

BARRIERS AFFECTING WOMEN'S ABILITY TO MAKE THE TRANSITION FROM
WELFARE TO WORK IN A RURAL COMMUNITY

by

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Submitted to the Graduate Faculty of

the School of Social Work in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy

University of Pittsburgh

2005

UNIVERSITY OF PITTSBURGH

SCHOOL OF SOCIAL WORK

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ABSTRACT

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University of Pittsburgh, 2005

This study reports on barriers affecting women who are transitioning from welfare to work in a rural community. A cross-sectional survey was developed to collect data on intrapersonal, interpersonal, and environmental barriers. Data were collected from 160 women who had completed the Lexington County, South Carolina program designed to assist welfare recipients with finding employment. The data were obtained from face-to-face interviews with these women. Few of the potential barrier tested impacted these women's transition from welfare to work; among those that did, mental health was perhaps the most noteworthy. Findings also indicated that despite various barriers, a majority of the rural women interviewed were employed. Univariate, bivariate, and logistic analyses were discussed. Differences and similarities between rural women and their urban counterparts are also discussed. Implications for social work research and practice are suggested

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DEDICATION

This work is dedicated to the memory of my grandparents, Reverend Lorenzo Stevenson and Mrs. Odessa Leonard Stevenson, and Bishop Joseph Mason and Mrs. Sara McGill Mason, for setting the foundation of hard work, pride, self-respect, and dignity.

ACKNOWLEDGEMENTS

I would like to thank God for life, strength, health, and keeping me grounded throughout this process. Without God, I would be unable to acknowledge the following persons.

I thank my parents, Theodore and Mae Frances Mason Stevenson, for your support and guidance over the years. You made certain I put education first and instilled in me a passion for learning. You also demonstrated the importance of having courage to stand up for what is right, regardless of what is safe or popular. Your strict disciplinary methods, early in life, allowed me to successfully navigate this process.

I also want to thank my brother, Anthony C. Stevenson, my sister, Deon S. Legette, my brother-in-law, Roosevelt Legette, my niece, Kimberly Legette, and my nephew, Joshua Malik Legette for your support throughout this process. Thanks for all the laughs.

I owe my deepest gratitude to my dissertation chair, Dr. Sandra Wexler. You are the toughest, yet most supportive, academician I have ever known. Thank you for challenging me and helping me to move forward in my thinking and grasping a better understanding of research. It was extremely difficult at times, but your support has always been unwavering. Also, I wish to express my gratitude to my other committee members, Dr. Rafael Engel, Dr. Esther Sales, and Dr. Kenneth Jaros, for your feedback and support. Even when your feedback was painful, I always understood the importance of your recommendations. I am proud to have had such a thorough committee.

To the members of my doctoral cohort, Theresa Kaijage, Johannas John-Langba, and Sandy Momper: We started this program as classmates, then became friends, and later became a family. You guys are simply the best. Individualism and competition was never the order of the day for us. I am so thankful we supported each other and stuck together.

Thanks to my mentor, Dr. Willie Legette of South Carolina State University. When I was feeling impatient about the process, I would always recall your statement, “You can’t rush creativity.”

Thanks to my colleagues and friends at Johnson C. Smith University in Charlotte, North Carolina. I appreciate your encouragement and support.

To my dear friends Jewel Wiggins, David Miller, William “Bill” Schutz, Tirelo Modie-Moroka, , James and Paula Cox, Grant and Joyce Rollins, Reggie Singleton, Shelly H. Casey, Dianne Williams, Valencia Lewis, Latika Davis-Jones, SoNia Gilkey, Jayashree Mohanty, Albertina Talbert, Bridgette Sanders, Tina Houser, Vivian S. Ramsey, Crystal Gordon, Ginger Moore, Tonya Thomas, and Bernadette Hampton – thanks for your encouragement and support.

Thanks to all of my aunts and uncles for their encouragement, but a special thanks to Uncle Robert Mason and Uncle Booker T. Stevenson. My dear cousins, MiChele Stevenson, M. Michelle Stevenson, Kesha Stevenson, Charles and Doris Burton, Jasper Gerald, Jr., Larry and Patricia “Trish” Hamm, Maurice Johnson, and Debbie Gideon were always there for me as a great source of support. Thanks for the many laughs.

Thanks to the University of Pittsburgh faculty for their help over these past few years. They include Professor Patricia Wright, Drs. Elaine Rubenstein, Gary Keoske, Aaron Mann, Edward Sites, Ravi Sharma, Martha Terry, and Professors Emeriti Grady Roberts, Jr, Morton (Moe) Coleman, and David Epperson.

Thanks to the staff of the School of Social Work at the University of Pittsburgh for your assistance and encouragement. They include: Dr. Chentis Pettigrew, Elaine McCullough, Mary Pat Elhattab, Cheryl Bartko, Marcia Piel, Linda Hilinski, Adrian Massey, and Barbara Pravianno, (retired).

Thanks to the South Carolina Housing Authority, Lexington County Department of Social Services, and the Lexington County Public Housing Managers for their cooperation with this study. I also thank the University of Pittsburgh Women's Studies Program and the University's Provost Office for providing funding for this study. A special thanks to my dear cousin, South Carolina State Senator Clemente Pinckney, for helping me to successfully navigate the South Carolina state bureaucracy.

I would like to give a special thanks to the women who were kind enough to complete the survey for this dissertation. I hope this research can be a small piece that will help to truly make a change in the lives of women and children who are struggling to overcome poverty and exclusion.

1. INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 replaced the Aid to Families with Dependent Children (AFDC) program with the Temporary Assistance for Needy Families (TANF) block grant. The PRWORA altered the nation's welfare system from an entitlement program for income-eligible families to a program that requires work-focused activities for participants and provides time-limited assistance (Pindus, 2001).

Between August 1996 and September 1998, with the implementation of TANF, the welfare caseload declined 35 percent (U.S. Department of Health and Human Services (USDHSS); Ziliak, Figlo, Davis, Conolly, 1997). By last 2001, however, officials were worried that the recession would send caseloads climbing back up. Yet despite conventional wisdom, rising unemployment did not produce the expected increase. Most states' experiences mirror this pattern--increases in the last six months of 2001 and stable caseloads in 2002 (Tweedie, 2003). Given this reduction, policy researchers have analyzed the level of employability of recipients who have not left the welfare rolls to explore what might be helpful to assist with their transition from welfare to work (Danziger, Corcoran, Danziger, Heflin, Kalil, Levine, Rosen, Seedfeldt, Siefert, & Tolman, 1999).

Exploring potential barriers to employment can help us to understand and predict which welfare recipients may have difficulty finding and maintaining employment. Making the transition from welfare to employment may be particularly problematic in rural areas, and the potential barriers encountered may differ in scope and severity from those found in urban areas.

Several studies acknowledge the special challenges faced by families living in rural communities (Brody, 2001; Brody & Flor, 1998). Literature on rural poverty indicates that TANF's emphasis on work and time-limited assistance may place greater strains on rural welfare families than on their urban counterparts (Pindus, 2001). Women and children in rural areas may be more vulnerable because there are fewer work opportunities, greater barriers to obtaining employment, and fewer options available to replace welfare (Pindus, 2001).

The rural poor are more geographically dispersed than the urban poor, making it more difficult for rural residents to access social services that can assist them in finding work or provide them with the support needed to remain employed (Rural Policy Institute, 1999). Social services are often located in population centers that can be difficult for clients in outlying areas to access, and agencies often lack funding to provide active outreach (Burt, 1996). Fletcher, Flora, Gaddis, and Winter (2000) found that the most important difference between rural and urban communities in terms of women finding employment was that urban areas had greater access to jobs and support services, especially job training and education, health care, child care, and transportation services.

1.1. The Federal Legislative Context

The PRWORA is the most comprehensive welfare legislation since the Social Security Act of 1935 (Handler & Hasenfeld, 1997). The stated objectives of the act are to provide assistance to needy families so that the children may be cared for in their own home or in the home of a relative and to end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage. Additional objectives are to prevent and reduce the incidence of out-of-wedlock pregnancies, including the establishment of annual numerical

goals, and to encourage the formation and maintenance of two-parent families (Conference Report on HR 3734, 1996).

The PRWORA has had far-reaching implications for a number of programs. It fundamentally reformed the Food Stamp program, Supplemental Security Income Program for child recipients, the Child Support Enforcement Program, and benefits for legal immigrants. The act modified the child nutrition programs and reduced funding for the Social Service block grant (Sawhill, 1997).

The PRWORA converted the AFDC and Job Opportunities and Basic Skills (JOBS) programs into the TANF block grant program. The act limits family assistance to five years over a lifetime, while granting states the option to limit assistance to a shorter period (Conference Report on HR 3734, 1996). The PRWORA requires TANF recipients to work after two years of assistance. An individual may participate in a number of activities that meet the requirements for work participation. The act limits the number of TANF recipients who can pursue education and training by stipulating that no more than 20 percent of a state's caseload engaged in such activities can be counted towards fulfilling the work target.

The PRWORA attempts to enhance women's transition to work primarily by stressing job search assistance that is designed to move as many welfare recipients as possible quickly into employment (Danziger et al., 1999). Each state is required to provide job search assistance, although the specific type is left to the discretion of each state.

The PRWORA recognizes that as women leave welfare for work they may need a variety of supportive services to cushion the transition to self-sufficiency. The act permits states to provide transportation, childcare, and other supportive services for up to two years after financial assistance is ended (Conference Report on HR 3734, 1996). However, the type and amount of

supportive transitional services available vary by state, with some states terminating all services once full-time employment is begun.

Significant decision making latitude is vested in the states. As a result, states are allowed to deny aid to poor families. A state may reduce assistance to a family or even terminate a family's assistance if an adult member of the family refuses to engage in work. States also have the option to terminate Medicaid for recipients whose cash assistance is terminated for failure to work (Conference Report on HR 3734, 1996).

The PRWORA specifically attempts to strengthen the traditional family and modify individual behavior (Conference Report on HR 3734, 1996). The act mandates that unmarried minor parents must live with an adult or in an adult-supervised setting to receive assistance. According to the act, a family's cash assistance may be reduced by 25% or may even be terminated if a parent fails to cooperate in establishing or enforcing a child support order. States are allowed to deny assistance to additional children born to a parent who is already receiving assistance as well as to unmarried teen parents and their children. Persons convicted of drug-related felonies can be prohibited for life from receiving TANF assistance (Conference Report on HR 3734, 1996).

1.2. The South Carolina Legislative Context

Welfare reform officially began in 1993 in South Carolina with a commitment by the General Assembly to review the state's welfare system. The need for change was propelled by a tight state budget and the perception that welfare promoted dependency rather than work or savings (Holt, 1996).

Governor David Beasley appointed the 39-member welfare reform task force comprised of members of the General Assembly, former and current AFDC clients, state agency staff,

representatives of private business and industry, and representatives of private social service and human rights organizations. The task force's overall mission was to identify strategies to reduce welfare dependency and to minimize fraud and abuse of the system. On January 14, 1994, the welfare reform task force issued its final report, which addressed four main concerns: administrative streamlining, parental responsibility and preventive care; self-sufficiency; and child support enforcement. The report emphasized these four areas because it was agreed that these issues, if properly addressed, would help bring an end to the current welfare crisis (Holt, 1996).

The report produced by the task force provided a blueprint for the welfare reform legislation proposals that were introduced 1992. There was controversy and a lengthy debate about the proposed legislation (Collins & Goldberg, 1999). Advocates for the legislation proclaimed that it would provide a safety net for the poor, while opponents stated that the time limit could inadvertently increase the crime rate by being so hard on recipients (Thayer, 1999). After major revisions, the welfare reform legislation passed the Republican-controlled House and the Democrat-controlled Senate. On June 14, 1995, Governor Beasley signed the Family Independence Act of 1995 into law.

1.2.1. Goals of the Family Independence Act

The Family Independence Act created the Family Independence Initiative (FII), the new name given to the state's welfare program. In South Carolina, a family can receive Family Independence cash benefits for no more than 24 out of 120 months and for no more than 60 months in a lifetime, with few exceptions (SCDSS Block Grant State Plan, 1999). The goal of the act is to require parents or caretakers receiving assistance to engage in work once the state determines they are ready. Each parent is individually assessed. Other goals are to encourage

individual responsibility by providing tools to achieve and maintain self-sufficiency and independence and to sustain traditional family values (SCDSS Block Grant, 1996).

Services that are provided under the FII include vocational or jobs skills training, transportation and childcare while enrolled in a training program. After training is completed, the county does not offer any further transitional services.

1.3. The Proposed Study

The PRWORA and the Family Independence Act can potentially create hardships for women in rural communities. A majority of the research discussing barriers to making the transition from welfare to work addresses barriers faced by women in urban areas. However, there may be barriers that may be unique in their scope or severity that affect rural women.

This study specifically addressed the barriers affecting women making the transition from welfare to work in a rural community. I investigated three categories of potential barriers that have been identified by the literature as impacting women's entrance into urban labor markets. They included: intrapersonal, interpersonal, and environmental factors. Intrapersonal barriers involve difficulties or limitations that exist within the individual. Interpersonal barriers, in contrast, entail problems between the individual and others with whom the individual interacts. Environmental barriers are constraints that exist external to the individual and that social-structural in nature. Interviews with 160 rural welfare recipients making the transition into the labor force were conducted to identify the relative importance of each of these factors.

1.4. Significance of this Study

This study has significance for the fields of social work and public health. The results from this study highlight barriers that affect women in rural communities and suggest future directions for both research and practice. From a research perspective, this study can assist

social service and public health policymakers to promote legislation responsive to women who are having difficulties in more remote areas of the country. From a practice perspective, this study's findings can provide administrators, social workers, case managers, and public health workers with a better understanding of the various barriers that women in rural communities face. Such an understanding is necessary in order to design and implement services for this population.

2. LITERATURE REVIEW

In August 1996, President Bill Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which significantly changed the nation's cash assistance program for needy families and children. This chapter begins by reviewing the PRWORA and the debates that occurred during the consideration of this legislation. It then describes the characteristics of women who are on welfare and those who have left the welfare rolls. Finally, it discusses barriers to the transition from welfare to work that many women face.

2.1. 'Ending Welfare As We Know It' – The PRWORA of 1996

When the United States' welfare system began in the 1930s, it was not expected that single mothers would work (Kerlin, 1993). However, as women entered the labor force in the 1960s, including women with young children, a consensus emerged that mothers on welfare should enter the labor market and become self-supporting (Kerlin, 1993).

Policy makers began to devise strategies to increase the work efforts of welfare recipients. Two strategies have been used: regulatory requirements and incentives. The regulatory strategy requires welfare recipients to work or engage in a work-related activity as a condition for receiving assistance (Handler, 1995). The incentive strategy attempts to encourage recipients to work by allowing them to retain part of their earnings without a dollar-for-dollar reduction in benefits (Handler, 1995), thus making it economically advantageous for welfare recipients to combine work and welfare rather than to rely on welfare solely (Kerlin, 1995).

The 1967 amendments to the Social Security Act illustrate both of these strategies. First, consistent with a regulatory strategy, the first mandatory work program for welfare recipients, called WIN, was created and work requirements were established. Second, in line with an incentive strategy, the amendments initiated the "30 and 1/3 rule," which allowed recipients to

retain the first \$30 of employment earnings as well as a third of the remainder of their earnings before experiencing a reduction in their benefit level (Wexler & Copeland, 2003).

Beginning with President Reagan's Omnibus Budget Act of 1981 (OBRA), the federal government increased its emphasis on a regulatory strategy (Handler, 1995). Under OBRA, it became increasingly difficult for women to qualify for AFDC benefits (Abramovitz, 1996). OBRA limited AFDC eligibility to families with an income of 150 percent of a state's need standard, required welfare departments to consider monies that were not previously included when determining eligibility and setting benefit levels, and restricted AFDC for pregnant mothers until the last trimester (Abramovitz, 1996).

President Reagan and others suggested that AFDC and other federal welfare programs had grossly failed to help the poor (Withorn, 1996). The Family Support Act (FSA) of 1988, which was drafted by Daniel Patrick Moynihan represented a major change in approach to providing for families in need. The major foci of the FSA were child support collection, paternity establishment, and mandatory work (Wexler & Copeland, 2003).

Shortly after the enactment of the FSA, George H. Bush took over as president and, although not initiating any significant new federal-level welfare changes, encouraged states to apply for federal waivers that would allow them to experiment with programs of assistance to families with dependent children (Wexler & Copeland, 2003). As a result, states initiated various welfare experiments that were either more liberal or more restrictive (Peterson, 1995.) Many states moved towards more restrictive or conservative policies. This conservative drift in state policy helped influence the subsequent debate about welfare reform (Handler & Hasenfeld, 1997).

