

CalWORKs Project Research

**TANF Families in which there are
Alcohol or Other Drug, Mental Health,
or Domestic Violence Issues:**



***Child Well-
being Under
Welfare
Reform***

EXECUTIVE SUMMARY

JANUARY, 2003

CALWORKS PROJECT COLLABORATING ORGANIZATIONS AND STAFF

California Institute for Mental Health (www.cimh.org)

2030 J Street
Sacramento, CA 95814
(916) 556-3480
FAX: (916) 446-4519

Sandra Naylor Goodwin, PhD, MSW, Executive Director/Project Director
Joan Meisel, PhD, MBA, Policy and Practice Consultant
Daniel Chandler, PhD, Project Research Director
Pat Jordan, MSW, Project Consultant
Barbara Field, Administrative Support

Children & Family Futures (www.cffutures.org)

4940 Irvine Blvd., Suite 202
Irvine, CA 92620
(714) 505-3525
FAX: (714) 505-3626

Nancy K. Young, PhD, Director
Sid Gardner, MPA, President
Shaila Simpson & Terry Robinson, Associates

Family Violence Prevention Fund (www.fvpf.org)

383 Rhode Island Street, Suite 304
San Francisco, CA 94103
(415) 252-8900
FAX: (415) 252-8991

Janet Carter, Managing Director
Kiersten Stewart, Director of Public Policy
CarolAnn Peterson, Consultant

Daniel Chandler, Joan Meisel and Pat Jordan wrote this report. CarolAnn Peterson, Shaila Simpson, Terry Robinson and other CalWORKs Project staff members also contributed valuable assistance.

We appreciate the generous financial support of the National Institute of Justice, Violence Against Women Office. Additional funding has been provided by California counties, the California Department of Social Services, the Wellness Foundation and the David and Lucile Packard Foundation.

Many other reports and technical assistance materials from the CalWORKs Project are available at the California Institute for Mental Health website: www.cimh.org/calworks

CHILD WELL-BEING AND WELFARE¹

Children of CalWORKs parents with AOD/MH/DV issues are at double jeopardy

The primary function of welfare historically and today is to provide a safety-net for poor children. Given a reduction in adult welfare caseloads from 5.1 million in 1994 to 2.2 million in 2001, the status of children in families still receiving TANF or having left the welfare rolls is a matter of great interest.

The focus of this report is on a specific subset of TANF families: those that include parents who face alcohol and other drug (AOD), mental health (MH), and domestic violence (DV) issues. The risk to children in these families is significant. Each of these conditions may in itself have negative effects on the general well-being of children in the family and each also threatens a family's material well-being and success at finding stable employment.

Poverty in California and the United States. Families on welfare are a subset of poor families.

- Nationally, one child in five lives in poverty. Although down from the early 1990s, the percentage of children in female-headed families who live in poverty was 28% in 2002. The percentage of poor children in the United States is greater than the percentage of poor children in 12 of the 13 other leading industrialized countries.
- The percentage of children in single-parent families with income below 50% of the poverty standard who receive TANF, Medicaid, or food stamps decreased between 1996 to 2000. The percentage receiving TANF dropped from 61% to 26%.
- The impact of welfare reform varies by state, with California being one of 16 states with high child poverty rates to have adopted welfare reform policies less favorable to children than in states with lower child poverty rates.
- The California child poverty rate is 49 percent in families where the parent did not complete high school.

¹ The full report of the same name is available for download at www.cimh.org/calworks. Some of the findings in this report were presented in the May 2002 Policy and Practice brief entitled *Multiple Risks Threaten Children of TANF Recipients with Alcohol and Other Drug, Mental Health or Domestic Violence Issues*. The major new analyses include:

- Examination of the association of welfare/employment status with each type of threat to child well-being.
- Introduction of new child behavior scales and parent criminal justice history.
- Replication of the cumulative risk analysis for three alternative measures of alcohol and other drug (AOD) problems, three mental health (MH) diagnoses, and three alternative measures of domestic violence (DV).
- Multivariate analysis of cumulative risks.

Poverty is the most powerful risk factor affecting children. In this report, the effects of poverty are made concrete in 26 threats to material well-being, ranging from food insecurity and hunger to medical care that was not received to having no home of one's own.

Impact of parental AOD/MH/DV issues on their children. A great deal of research suggests that serious mental health problems, substance abuse, or domestic violence in one or both parents frequently has deleterious effects on the children. However, 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). Finally, much research demonstrates that the *cumulative* impact of multiple risk factors is more predictive of negative outcomes for children rather than any particular risk factor.

