended (in one county) a great deal on the measure of DV being utilized. Welfare reform studies looking at domestic violence need to go beyond the pro forma inclusion of the Conflict Tactics Scale.

D. Implications for Law Enforcement

Because there is often little difference between women using welfare and other low-income women, findings in this study can be generalized—with caution. Law enforcement officers

working with low income women need to be aware of the high probability that domestic violence is experienced, the likely co-occurrence of mental health or AOD issues, and the chance of negative effects on children in the family.

End Notes

¹ <http://www.ncsl.org/statedfed/welfare/famvioopt.htm>

² 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.

³ 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.

⁴ See the Domestic Violence Survey on the CIMH website: www.cimh.org/calworks

⁵ <http://www.ncsl.org/statedfed/welfare/famvioopt.htm>

⁶ Studies by Danziger and Speigman also look at domestic violence over time during the PRWORA era but use much more limited definitions of domestic violence than used in this study. 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* (www.ssw.umich.edu/poverty/pubs.html). Ann arbor: University of Michigan, Poverty Research and Training Center; Speigman, 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.

⁷ The literature is very large. A partial list of recent works includes: Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: examining the roles of shame and guilt. *Violence and Victims*, 16(1), 65-78; Arias, I., & Pape, K. T. (1999). Psychological abuse: implications for adjustment and commitment to leave violent partners. *Violence and Victims*, 14(1), 55-67.; Campbell, J. C., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20(2), 353-374.; Danielson, K. K., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998). Comorbidity between abuse of an adult and DSM-III-R mental disorders: evidence from an epidemiological study. *American Journal of Psychiatry*, 155(1), 131-133.; Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues Ment Health Nurs*, 21(5), 499-513.; Fiorentine, R., Pilati, M. L., & Hillhouse, M. P. (1999). Drug treatment outcomes: investigating the long-term effects of sexual and physical abuse histories. *J Psychoactive Drugs*, 31(4), 363-372.; Hill, S. Y. (1995). Mental and physical health consequences of alcohol use in women. *Recent Dev Alcohol*, 12, 181-197.; 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.; McCauley, J., Kern, D., Kolodner, K., Dill, L., Schroeder, A., DeChant, H., Ryden, J., Derogatis, L., & Bass, E. (1997). Clinical characteristics of women with a history of childhood abuse: unhealed wounds [see comments]. *JAMA*, 277(17), 1362-1368.; Scholle, S. H., Rost, K. M., & Golding, J. M. (1998). Physical abuse among depressed women. *Journal of General Internal Medicine*, 13(9), 607-613.; Brewer, D. D., Fleming, C. B., Haggerty, K. P., & Catalano, R. F. (1998). Drug use predictors of partner violence in opiate-dependent women. *Violence Vict*, 13(2), 107-115.; Gorney, B. (1989). Domestic violence and chemical dependency: dual problems, dual interventions. *J Psychoactive Drugs*, 21(2), 229-238.; Hill, S. Y. (1995). Mental and physical health consequences of alcohol use in women. *Recent Dev Alcohol*, 12, 181-197.; Leonard, K. E., & Roberts, L. J. (1998). The effects of alcohol on the marital interactions of aggressive and nonaggressive husbands and their wives. *J Abnorm Psychol*, 107(4), 602-615.; Matlock, T., Slate, J. R., & Saarnio, D. A. (1995). Familial variables and domestic violence. *J Ark Med Soc*, 92(5), 222-224.; Rivara, F. P., Mueller, B. A., Somes, G., Mendoza, C. T., Rushforth, N. B., & Kellermann, A. L. (1997). Alcohol and illicit drug abuse and the risk of violent death in the home. *Jama*, 278(7), 569-575.; Rodriguez, E., Lasch, K. E., Chandra, P., & Lee, J. (2001). The relation

of family violence, employment status, welfare benefits, and alcohol drinking in the United States. *West J Med*, 174(5), 317-323.; Zaskiewicz, D. M., Schmidt, L., Wiley, J. A., & Dohan, D. (2001). *Patterns of welfare receipt among women: The role of depression and substance abuse*. Berkeley: Public Health Institute, Alcohol Research Group.

⁸ 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.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² See the Domestic Violence Survey on the CIMH website: www.cimh.org/calworks

¹³ Domestic violence is also termed intimate partner violence and domestic abuse.