Welfare became an issue in the 1992 presidential campaign when then candidate Bill Clinton promised to “end welfare as we know it” (Handler & Hasenfeld, 1997). Over the next four years, welfare reform was the subject of partisan politics. Republicans and Democrats in Congress, as well as state governors, submitted proposals about how to modify the country’s cash assistance program for poor families (Handler & Hasenfeld, 1997).

Republicans in Congress were an important force that shaped the welfare reform discussion. After they gained control of the House of Representatives in 1992, the House’s primary focus of the House of Representatives became ending welfare (Corcoran, 2000). They organized social welfare task forces and devised several welfare reform proposals. All of the proposals entailed a decreased federal involvement in welfare policy and increased state control over public welfare (Cozic, 1997). The proposals stressed work requirements, rather than social services or education, as the primary vehicle by which recipients should leave welfare and identified strict regulatory measures designed to change welfare recipients’ attitudes and behaviors (Cozic, 1997).

Republicans outlined their proposals in their 1994 Contract with America, promising a balanced budget, reduced taxes, and restricted social welfare programs (Axinn & Levin, 1997). The Contract with America proposed a five-year lifetime limit for welfare benefits. In addition, the Republican Congress proposed offering states the option of taking welfare funding as a block grant (Axinn & Levin, 1997).

The Republicans welfare proposals, vetoed by President Clinton on December 6, 1995 called for a number of other controversial work and family regulations. The proposed requirements included a ban on the use of federal funds for unmarried mothers under the age of

18, strict paternity penalties, and a family cap (i.e. not increasing AFDC benefits if a woman had an additional child while on welfare) (Abramovitz, 1996; Axinn & Levin, 1997).

Legislators debated each of these proposals in a series of hearings and forums held between 1992 and 1996, the majority occurring during the Republican- dominated 104th Congress (Gilens, 1999). Despite the emphasis on conservative witnesses, the proposals submitted by both Democratic and Republican leaders, as well as the resulting legislation, actually demonstrated remarkable ideological consistency. An exchange of political position papers between Secretary of Health and Human Services Donna Shalala, who represented the Clinton Administration's views, and the House Republican referees illustrate this point. In a letter to Senate Majority Leader Bob Dole, Shalala outlined the administration's views on the welfare bill, H.R. 4 (Gilens, 1999). The Republican conferees noted that the Administration and the Republicans agreed on 85% of all welfare issues and strategies for reform (Gilens, 1999). Most differences between the Democrat and Republican bills were not ideological or substantive, but rather were technical implementation details, such as the percentage of people that should be exempt from the time limit and whether requirements should be federally mandated or included as a state option.

The PRWORA, which was eventually enacted in August 1996, continued the 1980s trend of valuing work as a strategy to independence over training and education and placed significant emphasis on work requirements (Handler & Hasenfeld, 1997). It incorporated block grants and support of state waivers, continuing these provisions from earlier policies. In addition to significantly changing the nation's welfare system, the

PRWORA changed several other programs, including child support, Food Stamps, Supplemental Security Income, child protection, child care, and child nutrition programs (Corcoran, 2000).

TANF replaced AFDC and differed from it in four main ways: the structure of its funding, individual entitlement, time limits, and work requirements (Corcoran, 2000).

TANF advocates argued that the new legislation would decrease welfare rolls, allow states to tailor programs to their regional needs, and put the able-bodied to work. In contrast, opponents expressed concern over the ability of the states to meet the needs of the poor. Some even asserted that state welfare control would result in more pronounced hardships and increased poverty for poor families (Cozic, 1997).

Much of the debates surrounding the PRWORA and TANF assumed an urban-based understanding of poverty (Atchinson, 2001). Likewise, a majority of the current research related to welfare reform activities also has focused on urban poverty. Policymakers did not seriously consider the unique impacts that may be incurred in rural communities.

2.1.1. Reauthorization of Welfare Reform

In 2002, President George W. Bush unveiled his welfare reauthorization proposal, calling for tougher work requirements for welfare families, marriage among unwed parents, and a freeze on current spending (Serafini, 2004). In May 2002, the House of Representatives debated and passed, by a vote to 229 to 197, the Family Promotion Act. It requires that welfare recipients work 40 hours a week and specifies that states must have 70% of their welfare recipients employed by 2007, up from 50% under the 1996 law (Serafini, 2004). It maintains current funding levels for states' welfare block grants and increases funding for childcare grants. It

authorizes funds for marriage promotion programs and for initiatives to encourage teenagers to abstain from sex before marriage (Weil & Finegold, 2002).

The Personal Responsibility, Work, and Family Promotion (PRWFP) Act was supported by Republicans, but was viewed as too stringent by Democrats. As a result, the bill was revised and resubmitted under a new name – the Work, Opportunity, and Responsibility for Kids (WORK) Act. On June 26, 2002, the Senate Finance Committee approved the WORK Act by a vote of 13 to 8. The bill would require 30 hours work per week and requests \$5.5 billion in additional funding for childcare over a five-year period (Serafini, 2004). Like the House bill, it mandates that states have at least 70% of welfare recipients working by 2007. Senate Democrats felt the act was still too stringent and the bill was never passed by the full Senate. In the interim, funding for TANF has continued to be provided in the form of Block Grants to States for Social Funding for TANF continues to be provided in the form of Block Grants to States for Social Services (Serafini, 2004). The PRWFP was re-introduced in 2005 in the House as H.R. 240.

2.2. Statistical Portrait of TANF Recipients

Since TANF was implemented, the number of mothers participating in the country's financial assistance program for families decreased by 50%, from 3 million in 1996 to 1.5 million in 2000 (US Census Report, 2002). In 1996, about 8% of mothers nationally were recipients of AFDC, which was replaced by TANF that year. The proportion of all U.S. mothers who received TANF fell to about 4% by 2000.

According to the 2000 Census Report, median monthly income has increased significantly for TANF recipients, from \$472 in 1996 to \$738 in 2000. Among TANF mothers who worked in 1998, 2-in-3 did so voluntarily, while a third said they were required by the welfare office to work. In addition, about 278,000 mothers receiving TANF were in training in

1998, and nearly 75% of them were learning skills for computer, machinery, or clerical jobs. About 62% of these mothers also received training in how to find a job. The percentage of TANF mothers participating in work-related activities did not vary by race or ethnicity.

The Census Report also revealed that, in 2000, Black mothers represented a greater proportion of recipients of TANF benefits than people of other races and ethnic groups. Black mothers constituted 38% of all recipients of TANF benefits (US Census Report, 2002). Non-Hispanic whites were 31% of TANF recipients. Hispanics constituted 25% of TANF recipients, and people of other races made up 9% of the TANF rolls.

Zedlewski and Alderson (2001) reported that the proportion of TANF families that left the welfare rolls and that report their race as white dropped from 42% in 1997 to 33% in 1999. The share of TANF-leaving families that reported their race as Black rose from 34% to 46% during this period. The share of families leaving TANF that reported Hispanic ethnicity stayed about the same (18% and 21%), as did the share of TANF-leaving families of other races (3% and 4%). Blacks reported having support networks that assisted them with transportation and childcare, as opposed to the other populations (Zedlewski & Anderson, 2001).

Just as race and ethnicity influence the likelihood of welfare recipients leaving welfare, so does geographic location. Lichter and Jensen (2001) reported that about 7.5 million people live in rural areas, and rural poverty rates continue to exceed those of urban areas. In 1999, about 42% of rural, female-headed families were poor, a rate higher than any time since the 1980s (Lichter & Jensen, 2001). Many of these rural female-headed poor families received welfare benefits. Reflecting the national trend, welfare caseloads fell in rural areas in the post-TANF period. In South Carolina, monthly average caseloads declined approximately 32% between 1995 and 1999 – from 47,610 cases to 32,566 cases (Henry & Lewis, 2001). In

Mississippi, caseloads declined 44% between 1995 and 1999 – from 53,272 cases to 31,123 cases (Henry & Lewis, 2001). However, the decline in caseloads does not necessarily mean that those who left TANF were able to find employment. Henry and Lewis' (2001) study suggested that the most remote counties in these two rural states have not benefited much from the economic growth of the 1990s. Finding employment after leaving welfare proved more elusive for those from the remote counties of these rural states than for other comparably situated TANF-leavers (Henry & Lewis, 2001).

Loprest (2002) analyzed data from two waves of the Urban Institute's National Survey of American Families Study to examine the rate that clients' leave and return to welfare, which clients return, and the role that transitional supports play in limiting welfare returns. She focused on families who left welfare for at least one month in the 1997-1999 period. The most consistent reason for leaving was finding employment or increased earnings (51%). Another 22% left because they no longer wanted or needed TANF benefits or because they had increased their income, other than through earnings. Thirteen percent left because of their inability to adhere to the rules of the program. Finally, 14% left for various other reasons, such as moving or reaching their time limit. (Loprest, 2002).

The study found that more than a fifth (22%) of families leaving welfare at some point between 1997 and 1999 had returned by the time of the 1999 interview (Loprest, 2002). Former recipients with limited work experience, little education, and health problems were likely to need additional welfare assistance. Those whose most recent employment experience was more than three years, previously (39%) and those in poor mental or poor physical health (28%) were most likely to return to the welfare rolls (Loprest, 2002).

A separate study of state and county welfare leavers based on data from the Survey of Income and Program Participation, revealed a similarly significant off-and-on movement. The percentage of leavers back on TANF one year after leaving ranged from 11% in Florida and South Carolina to about 25% in Cuyahoga County (Cleveland, Ohio) and Iowa (Bavier, 2001). Available jobs, education, and transportation were some of the reasons for these differences (Bavier, 2001).

Bavier (2001) reported that of the two-thirds of leavers with some employment in their first year after exiting the welfare rolls, less than half worked for 50 weeks or more. About 40% of those who became employed worked 35 hours or more in all weeks, and an additional 7% worked 35 hours or more in at least some of their 50 weeks of employment (Bavier, 2001).

2.3. Barriers That Discourage Mothers From Finding Employment

There are several characteristics that have been found to significantly depress work activity among women on welfare. Olson and Pavetti (1996) have pointed to a number of key findings regarding barriers to the transition from TANF to work for welfare recipients. They suggested that welfare recipients face a broad range of family and personal issues that make employment difficult, including poor physical or mental health, health or behavioral problems of children, substance abuse, domestic violence, involvement with the child welfare system, housing instability, low basic skills, learning disabilities, low self-esteem, and lack of social support. In addition, they identified a number of environmental barriers, including housing instability, childcare availability, lack of transportation, limited affordable housing, and labor market conditions, that may constrain welfare recipients' transition to employment.

Most welfare recipients are challenged by at least one potential barrier to employment, with low basic skills being most common. The majority of recipients who experience barriers to

employment work intermittently. One-quarter of the TANF caseloads reported a potentially serious barrier to employment and had no recent attachment to the labor force. These individuals are likely to need more assistance than most traditional welfare-to-work programs provide to succeed in the labor market. Almost twice as many recipients may need additional assistance to maintain steady employment (Olson & Pavetti, 1996).

DiNitto and Dye (1987) cited absence from the labor force as the largest single source of poverty and the most important barrier to employment. Certain factors play a key role in causing this absence from the labor market. Poor people, according to DiNitto and Dye (1987), do not have the knowledge, skills, training, or education to market themselves to employers.

2.4. Categorizing Barriers

One useful way in which to frame the issue of barriers to employment is in terms of Bronfenbrenner's (1979) human ecology theory. He views the human environment in terms of systems: the microsystem, made up of family and other similar close personal relationships; the mesosystem, characterized by interaction that takes place within two or more settings pertinent to the individual; and the exosystem, which involves indirect influence upon the individual, such as pervasive values and beliefs transmitted from cultural or ethnic context (Queralt, 1996). These systems interact with each other, as well as with the individual, and influence the development and functioning of the individual.

In addition to Bronfenbrenner's human ecology theory, Germain and Gitterman's (1996) ecological perspective can serve as a helpful framework. From a holistic perspective, one can understand people and their physical and social environments by viewing them as functioning within a web of dynamic, interactive relationships where individuals, families, and groups influence the operations of each other (Germain & Gitterman, 1996). When the fit between the

person and his/her environment is poor, the individual's needs, aspirations, and capacities are likely to be impaired and the environment may be damaged (Germain & Gitterman, 1996).

Making a significant change in one's life, such as leaving welfare for employment, can engender stress. According to Germain and Gitterman (1996) managing a life stressor of any kind can involve simultaneous changes in (a) social, psychological, and biological functioning; (b) interpersonal processes; and (c) environmental processes. Both human ecology theory and ecological perspective, as well as recent research findings, suggest a framework for characterizing the barriers women encounter while making the transition from welfare to work. Potential barriers can be grouped into three categories, which reflect differing types of explanations. These three categories include: (a) intrapersonal barriers (social, psychological, and biological functioning); (b) interpersonal barriers (interpersonal processes), and (c) environmental barriers (community, societal, and governmental processes).

Intrapersonal barriers include negative psychological characteristics, mental health/psychiatric disorders, poor physical health, alcohol and substance abuse, and limited human capital. Interpersonal barriers include intergenerational welfare use, domestic violence, and limited support networks. Environmental barriers explanations include labor market issues, lack of transportation, and lack of childcare. Each of these categories is described more fully below.

2.4.1. Intrapersonal Barriers

Intrapersonal barriers exist at the level of the person and often involve problems or limitations in social, psychological, and biological functions. Poor mental and or physical health, drug and alcohol abuse, and skill deficits can be determining factors in single mothers' transition from welfare to work.

2.4.1.1. Psychosocial characteristics.

Changes made in recent welfare programs, including strictly enforced work requirements, have raised interest in the reasons that lead to welfare receipt and that might affect recipients' ability to successfully leave welfare. Research has examined the psychosocial characteristics of welfare recipients, and some studies link welfare receipt with low self-esteem and low self-efficacy. In an early study, for example, Nicholas-Casebolt (1986) found that low-income mothers who did not receive welfare scored significantly higher than those who did on measures of personal efficacy and self-satisfaction.

In a later study, Popkins (1990), who conducted qualitative interviews with 149 welfare mothers in Chicago, found that long-term welfare recipients had a lower sense of personal efficacy than their short-term counterparts. Parker (1994) found that higher self-efficacy was related to reduced welfare reliance. Kunz and Kalil (1999) investigated whether self-esteem and personal efficacy measured in early life related to welfare use in young adulthood. They found that young adults who had low self-esteem and did not have a sense of personal worth, compared to those individuals who did, had more difficulty finding and maintaining employment.

2.4.1.2. Mental health/psychiatric disorders.

Another potential barrier affecting women who are attempting to move from welfare to work is psychiatric disorders. TANF recipients with psychiatric disorders often experience ongoing psychiatric symptoms that impact their ability to gain or maintain employment (Stromwall, 2001). Poverty itself is associated with increased risk for psychiatric disorders (Bruce, Takeuchi, & Leaflet, 1991). Lower socioeconomic status has been found to have a negative impact on mental health (Anderson & Armstead, 1995).

Research indicates that mental illness is experienced at higher rates for welfare-reliant women than for women in general. Depression, post-traumatic stress disorder, and generalized anxiety disorders are most often reported. These conditions may be outcomes of poverty or may be related to increased role strain as these women attempt to balance the competing demands of work and family (Fishman, 1999; Jencks & Swingle, 2000; Poverty Research & Training Center, 1999).

An analysis of data from the National Household Survey of Drug Abuse (NHSDA) reported that 20% of women receiving welfare experienced psychiatric disorders within the year prior to the survey (Jayakody & Stauffer, 2000). Similarly, data from the National Comorbidity Survey (NCS), which contains information on over ten psychiatric diagnoses, revealed that almost 40% of single mothers on welfare had experienced a psychiatric disorder.

Behaviors associated with mental health problems have been shown to significantly reduce employment (Montoya, Bell, Atkinson, Nagy, & Whitsett, 2002). Side effects of medication can reduce productivity in the workplace. Mental illness not only may affect the likelihood of employment and level of wages, but also may impede welfare recipients' ability to successfully participate in work-related activities such as education, training, or job search activities (Murphy, 1999).

Stromwall (2001) found that TANF recipients receiving behavioral health services reported significantly lower functioning and more mental health distress than non-recipients receiving such services. Montoya et al., (2002) collected data from a community-based sample of persons receiving TANF benefits for the purpose of studying the role of mental health in the transition from welfare to work. Consistent with previous literature, they found that psychological distress contributed to decreased wages.