The CalWORKs Project and this Research

The CalWORKs Project is a collaborative effort of the California Institute for Mental Health (mental health focus), Children and Family Futures (alcohol and other drug focus), and the Family Violence Prevention Fund (domestic violence focus). Funding from the California Department of Social Services, voluntary contributions from California counties, the David and Lucile Packard Foundation, the California Wellness Foundation, and a grant from the National Institute of Justice supports the Project's work. The full report, additional information about the Project, and other research reports are available at www.cimh.org or by calling (916) 556-3480, ext. 106.

This report summarizes information from two rounds of intensive research interviews in 1999 and 2000 with a random sample of women in Kern County who had received TANF cash aid for at least one year, and a random sample in Stanislaus County who just were applying for TANF. Participants were required to be: Age 18–59, fluent in English or Spanish, and a female head of the household (relative-caretakers and two-parent families were not eligible).

Literature citations and supporting data tables are available in the full report.

Measures of AOD, MH, and DV

For each domain—alcohol and other drugs, mental health, and domestic violence—our primary analysis is based on a measure of “need for services.” This measure includes for each domain a serious AOD, MH or DV issue as we defined it *or* having sought services (self-defined need).

- *Needed mental health services:* Serious MH problems (symptom severity on the BASIS-32 scale equivalent to that for patients starting services at outpatient clinics) or used mental health services or said had needed them during the year.
- *Needed alcohol and other drug services:* Alcohol or other drug dependence or abuse diagnosis, or used AOD services or said they needed them, or had employment problems (flunked a drug test, fired due to AOD) or came to the research interview under the influence.
- *Needed domestic violence services:* Serious DV *or* used DV services (including police or courts) *or* had Post Traumatic Stress Disorder as a result of adult intimate partner violence *or* a partner had actively interfered with employment.

It is important to note that the AOD/MH/DV need categories are not mutually exclusive; there is, in fact, a substantial degree of overlap.

Measures of child well-being.

In this report we look at a number of measures which we have identified as being “threats” to child well-being. Some of the measures we use—school performance, say—are commonly used as outcome measures. Here, though, they serve a different function: they indicate potential “threats” or “risks” to the well-being of the children in the family at the present time. So, to use the school performance measure as an example, being expelled from school may or may not be a result (“outcome”) of either receiving welfare or of AOD/MH/DV status in the parents; regardless of its cause, it is a warning sign that the family may need help now. While these threats *may* cause developmental problems in the long run, they are also likely to have *immediate* negative consequences for the quality of life of the children, particularly when a number of them are present. It is important to note that none of the measures we use is intrinsically related to welfare reform or AOD/MH/DV status of the parents. In the context of providing services to TANF parents with AOD/MH/DV issues however, their occurrence indicates we should assess each child’s need for services. In the terminology of the report, then, the same behavior is both a “risk” to child well-being and an “indicator” of the need for an assessment of the child.

A total of 51 potential threats to child well-being are included in the Round II interview. They include a wide range of types of threat—from the immediate problem of lack of food to long range developmental attainments and from direct consequences such as child abuse to indirect ones such as high parental stress. We think that taken together they present a powerful picture of the quality of life of these CalWORKS families and indicate strongly that services to TANF families should include assessments of service needs for their children.

Measures of welfare tenure and employment

Although the primary focus of this report is on AOD/MH/DV issues, we also analyze the interaction of welfare/employment status and AOD/MH/DV condition. That is, we are interested both in the well-being of children in relationship to AOD/MH/DV and in relationship to whether the parent is employed and/or still receiving welfare—and in the interaction of these factors.

One year after welfare reform requirements were actively applied 21 percent of the Kern and Stanislaus study participants were working and not receiving cash aid; 25 percent received cash aid but also worked; 42 percent only received cash aid; and 12 percent neither worked nor received cash aid.

Included in these figures are 10 percent who became “child only” cases during the year. Child-only cases in which the mother is not working are considered as “Only Cash;” when the mother is working it is considered to be “Working & Cash.” They parents receive the cash aid (or vouchers) that would ordinarily go to their children but do not get their own part of the grant. Their access to food stamps and Medicaid is also more limited than for those still receiving a full grant.

FINDINGS

Child poverty and welfare as a safety net for children

Welfare was originally designed as a safety net for children, and two-thirds of current cash aid recipients are children. It is important to see how children fare in the two study counties one year after welfare reform was implemented—to what extent does the “safety net” of government programs ensure that child health, nutrition, and physical safety are being protected?