¹⁴ Adapted from Raphael, J. (2002). Keeping battered women safe during welfare reform: new challenges. *J Am Med Womens Assoc*, 57(1), 32-35.

¹⁵ Allard, M. A., Albelda, R., Colten, M. E., & Cosenza, C. (1997). *In Harm's Way? Domestic Violence, AFDC Receipt, and Welfare Reform in Massachusetts*. Boston: University of Massachusetts.

¹⁶ Browne, A., & Bassuk, S. (1997). Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. *American Journal of Orthopsychiatry*, 67(2), 26-29. Salomon, A., Bassuk, S. S., & Brooks, M. G. (1996). Patterns of Welfare Use Among Poor and Homeless Women. *American Journal of Orthopsychiatry*, 66(4), 511-525.

¹⁷ Curcio, W. (1997). *The Passaic County Study of AFDC Recipients In A Welfare-To-Work Program :A Preliminary Analysis*.: Passaic County Board of Social Services, 80 Hamilton Street, Paterson, New Jersey 07505, 201-881-3169; fax: 201-881-3232.

¹⁸ Lloyd, S. (1997). *The Effects of Violence On Women's Employment*: Joint Center for Poverty Research, 2040 Sheridan Road, Evanston, Illinois 60208-4100, 847-491-3395; fax: 847-491-9916.

¹⁹ Plichta, S. (1996). *Commonwealth Fund Survey on Women's Health*: the Commonwealth Fund at One East 75th Street, New York, New York 10021-2692, 212-535-0400.

²⁰ Danziger, S., Corcoran, M., Danziger, S., Heflin, C., Kalil, A., Levine, J., Rosen, D., & al, e. (Revised 2000). *Barriers to the Employment of Welfare Recipients* (www.ssw.umich.edu/poverty/pubs.html). Ann arbor: University of Michigan, Poverty Research and Training Center.

²¹ 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.

²² Rennison, C. M., & Welchans, S. (2000). *Intimate Partner Violence* (NCJ 178247): Bureau of Justice Statistics.

²³ In each county a separate sample of approximately 85 persons was selected randomly from among those who receive mental health, AOD or domestic violence services *through* the county provided (or contracted) services specific to CalWORKs. In a later stage of analysis, these samples will be compared with the random samples of the entire population.

²⁴ The CalWORKs Project is a collaborative effort of the California Institute for Mental Health, Children and Family Futures, and the Family Violence Prevention Fund. Funding from the California Department of Social Services, voluntary contributions from California counties, the David and Lucile Packard Foundation, the California Wellness Foundation, as well as the grant from the National Institute of Justice support the Project's work. Additional information about the Project and products from the Project are available at www.cimh.org or by calling (916) 556-3480, ext. 111. Major results and recommendations are summarized in four Policy and Practice Briefs: In particular major results and recommendations are summarized in four policy briefs:

Chandler, D., Meisel, J., & Jordan, P. (2002). *Policy and Practice Brief #1: Mental Health, Domestic Violence and Substance Abuse: Need for and Use of Services Among Adult Female TANF Participants*. California Institute for Mental Health. Sacramento, CA.

Chandler, D., Meisel, J., & Jordan, P. (2002). *Policy and Practice Brief #2: Impact of Alcohol and Other Drugs, Mental Health Problems and Domestic Violence on Employment and Welfare Tenure*. California Institute for Mental Health. Sacramento, CA.

Chandler, D., Meisel, J., & Jordan, P. (2002). *Policy and Practice Brief #3: Multiple Risks Threaten Children of TANF Recipients with Alcohol and Other Drug, Mental Health or Domestic Violence Issue*. California Institute for Mental Health. Sacramento, CA.

Chandler, D., Meisel, J., & Jordan, P. (2002). *Policy and Practice Brief #4 Welfare Reform: Personal Stories of Four Women Who Have Faced Alcohol and Other Drug, Mental Health and Domestic Violence Issues*. California Institute for Mental Health. Sacramento, CA.

²⁵ A recent New Jersey study also attempted to interview a defined sample at recertification interviews but was 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.

²⁶ Barusch, A. S., & Taylor, M. J. (1999). *Understanding Families with Multiple Barriers to self-sufficiency*. Salt Lake City: Social Research Institute, University of Utah; 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.