2.4.1.3. Physical health.

Although numerous studies of welfare policy exist, there are limited studies of women's health in relation to welfare (Kneipp, 2000). However, the studies that exist suggest a relationship between poor health and poverty (Wilkinson, 1996). Women who are poor have less access to health care services and are screened for the early detection of disease less often than women with higher incomes (National Center for Health Statistics, 2000). Research in the 1980s found that women receiving welfare manifest more symptoms of physical distress than women who do not receive such financial assistance (Berlin & Jones, 1983; Garfinkel & McClanahan, 1986).

Poor mothers generally have poorer health than non-poor women (Olson & Pavetti, 1996). Ross and Mirowsky (1995) found that being in good health increased the odds of getting or keeping full-time employment for both women and men.

Danziger, Corcoran, Danziger, and Helflin (2000) suggested that evaluations of welfare to work programs have found that health problems cause job loss among some welfare recipients. They reported that one in five mothers in these studies reported a health problem. Frankie and Prindle (1996) reported that 30% of a sample of Iowa recipients who lost their benefits due to noncompliance with welfare to work programs reported serious health issues. Hershey and Pavetti (1997) reported that health problems were the reason for nearly 13% of job losses in the welfare to work programs in New Jersey and Massachusetts. Results from the University of Michigan's Women's WES (2003) indicated that one in five welfare mothers reported a health problem.

Corcoran, Danziger, and Tolman (2003) of the WES indicated that welfare recipients are likely to experience persistent health problems after they leave the welfare rolls. In their study,

over 70% of current and former welfare recipients reported limitations in physical functioning (Corcoran et al., 2003).

2.4.1.4. Alcohol and drug abuse.

Schmidt and Weisner (1998) explored how alcohol and drug problems were related to welfare use by comparing firsthand reports of substance abusing and non-abusing clients concerning their reasons for leaving welfare between 1989 and 1995. Among substance abusers, the most common reason given for not being able to successfully exit welfare was their history of alcohol or drug abuse. Compared to non-abusers, substance abusers were more vulnerable to losing their assistance and less likely to find employment (Schmidt & Weisner, 1998). More recently, Lehrer, Crittenden, and Norr (2002) found that among a sample of African American and Latina mothers living in an inner city neighborhood in Chicago, problems of substance abuse determined their ability to leave welfare successfully. They reported that mothers who were addicted were the least likely to be able to find employment.

Schmidt, Dohan, Wiley, and Zabkiewicz (2002), in a study of substance abuse and welfare dependency, concluded that welfare recipients with a substance abuse dependency were more likely than other recipients to exit the welfare roll for administrative reasons than for employment. Administrative removals commonly followed a jail or prison sentence or were based on sanctioning due to failure to file paperwork on time or to participate in a work program required by the welfare system (Schmidt, Dohan, Wiley, & Zabkiewicz, 2002).

In a study conducted by Atkinson, Lee, and Dayton-Shotts (2002), TANF recipients in Houston, Texas, were monitored to see how welfare reform affected employment opportunities for chronic drug users compared to non-drug users. The study's findings suggested that welfare recipients' successful transition into the work force was more difficult for drug users than non-

drug users. Atkinson et al. (2002) contended that substance abuse treatment needs to be a part of welfare to work programs for a large number of current recipients.

Morgenstern (2003) examined barriers to employability among women who were identified as being substance abuse dependent. The characteristics of these women were compared to other women receiving welfare who were not identified as having a substance abuse problem by routine screening conducted in welfare offices. The study found that substance-dependent women had more difficulty finding employment than non substance abusing women. In addition, those who reported substance abuse problems also were more likely than non-substance abusing clients to report problems such as domestic abuse, legal problems, and limited job skills. In sum, these results suggest that the transition into the traditional labor force for drug-using welfare recipients is quite difficult.

2.4.2. Human capital.

Another set of variables that represents a barrier to whether welfare recipients will find employment are human capital characteristics, including level of literacy, education, labor force experience, and training competency (Bane & Ellwood, 1994). Single mothers who have enhanced human capital tend to enter the labor force more quickly, stay in the labor force longer, and receive higher levels of earnings (Friedlander & Burtless, 1995). Level of education, in particular, is a significant determinant of employment and earnings among women on welfare (Moffitt, 1992). Hamilton, Brock, Farrell, Friedlander, and Harknett (1997) conceptualized human capital as “education and training as a precursor to employment, based on the belief that the required skill levels for many jobs are rising and welfare recipients need to be obtain better and more secure jobs” (p. 3). Previous work experience also contributes significantly to labor

force participation, and those who have completed skills training have a significant advantage over those who have not (Orthner & Kirk, 1995).

Lack of basic education and/or job skills is perhaps the most common individual level barrier that welfare-reliant women must overcome to achieve wage-based self-sufficiency. Women receiving TANF are less likely to have a high school education or GED than women who are not reliant upon government assistance (Moffitt, 1992). Almost a third (30%) of the participants in the WES (2003) had not completed high school. This presents a serious problem, especially since most employers require a minimum of a high school degree. In addition, the average literacy level of welfare-reliant women is below that of the general population of unskilled workers (Fishman, 1999; NGA, 1998; Poverty Research & Training Center, 1999; Rose, 2000).

Women's lack of work readiness, while not strictly a skill or matter of education, can also be a barrier to employment. Work readiness includes proper planning, such as securing childcare, proper work attire, and attitude (Monroe, Blalock, & Vlosky, 1999), and predicts whether skills acquired in training programs will be used (Monroe et al., 1999).

Inexperience in the workplace is a barrier to sustained employment. The lack of work experience often translates into inadequate job search skills, limited self-confidence, poor ability to communicate clearly in the workplace, and inability to describe relevant qualifications or successfully completing job applications (Poverty & Research Training Center, 1999). The Urban Institute's 1999 National Survey of America's Families showed that one in seven adults who left welfare between 1997 and 1999 were jobless leavers—that is, they had no connection to the labor market through recent work (Loprest, 2002). A comparable finding was obtained in the

WES (2003), which found that one out of every seven women had little previous work experience and only 9% were familiar with workplace norms.

Johnson (2003) used data from a state longitudinal study of welfare recipients during the 1997-2002 period to analyze the relationship between job skills, job changes, and the evolution of wages. Overall, 63% of the sample left welfare for jobs, while 35% combined wages and welfare. Johnson found that in terms of wage differentials, reading and writing skills, in particular, substantially increased wages. Johnson asserted that job skills profoundly affect wages and are important to determining welfare recipients' ability to find and maintain employment.

Another aspect of human capital is labor force attachment, which signifies the marginal positions of some people in the labor force (McLanahan & Garfinkel, 1989). Long-term dependence on welfare suggests a weak labor force attachment and a separation from mainstream institutions and value systems in the world of work (Guang, Brooks-Gunn, & Harris, 1996). Young minority mothers are more likely than similarly situated majority group mothers to rely on welfare and to display weak attachment to the labor force (Duncan & Hoffman, 1991). The labor force attachment perspective suggests that welfare recipients can best build their work habits and skills by quickly moving into jobs, even if the jobs are not high-paying, long-lasting, or particularly desirable (Hamilton et al., 1997).

2.4.3. Interpersonal Barriers

Interpersonal barriers, such as intergenerational welfare use, domestic violence, and limited support networks, are potential barriers to the successful transition from welfare to work. These barriers involve levels of interaction with family, friends, and community members. If

these interactions are unhealthy, problematic, or counterproductive, the transition to regular employment can be difficult.

2.4.3.1. Intergenerational welfare use.

Researchers have raised concerns about whether growing up in a welfare household reduces a mother's chances of being employed (McLanahan & Garfinkel, 1989; Mead 1989). In fact, several consequences of growing up in a welfare household may limit a mother's success in the labor market. Compared with other women, those from welfare households have higher propensities to bear children as teenagers, to have low educational attainment, to be poor, and to use welfare (Corcoran, 1995; Rank & Cheng, 1995).

The scholarly debate over whether growing up in a welfare household impedes socioeconomic attainment has typically focused on the relative influence of cultural versus structural mechanisms on intergenerational welfare usage (Corcoran, 1995; Rank & Cheng, 1995). Cultural mechanisms include the cycle of poverty, while structural mechanisms include environmental factors, such as inadequate housing or little access to jobs. Most of those involved in the debate now take the position that it is important to consider both cultural and structural mechanisms.

Greenwell and Leibowitz (1998) studied the effects of intergenerational welfare use on women. Their findings indicated that it is important to examine the effects of women's family background on their work roles—a topic on which there is virtually no research—and on socioeconomic mobility across generations. Their results suggested that welfare households provide not just negative modeling, but also positive role models of economic independence that may facilitate daughters' upward mobility.

2.4.3.2. Domestic violence.

Another barrier to women moving from welfare to work is the issue of domestic violence. Recent studies have indicated that welfare-reliant women are four to five times more likely to experience domestic violence than women in general (Poverty Research & Training Center, 1999). A woman's partner may not only sabotage her efforts to work but may also resort to physical force to prevent her from working, often because he feels threatened by her independence. Women in this situation may be forced to quit their jobs, or they may be terminated because the additional stress results in decreased productivity or inattention on the job (Poverty Research & Training Center, 1999). Victims of domestic violence often lack the self-esteem, skills, and education necessary to be competitive in the workplace (NGA, 1998; Poverty Research & Training Center, 1999).

Brush (1999) examined the relationship between domestic violence and employment in two ways. She looked at the actions abusers take that can interfere with a woman's ability to work. She also investigated patterns of employment. A majority of women (46%) said that their male partner did not encourage them to seek employment. The study found that most women worked less than 30 hours per week because the men did not want them being out of the house for any lengthy period of time (Brush, 1999).

Danziger, Kalil, and Anderson (2000) surveyed a sample of single mothers who were welfare recipients in an urban Michigan county to explore how barriers can constrain their employability. They found that about 15% of the women reported being severely physically abused by a husband or partner within a twelve-month period. This impacted their employability by making them afraid that the abuser would inflict harm on them if they attempted to find employment.

2.4.3.3. Support networks.

A relationship may exist between a woman's personal support network and her ability to endure the challenges faced in the workplace. A support network can consist of a woman's partner, friends, or family--anyone who the women can turn to in times of crisis or stress for material, mental, and/or emotional assistance (Rangarajan, 1998).

Women who have nonexistent or fragile support networks may find it more difficult to cope with the stress of raising children and performing adequately in a job. A related problem is that without a functioning support network, women often do not have anyone to help with a sick child. The result is that a mother often must chose between caring for a sick child and potentially losing her job, or leaving the child at home to fend for him/herself (Fishman, 1999).

Henly and Danziger (2003) of the WES examined the perceived availability of social support among a sample of 632 current and former TANF recipients. They assessed the relationship of perceived social support to family hardships and economic well-being. Current and former welfare recipients reported relatively high levels of perceived social support, but only a minority received financial assistance from family and friends. Most recipients felt that they could count on family and/or friends to provide support if needed. Henly and Danziger (2003) concluded that a higher degree of social support resulted in less economic hardship, such as housing problems, utility shut-offs, and less time finding employment or missing work.

Jackson (1998) reported that limited social support created great strain and parenting stress for single mothers on welfare. Alter (1996) found that mothers on welfare who received some type of family support achieved a greater increase in competence than recipients who did not receive any support. Taylor (2001) reported that women in rural communities characterized

social and family support as being especially important to them because of the lack of formal resources in those communities.

2.4.4. Environmental Barriers

Environmental barriers can include labor market issues, limited transportation options, and lack of childcare. Unlike intrapersonal and interpersonal barriers, environmental barriers cannot be changed by an individual. Instead, these barriers are the results of policies and economic conditions that can be changed through the legislative process or through economic reforms.

2.4.4.1. Labor market issues.

Welfare reform limits welfare recipients to a lifetime maximum of five years' cash assistance. This policy raises the question of whether it is reasonable to expect welfare recipients to be able to leave the welfare rolls within a five year period, regardless of the labor market conditions in the state or area in which they live (Vartanian, 2000). Although a large portion of the research has focused primarily on recipients' personal characteristics as determinants of leaving welfare (Bane & Ellwood, 1994; Fitzgerald, 1991, 1995), factors such as the unemployment rate, the changing number of jobs within particular sectors of the economy, city size, and the availability of transportation may be important influences on families' need for income from public cash assistance programs (Vartanian, 2000). The decentralization of low-skilled jobs outside of large cities has been shown to be an important factor in labor market outcomes for low-skilled, poor populations (Holtzer & Danziger, 1998; Karsarda & Ting, 1996).

Studies have found that local economic conditions contribute significantly to welfare exits and duration (Hoynes, 2000) and to aggregate caseload levels (Bartik & Eberts, 1999; Goetz et al., 1999; Henry & Lewis, 2000). Henry and Lewis (2000) examined welfare exits in

Mississippi and South Carolina, while Goetz et al. (1999) explored county-level caseload dynamics in Kentucky. In Mississippi and South Carolina, reducing the welfare rolls was more difficult in rural than in metropolitan areas (Henry & Lewis, 2000). In Kentucky, reductions in caseloads were smallest in remote rural communities compared to other parts of the state (Goetz et al., 1999).

Studies of former recipients suggest that they find jobs in the service and retail sectors (Braumer & Loprest, 1999). Rural employment predominantly involves janitorial services, fast food chains, hotels, and the rapidly growing home health care industry (Nelson & Smith, 1999). Low wages, limited hours, lack of benefits, and low returns on human capital investments combine to make employment in the formal rural economy unattractive (Findeis & Jensen, 1998).

Rural labor markets can enable or impede the goals of welfare reform through the interaction of various economic, demographic, and locational characteristics (Gibbs, 2001). Rural areas as a whole have a slight disadvantage in job availability, but a significant disadvantage in well-paying jobs. Rural employment and earning prospects are generally lower for the demographic groups most likely to be making the welfare-to-work transition (Gibbs, 2001). In addition, the rural labor markets facing the greatest challenges place job seekers in double jeopardy: there is a relatively large pool of potential workers that when combined with a distressed local economy, marked by high unemployment rates, makes finding a job, especially a high paying one, particularly difficult (Gibbs, 2001).

The PRWORA passed with limited discussion about the impacts of the act on rural areas. Although many of the poor do reside in inner cities of metropolitan areas, the incidence of poverty is in fact higher among families in rural counties, suggesting that welfare reform has

repercussions for individuals and counties across the United States (Goetz & Freshwater, 1997). Earnings from wages tend to be lower in rural than in urban areas, and excess labor pool levels tend to be higher, as revealed both by reported unemployment rates and by estimates of disguised unemployment, such as seasonal and temporary employment (Goetz & Freshwater, 1997). Moreover, in rural America, the share of workers in the low-wage, low-skill labor market is well above the national average (Gibbs, 2001). Despite the economic prosperity of the 1990s, rural job growth, earnings, and wage progression have remained a step behind labor market outcomes in metropolitan areas, often hindering efforts under welfare reform to move recipients into employment (Gibbs, 2001).

2.4.4.2. Transportation.

Another barrier to recipients' transition to employment involves transportation. Transportation is necessary not only to get to and from a job, but also for accessing childcare, health care, and other activities, such as purchasing food. Programs aimed at moving welfare participants into paid work have been based largely on studies showing a mismatch between the concentration of welfare recipients in central cities and rapidly expanding jobs in the suburbs (Blumenburg & Shiki, 2003). Rural areas face many unique challenges in meeting the transportation needs of low-income consumers (Fletcher & Jensen, 2000).

Welfare recipients' geographic access to employment is the product of their residential location, the location of potential employment opportunities, and the transportation available to travel between home and work (Kaplan, 1998). Welfare recipients living in urbanized areas have better access to public transit networks than recipients living in less urbanized areas (Lacombe, 1998). According to Blumenburg and Shiki (2003) most welfare recipients in urban areas, who typically live close to jobs and public transit, do not face a spatial mismatch between their

residential locations and employment opportunities. In contrast, while there may be jobs in rural areas, both jobs and welfare recipients are more dispersed, making travel more difficult for those who do not have access to personal vehicles. Therefore, many rural, transit-dependent welfare recipients have only limited access to employment opportunities within a reasonable commuting distance (Blumenburg & Shiki, 2003).