Initial differences between counties. In one of our study counties—Kern—study participants had received welfare at least one year at the time of the first research interview. In Stanislaus County, study participants had just applied for welfare and were in orientation sessions when the first interview was conducted. For all six of our threats to income-related hardship there is a highly statistically significant relationship favoring women already receiving welfare (Kern), indicating that AFDC did to some degree serve as a safety net for families with regard to bare necessities, healthcare for children, and neighborhood safety (table not shown). However, large numbers of families which had been receiving aid at least a year were also suffering hardships we would expect to be related to lack of resources: 14 percent had no home of their own; 17 percent of adults and/or children had been hungry in the past 60 days, almost one fifth did not have or had lost phone service in the past 60 days, 9 percent had had power or heat turned off in the past 60 days, and almost a third said their neighborhood was unsafe at least sometimes. So while new applicants were clearly worse off than were on-going recipients, as many as 30 percent of the families experienced significant material hardships or lived in neighborhoods they perceived as lacking in safety.

Safety net measures in Round II

Overall rates. If we take the average of the threats in the two counties as representing the whole population (new recipients as well as long-term recipients) as they experience welfare reform provisions during the first year of implementation, the picture is alarming. (Exhibit 1.) Almost a third had no home of their own, six percent had been homeless on the street or in a shelter in the 12 months before the research interview, 18 percent moved more than once, 23 percent said their neighborhood was unsafe. With respect to food, 8 percent had been hungry in the prior 60 days due to not having food resources and over a quarter had to use food banks. Thirty percent did not receive food stamps. Fifteen percent reported at least one child did not get needed medical care “all the time;” it was 26 percent for dental care. Although the respondents were all single mothers, 70 percent did not receive child support. In short, for many in our samples, although especially in Stanislaus County, welfare reform provisions were unsuccessful in assuring that basic food, housing, safety, health and income needs would be met on an on-going basis.

Stability and change over time among families. For a subset of seven key safety-net measures we could compare Round I and Round II results and see the extent to which the threats persisted over two years (table not shown). All of these safety net measures show a good deal of turnover as to who is experiencing them; that is, the families with “persistent” threats comprise less than a third of the families overall who experienced problems. In other words, for two thirds of the families we are looking at changing situational factors rather than stable personal factors. (Mental health need, AOD need and domestic violence situations also change substantially over time.)

Exhibit 1: Safety net provisions at the Round II interview (N=579)

	Percent
HOUSING	
No home of own	29%
Lost telephone or no phone in last 60 days	19
Power or heat turned off in last 60 days	5
Neighborhood unsafe due to gangs, drugs etc	23
Child not always safe from physical harm in neighborhood	14
Actually homeless on street or in shelter past year	6
Had child while homeless on street or in shelter past year	5
Moved at least twice in the year	18
Had to move at least once	20
FOOD INSECURITY	
Hungry in past 60 days	8
Cut size or skip meals past year	23
Had to use food bank to have enough to eat	27
HEALTH	
One or more child does not get needed medical care “all of the time”	15
One or more child did not have medical insurance all 12 months of past year	6
One or more child does not get needed dental care “all of the time”	26
Mother lacked health coverage at least three months in prior year	17
INCOME AND DEBT	
No food stamps prior month	30
Received no child support	69
Had more than \$1,000 in debts	38
Reports total annual income for mother and children of \$5,000 or less	26
Reports “much” lower household income in 1999 than 1998	15

The safety net in relationship to employment and welfare status. Exhibit 2 on the next page summarizes the status of the statistically significant² material deprivation variables—ones that are logically related to adequacy and regularity of income. Primarily it is the housing variables which differ across the employment/welfare categories. For example, living with others rather than having your own home was a much more likely occurrence (42 percent) among those not working and not getting cash aid than among the other groups. Those working with no cash aid reported having been homeless on the street or in a shelter in the past year in two percent of the cases, while among those not working and not receiving cash aid 14 percent reported homelessness.

² Statistical significance conventionally refers to there being only a five percent (or less) likelihood that the difference we observe between groups or categories is in reality due to chance. They were tested using Chi-square.

Exhibit 2: Round II statistically significant percentage differences in safety-net measures, by welfare and work status (N=579)

	Work Only N=120	Work & Aid+ N=143	Aid Only+ N=244	No Aid or Work N=72
Lived with others not in own home at interview	25%	24%	30%	42%
Actually homeless on street or in shelter	2	4	7	14
Had child while homeless on street or in shelter	1	3	6	10
Moved at least twice in the year	20	17	25	39
<i>Had</i> to move at least once	16	13	23	35
Neighborhood unsafe due to gangs, drugs etc	17	20	28	24
Mother lacked health coverage at least three months in prior year	39	6	6	39
Reports total annual income for mother and children of \$5,000 or less	21	25	25	40
No food stamps prior month	75	9	9	64
Received no child support	77	59	67	79

+Includes “child-only” cases.