²⁷ The only accurate way to determine whether non-response creates a bias is to do more extensive follow-up, finding non-responders. An Iowa study of TANF leavers did just this, finding that while non-responders differed from responders in a few ways, the overall bias was quite low. Kauff, J., Olsen, R., & Fraker, T. (June 2002). *Nonrespondents and Nonresponse Bias: Evidence from a Survey of Former Welfare Recipients in Iowa*: Mathematica Policy Research, Inc.

²⁸ 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 DSMIII 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.

²⁹ 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.

³⁰ 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*.

³¹ 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.

³² 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.

³³ 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.

³⁴ Frequencies by type of injury are presented in Chandler, D., & Meisel, J. (2001). *Alcohol & Other Drugs, Mental Health, and Domestic Violence Issues in CalWORKs Programs: Incidence, Need and Services Technical Report*. Sacramento: California Institute for Mental Health.

³⁵ The largest apparent decline is between Round I and Round II. The overall measure of "any abuse" did in fact decline significantly (in both counties) between these rounds, using the respondents present in both interview rounds. Statistical significance for change from Round I to Round II for subcategories is inconsistent both by category and by county. For more detail see: Chandler, D., & Meisel, J. (2001). *Alcohol & Other Drugs, Mental Health, and Domestic Violence Issues in CalWORKs Programs: Incidence, Need and Services Technical Report*. Sacramento: California Institute for Mental Health. The effect of attrition on prevalence appears low. Although interview completion was high in the second round (95% in Kern and 87% in Stanislaus), differential attrition of respondents who reported domestic violence could cause the apparent drop in prevalence rates, particularly in Stanislaus where attrition was higher. We tested for this possibility by comparing the Round I rates of DV for persons who were not interviewed in Round II with those of persons who were interviewed. The percent in Kern of those with any abuse in Round I who *were* interviewed in Round II was 38 while it was only 21 percent among the 14 persons who were not re-interviewed (thus attrition would have little effect but the effect it had would be to *increase* rates in Round II). In Stanislaus, the rate was a little higher among those who were not re-interviewed (58 percent) than among those who were (51 percent), but this was not close to being a significant difference. The same pattern was found for physical abuse. Thus the effect of attrition was to make it *less* likely in Kern that rates appear to go down while making it *more* likely in Stanislaus. Neither effect was large, however.

³⁶ The effect of attrition on prevalence: Although interview completion was high in the second round (95% in Kern and 87% in Stanislaus), differential attrition of respondents who reported domestic violence could cause the apparent drop in prevalence rates, particularly in Stanislaus where attrition was higher. We tested for this possibility by comparing the Round I rates of DV for persons who were not interviewed in Round II with those of persons who

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³⁷ Woods, S. J. (2000). Prevalence and patterns of posttraumatic stress disorder in abused and postabused women. *Issues Mental Health Nursing*, 21(3), 309-324.

³⁸ Street, A. E., & Arias, I. (2001). Psychological abuse and posttraumatic stress disorder in battered women: examining the roles of shame and guilt. *Violence and Victims*, 16(1), 65-78; Arias, I., & Pape, K. T. (1999). Psychological abuse: implications for adjustment and commitment to leave violent partners. *Violence and Victims*, 14(1), 55-67.

³⁹ There was an inconsistency between two sets of the items with the more frequent and “less serious” items using 3-9 as the intermediate category and the more serious items using 3-10. For consistency they have been classed together here on the assumption that very few people accurately can recall the difference between 9 and 10 events.

⁴⁰ A t-test shows less than one chance in 10,000 that this difference is due to chance ($t = -6.0711$ $p < t = 0.0000$ $df=151$)

⁴¹ Chi-square = 7.9408 $p <= 0.094$ $df=4$

⁴² A t-test shows less than one chance in 10,000 that this difference is due to chance ($t = 10.1548$ $p < t = 0.0000$ $df=175$)

⁴³ This is essentially the same table as above, but with any abuse in both years as the denominator rather than study participation in both years being the denominator.

⁴⁴ Note that the fact a woman experience less severe abuse in the first year and serious abuse in the second year does not necessarily mean a particular abuser was escalating his pattern of abuse (as is often reported in the literature). The abuse could have been committed by different partners.