Deka (2002) examined strategies for transporting inner-city residents to suburban and exurban growth areas. In the study, data from the 1995 Nationwide Transportation Survey were utilized to examine the impact of commuting on welfare recipients who were expected to become active workers as a result of welfare reform. The findings showed that there was an association between anticipated commute time, or spatial separation between homes and jobs, and work status. As anticipated commute time increased, recipients found it more difficult to locate and maintain employment. Rural welfare recipients, even if they have access to transportation, may face such significant commute times that their labor force participation may be compromised.

2.4.4.3. Childcare.

Obtaining childcare is one of the most pervasive barriers to finding employment for mothers on welfare. There has been much research, particularly from the perspective of urban and suburban dwellers, about the problems women face finding quality, affordable, and reliable childcare. Obtaining childcare is an especially difficult challenge for women on welfare to overcome (Corcoran, 2000; Fishman, 1999; Jencks & Swingle, 2000). Women find it difficult to locate childcare openings compatible with their service sector jobs. Positions as cashiers and food service workers generally involve odd shifts, nights, weekends, and holidays, but most childcare centers are open only during standard workday hours. This leaves a tremendous gap in

childcare services for women employed in service jobs (Fishman, 1999; Poverty Research & Training Center, 1999).

The costs of formal childcare, if not government subsidized, can be quite high compared to women's earnings. As much as 38% of women's wages can go to childcare payments. Government subsidies can ease financial burdens for women, but only if childcare slots are available (Rangarajan, 1998). In addition, there is a shortage of subsidized funding in some states, so not all women can benefit from this assistance. Many women also experience difficulties negotiating the bureaucracy of subsidized childcare, and therefore chose not to participate (Rangarajan, 1998).

Since 2001, states have become increasingly unable to meet the need for subsidized childcare (WES, 2003). Although Child Care and Development Fund funding levels increased to \$250 million in FY 2002, they decreased by approximately \$10 million in FY 2003. Additionally, many states have faced problems supplementing these child care funds with TANF funds as the TANF caseload decline either slowed or stopped in most states after 2001 (Greenberg, Mezey, & Schumacher, 2003).

For poor rural families, child care may be less available and less affordable than it is for rural families that are not in poverty (Atkinson, 1994). Data from the National Survey of America's Families (1999) found that the percentage of families with incomes below 200 percent of the poverty line that pays for child care is higher in Alabama than any other state. Only a small percentage of families received help from employers, non-resident parents, or other individuals.

Shlay, Weinruab, Harmon, and Tran (2003) investigated barriers to utilizing child care subsidies. They found barriers included parents' beliefs that they were not eligible or did not

need subsidies. The authors concluded that families that knew they were eligible avoided applying for subsidies because of hassles and restrictions, real or perceived, associated with accessing subsidies.

2.5. Research Questions

The issue of welfare remains the focus of debate. Legislation designed to address the needs of poor women and children has created controversy and legislative reform efforts have employed regulatory and incentive strategies to address the “welfare problem,” with regulatory strategies gaining prominence since the 1980s. The PROWRA of 1996 and the introduction of TANF transformed the nation’s welfare system.

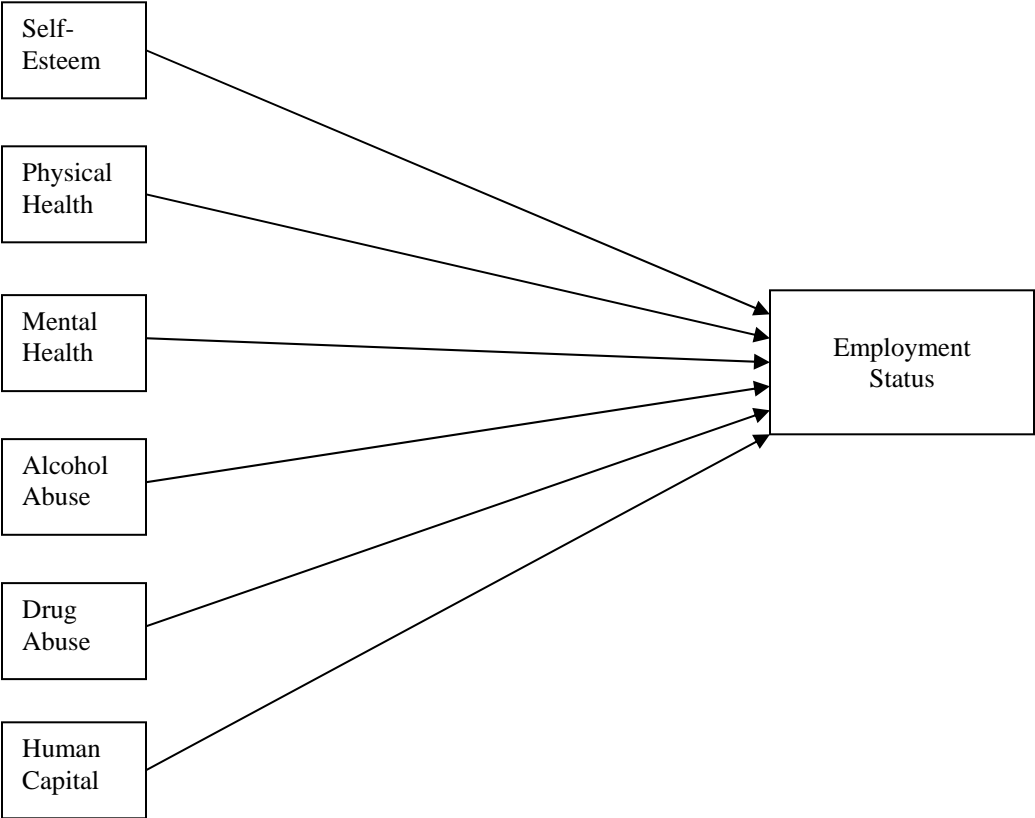
The literature suggests that barriers exist for women moving from welfare to work. Mental health, alcohol and drug problems, transportation, labor market issues, labor force attachment, and childcare are just some of the potential barriers for women making the transition from welfare to work. Moreover, as Loprest (2002) has suggested, early TANF-leavers most likely had better skills and fewer problems than those who have remained on TANF. Thus, clients who are now preparing to make the transition from TANF to work may be those with more complex problems and fewer skills.

This study was designed to identify barriers experienced by women in a rural environment. A majority of the existing research that addresses women’s transitions from welfare to work focuses on barriers faced by women from urban areas. This descriptive study adds to the literature by specifically addressing the impact of these barriers on women in a rural community. The three research questions that this study addressed were broad in order to assess the importance of the various potential barriers women may encounter. The study’s three research questions are depicted in Figures 1 to 3

2.5.1. Research Question 1

What is the relative impact of intrapersonal barriers (i.e., low self-esteem, poor physical health, poor mental health, alcohol and substance abuse, and limited human capital) on the employment status of women who are making the transition from welfare to work in a rural environment?

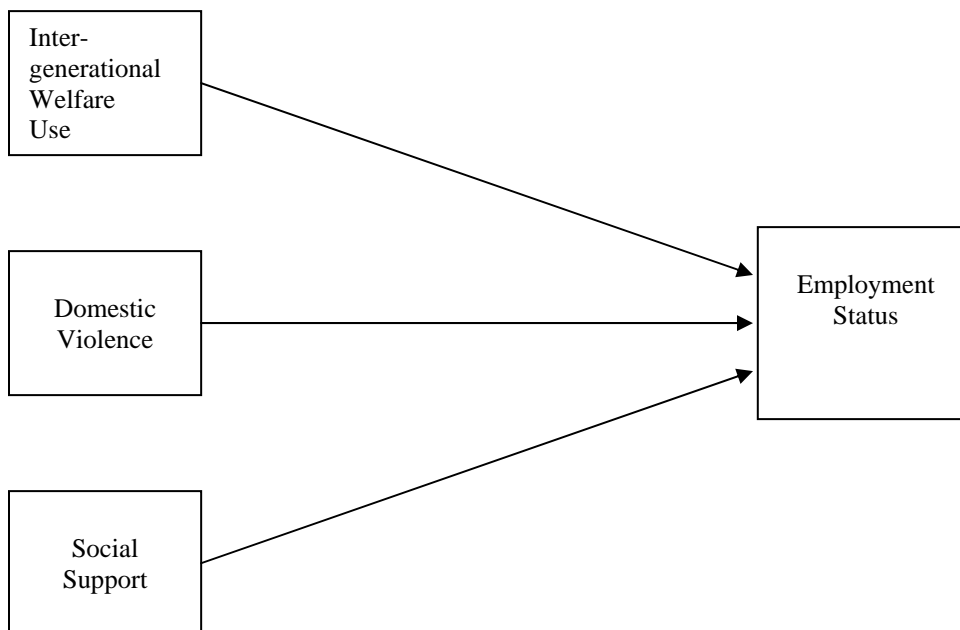
Figure 1 Impact of intrapersonal barriers



2.5.2. Research Question 2

What is the relative impact of interpersonal barriers (i.e., intergenerational welfare use, domestic violence, and limited social supports) on the employment status of women who are making the transition from welfare to work in a rural environment?

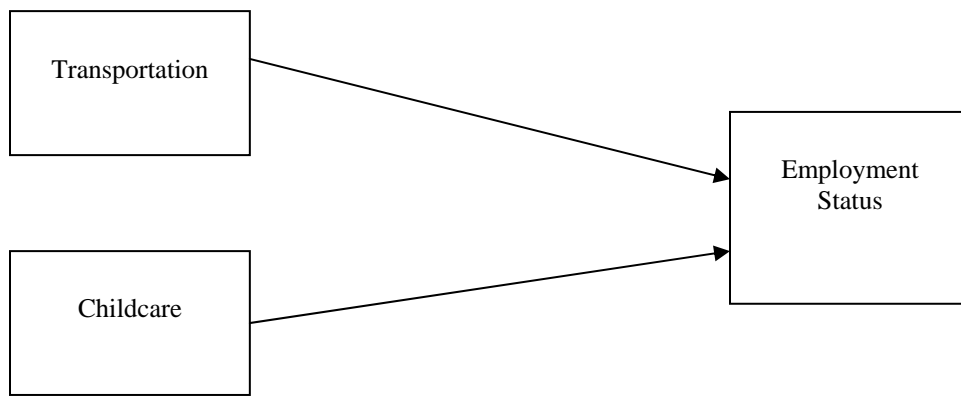
Figure 2 Impact of Interpersonal Barriers



2.5.3. Research Question 3

What is the relative impact of environmental barriers (i.e., lack of transportation and childcare) on the employment status of women who are making the transition from welfare to work in a rural environment?

Figure 3 Impact of environmental barriers



3. METHODOLOGY

The prior chapter identified a variety of barriers that potentially affect women's ability to successfully move from welfare to work. These barriers include intrapersonal, interpersonal, and environmental factors. Much of the existing research has focused on urban populations, and less is known about the relevancy of these barriers or the extent to which they impact women's welfare to work transition in a rural environment. This study addressed this gap in the literature. This chapter presents the study's research design, plan for the selection of participants, measures used, study implementation procedures, and data analysis plan.

3.1. Study Design

The purpose of this study was to identify barriers that may prevent rural women from successfully moving from welfare to work. A questionnaire was developed to collect data on intrapersonal barriers (i.e. low self-esteem, poor mental health, poor physical health, alcohol and drug abuse, and limited human capital), interpersonal barriers (i.e. intergenerational welfare use, domestic violence, and limited support), and environmental barriers (i.e. lack of transportation and childcare). There were not any questions on this survey that asked respondents about labor-market issues. In addition, information on demographic and background characteristics was obtained.

The study entailed a cross-sectional survey. Data were collected from interviews with women who had completed the Lexington County, South Carolina, program designed to assist welfare recipients with finding employment. One hundred sixty women were interviewed. The data were obtained from face-to-face interviews with these women. Institutional Review Board (IRB) approval to conduct this study was obtained (see Appendix A).

3.2. Selection of Participants

Interviews were conducted with women who completed the Family Independence Initiative (FII) program in Lexington County, South Carolina. Lexington County was chosen because it is a rural county of 750 square miles that borders Columbia, the state capital. In 2003, the county's population was 226, 528. Between 1990 and 2003, Lexington County's population increased by 30 percent, leading it to fourth among the state's 46 counties in terms of population growth over the last decade (South Carolina Community Profiles, 2004). Seventy-four percent of the population in Lexington County are classified as white, 14 percent are classified as African American, 9 percent Hispanic, and 3 percent Asian (South Carolina Community Profiles, 2004).

Lexington County has three major types of employers. Agriculture accounts for 45% of the labor market, high tech industries make up 31%, and retail makes up 24% (South Carolina Community Profiles, 2004). The median household income in 2001 was \$44,653; 9% of county residents live below the poverty line (South Carolina Community Profiles, 2004).

In 1996, the TANF caseload in Lexington County was 1,407. In June 2004, the active caseload was 636. In 1996, the Food Stamp caseload was 3,624; it rose to 7,363 in 2004 (SCDSS Annual Report, 2004).

TANF recipients in Lexington County are single parents with at least one child under 18 (South Carolina Community Profiles, 2004). Each welfare recipient is required to enroll in a training program, the Department of Social Services (DSS) FII program, a training program designed to assist recipients in finding employment. The FII includes three components: GED preparation, volunteering, and job training skills. Recipients are required to attend weekly sessions for six consecutive weeks.

After the six-week training, all of the women are required to find employment. They are required to spend one day per week looking for employment. Once they find full-time

employment, they are required to contact their cash manager and their cash assistance ends. If they do not obtain full-time employment, they can continue to receive cash assistance for 24 months.

In 2001, 104 women completed the FII program. Of the 104, 92 no longer receive cash benefits, while 12 still receive cash benefits. In 2002, 197 women completed the FII program. Of the 197, 104 no longer receive cash benefits, while 93 still receive cash benefits. Therefore, the pool of eligible study participants consisted of 301 women.

DSS case managers identified 17 housing projects where many of these women reside. I received permission from the state Housing Authority to conduct the study. (See Appendix B) I then contacted the managers of these 17 housing projects to obtain their consent to allow me to recruit at their sites. Managers from 10 housing projects, where a majority of the women who completed the program in 2001 and 2002 reside, agreed that research could be conducted with their residents.

An initial flyer was placed in each resident's mailbox explaining the purpose of the study and requesting participation. (See Appendix D) Flyers were posted around the neighborhood by the resident managers and were left in the management offices. At seven sites, a second flyer was placed in mailboxes and posted as a follow-up.

Women interested in participating in the study were asked to call me to arrange the interview. A total of 177 women made this initial contact. Of those, 160 followed through and completed the interview. The 17 who were not interviewed were contacted, but they did not follow up with the appointment.

3.3. Power Analysis

This study entailed three logistic regression models that involved between two and six predictors in each. According to Cohen (1998), a logistic regression model that has six independent variables and a significance level of .05, would need 110 cases in order to detect a medium effect size with a power of .08.

3.4. Measures

The complete questionnaire is included in Appendix C. Intrapersonal, interpersonal, and environmental barriers were identified from the literature. The scales used to measure various dimensions of these barriers are briefly discussed below.

3.4.1. Measures of Intrapersonal Barriers

Six intrapersonal barriers were assessed in this study. These include low self-esteem, poor mental health, poor physical health, alcohol abuse, drug abuse, and low human capital. The following scales were employed.

3.4.1.1. Self-esteem.

The measure of self-esteem was a scale that consists of 7 items measuring people's opinions of how they feel about themselves. Respondents ranked each item from 1 = Strongly Agree to 4 = Strongly Disagree. Examples of the items include "I can do anything I set my mind to" and "There is little I can do to change the things in my life." Two items were reverse coded. A composite variable was then created by using the Mean command under the compute menu in SPSS. Higher scores indicate higher self-esteem. The scale was taken from the instrument used in the Women's Employment Study (2003) conducted by the University of Michigan (see Appendix C, Instrument Section C.5). The psychometric properties of this scale have not been

previously established.

Mental health and physical health.

The SF-12 is a multipurpose short form (SF) generic measure of health status. It was developed to be a much shorter, yet valid, alternative to the SF-36 for use in large surveys of general and specific populations, as well as studies of health outcomes (Ware, Kosinski, & Keller, 1996). The 12 items in the SF-12 are a subset of those in the SF-36. The SF-12 measures eight concepts commonly represented in widely used surveys: physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological wellbeing). The SF-12 items can be used to create separate measures of general physical health and mental health (see Appendix C, Instrument Section C.6).