AOD/MH/DV effects on safety-net factors. Exhibit 3 presents the safety-net factors for which there are statistically significant associations with AOD, MH or DV service needs. The table shows the overall percentage, the percentage among those with no AOD/MH/DV service needs and the percentages for those with AOD/MH/DV needs. (Statistical tests are done comparing those with AOD needs to those with no AOD needs, MH needs vs. no MH needs, and DV needs vs. no DV needs.) Of the 21 threats to well-being, 18 showed a strong statistical association with at least one type of service need; 15 were associated with at least two types of need; and seven were associated with all three types of need.

Many of the threats show rates for AOD/MH/DV respondents that are two to five times those for the majority with no AOD/MH/DV service needs. For example, only 2 percent of those with no AOD/MH/DV needs had been homeless on the street or in a shelter with a child, versus 8 to 9 percent for those with AOD/MH/DV needs.

Exhibit 3: Round II Safety-net, percentages by AOD/MH/DV Need (N=579)

	Overall N=549	No AOD, MH or DV N=318	AOD N=76	MH N=192	DV N=127
HOUSING					
No home of own, lived with others	29%	26%	39%**	32%	38%***
Actually homeless on street or in shelter past year	6	2	12**	10**	13***
Had child while homeless on street or in shelter past year	5	2	8	8**	9**
Moved at least twice in the year	18	12	31***	25***	33***
<i>Had</i> to move at least once	20	14	36***	28***	36***
Neighborhood unsafe due to gangs, drugs etc	23	17	30	32***	32***
Child not always safe from physical harm in neighborhood	13	8	20*	23***	15
UTILITIES					
Lost telephone or no phone in last 60 days	19	14	22	24**	29***
Power or heat turned off in last 60 days	5	3	5	6	11***
FOOD INSECURITY					
Parent or child hungry in past 60 days	8	5	8	15***	15***
Cut size or skip meals past year	23	13	30*	38***	35***
Had to use food bank to have enough to eat	27	18	45***	41***	43***
HEALTH					
One or more child does not get needed medical care “all of the time”	15	10	18	21***	21**
One or more child does not get needed dental care “all of the time”	26	22	37**	31**	31
Had more than \$1,000 in debts	38	32	47*	47***	49***
Reports total annual income for mother and children of \$5,000 or less	26	23	29	31*	32*
Reports “much” lower household income in 1999 than 1998	15	11	22*	19**	29***
Mother lacked health coverage at least three months in prior year	17	16	22	21	29***

*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: $p <= 0.01$ is ***; $p <= 0.05$ is **; $p <= 0.10$ is *.*

Adequacy of child care

While lack of adequate child care is widely recognized as contributing to the difficulty of helping mothers move from welfare to economic independence, it also can negatively affect the well-being of the children. The eight child care threats show a mixed picture. On the positive side, only 6 percent rated their child care as fair or poor in quality. However, at least 15 percent said (each) that they sometimes left a child under 13 alone, that child care is difficult to arrange, that safety or reliability problems interfered with work or training, and that it took 30 minutes or more a day to travel one way to the child care site. Fully a

third had more than two child care arrangements in the past year for their youngest child. About half of the families receive assistance with child care from an agency and about 40 percent use agency-based care (far higher than we had expected).

Employment/welfare effects. Only three of the eight threats show a significant difference based on employment/welfare status, and they do not fall into a consistent pattern.

AOD/MH/DV effects. Five of the eight threats regarding adequacy of child care were negatively associated with at least one AOD/MH/DV condition, while three were associated with two and two with all three. The measures associated with all three AOD/MH/DV needs are: “Child care caused work problems due to safety concerns or reliability” and “More than two child care arrangements lasting at least a week in last year for youngest child.”

Parental stress and low social support

Stress is related in part to family structure. One third of the mothers has a child under age two and 16 percent had four or more children. Social support ratings were quite low, for example, 45 percent overall said friends and family had provided little support in the past year.

Employment/welfare effects. The difference by welfare/employment status on caring for a very young child approaches statistical significance ($p = 0.12$) with those on welfare and off welfare but not working having higher percentages. The distribution of those with four or more children is also significantly different, with mothers still on welfare almost three times as likely as those working and off welfare to have four children or more (23 percent vs. 8 percent). Mothers who are *not* working (whether on welfare or not) had significantly higher scores on the parental frustration scale. In sum, associations with welfare/employment status were found for two of the three parental stress measures and two of the four measures of low social support.