⁴⁵ Presentation of Samuel L. Myers, Jr. (Roy Wilkins Professor of Human Relations and Social Justice, Humphrey Institute, University of Minnesota) at the National Institute of Justice meeting of welfare and domestic violence grantees, May 2001.

⁴⁶ Statistically significant at $p \leq 0.08$.

⁴⁷ The analysis is for each interview round separately. We did not ask about a 24 month period.

⁴⁸ Reidy, R., & Von Korff, M. (1991). Is battered women's help seeking connected to the level of their abuse? *Public Health Rep*, 106(4), 360-364. Over 70 percent of the women waited more than a year from the worst episode before seeking help.

⁴⁹ N varies by measure.

⁵⁰ Specifically, respondents were asked: Do you think [your abuser's] violent behavior toward you has stopped?

⁵¹ The percentages for depression are generated through the probabilities of depression diagnosis assigned by the CIDI. These percentages are somewhat higher than those generated by a cut-off of .90 on the probabilities; it is these

latter, however, that are used in the “any diagnosis” measure. See the *Prevalence Report* for an explanation of why two different measures must be used.

⁵² This includes people meeting an objective standard (based on BASIS-32 scores) and also those who said they needed treatment and did not get it *as well as* those who actually got treatment (whether they met the objective criteria or not).

⁵³ The percentages for depression are generated through the probabilities of depression diagnosis assigned by the CIDI. These percentages are somewhat higher than those generated by a cut-off of .90 on the probabilities; it is these latter, however, that are used in the “any diagnosis” measure. See the *Prevalence Report* for an explanation of why two different measures must be used.

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⁵⁵ Any abuse is contrasted to no abuse. Other types are contrasted to those not having that type, e.g., PTSD to those not reporting PTSD.

⁵⁶ Wingood, G. M., DiClemente, R. J., & Raj, A. (2000). Adverse consequences of intimate partner abuse among women in non-urban domestic violence shelters. *Am J Preventive Medicine*, 19(4), 270-275.

⁵⁷ Any abuse is contrasted to no abuse and serious abuse to apparently less severe abuse. Other types are contrasted to those not having that type, e.g., PTSD to those not reporting PTSD.

⁵⁸ Although in an earlier table we used total mental health “need,” here we refer only to the level of AOD involvement which could be presumed to be beyond what a DV agency (without integrated staff) might be able to address.

⁵⁹ Self-reported learning disabilities or participation in special education when in school.

⁶⁰ For women in Kern, we are unable to determine whether the abuse they reported for the previous 12 months is with a new or different partner from the one they used welfare to escape from.

⁶¹ We believe the reason some of the Stanislaus applicants reporting no abuse answered this question positively is that the question instructed them to answer yes if “you were only off welfare for short periods since the time you went on to get away from an abusive situation.”

⁶² Haggerty, L. A., Kelly, U., Hawkins, J., Pearce, C., & Kearney, M. H. (2001). Pregnant women's perceptions of abuse. *J Obstetrical and Gynecological Neonatal Nursing*, 30(3), 283-290. A recent article outlines the factors courts use when abused women appear before them—a particular kind of “need for services.” These include: whether the abuse is continuing and the likely impact of its continuance, as well as the woman's survival strategies, her coping mechanisms, her support systems, and the severity of the physical and/or psychological abuse. Kaiser, A., Strike, C., & Ferris, L. E. (2000). What the courts need to know about mental health diagnoses of abused women. *Med Law*, 19(4), 737-751.

⁶³ The appropriate intervention depends very much on contextual factors. Ideally a domestic violence specialist who is a trained clinician would be available. PTSD as a result of childhood abuse would also indicate need for services, but not specifically domestic violence services.

⁶⁴ Although we did not ask about work interference due to PTSD symptoms, in Round II, in Kern 13 out of 17 respondents with a PTSD diagnosis reported that symptoms had kept them from “going to a party, social event or meeting.” In Stanislaus it was 29 of 44.

⁶⁵ DV-related services includes counseling for PTSD, which might occur in a DV agency or be provided by a mental health professional in a different kind of organization.

⁶⁶ McFarlane, J., Wiist, W., & Soeken, K. (1999). Use of counseling by abused pregnant Hispanic women. *J Women's Health and Gender Based Medicine*, 8(4), 541-546.