Scoring for the SF-12 Mental Health scale involves a multi-step process. First, four items (i.e., numbers 1, 8, 9, 10) are reversed scored so that higher responses indicate better health for all variables. Second, each variable is converted to a series of 0/1 dummy, or indicator, variables based on the number of response categories in the original variable. For each variable the highest response category is omitted from the conversion. Next, weights are assigned to each dummy variable and then the weighted dummy variables are summed. Finally, a constant is added to yield a norm-based score that has a mean of 50 and a standard deviation of 10 in the US population (see Appendix F for weights and constants).

Scoring for the SF-12 Physical Health scales entails the above four steps. The dummy variable weights and the constant used are specific to the Physical Health Scale (see Appendix F for weights and constant).

The test-retest reliability of the SF-12 is .89 and .76. In 14 validity tests involving physical criteria, validity estimates for the 12-item Physical Component Summary ranged from .43 to .93 (median=.67) in comparison with the best 36-item short-form scale. Average scores based on the 12-item short form closely mirrored those for the 36-item short-form (Ware et al., 1996).

3.4.1.2. Drug and alcohol abuse.

The Drug Abuse Screening Test (DAST) was designed to provide a brief instrument for clinical screening and treatment evaluation research (Skinner, 1982). The 20 self-report items tap various consequences that are combined into a total score to provide a quantitative index of problems related to drug misuse. Some items include, “Have you abused prescription drugs” and “Do you use drugs on a continuous basis?”

The instrument provides a “yes” or “no” response format. A total, or summary score, ranging from 0-28, is computed by summing all items that are endorsed in the direction of increased drug problems. Two items are keyed for “no” responses. A score of 16 or greater is considered to indicate a very severe abuse or dependency condition. The test and scoring key are available without cost (Skinner, 1982).

Measurement properties of the DAST were evaluated using a clinical sample of 256 drug/alcohol abuse clients. The internal consistency reliability was .92, and a factor analysis of item correlations suggested a unidimensional scale (Skinner, 1982).

The distribution of this continuous variable was skewed in the current study. Therefore, it was recoded, according to the instrument’s instructions, into a nominal variable with three categories: no drug problem (scores 0-5), moderate drug problem (scores 6-15), and severe drug problem (scores 16 and higher).

The Brief Michigan Alcoholism Screening Test (Brief MAST) is one of the most widely used measures for assessing alcohol abuse. The measure is a brief version of the MAST. The 10-item Brief MAST focuses on symptoms of problematic drinking and the negative consequences of alcohol use. Some items include, “Do you feel you are a normal drinker?” and “Have you gotten into trouble because of drinking?”

The Brief MAST is composed of “yes” and “no” response options. With the exception of items 1 (Do you feel you are a normal drinker) and 2 (Do friends or relatives think you are a normal drinker), all of the other “yes” responses indicate that a drinking problem exists. Each item had an assigned point value, either 2 or 5, depending on its severity. Point values were then summed so that higher scores indicated greater severity of a drinking problem.

Reliability and validity data are available across a number of populations; internal consistency ratings range from .83 to .95, while test-retest reliability values range from .84 to .97, with lower values associated with longer delays between administrations (Kitchens, 1994). No training is required for administration and there is no fee for using the test. According to the instrument’s instructions, less than 3 points represent nonalcoholic behavior. A score of four points is suggestive of alcoholism, while scores of five or more points indicate a problem with alcohol (see Appendix C, Instrument Section C.7).

3.4.1.3. Human capital.

I was unable to locate an existing scale to measure human capital. Therefore, I constructed a section containing seven questions to provide information about human capital. These questions include items relating to education level and job readiness. Some items include, “What is your highest grade completed?” and “Did you attend college?” The primary measure of human capital employed analytically in this study was educational attainment, which was coded as less than high school, high school/GED, and more than high school. Several individual items in this section were taken from the instrument used in the Women’s Employment Study (2003), University of Michigan. These items include: Questions 1, 1a, 2, 3, and 4 (see Appendix C., Instrument Section C.3).

3.4.2. Measures of Interpersonal Barriers

Three interpersonal barriers were assessed by this study. These included intergenerational welfare use, domestic violence, and low social support. The respective measures of these barriers are discussed below.

3.4.2.1. Intergenerational welfare use.

I was unable to locate a scale to measure intergenerational welfare use. Therefore, I constructed a section containing five questions to explore welfare receipt across the generations. For analytic purposes, one of these questions was employed: “Did your mother, grandmother, or guardian ever receive welfare benefits?” (See Appendix C, Instrument Section C.4)

3.4.2.2. Domestic violence.

This scale is designed to measure women's experiences of abuse in their relationships. The scale includes 11 items that require "yes" or "no" responses. A summative score was created by adding the "yes" responses to determine the number of different types of abuse experienced by these women. A score of 0 indicated no experience of violence. A score of 1 or higher indicated exposure to violence since completing the FII program, with higher scores indicating exposure to more different types of violence. Some of the items in the scale include: "Has a husband, partner, or anyone you have been in a romantic relationship with pushed, grabbed, or shoved you?" and "Has a husband, partner, or anyone you have been in a romantic relationship with thrown anything at you that could hurt you?" The original scale was used in the Women's Employment Study (2003) conducted by the University of Michigan (see Appendix C, Instrument Section C.8). Data on the psychometric properties of this scale were not available.

3.4.2.3. Social support.

The items in this scale are designed to measure if the respondents had people in their lives that they could turn to for help if they needed it. The scale contains 7 items that tap respondents' perceptions of social support available during the prior month. Each item can be rated from 1 = No, definitely not to 5 = Yes, definitely. Responses to the individual items were summed and then averaged. Higher scores indicate higher levels of social support. Some of the items in the scale include: "Would someone be available if you were upset, nervous, or depressed?" and "Is there someone you could turn to if you needed to borrow several hundred dollars for an emergency?" The scale was taken from the instrument used in the Women's Employment Study (2003), University of Michigan (see Appendix C, Instrument Section C.9).

3.4.3. Measures of Environmental Barriers

Lack of transportation and childcare, two commonly identified environmental barriers to women's participation in the labor force, were assessed. The measures are described below.

3.4.3.1. Transportation.

The six questions in this section obtained information about transportation as it relates to the respondent's ability to find or maintain a job. Some of the items include: "Do you own or have a regular use of a car?" and "If you have access to a car, what condition is the vehicle?" For this study, two questions were used to assess the extent that transportation posed a barrier. These questions were: "Overall, how much of a problem has transportation been for you finding a job?," and "How much of a problem has transportation been for you keeping a job?" The response options for both of these questions entailed a three-point scale: 1=not a problem; 2=somewhat of a problem; and 3=a major problem. Several questions in this section were taken from the instrument used in the Women's Employment Study (2003) conducted by the University of Michigan. These include: questions 1, 2, 3, 4, 5, and 6 (see Appendix C, Instrument C.10).

3.4.3.2. Childcare.

The nine questions in this section were designed to elicit information about how the respondents arranged childcare and the costs associated with childcare. Some of the items include, “...if you needed to work earlier or later than usual, how often could all of your children be cared for?” and “...if you need to take part or all of the day off from working because you could not find backup care, how likely is it that you would be warned or disciplined by your supervisor?” For this study, two questions were used to assess the extent that childcare posed a barrier. These questions were: “Overall, how much of a problem has childcare been for you finding a job?,” and “How much of a problem has childcare been for you keeping a job?” The respond options for both of these questions entailed a three-point scale: 1=not a problem; 2=somewhat of a problem; and 3=a major problem. Several of the items in this section were taken from the instrument used in the Women’s Employment Study (2003) University of Michigan. I developed questions 1, 2, 3, and 10 (see Appendix C, Instrument Section C.11).

3.4.4. Employment Status

This section, which contains the study’s outcome variable, measures employment, type of employment, and length of employment among respondents. This section includes 11 items. Some of the items include, “Including self-employment, how many jobs do you currently have?” and “Are you a regular employee or a temporary/seasonal employee?” The women were asked two “yes” and “no” questions: “Are you currently employed?” and “If no, have you worked for pay since completing the FII?” Based on the responses to these questions, an employment status variable was created. This variable was composed of three attributes: currently employed; previously, but not currently employed; and never employed. For specific analyses, the employment status outcome variable was dichotomized as “employed” vs. “not employed” by

eliminating the cases involving the “previously but not currently employed” category. Questions in this section, with the exception of #9, were taken from the instrument used in the Women’s Employment Study (2003) conducted by the University of Michigan (see Appendix C, Instrument Section C.2).

3.4.5. Demographic Information

This section contains 10 questions designed to obtain background information about each participant. The questions included items about racial/ethnic background, town of residence, age, birthdate, and amount of time on cash assistance. Some items include, “*What is your age in years?*” and “*Are you currently receiving cash assistance?*” (see Appendix C, Instrument Section C.1).

Protection of Human Subjects

All documentation related to human subjects protection as submitted to the Institutional Review Board at the University of Pittsburgh (Appendix A). Approval to conduct the study was also obtained from the Social Carolina Housing Authority (Appendix B).

I informed prospective respondents about the nature, purposes, and procedures of the research, the expected duration of participation, and assured them of the confidentiality of their responses. The introductory script (see Appendix E) reviewed these issues for prospective participants to ensure that they knowingly and voluntarily decided whether or not to participate. Respondents were informed that they were free to refuse to participate or to decline to respond to any question if they felt uncomfortable, with no penalty.

The probability of harm occurring as a result of participation in this study was estimated as minimal. Participation in this research did not result in any financial costs to the women.

I received a \$1000 grant from the Women's Studies Program and a \$3,400 grant from the Provost Office's Dissertation Fund at the University of Pittsburgh. This funding was used to provide an honorarium to the participants. Thus, each participant received \$20 for completing the interview.

3.5. Study Implementation

3.5.1. Pretest

Before the instrument was administered to the respondents, the language in the cover letter and questionnaire was carefully drafted and pilot tested for face validity with 15 women who no longer receive cash benefits in Cabarrus County, North Carolina. These women were recruited by the supervisor of the Workfirst Unit, who agreed to allow me to administer the questionnaire to women as they visited the agency. Cabarrus County is a rural county with a population similar to that of Lexington County, South Carolina. Based on the results from the pretest, appropriate changes were made. The changes suggested involved Section C.4, items 2, 3, and 4. Instead of "almost all" the response option was changed to "all." Once face validity was established, the survey was administered to respondents in Lexington County, South Carolina.

3.5.2. Data Collection

After the pretest was completed, I provided flyers to each of the housing managers (Appendix D) The flyers request participation from women who completed the training in 2001 or 2002. The women were asked to contact me if they were interested in participating in the study. The flyer explained that this was a voluntary study and that there would not be any penalty for choosing not to participate in this study.

Each person who was interested in participating in the study contacted me by calling a local number, as indicated on the flyer. I explained the purpose of the study and set up an appointment to meet with each participant. The women were given the option of selecting a meeting place. I met them in the small meeting rooms of the public housing communities, local restaurants, the library, and places of employment. Each participant was met individually for the interview. The FII supervisor, DSS case managers, and public housing managers were not present during these interviews, nor were the names of those participating or declining to participate released to them. Each participant was made to feel as comfortable as possible, and was assured that the information provided would not affect work status or any assistance being received from DSS. The average length of the interviews was approximately forty-five minutes. I read specific instructions and questions to each respondent.

3.5.3. Data Analysis

The numeric data were analyzed using SPSS. Descriptive statistics (i.e., means and standard deviations) were produced for all continuous variables, such as age and length of time on assistance. For categorical variables, percentages and modal response categories were reported.

Within each of the three barrier domains (i.e., intrapersonal, interpersonal, and environmental), correlations between the independent variables were produced. When both variables were continuous, the Pearson Product Moment correlation coefficient, (r) was used. When one of variables was continuous and the other was dichotomous, Eta was used to determine the correlation when the categorical variable had more than two values.

Bivariate analyses were used to explore the relationships between: 1) intrapersonal barriers (i.e., self-esteem, mental health, physical health, alcohol and substance abuse, human capital) and employment status; 2) interpersonal barriers (i.e., intergenerational welfare use, domestic violence, social support) and employment status; and 3) environmental barriers (i.e., transportation and childcare) and employment status. Chi-Square statistics were produced for categorical independent variables, and F statistics from ANOVA analyses were produced for continuous independent variables.

Logistic regression analyses were performed to investigate the influences of the independent variables on the dependent variable of employment status. The dichotomous version of the employment status variable was used for the logistic regression analyses. For all analyses, the level of statistical significance was set at .05.

4. FINDINGS

This chapter presents the findings from the analysis of the interviews conducted with the 160 Lexington County, South Carolina, women who were making the transition from welfare to work. The first section presents a summary of the demographic characteristics of the sample. This is followed by a presentation of the bivariate and multivariate findings related to the three research questions that guided this study.

4.1. Descriptive Results

4.1.1. Demographic and Background Information

The 160 women who participated in this interview study came from four towns: 25.6% (n=41) Batesburg/Leesville; 27.5% (n=44) Swansea; 20.6% (n=33) Gaston; and 26.3% (n=42) Pelion. About two-thirds (67%) of the respondents described themselves as Caucasian/White and 33% characterized themselves as African/American. Respondents ranged in age from 19 to 51, with a mean age of 29 years (SD=6.28). Their average and modal number of children under the age of 18 was two (M=2.35, SD=1.05), with a range of 1 to 6 children. Over three quarters (79%) reported living in subsidized housing (see Table 1).

Table 1 Distribution of Selected Demographic Characteristics

	Frequency	Percent
Race		
Caucasian	108	67.5
African American	52	32.5
Residential Situation		
Subsidized Housing	127	79.4
Private Rental	31	19.4
Other	2	1.3
Age in Years		
Mean	29	
SD	6.28	
Number of Children Under 18		
Mean	2.35	
SD	1.05	

About 41% of the respondents reported they were receiving cash assistance at the time of the interview. Of those who were not receiving cash assistance, a majority (86%) were receiving other services, such as childcare or transportation vouchers, through DSS (see Table 2).

The 95 women no longer receiving cash assistance had received it for an average of 5.6 years (SD=3.41). At the time of the interview, these women had been off cash assistance for an average of 2.3 years (SD=.79). For the 65 women still receiving cash assistance at the time of the interview, the length of receipt was an average of 4.6 years (SD=1.20).

The interval between when the women in this sample began receiving welfare and when they completed the FII was an average of 3.7 years (SD=3.18). The women had completed the FII an average of 2.9 years (SD=.58) before the interview.

Table 2 History of Welfare Receipt

	Frequency	Percent
Currently Receiving Cash Assistance		
Yes	65	40.6
No	95	59.4
If No, Receiving Other DSS Services		
Yes	82	86.3
No	13	13.7

Nearly half (49%) of the respondents were currently employed, while 37% reported never being employed since completing the FII. An additional 14% reported having worked since completing the FII program, although they were not currently working. Of those who were not working at the time of the interview, a majority (59%) reported they had looked for employment in the past thirty days (see Table 3).

Those who had worked since completing the FII reported having had, on average, 2.7 (SD=1.4) different jobs. In total, their employment lasted for an average of 23.5 months (SD=41.9). Among those employed at the time of the interview, their employment spell at their current job had lasted for an average of 9.1 months (SD=5.5).

Table 3 Current Employment Status

	Frequency	Percent
Employment Status		
Currently Employed	78	48.8
Previously, But Not Currently Working	23	14.4
Never Worked	59	36.9
If Not Working, Looking For Work		
Yes	48	58.4
No	34	41.5

Among those who had worked since completing the FII, nearly three quarters (66%) reported that finding a job was a major problem. Similarly, 62% reported that keeping a job was a major problem (see Table 4).

Table 4 Perceived Difficulty in Obtaining Employment

	Frequency	Percent
Overall, how difficult has it been for you to find a job?		
Not a problem at all	6	6.3
Somewhat of a problem	26	27.4
A major problem	63	66.3
Overall, how difficult has it been for you to keep a job?		
Not a problem at all	7	7.4
Somewhat of a problem	29	30.5
A major problem	59	62.1

Those who were neither working nor looking for work were asked an open-ended question about why they weren't seeking employment. Thirty-three of these 34 women responded to the open-ended question. The most common reason offered for not looking for work was transportation, cited by 14 of the women. Three women cited lack of childcare as an impediment to their seeking employment, while two volunteered other reasons. One woman reported both transportation and lack of childcare as constraints on her employability.

4.1.2. Intrapersonal Barriers

4.1.2.1. Human capital.

About 43% percent of the respondents said they had less than a high school education. Nearly the same proportion (44%) reported they either completed high school or had obtained a

GED. Thirteen percent indicated attending a four year college or a vocational school (see Table 5).