AOD/MH/DV effects. For AOD/MH/DV conditions, family structure and professional support were not differentiating issues (those with mental health problems were *less* likely to have very young children). However, on each of the psychological and social support dimensions (parental frustration, friend support, social support) mothers with DV and MH conditions were significantly less well off than those without these conditions. For example, only 7 percent of those with no AOD/MH/DV needs scored “very low” on the social support scale vs. 24 percent with DV needs, 21 percent with MH needs and 17 percent with AOD needs.

Domestic violence with direct relevance to the children

Two questions on the domestic violence section of the survey protocol asked whether the abusive partner had a) threatened harm to a child or b) had threatened the mother by saying he would report the mother to child welfare or would kidnap the child. In addition, if a woman reported physical abuse, she was asked if it had occurred during pregnancy. Of all study participants who were pregnant during the year, the percentage reporting physical abuse was *29 percent in Kern and 50 percent in Stanislaus!*

Employment/welfare effects. Neither of these measures is significantly different depending on welfare/employment status.

AOD/MH/DV effects. Significantly more women with AOD/MH and DV issues or their children were threatened by an intimate partner. Overall, there were 32 women who were pregnant during the year and 13 of them (41 percent) reported physical abuse during the pregnancy. Of those with no AOD/MH/DV

needs, 2 of 8, or 25 percent reported physical abuse during pregnancy compared to 5 of 10 (50 percent) of those with AOD needs, 6 of 17 (35 percent) with MH needs, and 10 of 18 (56 percent) with DV needs.

Child status threats: disability and living away from home

We inquired whether a child lived away from her/his mother, whether a child had been placed by Child Protective Services, and whether a child had a serious disability.

In this study, a total of 12 percent of the mothers age 33 or less had a child not living with her. Only 2.4 percent reported having children who were currently placed in foster care by Child Protective Services. In our sample, 13 percent reported a child with a disability.

Employment/welfare effects. The only statistically significant association between child status and welfare/employment status is the percentage of families with a child who was placed by CPS—those not working and not getting cash aid have a higher percentage. Note that while statistically significant, the numbers are very small.

AOD/MH/DV effects. Both the percentages of mothers with children living somewhere else and the percentages with children living in foster care due to CPS placement are significantly higher for AOD and DV and MH. Rates did not differ for having a child with disabilities. The largest effect is on placement by CPS: 1.3 percent of women with no AOD/MH/DV needs had a child in foster placement vs. 6.6 percent for those needing AOD services, 5.5 percent for those needing DV services and 4.2 percent for those needing MH services.

Child behavior and school performance

In this study we have separate measures for children 4-6, 7-11, and 12-17. A random procedure was used to identify a single focal child about whom to ask. Overall 28 percent of the focal children were three or under; 20 percent were 4-6; 32 percent were 7-11; and, 20 percent were 12-17. We had few measures for children under seven.

A significant group of children in this study are experiencing school performance and behavior difficulties as reported by their mothers. These numbers increase as the children get older, making a case for early intervention with these families. For example, 24 percent of the children age 7-11 were in special education classes and 15 percent had been suspended or expelled during the year. For children age 12-17, the rates are even higher with 31 percent in special education and 24 percent suspended or expelled during the year. Nineteen percent were involved in what we call “teen troubles” such as gang membership or getting pregnant.

While a significant minority of the children had school performance and behavioral problems, it is welcome news that many of the 7-17 year olds also were doing well in school. Almost a third got on the honor roll and almost a third took a class in using computers while half participated in sports or some other organized activity.

Employment/welfare effects. Few of these issues were related to welfare/employment status. Only the combined measure of the teen-age problems is significantly different by welfare/employment status with only 4% of those working and receiving welfare reporting these problems and 50% of those with *neither* work nor cash aid reporting the problems. However, the numbers are too small to be considered reliable.

AOD/MH/DV effects. Children age 7-11 in families with any of the AOD/MH/DV conditions have more negative behavioral scale scores than those without the conditions, but only in MH does this reach

statistical significance. Mothers with MH issues are also significantly higher in reporting that they have been contacted by the school regarding their child's attendance or performance. Children of mothers with domestic violence issues were significantly *less* likely than mothers without DV issues to say their children had been suspended or expelled.