⁶⁷ McFarlane, J., Soeken, K., Reel, S., Parker, B., & Silva, C. (1997). Resource use by abused women following an intervention program: associated severity of abuse and reports of abuse ending. *Public Health Nursing*, 14(4), 244-250.

⁶⁸ Potential benefit: serious abuse, work-related abuse or adult PTSD or actually sought help.

⁶⁹ Those who had left welfare were not asked this question.

⁷⁰ Women no longer on welfare were still asked to respond for the period they were on welfare.

⁷¹ We tried this analysis using just court, shelter or police and also adding any kind of counselor.

⁷² McFarlane, J., Soeken, K., Reel, S., Parker, B., & Silva, C. (1997). Resource use by abused women following an intervention program: associated severity of abuse and reports of abuse ending. *Public Health Nursing*, 14(4), 244-250.

⁷³ The number of types of abuse is held constant. $P \leq 0.01$.

⁷⁴ 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.

⁷⁵ Source: US. Census Bureau. Prepared by Brookings Institute, Welfare Reform and Beyond Initiative, 2002. A substantial part of this effect is due to the earned income tax credit. On the average, a woman with two children who receives welfare also receives food stamps and has a total income of less than \$10,000 a year, well below the poverty threshold. The same woman working at minimum wage is still below poverty level if her wages and food stamps alone are considered, but the earned income tax credit lifts her total income to over \$15,000—about \$3,000 above the poverty line. These calculations, however, are ideal since they leave out increased living costs, particularly child care and transportation, and ignore the difficulty of retaining work experienced by many who leave welfare. They also ignore the widespread failure of persons leaving welfare to retain food stamps or their Medicaid benefits.

The Women Employment Survey also found advantages to work: “We find that mothers who were working in Fall 1999, about 34 months after the sample was drawn, had higher household incomes and lower poverty rates, experienced similar levels of material hardship, engaged in fewer activities to make ends meet, and had lower expectations of experiencing hardship in the near future than did nonworking welfare recipients.” Danziger, S., Heflin, C. M., Corcoran, M. E., & Oltmans, E. (2001). *Does it Pay to Move From Welfare to Work?* Ann Arbor: University of Michigan: <http://www.ssw.umich.edu/poverty/pubs.html>.

⁷⁶ Brookings Institute, Welfare Reform and Beyond Initiative, 2002.

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- ⁷⁷ Moffitt, R. (2002). *From Welfare to Work: What the Evidence Shows* (Policy Brief Number 13). Baltimore: Brookings Institute Welfare and Beyond Initiative.
- ⁷⁸ Rangarajan, A., & Johnson, A. (2002). *Work First New Jersey Evaluation: Current and Former WFNJ Clients: How Are They and Their Children Faring 40 Months Later?* Princeton: Mathematica Policy Research, Inc.
- ⁷⁹ Historically rates were much lower, e.g. 7 percent in 1992. Health and Human Services Department Third Annual Report to Congress: <http://www.acf.dhhs.gov/programs/opre/annual3execsum.htm>
- ⁸⁰ United States General Accounting Office (2001). *Welfare Reform: Moving Hard-to-Employ Recipients Into the Workforce* (GAO-01-368). Washington: United States General Accounting Office.
- ⁸¹ The GAO states that 60 percent of those receiving welfare in the year 2000 did not participate in work activities. "The states we visited had not collected and analyzed caseload data on the incidence of characteristics that impede employment, such as substance abuse or mental and psychological conditions, making it difficult for them to make informed programmatic decisions to meet the needs of hard-to-employ recipients and to plan for recipients who are likely to reach their time limit on federal benefits." United States General Accounting Office (2001). *Welfare Reform: Moving Hard-to-Employ Recipients Into the Workforce* (GAO-01-368). Washington: United States General Accounting Office.
- ⁸² Tolman, R., & Raphael, J. (2000). A Review of Research on Welfare and Domestic Violence. *Journal of Social Issues, In Press*.
- ⁸³ Browne, A., & Bassuk, S. (1997). Intimate Violence in the Lives of Homeless and Poor Housed Women: Prevalence and Patterns in an Ethnically Diverse Sample. *American Journal of Orthopsychiatry*, 67(2), 26-29. Tolman and Raphael, *ibid*, report an unpublished Washington state study that showed physical and sexual abuse were associated with employment instability.
- ⁸⁴ Allard *op cit*.
- ⁸⁵ Driscoll, A. K., Speigman, R., & Norris, J. (2000). *Alameda County CalWORKs Needs Assessment Barriers Associated with Working, Hardships of Daily Living, Progress through CalWORKs and Work-related Activities*. Berkeley: Public Health Institute.
- ⁸⁶ Dasinger, L., Miller, R. E., Norris, J., & Speigman, R. (2001, November 20, 2001). *Alameda County CalWORKs Needs Assessment and Outcomes Study: Changes in Economic, Work, Welfare, and Barrier Status 15 Months Post-Baseline*. Public Health Institute. Available: www.phi.org/
- ⁸⁷ Danziger, S. K., & Seefeldt, K. S. (2002). Barriers to Employment and the "hard to serve": Implications for services, sanctions and time limits. *FOCUS*, 22(1), 76-81.
- ⁸⁸ Chandler, D., & Meisel, J. (2002). *Alcohol & Other Drug, Mental Health, and Domestic Violence Issues: Effects on Employment and Welfare Tenure After One Year*. Sacramento: California Institute for Mental Health.
- ⁸⁹ More information on these variables is contained in the *Prevalence Report* and the *Need, Incidence and Services: Technical Report*, available at: www.cimh.org/calworks
- ⁹⁰ At least one of seven measures of work interference was endorsed.
- ⁹¹ In multiple logistic regression, county was significant, the interaction of county and partner-status was significant, and the interaction of DV need and partner-status was significant. The interaction of county and DV need was no longer significant.