Table 5 Educational Attainment

	Frequency	Percent
Education		
Less Than High School	68	42.5
Completed High School or GED	71	44.4
Post-High School	21	13.1

Most of the respondents (81%) indicated they did not have trouble reading books, magazines, or newspapers. A majority (85%) also reported they did not have trouble doing basic math (see Table 6).

Table 6 Basic Skill Deficits

	Frequency	Percent
Trouble Reading		
Yes	30	18.8
No	130	81.3
Trouble Doing Math		
Yes	24	15.0
No	136	85.0

4.1.2.2. Self-esteem.

The measure for self-esteem consisted of seven items measuring how people feel about themselves. Scores for this sample range from 1 to 4, with higher scores indicating higher self-esteem. The mean score in this sample was 2.27 (SD = .55), suggesting a weakly positive sense

of self-esteem. The distribution of individual self-esteem scale items can be found in Appendix G, Table G2.

4.1.2.3. Drug and alcohol abuse.

A 20-item measure, the DAST, was used to assess the presence of drug-related problems. DAST scores were recoded into three categories. Almost two-thirds (62%) of the respondents scored between 0 and 5, indicating they did not have a problem with drugs. However, 21% scored between 6 and 15, which indicates a moderate drug problem, and fully 17% scored 16 points or higher, which indicates a severe drug abuse problem (see Table 7). The distribution of individual DAST items can be found in Appendix G, Table G3.

Table 7 Recoded DAST Scores

	Frequency	Percent
Severity of Drug Problem		
No drug problem (0-5)	99	61.9
Moderate drug problem (6-15)	34	21.2
Severe drug problem (16+)	27	17.4

The 10-item B-MAST was used to assess alcohol-related problem behaviors; B-MAST scores were recoded into three categories. Approximately three-quarters (76%) of the respondents did not have an alcohol related problem, scoring three or fewer points on the instrument. Six percent obtained B-MAST scores that were suggestive of an alcohol abuse problem. Less than a fifth (18%) scored 5 points or higher, indicating alcoholism (see Table 8). The distribution of individual B-MAST items can be found in Appendix G, Table G4.

Table 8 Recoded B-MAST Scores

	Frequency	Percent
Severity of Drug Problem		
Non-alcoholic (0-3)	122	76.9
Suggestive of alcoholism (4)	10	6.3
Indicative of alcoholism (5+)	28	17.5

4.1.2.4. Physical health.

The SF-12, a 12-item scale, was used to measure physical health. SF-12 Physical Health scores in this sample ranged from 17.96 to 62.92, with higher scores indicating that a person has better physical health. The average SF-12 Physical Health score for this sample was 44.8 (SD=10.8), which compares unfavorably to the U.S. population mean of 50 and suggests that this sample is in poorer physical health than the general population. The distribution of individual items for the SF-12 Physical Health scale can be found in Appendix G, Table 22.

4.1.2.5. Mental health.

The SF-12 was also used to assess mental health. The SF-12 Mental Health scores in this study ranged from 12.46 to 60.82, with higher scores indicating that a person has better mental health. The average SF-12 Mental Health score for this sample was 36.3 (SD=11.1), which is almost 1.5 standard deviations below the U.S. population mean of 50 and suggests that these respondents experience significantly poorer mental health than the general population. The distribution of individual items for the SF-12 Mental Health Scale can be found in Appendix G, Table G1.

4.1.3. Interpersonal Barriers

4.1.3.1. Intergenerational welfare use.

Over three quarters (76%) reported that, while growing up, their mother or female guardian received welfare. Among those whose mothers received welfare, 66% reported accompanying her to the welfare office. According to these respondents, however, their mothers' receipt of welfare did not preclude their involvement in the labor force. In fact, almost two-thirds (63%) described their mother as having been employed at least once for more than one year (see Table 8).

In addition to their experiences of welfare receipt in their family of origin, most also witnessed others in their immediate social environment relying on welfare benefits. Only 13% reported that none of their relatives received welfare, while 14% said that none of their neighbors received such benefits. Similarly, 13% reported that none of the mothers of their friends received welfare.

Table 9 Intergenerational Welfare Use

	Frequency	Percent
Mother or Female Guardian Received Welfare		
Yes	122	76.3
No	38	23.8
If Yes, Accompanied Her to Welfare Office		
Yes	106	66.3
No	16	10.3
If Yes, Mother Ever Employed		
Yes	101	63.1
No	21	13.1

Table 10 Welfare Receipt by Significant Others

	Frequency	Percent
When you were growing up, how many of your other relatives received welfare benefits?		
None	21	13.1
A Few	45	28.1
Some	52	32.5
Most	37	23.1
All	5	3.1
When you were growing up, how many of your neighbors received welfare benefits?		
None	22	13.8
A Few	36	22.5
Some	70	43.8
Most	29	18.1
All	3	1.9
When you were growing up, how many of your friends' mothers received welfare benefits?		
None	20	12.5
A Few	33	20.6
Some	65	40.6
Most	38	23.8
All	4	2.5

4.1.3.2. Domestic violence.

An 11-item scale was used to measure women's experiences of abuse in their intimate relationships since completing the FII. Overall, fully 86% reported experiencing some form of domestic violence since completing the FII. Domestic violence scores for these respondents ranged from 0 to 11, with higher scores indicating exposure to more forms of violence. The average domestic violence score for this sample was 6.09 (SD=4.2). The distribution of individual domestic violence items can be found in Appendix G, Table G5.

4.1.3.3. Social support.

The seven items in this scale were designed to assess respondents' perceptions regarding assistance that they could have obtained from various people in their lives during the prior month. Social support scores ranged from 1 to 5. Higher scores indicated the availability of more social support. In this study, the mean score was 2.50 (SD = .99), suggesting that social support would possibly be available to the respondent if needed. The distribution of individual social support scale items can be found in Appendix G, Table G6.

4.1.4. Environmental Barriers

4.1.4.1. Transportation.

Over three-quarters (76%) of respondents reported they did not own or have regular use of a car. Of those who did have access to a vehicle, a majority (61%) indicated their vehicle was in poor condition, with an additional 32% indicating that it was in fair condition (see Table 11).

Table 11 Access to Transportation

	Frequency	Percent
Do you own or have regular use of a car?		
Yes	38	23.3
No	122	76.3
If Access to Car, Vehicle Condition		
Good	3	8.0
Fair	12	31.5
Poor	23	60.5

All of the respondents (100%) indicated that public transportation was not available where they lived. Over half of the respondents (55%) reported that they had to rely on someone else to drive them to work or job interviews.

Not surprisingly, given the lack of public transportation and private vehicle ownership, approximately 70% of the respondents characterized transportation as being a major barrier to finding a job. Among those who had been employed since completing the FII, over three-quarters (82%) described transportation as a major problem in maintaining employment (see Table 12).

Table 12 Transportation as a Problem for Employment

	Not a problem N (%)	Somewhat of a problem N (%)	A major problem N (%)
Overall, how much of a problem has transportation been in finding a job?	12 (7.5)	37 (23.1)	111 (69.4)
Overall, how much of a problem has transportation been in keeping a job?	5 (5.0)	14 (13.9)	82 (81.2)

4.1.4.2. Childcare.

Just over half (53%) reported having one or more children in childcare at the time of the interview. Unfortunately, it is not possible to determine if the remaining 47% of the respondents had children too old for childcare or if they needed childcare but were unable to access it.

Nearly half (45%) reported the lack of affordable childcare as a major barrier to finding a job. Among those who have worked since completing the FII, 43% characterized the lack of affordable childcare as being a major problem in their keeping a job (see Table 13).

Table 13 Childcare as a Problem for Employment

	Not a problem Not applicable N (%)	Somewhat of a problem N (%)	A major problem N (%)
Overall, how much of a problem has childcare been in finding a job?	78 (48.8)	10 (6.3)	72 (45.0)
Overall, how much of a problem has childcare been in keeping a job?	78 (48.8)	13 (8.1)	69 (43.1)

4.2. Analytic Results

Research Question 1: What is the relative impact of intrapersonal barriers (i.e. human capital, mental health, physical health, self-esteem, and alcohol and substance abuse) on the employment status of women who are making the transition from welfare to work in a rural environment?

The correlations among the independent variables are presented in Table 14. As the table indicates, there was a moderate, positive correlation between mental health and physical health. Similarly, there were moderate, positive correlations between self-esteem and both physical

health and mental health. DAST scores exhibited a weak, but positive correlation with physical health, mental health, and self-esteem scores. B-MAST scores were not statistically related to physical health, although they showed a weak, positive correlation with mental health and self-esteem. In addition, B-MAST scores exhibited a moderate, positive correlation with DAST scores. There were moderate, positive correlations between human capital and physical health, mental health, and self-esteem. However, the correlations between human capital and DAST and B-MAST scores were not statistically significant.

Table 14 Correlations between Independent Variables

	SF12-PH	SF12-MH	Self-Esteem	DAST	B-MAST
SF12-MH	.364**	-			
Self-Esteem	.314**	.427**	-		
DAST	.230*	.238*	.247**	-	
B-MAST	.131	.227*	.267**	.366***	-
Human Capital	.354***	.335***	.365***	.150	.151

*p < .05

**p < .01

***p < .001

Bivariate relationships between the independent variables and the two versions of the dependent variable were assessed. Table 15 presents these results. As the table shows, human capital ($X^2=3.778$, $df=4$, $p=.437$), DAST ($X^2=3.022$, $df=4$, $p=.554$), and B-MAST ($X^2=8.898$, $df=4$, $p=.061$) scores were not statistically related to the three-category employment status variable. There were, however, statistically significant relationships between the three-category employment status variable and SF-12 Mental Health ($F=5.87$, $df=2$, $p=.003$), SF-12 Physical Health ($F=3.37$, $df=2$, $p=.037$), and self-esteem ($F=5.42$, $df=2$, $p=.005$).

The Tukey Post Hoc test was used to determine which groups statistically differed. The SF-12 Mental Health scores of the currently employed and never employed group did not differ statistically. However, the previously employed group differed from both the currently employed and never employed groups, suggesting that those previously but not currently employed experienced significantly worse mental health than either of these other two groups. For the SF-12 Physical Health measure, those currently employed statistically differed only from those previously employed. The physical health of those never employed was statistically similar both to those previously employed and to those currently employed. Thus, those who were previously employed were in significantly worse physical health than those currently employed.

A similar finding emerges in relation to self-esteem. The difference in self-esteem scores of those currently employed and those never employed approached, but did not achieve statistical significance ($p=.071$). However, it is interesting to note that those never employed displayed lower mean self-esteem scores than those currently employed. Those who were previously employed exhibited self-esteem scores lower than those of the currently employed group, although the previously employed group's score did not differ statistically from those of the never employed women.

Table 15 also presents the relationships between the independent variables and the dichotomous employment variable. As the table shows, human capital ($X^2 = .069$, $df=2$, $p=.996$), DAST ($X^2=2.60$, $df=2$, $p=.272$), SF-12 Physical Health ($F=2.37$, $df=1$, $p=.126$), SF-12 Mental Health ($F=.634$, $df=1$, $p=.427$) were not statistically related to the dichotomous employment status variable. The B-MAST may have statistical relationship to the dichotomous employment status variable in a larger sample; however, in this study, two of the six cells have expected values less than five ($X^2=8.903$, $df=2$, $p=.012$).

There was a statistically significant relationship between self-esteem and the dichotomous employment status variable ($F=4.89$, $df=1$, $p=.029$). The self-esteem of those currently employed and those never employed statistically differed, with those currently employed exhibiting higher self-esteem than those never employed.

Because there were so few cases of women who had been previously, but were not currently employed this group was omitted from the multivariate analysis. A logistic regression was performed to assess the impact of these six independent variables on the dependent variable of employment status defined as currently employed versus never employed. As can be seen in Table 16 on the next page, the SF-12 mental health measure was the only one of the predictors that had a statistically significant influence on the dichotomous employment status variable. The influence of mental health on employment was inverse, indicating that higher SF-12 mental health scores, or having better mental health, decreased the odds of being employed by .954.

Table 15 Relationship of Intrapersonal Factors to Employment Status

	Currently Employed	Previously, But, Not Currently Employed	Never Employed	Currently Employed
Human Capital				
Less than High School	38.5%	60.9%	40.7%	38.5%
High School/GED	47.4%	30.4%	45.8%	47.4%
Post High School	14.1%	8.7%	13.6%	14.1%
DAST				
No Drug Problem	67.9%	56.5%	55.9%	67.9%
Moderate Drug Problem	19.2%	26.1%	22.0%	19.2%
Severe Drug Problem	12.8%	17.4%	22.0%	12.8%
B-MAST				
Non Alcoholic	80.0%	73.9%	71.2%	80.8%
Suggestive of Alcoholism	9.0%	8.7%	1.7%	9.0%
Indicative of Alcoholism	10.3%	17.4%	27.1%	10.3%
Mental Health				
Mean	37.3**	29.8**	38.8**	37.3
SD	10.5	11.5	10.8	10.5
Physical Health				
Mean	46.7*	40.4*	44.0*	46.7
SD	8.2	13.8	12.0	8.2
Self-Esteem				
Mean	2.41**	2.02**	2.20**	2.41*
SD	.53	.53	.55	.53

*p≤.05
**p≤.01

Table 16 Logistic Regression of Intrapersonal Variables on Employment Status

	B	Wald	SE	OR
SF-12 MH	-.047*	4.664	.022	.954
SF-12 PH	.017	.631	.021	1.017
Self-esteem	.808	3.513	.431	2.243
Human Capital ¹				
High School grad	.314	.524	.433	1.368
Post High School	.059	.008	.672	1.061
DAST ²				
Moderate problem	-.243	.208	.532	.785
Severe drug abuse	-.475	.582	.623	.622
B-MAST ³				
Suggestive alcoholism	1.769	2.259	1.177	5.862
Indicating alcoholism	-.688	1.140	.626	.513

Model $X^2=17.811$, $df=9$, $p=.037$; $-2 \log \text{likelihood}=169.468$

* $p \leq .05$

¹ Reference category omitted from the equation is “less than high school.”

² Reference category omitted from the equation is “no drug problem.”

³ Reference category omitted from the equation is “non-alcoholic.”

Research Question 2: What is the relative impact of interpersonal barriers (i.e. domestic violence, social support, and intergenerational welfare use) on the employment status of women who are making the transition from welfare to work in a rural environment?

The correlations among the three independent variables in this domain are presented in Table 17. As the table indicates, there was a weak inverse correlation between social support and domestic violence. In addition, there was a weak, positive correlation between intergenerational welfare use and social support. However, intergenerational welfare use displayed a weak, inverse correlation with domestic violence.

Table 17 Correlations between the Independent Variables

	Domestic Violence	Social Support
Social Support	-.274**	-
Intergenerational Welfare Use	.260**	-.261**

*p < .05

**p < .01

Bivariate relationships between the three independent variables and both versions of the outcome variable are shown in Table 18. As the table indicates, there were no statistically significant relationships observed between the three independent variables (i.e., domestic violence ($X^2=4.512$, $df=2$, $p=.105$), intergenerational welfare use ($F=1.705$, $df=2$, $p=.185$), social support ($F=.145$, $df=2$, $p=.865$)) and the three-category employment status variable. Although not statistically significant, it is interesting to note that the previously employed group more often reported intergenerational welfare use than did either the currently employed or the never employed groups (91% vs. 74% and 73%, respectively). Moreover, the currently employed

group reported experiencing fewer forms of domestic violence than did the other two groups, although this difference did not achieve statistical significance.

Table 18, on the next page, also presents the relationships between the independent variables and the dichotomous employment status variable. As the table shows, domestic violence ($X^2=.002$, $df=1$, $p=.965$), intergenerational welfare use ($F=.037$, $df=1$, $p=.847$), and social support ($F=.188$, $df=1$, $p=.356$) were not statistically related to the dichotomous employment status variable.

Table 18 Relationship of Interpersonal Factors to Employment Status

	Currently Employed	Previously, But, Not Currently Employed	Never Employed	Currently Employed	Never Employed
Intergenerational Welfare Use					
Yes	74.4%	91.3%	72.9%	74.4%	72.9%
No	25.6%	8.7%	27.1%	25.6%	27.1%
Domestic Violence					
Mean	5.52	6.86	6.54	5.52	6.54
SD	4.1	3.4	4.7	4.1	4.7
Social Support					
Mean	2.52	2.56	2.45	2.52	2.45
SD	.99	.85	.99	.99	1.05

A logistic regression was performed to assess the impact of the three interpersonal measures on the dichotomous employment status variable, defined as currently employed versus not employed. As can be seen in Table 19, the domestic violence, social support, and intergenerational welfare use measures were not statistically significant predictors of the dichotomous employment status variable.