Among children age 12-17, mothers with all three conditions rated their children's behavior significantly more negatively than mothers who did not have the conditions. Mothers with AOD problems said their children performed below average in school more often than women without AOD problems did. And women with mental health problems were more likely to say they had been contacted by their child's school than were women without such problems. "Teen troubles" was not significantly associated with AOD/MH/DV, (the sample size is very small), even though the percentage among families with DV issues was almost twice as high as those without (29 percent vs. 16 percent) and higher for MH (26 percent vs. 15 percent) and AOD (27 percent vs. 18 percent). The fact that these school and behavioral issues occur for older children but to a much lesser degree for younger children may indicate that prevention and early intervention efforts would benefit younger children.

Round III supplementary domains with respect to AOD/MH/DV service needs

Although our focus here is on the year after implementation of welfare-to-work requirements (Round II), we added measures in Round III that are important in understanding the impact of AOD/MH/DV service needs.

Comprehensive behavior and function scales: Two scales developed and used statewide in Ohio and also pilot tested in California, added in Round III, provide a much reliable picture of these domains—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.

For both the behavior and functioning scales, having a mental health or an AOD need is statistically associated with substantially poorer scores. DV results differed by county. Stanislaus respondents report more child negative behavior *and* poor functioning if they needed DV services. In Kern results were not significant for either scale for those with DV needs..

Mother's criminal justice history. In Round III questions were added about the respondents' involvement with the criminal justice system: questions that cover arrest, convictions and jail time (over the prior three years). Women in both counties with MH, AOD or DV needs for services were significantly more likely to report having been arrested and also to have been convicted since they turned 18. Women with AOD or DV needs also reported significantly more time spent in jail during the three years 1998-2000.

CUMULATIVE THREATS TO FAMILIES

Welfare and employment

Cumulative impact. For each domain and overall we summed the number of threats per family. We used the sum of the threats to create a set of "indexes." Significant differences between the mean number of threats are found by welfare/employment categories for housing, hunger, medical care, and material resources measures. Child status measures and parental support/frustration measures also showed a significant difference between categories. The mean score of *all* threats combined showed a significant difference between welfare/work categories. Specifically: for those working but not receiving cash the

cumulative score was 9.3; for those working *and* getting cash it was 9.9; for those getting only cash it was 10.8 and for those not working or getting cash it was 10.5. Given these cumulative totals:

- The number of threats in the “Cash only” and “No work/no cash” groups are both significantly higher than in the “working only” group.
- The “Work only” group is significantly lower than the other three groups combined.
- The “Cash only” and “No work/no cash” groups are *not* different from each other.
- The “Work & cash” group is significantly lower than the “Cash only” group.

AOD/MH/DV service needs

Exhibit 4 on the next page summarizes the relationship of AOD, MH and DV service needs to the six domains we have discussed. A filled-in circle indicates a statistically significant association ($p < 0.05$) while an empty circle indicates lack of such an association. The measures in each domain were summed and the average number of threats in the group having a particular AOD/MH/DV need was compared with the average number of threats for those who did not have the particular need. *Overall, all three conditions are significantly associated with all of the domains—with the exception of parental frustration/support for AOD and child behavior/school performance for DV.*

The average number of threats in each family (using all 51 threats) is significantly associated with all three AOD/MH/DV needs. This has very strong implications for service strategies. These implications are spelled out in the conclusions section below.

Other associations with cumulative risks

We repeated this analysis of cumulative risk for several different populations.

AOD/MH/DV threats for children under six. There is particular concern regarding the potential for developmental impact when children are five or under. We repeated the analysis with families having a child under six. As before, in each domain the individual measures are summed and then the means are compared—those having the condition against those not having the condition. We would expect fewer statistically significant results simply because the size of the sample is considerably smaller, but this is not generally the case. Results are very similar to those above.

Exhibit 4: Statistically significant associations between mother’s AOD/MH/DV service needs and child well-being measures (P<0.05): measures are sum of threats in each domain

	Participants with AOD Needs	Participants with MH Needs	Participants with DV Needs
DOMAINS	N=76	N=192	N=127
SAFETY NET (21 risk factors covering housing, utilities, food insecurity, medical care, resources)	●	●	●
CHILD CARE (8 risk factors)	●	●	●
PARENT SUPPORT & FRUSTRATION (7 risk factors)	○	●	●
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 risk factors)	●	●	○
TOTAL (51 RISK FACTORS)	●	●	●

Alternative definitions of AOD/MH/DV. There are a number of ways of measuring the extent to which CalWORKs participants have AOD, MH or DV problems. We repeated the analysis of cumulative risk factors with three different measures for each AOD/MH/DV domain.