⁹² Fit was determined by minimizing the AIC.

⁹³ The analysis was redone creating a four-part variable for each interaction, ie Need DV and Over Age 36 included Need+Over 36 Need+Under 36, NoNeed=Over36 and NoNeed+Under36. The basic results are similar, although in this version of the model, county was not significant. The predicted values are from this model.

⁹⁴ Ibid.

⁹⁵ In fact, a multivariate model using serious abuse as the DV measure was not significant in Stanislaus though it was in Kern. Ibid.

⁹⁶ *The Future of Children: Domestic Violence and Children. Volume 9, Number 3 - Winter 1999.* Eleven articles, recommendations and a bibliography. Available: http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=70473

⁹⁷ Matlock, T., Slate, J. R., & Saarnio, D. A. (1995). Familial variables and domestic violence. *Journal of the Arkansas Medical Society*, 92(5), 222-224.

⁹⁸ See, for example: Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence. *Violence And Victims*, 11(2), 113-128. Luthar, S. S., Cushing, G., Merikangas, K. R., & Rounsaville, B. J. (1998). Multiple jeopardy: risk and protective factors among addicted mothers' offspring. *Development And Psychopathology*, 10(1), 117-136.

⁹⁹ Sameroff, A. J., Seifer, R., Baldwin, A. & Baldwin, C. (1993). Stability of intelligence from preschool to adolescence: The influence of social and family risk factors. *Child Development*, 64, 80—97.

¹⁰⁰ Scales and psychometrics are available: Southern Consortium for Children, P.O. Box 956, Athens, OH 45701-0956

¹⁰¹ The time periods for the questions varied, from the last 60 days to last one year.

¹⁰² Cronbach's alpha for the behavioral scale is 0.92 and for the functional scale it is 0.93.

¹⁰³ For anyabuse chi-square=9.77 p<=0.02 df=3; for serious abuse chi-square=26.02 p<=0.00 df=3.

¹⁰⁴ For any abuse Chi-square =7.90 p<=0.05 df=3; for serious abuse chi-square=14.80 p<=0.00 df=3.

¹⁰⁵ For serious abuse Chi-square= 8.15 p<=0.00 df=1; for any abuse chi-square =2.73 p<=0.10 df=1.

¹⁰⁶ We report t-test results. However, equivalent levels of statistical significance were reached using a rank sum test and O'Brien's generalized t test in order to adjust for the skewed shape of the distributions.

¹⁰⁷ For arrest: any abuse chi-square=14.66 p<=0.00 df=1, serious abuse chi-square=15.55 p<=0.00 df=1; for conviction any abuse chi-square=4.7 p<=0.03 df=1 and serious abuse chi-square=5.31 p<=0.02 df=1.

¹⁰⁸ T test: t=-2.74 p<=.01 df=561.