Table 19 Regression of Interpersonal Variables on Employment Status

	B	Wald	SE	OR
Domestic Violence	-.058	1.881	.043	.943
Social Support	.035	.038	.182	1.036
Intergenerational Welfare Use	.257	.375	.419	1.293

Model $X^2=2.196$; $df=3$; $-2\text{likelihood}=185.083$; $p<.05$

Research Question 3: What is the relative impact of environmental barriers (i.e. transportation and childcare) on the employment status of women who are making the transition from welfare to work in a rural environment?

The measure of transportation difficulties displayed a weak positive correlation to the indicator of childcare difficulties ($X^2=14.37$, $df=4$, $p=.006$). That is, if respondents encountered one of these environmental barriers to finding a job, then they were likely to experience the other.

Interestingly, those currently employed were significantly more likely than those never employed or those previously employed to have at least one child in childcare ($X^2=55.8$, $df=2$, $p=.001$). In fact, fully 83% of those currently employed had one or more children in childcare compared to 26% of those previously employed and 34% of those never employed. However, as noted earlier, it is not possible to determine if this reflects a lack of access to childcare by these non-working groups or the absence of young needing childcare.

Bivariate relationships between the independent variables and both versions of the outcome variable are shown in Table 20. Childcare as a barrier to finding a job was not related to either the three-category or the dichotomous version of the employment status variable ($X^2=55.1$, $df=4$, $p=.000$); ($X^2=57.7$, $df=4$, $p=.000$, respectively). Moreover, because of small cell sizes, childcare difficulties for keeping a job were not statistically related to either version of the dependent variable. However, it is interesting to note that those currently employed more often characterized childcare as a major problem than did those previously or never employed.

As Table 20, on the next page also illustrates, the measures of transportation barriers to finding employment was not statistically related to the two employment status variables ($X^2=.822$, $df=2$, $p=.663$; $X^2=2.036$, $df=2$, $p=.361$). Again, statistical significance could not be

Table 20 Relationship of Environmental Factors to Employment Status

	Currently Employed	Previously, But, Not Currently Employed	Never Employed	Currently Employed	Never Employed
	%	%	%	%	%
Childcare (Finding Job) (N=160)					
Not a Problem	19.2	73.9	78.0	19.2	78.0
Somewhat a Problem	7.7	8.7	3.4	7.7	3.4
Major Problem	73.1	17.4	18.6	73.1	18.6
Childcare (Keeping Job) (N=101)					
Not a problem	19.2	73.9	NA	19.2	NA
Somewhat a Problem	9.0	13.0	NA	9.0	NA
Major Problem	71.8	13.0	NA	71.8	NA
Transportation (Finding Job) (N=160)					
Not a Problem	9.0	0.0	8.5	9.0	8.5
Somewhat a Problem	20.5	21.7	27.1	20.5	27.1
Major Problem	70.5	78.3	64.4	70.5	64.4
Transportation (Keeping Job) (N=101)					
Not a Problem	6.4	0.0	NA	6.4	NA
Somewhat a Problem	11.5	21.7	NA	11.5	NA
A Major Problem	82.1	78.3	NA	82.1	NA

assessed for transportation barriers to keeping a job because of small cell sizes. Interestingly, although not statistically significant, those previously employed, compared to those currently employed or never employed, more often characterized transportation as a major problem.

A logistic regression was performed to assess the impacts of transportation and childcare as impediments to finding employment on employment status, defined as currently employed versus not employed. Table 21 presents these results. Although transportation did not statistically predict employment status, it is interesting to note that transportation as a major problem approached statistical significance ($p=.071$) and exhibited a negative impact on employment status.

In contrast, both childcare categories had positive, statistically significant influences on employment status. Perceiving childcare as somewhat of a problem increased the odds of being employed 9.17 times, while viewing childcare as a major problem increased the odds of employment 20.62 times. These counterintuitive findings may well reflect an issue of time ordering as well as program requirements, as will be discussed more in detail in the next chapter.

Table 21 Logistic Regression of Environmental Variables on Employment Status

	B	Wald	SE	OR	
Transportation ¹					
Somewhat a problem	-1.090	1.925	.786	.336	
A major problem	-1.330	3.266	.736	.265	
Childcare ²					
Somewhat a problem*	2.216	6.217	.889	9.171	
A major problem***	3.026	38.745		.486	20.620

Model X² =53.33; df=4, -2 log likelihood=133.949; $p<.05$

* $p<.05$ *** $p<.001$

5. DISCUSSION

This chapter summarizes the main findings of this study and discusses limitations of the study design. The chapter concludes with a discussion of the implications of the study's findings for social work research and practice.

5.1. Summary of Main Findings

This study's findings shed light on the barriers affecting women who are making the transition from welfare to work in a rural community. The analyses revealed similarities and differences with the existing literature. Since a majority of the scales used in this study derived from the University of Michigan's Women's Employment Study (WES), I will compare my findings to their 2003 results, as well as to other pertinent studies.

In this sample, most respondents were Caucasian and were an average of 29 years of age. Most had, on average, two children and lived in subsidized housing. In Lexington County, 71% of those welfare recipients who participate in the FII are Caucasian, while 29% are African American. The average age of welfare recipients is 28 years and the average number of children is three (SCDSS Annual Report, 2004). Thus, my sample reflects the racial and age composition, as well as the number of children, of the population of welfare recipients in the county.

Nearly half of the respondents in this study reported they were receiving cash assistance at the time of the interview. Since the PRWORA was implemented, the number of mothers participating in the country's financial assistance program for families has decreased by 50 percent, from 3 million in 1996 to 1.5 million in 2000 (US Census Report, 2002). Lexington County has seen an increase in the number of mothers participating in the county's financial assistance program (SCDSS Annual Report, 2004). In Lexington County, about 45% of those

who complete the FII still received cash assistance two years after completing the FII (SCDSS Annual Report, 2004)

Bavier (2001), reporting on data from the Survey of Income and Program Participation (SIPP), found that among women who left the welfare rolls, less than half worked for 50 weeks or more during that first year. In this study, nearly half of the respondents were currently employed, 37 percent were never employed, and 14 percent were previously, but not currently employed. In this study, 66% reported that finding a job was a major problem, while 62% reported that keeping a job was a major problem.

5.1.1. Intrapersonal-level Barriers

Moffitt (1992) reported that women receiving TANF are less likely to have a high school diploma or GED than those who are not reliant upon government assistance. Results from the WES (2003) revealed that 30% of respondents, who were welfare recipients, had not finished high school. Loprest (2002) stated low educational levels are one of the major reasons why former welfare recipients return to the welfare rolls. In my study, approximately 44% of the women had at least a GED or high school diploma. Although not achieving statistical significance, it is interesting to note that over 60% of those who were previously employed had less than a high school diploma, whereas more than half of those either currently or never employed had a high school diploma or GED.

Thus, those were working at the time of the interview seemed to “look” more like those who had not worked at all in terms of their educational attainment than did either of these groups “look” like those who had been employed at some point since completing the FII.

Kneipp (2000) found that welfare recipients, compared to those not receiving cash assistance, tend to have lower self-esteem. The average self-esteem score for the respondents in

my study was 2.3 out of a maximum score of four. This would represent a self-esteem rating of just over the average, suggesting a slightly positive sense of self-esteem. In this study, there was a positive statistically significant relationship between self-esteem and employment status.

Morgenstern (2003) concluded that women who abused substances have a more difficult time finding and maintaining employment than non-substance abusers. In the WES (2003), less than 10% reported having a problem with alcohol or drugs. Nearly 40% of those interviewed in the current study had either a moderate or a severe drug problem, while 25% obtained a score suggestive or indicative of alcoholism. Problems related to drug or alcohol use, however, were not statistically related to employment status.

Behaviors associated with mental health problems have been shown to decrease the likelihood of an individual's employment (Montoya et al., 2002). In the current study, the mean score for this sample was 35.3. The national mean score for the SF-12 Mental Health scale is 50. Thus, the women in this sample appear to experience more mental health problems than does the general population. This study also found an inverse relationship between SF-12 Mental Health scale and employment status. On its face, this finding is counterintuitive. However, it suggests that as former welfare recipients make the transition to becoming workers, they experience more mental health problems.

Women who are poor have less access to health care services and are screened less often for the early detection of disease than women with higher incomes (National Center for Health Statistics, 2000). In the WES (2003), about one-sixth of the respondents had a physical health problem. The mean score for SF-12 Physical Health scale in this sample was 43.7, while the national mean score is 50. This suggests that the study group experience somewhat more health problems than the U.S. population at-large. Moreover, there was a statistical relationship

between physical health and employment status. Findings from the current study suggest women who have been previously employed have more physical health problems than those currently or never employed, although this relationship disappeared in the multivariate analysis.

5.1.2. Interpersonal Barriers

Corcoran (1995) suggested that growing up in a welfare household may limit a mother's success in the labor market. In the current study, a majority of those interviewed reported having a parent or guardian who received cash assistance. Perhaps because it was so pervasive, welfare use in the family of origin did not seem to impact these women's likelihood of employment.

Danziger, Corcoran, Danziger, and Heflin, (2000) found that 15% of the women interviewed in their study reported being severely physically abused by a husband or partner within a twelve month period. About 30 percent of those in the WES (2003) reported experiencing domestic violence. In the current study, physical violence by an intimate partner was common. In fact, over 80% of the respondents reported they experienced physical abuse by a partner within the last twelve months. The average domestic violence score, which indicates the number of different types of violent acts experienced, was 6.09 (SD=4.2) out of a maximum of 11. In this study, there was not a statistically significant relationship between domestic violence and employment status.

Jackson (1998) reported that limited social support created strain and parenting stress for single mothers on welfare. In this study, the average social support score, which indicates the level of support networks each respondent felt they could rely upon, was 2.51 (SD=.92), with five representing the highest level of social support. There was not a statistically significant relationship between social support and employment status.

5.1.3. Environmental Barriers

Rural areas face many unique challenges in meeting the transportation needs of low-income consumers (Fletcher & Jensen, 2000). Blumenburg and Shiki (2003) concluded that while there may be jobs in rural areas, both jobs and welfare recipients are more dispersed, making travel difficult for those who do not have access to personal vehicles or public transportation. In the current study, none of the respondents had access to public transportation and three-fourths did not have access to a car. Nearly half of those currently employed stated transportation was a major problem in finding a job and over three-quarters of them stated it was a major problem in keeping a job. However, employment status did not differ statistically in relation to the women's perception of transportation as a problem.

Atkinson (1999) reported that for poor rural families, childcare may be less available and less affordable than it is for rural families that are not in poverty. In the current study, 19% of those never employed stated childcare was a barrier to their finding a job, while 73% of those currently employed stated childcare was a major problem to their obtaining a job. Thirteen percent of those who were previously but not currently employed stated childcare was a problem to their keeping a job, while 72% of those currently employed stated childcare was a major problem to their keeping a job. Again, however, childcare did not show a statistically significant relationship to employment status.

5.2. Assessing the Study's Research Questions

In this study, three research questions were explored. The first research question looked at various intrapersonal variables in terms of their impact on employment status. The second looked at various interpersonal variables in terms of their impact on employment status. The third research question looked at environmental variables in terms of their impact on

employment status. The two versions of the dependent variable were used in these analyses: a trichotomous version (currently employed, previously but not currently employed, never employed) and a dichotomous version (currently employed and never employed).

With respect to the first research question, only three (i.e., SF-12 Physical Health, SF-12 Mental Health, Self-esteem) of the six potential predictors demonstrated a statistically significant bivariate relationship to employment status. Of these only one predicted employment status in the multivariate logistic regression model: mental health (inversely related). The influence of mental health on employment was inverse, indicating the higher the mental health scores the less likely one was to be employed. This inverse relationship may not have a substantive meaning, rather it may be an artifact of timing.

None of the interpersonal variables in research question two were related in the bivariate analysis to the dichotomous or trichotomous employment status variable. When the three interpersonal variables were regressed on the dichotomous employment status variable, none of them proved to be statistically significant predictors. Domestic violence, social support, and intergenerational welfare use were common and may not distinguish the groups.

In the bivariate analysis in question three, the two environmental variables were not statistically related to either the three category or the dichotomous employment status variable. However, when these variables were regressed on the dichotomous outcome variable, the childcare variable proved to be statistically significant, such that finding childcare was either somewhat of a problem or a major problem.

In many respects, the findings appeared counterintuitive and may be reflective of a limitation of cross-sectional research. That is, while the model tested assumed that childcare

would pose a barrier to finding employment, it may be that employment creates dilemmas for how people use childcare.

In South Carolina, subsidized childcare exists for women who complete the FII and are not employed. However, they can only receive childcare if they enroll in DSS's volunteer program: ICAN or Improving Communities and Neighborhoods. In addition, if a woman is enrolled in school and works a minimum of twenty hours per week, she is eligible for childcare. Childcare is available up to two years after FII completion (SCDSS Annual Report, 2004).

5.3. Limitations of Study

This study used a non-probability sampling method. Flyers were distributed to 10 public housing communities asking women who completed the FII program between 2001 and 2002 to contact me. These women may not be representative of all those who completed the FII during that period. Those who participated in the study, compared to those who did not respond to the flyers, may have had a higher level of initiative and may have had more favorable work-related attitudes and experiences.

A majority of the measures used in this study have not been used extensively with populations in a rural environment. More studies should be conducted using these measures in order to establish their validity and reliability.

The study was cross-sectional and, as such, suffered from all of the difficulties of cross-sectional studies that investigate events occurring over time. Various findings were counterintuitive. Respondents were asked questions at one point in time; their responses were cast into a temporal model that may not, in fact, be accurate. Longitudinal study design should be undertaken to understand more fully these causal processes.

Face-to-face interviews may have potentially constrained the accuracy of the data acquired. Personal information concerning drug and alcohol abuse, domestic violence, and mental health are sensitive subjects and individuals may have felt reluctant to speak openly and honestly. In addition, as the interviewer for the study, the fact that I am a male may have caused respondents to be reticent to reveal certain personal information. Also, since nearly 70% of the respondents were Caucasian, my being African American may have made some respondents reluctant to openly share information.

5.4. Implications of the Study

5.4.1. Research Implications

This study has several implications. This study found that mental health had a significant inverse effect on employment status. Future research with a larger sample could test the importance of these predictors. It also would be important to assess, in a larger sample, the influences of those predictors that were not statistically significant in this study.

Since mental health had an inverse relationship on employment status, more research should be conducted to explore these relationships. My study was cross-sectional. There is a need for longitudinal studies to tease out the ordering in some of these relationships. Programs tailored to meet characteristics associated with living in rural environments need to be developed in addition to the largely urban-based self-esteem programs that already exist.

Only 30% of the women in the WES study did not complete high school, but nearly 45% of the women in my study completed high school. The higher rate of high school completion among the sample suggest that an important aspect of program development for these women should focus on post-high school education.

Ten percent of the WES sample indicated that drug abuse was a problem. In my study, 40% admitted to having a substance abuse problem. More interventions tailored to overcoming substance abuse problems in a rural environment need to be developed.

The findings of this study suggest that employment status is not simply a dichotomous outcome. Future studies need to employ a more nuanced and sensitive approach to tracking women's entrances into and exits from the labor market. It may be, as this study seems to suggest, that those who cycle in and out of employment face a unique constellation of barriers and, therefore, would require different supportive interventions.

The approach implemented in this study can be used with a larger population. There are limited studies that focus on intrapersonal, interpersonal, and environmental barriers in one study. Therefore, a study design similar to the one implemented in this study could be utilized with larger samples to identify the relative importance of these different types of barriers.

Future research needs to focus on the experiences of women in rural communities. A majority of the research discussing barriers to making the transition from welfare to work addresses barriers faced by women in urban areas. Studies specifically addressing barriers affecting women making the transition from welfare to work in rural communities could contribute significantly to welfare policy and practice.

5.4.2. Practice Implications

The results of this study hold important implications for social workers who work with women receiving cash assistance in rural communities. Literature on rural poverty indicates that TANF's emphasis on work and time-limited assistance may place greater strains on rural families than on their urban counterparts (Pindus, 2001). Findings from this study can provide

administrators, social workers, and public health workers with a better understanding of the various barriers that women in rural communities face.