Although up until now we have used broad measures of parental need for MH services as the independent variable, many clinicians might be more interested in specific diagnoses—and much of the research literature focusing on impact on children is based upon diagnoses, especially depression. We tracked the statistically significant (p 0.05) measures by domain using mothers’ diagnoses of Major Depression, Post-Traumatic Stress Disorder (PTSD due to adult domestic abuse only), and either Panic Attack, Generalized Anxiety Disorder, or Social Phobia disorder (at least one). The persons having these disorders are not mutually exclusive; in fact, 18 percent of those in the Round II interviews had two or more of these diagnoses. There are significant threats to the well-being of children of parents with any of these diagnostic conditions in the areas of: safety net measures, child care, parental frustration/social support, abusive partner threats to child, child status threats, and all measures combined. Other anxiety diagnoses (but not PTSD or depression) are significantly associated with behavior problems for 12-17 year olds.

The three alternative measures for AOD are alcohol/drug dependence, any use of an illicit drug in the prior year (including “on your own” use of prescription meds), and “AOD prevalence” – a very broad measure that includes a positive score on any of the measures of AOD use, treatment, or issues contained in the survey. The N involved varies greatly by these measures, with only 31 having a diagnosis of drug or alcohol dependence, 106 having used illicit drugs, and 167 having some AOD issue. Nonetheless, the domains showing a significant difference between those having the AOD issue and those not were identical for each of the three measures. The statistically significant associations are with safety net measures, abusive partner threats to child, child status threats, behavior for 12-17 year olds, and all 51 risk factors summed.

The alternative categories for domestic violence we tested are “serious abuse,” physical abuse (not all types of physical abuse are incorporated in the serious abuse category), and the broad category of “any abuse” (which subsumes both the other categories but does not include interference with working measures). The “any abuse” category comprises twice as many persons as either of the other categories. [Note that PTSD, presented above as a mental health measure, is also a DV measure, as the only trauma we measured was adult sexual abuse or domestic violence.] All three measures are significant for: safety net measures, child care, parental frustration/social support, abusive partner threats to child, child status threats, behavior for 12-17 year olds, and all measures combined. Not surprisingly, since they share about 75 percent of their cases, serious abuse and physical abuse show very similar patterns. More surprising is the fact that the “any abuse” category—which includes twice as many families—nonetheless shows essentially the same pattern of risks to children in the families. We take this to mean that in offering assistance to women reporting domestic violence *even apparently less minor types of abuse should trigger concerns about assessing and supporting the children in the family as well.*

MULTIVARIATE ANALYSIS

For researchers and policy makers it is important to attempt to estimate separately the effects of each factor that affect the threats to child well being net of overlapping or co-occurring issues. Multiple linear regression is a method which allows us to model statistically the effects of one variable while taking account of the effects of other variables. Finding that strong relationships between AOD/MH/DV and threats to child well-being exist when controlled through regression analysis for the effects of other variables provides good evidence that these same factors are likely to be important elsewhere.

Predicting the cumulative number of threats in a family

We created three statistical models for predicting the amount of the cumulative threats experienced by families. In the first model the presence of AOD/MH/DV needs for service are the only variables used as a predictor. In the second model, other personal and family variables are added: these include self-esteem, functional health status, whether the mother had a partner for over a year, and the number of children in the family. The third model adds human capital and demographic factors relevant to fiscal hardship and employment as well as introducing interactions with county.

In Model I all three AOD/MH/DV factors are significant. Note, though, that the best AOD predictor is not overall service need, which we used as the main measure above, but whether the mother used any illicit drugs during the year. Overall, the three factors in this model explained 18 percent of the variability in the cumulative risks. That is, knowing the AOD/MH/DV status of a parent would allow us to predict the cumulative risks considerably better than if we did not know the AOD/MH/DV status.

When we add other personal and family variables, the overall predictive power of the model increases so that 27 percent of the variability is explained. The predictor with the most impact (resulting in an increase

of 2.6 threats on average) is whether the mother was pregnant during the year. Having lived with a partner for a year or more had a protective effect (negative coefficient).

The third model, which adds employment, welfare and demographic factors, allows us to explain 36 percent of the variability in cumulative risks. Surprisingly, several income related variables—a variable that shows the number of months in the year cash aid was received from CalWORKs, a dummy variable for receiving SSI, and a variable for Unemployment Insurance earnings—were all non-significant. That is, the child well-being measures in the aggregate are clearly not a direct reflection of work or welfare tenure variables. The work vs. welfare variable we have used in the bivariate analysis above was significant only to the extent that those who both worked and received welfare had significantly more risks than those who neither worked nor received welfare.

Of the variables of primary concern in this report, mental health (and the related low self-esteem measure) remained highly predictive of higher scores, as did domestic violence. In fact, while being pregnant during the year had the largest impact, MH and DV continued to have the next greatest impacts. However, the effect of domestic violence in Kern County was considerably less than in Stanislaus. Other important predictors of high numbers of threats were age, human capital measures (less than high school education, reporting job discrimination “often”, not having used at least 3 job skills in the past year) and poor health status. Of interest is the fact that women who did *not* work in the year prior to the first interview (before welfare to work requirements were applied) were predicted to have significantly fewer threats than those who had worked. The same finding obtains for several other work participation measures, e.g., having used few work skills at any job in the year, having lost a job in the year, and having worked fewer weeks during the year. This finding may indicate that being a “full time mom” is protective of the children.

CONCLUSIONS AND IMPLICATIONS

The information presented in this report supports several important conclusions:

- 1) The rates of most of the 51 threats to child well-being are disturbingly high in this sample of families. They lend credence to information cited in the introduction regarding the very difficult circumstances of the many children who live in poverty in California and the nation as a whole.
- 2) Especially large impacts were experienced in families where the mother experienced need for mental health, AOD, or domestic violence services. The impact of these conditions on the numbers of threats was reflected in virtually all of the domains we measured, with the exception of behavior and school performance of younger children.
- 3) The effects of AOD/MH/DV problems on threats to child well-being remained statistically significant and large a) when the analysis was limited to the especially vulnerable families having a child under six years of age; b) when three alternative—diagnosis-based—mental health measures were used instead of the comprehensive measure of mental health need for services; c) when serious abuse, physical abuse and “any abuse” were substituted for the need for DV services and d) when alcohol/drug dependence, any illicit drug use, or a broad AOD prevalence measure were substituted for the comprehensive need for AOD service measure.
- 4) Being pregnant in the year before had a strong negative association with the number of total threats. In addition, *physical abuse during pregnancy occurred for 30 to 50 percent of these mothers.*

- 5) The impact of all three types of problem remained strong and statistically significant in multivariate analysis, controlling for a broad range of personal, demographic, and income-related factors. Of the other factors in the regression model, the number of children in the family and whether the mother had been pregnant during the year had the largest impacts. Perhaps paradoxically, factors that indicate that the mother did not work (was at home), appeared associated with *fewer* threats to child well-being

Implications. Taken in the context of welfare reform, these findings have a number of important implications for service provision.

- First, AOD/MH/DV issues cannot be looked upon solely as affecting the parent or related to finding employment. Rather, they are extremely significant markers for the need for a full-family assessment, family supports, and direct interventions with the children as needed.
- Assessing the needs of a family is a complex task. AOD/MH/DV service providers are perhaps best prepared to do this, yet a “family focus” and services for the children are not commonly provided. County social service departments need to write into their contracts for AOD/MH/DV services that the children in the family will also be a focus of assessment and services if needed. Pregnant women in particular should be the focus of close attention due to the very high occurrence of physical abuse during pregnancy.
- Many of the threats measured here (lack of food, lack of food stamps, lack of health insurance) are specifically intended to be the focus of services or entitlements. For example, efforts are already being made at the state and county level to ensure that Medi-Cal eligibility does not lapse when families leave welfare.
- The fact that the behavioral and school performance measures in this study indicated serious threats to children age 12-17 but less significant threats to younger children suggest on one hand the need to focus therapeutic and/or remedial services on adolescents, and on the other, the need to provide prevention and early intervention services for younger children. Professionals dealing with mothers having AOD/MH/DV issues might take special care to try to help them arrange center-based quality child care for their young children.

The high levels of threat to child well-being experienced by these families strongly support the categorical funding provided by the Legislature for AOD and MH services linked to CalWORKs and indicate the need for similar funding for domestic violence. The findings in this report invite public-policy oriented efforts to further address the safety net of services for children in poverty.



California Institute for Mental Health
2030 J Street
Sacramento, CA 95814

The California Institute for Mental Health is a non-profit public interest corporation established for the purpose of promoting excellence in mental health. CIMH is dedicated to a vision of “a community and mental health service system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness.”

Based in Sacramento, CIMH has launched numerous public policy projects to inform and provide policy research and options to both policy makers and providers. CIMH also provides technical assistance, training services, and the Cathie Wright Technical Assistance Center under contract to the California State Department of Mental Health.