Of the ten independent variables tested in this study, only one showed significant relationships with employment status: mental health (inverse relationship). It may be that if when an individual finds employment, their mental health decreases because of the pressures of finding childcare, transportation, or other services related to employment.

Social work practitioners might further assist this population by creating programs or implementing sessions to assist this population with increasing their mental health.

Stromwall (2001) found that TANF recipients receiving behavioral health services report more mental health distress than did non-recipients. The findings of Stromwell's study suggested that public welfare workers need extensive education about the symptoms and dynamics of psychiatric disorders. Such training would enhance caseworkers' capacity to correctly identify psychiatric problems instead of interpreting these behaviors as deficits in motivation. Social work administrators should provide continuing education for their caseworkers so they can be better able to identify mental health concerns among welfare recipients. In addition, behavioral health services can be implemented as a part of the job training and job search programs.

Although the transportation and childcare variables did not distinguish these women in terms of their employment status, it is clear that these resources are in short supply and represent potential constraints to long-term employment. Social work practitioners and administrators might further assist this population by working to create childcare and transportation vouchers. Such vouchers could be available, not only during the transition to employment, but also for at least the first year of full-time, post-cash assistance employment. Alternatively, the existence of

housing communities in rural areas creates naturally occurring clusters of welfare recipients. Vans or mini shuttles, financed publicly, privately, or by both, could be used to transport women to employment sites.

Despite the fact that none of the women in this study had access to public transportation and 75% did not have access to a car, they still managed to get to work. Community-level leaders in organizations and churches need to work together to create formal car or van pool networks.

5.5. Conclusion

While similar to their national urban counterparts in many ways, rural women with children who participate in welfare to work programs are, nevertheless, very different from their national counterparts in many ways. Yet, their capacity to overcome welfare to work barriers with limited resources is extraordinary.

These women deserve to make the transition to work in a fashion that will allow them to be most productive participants in the labor force. As social workers, we have an obligation to ensure that this happens.

[Text begins here OR use the **Insert, File** command to insert existing document contents here. Use styles *Heading 1*, *Heading 2*, *Heading 3*, and *Heading 4* for chapter headings and subheadings. Use the style *ETDBodyText* for all body text within the thesis or dissertation. Select the desired style from Style drop-down list (next to Font drop-down list). Refer to the Guide for using the Word Template for additional information. **Delete this text.**]

APPENDIX A

IRB APPROVAL MEMORANDA



University of Pittsburgh
Institutional Review Board

Exempt and Expedited Reviews
Christopher M. Ryan, Ph.D., Vice Chair

3500 Fifth Avenue
Suite 105
Pittsburgh, PA 15213
Phone: 412.383.1480
Fax: 412.383.1146
e-mail: irbexempt@msx.upmc.edu

TO: Andre Stevenson
FROM: Christopher M. Ryan, Ph.D., Vice Chair *Chris*
DATE: August 26, 2004

PROTOCOL: Barriers Affecting Women Making the Transition from Welfare to Work in a Rural Community

IRB Number: 0408126

The above-referenced protocol has been reviewed by the University of Pittsburgh Institutional Review Board. Based on the information provided in the IRB protocol, this project meets all the necessary criteria for an exemption, and is hereby designated as "exempt" under section 45 CFR 46.101(b)(2).

The regulations of the University of Pittsburgh IRB require that exempt protocols be re-reviewed every three years. If you wish to continue the research after that time, a new application must be submitted.

- If any modifications are made to this project, please submit an 'exempt modification' form to the IRB.
- Please advise the IRB when your project has been completed so that it may be officially terminated in the IRB database.
- This research study may be audited by the University of Pittsburgh Research Conduct and Compliance Office.

Approval Date: August 26, 2004
Renewal Date: August 26, 2007

CR:ky



University of Pittsburgh
Institutional Review Board

Exempt and Expedited Reviews
Christopher M. Ryan, Ph.D., Vice Chair

3500 Fifth Avenue
Suite 105
Pittsburgh, PA 15213
Phone: 412.383.1480
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TO: Andre Stevenson

FROM: Christopher M. Ryan, Ph.D., Vice Chair *Chris*

DATE: September 22, 2004

PROTOCOL: Barriers Affecting Women Making the Transition from Welfare to Work in a Rural Community

IRB Number: 0408126

The Institutional Review Board reviewed the recent modifications to your protocol and find them acceptable for expedited review. These changes, noted in your submission of September 14, 2004, are approved.

- Please advise the IRB when your project has been completed so that it may be officially terminated in the IRB database.
- This research study may be audited by the University of Pittsburgh Research Conduct and Compliance Office.

Approval Date: September 20, 2004

CR:ky

APPENDIX B

LETTER OF APPROVAL FROM SOUTH CAROLINA HOUSING AUTHORITY

**South Carolina State Housing Finance and Development Authority**

919 Bluff Road, Columbia, South Carolina 29201

Telephone: (803) 734-2000 TDD: (803) 734-2386

Charles L. Small
ChairmanDonald R. Hinson
Executive Director

August 6, 2004

Andre' P. Stevenson, MSW
Doctoral Candidate
University of Pittsburgh
2117 Cathedral of Learning
Pittsburgh, PA 15260

Dear Mr. Stevenson:

Per your request, we have reviewed your plans to interview residents receiving Section 8 housing assistance regarding the impact of Welfare Reform. While there is no monetary or other direct assistance our office can offer in your research, we do support your efforts. Any study aimed at helping to identify barriers to self-reliance can do nothing but further our vision that all South Carolinians have the opportunity to live in safe, decent, and affordable housing.

We wish you much success in your endeavor and look forward to the opportunity to review any findings that may assist us in furthering our vision. Please feel free to contact me should you have any questions or if there is any further assistance we may be able to provide.

Sincerely,


Matt Rivers
Director of Planning & Communications

APPENDIX C

SURVEY INSTRUMENT

Respondent # _____

Women's Barriers To Employment Questionnaire

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C.1
DEMOGRAPHIC INFORMATION

I want to begin by asking you several questions in order to get some background information about you. Please respond to each question.

1. Where do you currently live in Lexington County?

1. Batesburg/Leesville
2. Swansea
3. Gaston
4. Pelion
5. Other_____

2. What is your racial/ethnic background?

1. Caucasian/White
2. African-American/Black
3. Hispanic/Latino
4. Other_____

3. What is your age in years as of your last birthday?

_____years old

4. How many of your children are under the age of 18?

_____children

IF NONE:

Are you raising someone else's children?

1. Yes (Specify relationship: _____)
2. No

5. When did you first start to receive cash assistance?

_____ month _____year

6. When did you complete the FII?

_____month _____year

7. Are you currently receiving cash assistance?

- 1 Yes
- 2 No

IF NO:

7a. When did you stop receiving cash assistance?

_____month _____year

7b. Are you receiving any services or other benefits from the Lexington County DSS?

- 1 Yes (Specify services/benefits_____)
- 2 No

8. Have you looked for work in the last 30 days?

- 1. Yes
- 2. No
- 3. NA - Employed

IF NO:

8a. Why aren't you looking for work now?

9. What wage do you need to make in order to meet your family's basic needs?

_____ per week

10. Do you:

- 1. Own home
- 2. Rent private apartment/home
- 3. Subsidized housing
- 4. Other (Specify type:_____)

C.2
EMPLOYMENT STATUS

1. Are you currently working for pay?

- 1. Yes
- 2. No

IF NO:

1a. Have you worked for pay since completing the FII program?

- 1. Yes (Go to question 8)
- 2. No (Go to next section)

2. Including self-employment, how many jobs do you currently have?

_____ # OF JOBS

3. I'd like to ask you some questions about your current main job. What is your occupation on your main job? (What kind of work do you do?)

4. How many months in total have you had this job?

_____ MONTHS

5. Including overtime, how many hours per week do you usually work on this job?

_____ HOURS PER WEEK

6. Including overtime, how much do you usually earn per week?

_____ PER WEEK

7. Are you a regular employee or a temporary/seasonal employee?

- 1. Regular
- 2. Temporary/Seasonal

8. Including self-employment, how many jobs have you had in total since completing the FII program?

_____ # OF JOBS

9. Since completing the FII program, how many months in total have you been employed?

_____ MONTHS

10. Overall, how difficult has it been for you to find a job?

- 1 Not a problem at all
- 2 Somewhat of a problem
- 3 A major problem

11. Overall, how difficult has it been for you to keep a job?

1. Not a problem at all
- 2 Somewhat of a problem
- 3 A major problem

C.3 HUMAN CAPITAL

The purpose of this section is to obtain information about your educational background.

1. What is your highest grade completed?

____grade

2. Do you have high school diploma or GED?

- 1 Yes, high school diploma
- 2 Yes, GED
- 3. No

3. Did you attend college (including community or junior college)?

- 1 Yes
- 2 No

IF YES:

- 3a. Did you receive a degree?

- 1 Yes (Specify type/major:_____)
- 2 No

4. Did you attend a trade or vocational school?

- 1 Yes
- 2 No

IF YES:

- 4a. Did you receive a degree through the vocational or apprenticeship program?

- 1 Yes (Specify type:_____)
- 2 No

5. Do you have any trouble reading books, newspapers, magazines, or recipes?

- 1 Yes
- 2 No

6. Do you have any trouble making change, telling time, or doing basic math?

- 1 Yes
- 2 No

7. Other than Jobs Skills Training at DSS, have you ever had any other job preparation classes?

- 1 Yes (Specify type/program:_____)
- 2 No

C.4
INTERGENERATIONAL WELFARE USE

This section asks about your family's history of receiving cash assistance.

1. Did your mother (or grandmother or guardian) ever receive welfare benefits?

- 1 Yes
- 2 No

IF YES:

1a. Did you ever go to DSS or any other social service agency with her?

- 1 Yes
- 2 No

1b. Was your mother (or grandmother or guardian) ever employed for more than one year at a time?

- 1 Yes
- 2 No

2. When you were growing up, how many of your other relatives received welfare benefits?

- 1. None
- 2. A Few
- 3. Some
- 4. Most
- 5. All

3. When you were growing up, how many of your neighbors received welfare benefits?

- 1. None
- 2. A Few
- 3. Some
- 4. Most
- 5. All

4. When you were growing up, how many of friends' mothers received welfare benefits?

- 1. None
- 2. A Few
- 3. Some
- 4. Most
- 5. All

5. When you were a teenager, were you encouraged to get a job?

- 1. Yes
- 2. No

C.5
SELF-ESTEEM

Now, I am going to read a list of opinions people have about themselves. After I read each one, I want you to tell me how much you agree or disagree with the statement. Please provide the following responses.

1 = Strongly agree 2 = Agree 3 = Disagree 4 = Strongly Disagree

- | | | | | |
|--------------------------------------------------------------|---|---|---|---|
| 1. There is no way I can solve some of the problems I have. | 1 | 2 | 3 | 4 |
| 2. I feel that I am being pushed around in life. | 1 | 2 | 3 | 4 |
| 3. I have little control over the things that happen to me. | 1 | 2 | 3 | 4 |
| 4. I can do anything I set my mind to. | 1 | 2 | 3 | 4 |
| 5. I feel helpless in dealing with problems in life. | 1 | 2 | 3 | 4 |
| 6. What happens to me in the future depends on me. | 1 | 2 | 3 | 4 |
| 7. There is little I can do to change the things in my life. | 1 | 2 | 3 | 4 |

C.6 PHYSICAL & MENTAL HEALTH

Now I have some questions about physical and mental health issues.

1. In general, would you say your health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

The following items are about your physical activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

2. First, moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all.

- 1 Limited a lot
- 2 Limited a little
- 3 Not limited at all

3. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

- 1 Limited a lot
- 2 Limited a little
- 3 Not limited at all

4. During the past four weeks, have you accomplished less than you would like as a result of your physical health?

- 1 Yes
- 2 No

5. During the past four weeks, were you limited in the kind of work or other regular activities you do as a result of your physical health?

- 1 Yes
- 2 No

6. During the past four weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?

- 1 Yes
- 2 No

7. During the past four weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?

- 1 Yes
- 2 No

8. During the past four weeks, how much did pain interfere with your normal work, including both work outside, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit, or extremely?

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

9. How much time during the past four weeks have you felt calm and peaceful?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

10. How much of the time during the past four weeks did you have a lot of energy?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

11. How much time during the past four weeks have you felt down?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

C.7

DRUG AND ALCOHOL ABUSE

DAST (Drug Abuse Screening Test)

I am going to read you several items about drug usage. Please listen carefully as I ask each question and answer "yes" or "no." Within the past 12 months...

	Yes	No
1. Have you used drugs other than those required for medical reasons?	1	0
2. Have you abused prescription drugs?	1	0
3. Do you abuse more than one drug at a time?	1	0
4. Can you get through the week without using drugs (other than those required for medical reasons)?	1	0
5. Are you always able to stop using drugs when you want to?	1	0
6. Have you had "blackouts" or "flashbacks" as a result of drug use?	1	0
7. Do you ever feel bad about your drug abuse?	1	0
8. Does your spouse (or parents) ever complain about your involvement with drugs?	1	0
9. Has drug abuse created problems between you and your spouse or you or your parents?	1	0
10. Have you ever lost friends because of your use of drugs?	1	0
11. Have you ever neglected your family because of your use of drugs?	1	0
12. Have you ever been in trouble at work because of drug abuse?	1	0
13. Have you ever lost a job because of drug abuse?	1	0
14. Have you gotten into fights when under the influence of drugs?	1	0
15. Have you ever been arrested for possession of illegal drugs?	1	0
16. Have you engaged in illegal activities to obtain drugs?	1	0
17. Have you ever experienced withdrawal symptoms when you stopped taking drugs?	1	0
18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	1	0
19. Have you ever gone to anyone for help for a drug problem?	1	0
20. Have you ever been involved in a treatment program specifically related to drug use?	1	0

Brief Michigan Alcoholism Screening (B-MAST)

This section is a list of questions about your past and present drinking habits. Please answer “yes” or “no” to each question.

	Yes	No
1. Do you feel you are a normal drinker?	1	0
2. Do friends or relatives think you are a normal drinker?	1	0
3. Have you ever attended a meeting of Alcoholics Anonymous (AA) for yourself?	1	0
Have you ever lost friends or girlfriends/boyfriends because of your drinking?	1	0
5. Have you ever gotten into trouble at work because of drinking?	1	0
Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because your were drinking?	1	0
7. Have you ever had severe shaking after heavy drinking?	1	0
8. Have you ever gone to anyone for help about your drinking?	1	0
9. Have you ever been in a hospital because of your drinking?	1	0
10. Have you ever been arrested for drunk driving or driving after drinking?	1	0

C.8
DOMESTIC VIOLENCE

I am interested in learning more about women's experiences of abuse in their relationships. Sometimes this can affect their work lives even if they are no longer in a relationship. For each statement, please answer "yes" or "no." Since completing the FII program, has a husband, partner, or anyone you have been in a romantic relationship with...

	Yes	No
1...threatened to hit you with a fist or anything that could hurt you?	1	0
2...thrown anything at you that could hurt you?	1	0
3...pushed, grabbed, or shoved you?	1	0
4...slapped, kicked, or bit you?	1	0
5...hit you with a fist?	1	0
6...hit you with an object that could hurt you?	1	0
7...beaten you?	1	0
8...choked you?	1	0
9...threatened to or used a weapon?	1	0
10...forced you into any sexual activity against your will?	1	0
11...threatened to take your child(ren) away?	1	0

C.9 SOCIAL SUPPORT

These next questions are about people in your life who you could turn to for help if you needed it. Please answer in terms of how things have been going for you in the past month. Please use the following responses:

*1= No, Definitely Not
2= No, Probably Not
3= Yes, Possibly
4= Yes, Probably
5=Yes, Definitely*

- | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Would someone be available if your were upset, nervous, or depressed? | 1 | 2 | 3 | 4 | 5 |
| 2. Is there someone you could contact if you wanted to talk about an important personal problem? | 1 | 2 | 3 | 4 | 5 |
| 3. Is there someone who would help take care of you if you were confined to bed for several weeks? | 1 | 2 | 3 | 4 | 5 |
| 4. Is there someone you could turn to if you needed to borrow \$10, a ride to the doctor, or some other small, immediate help? | 1 | 2 | 3 | 4 | 5 |
| 5. Is there someone you could turn to if you needed to borrow several hundred dollars for an emergency? | 1 | 2 | 3 | 4 | 5 |
| 6. Would people in your life give you information, suggestions, or guidance if you needed it? | 1 | 2 | 3 | 4 | 5 |
| 7. Is there someone you could turn to if you needed advice to help make a decision? | 1 | 2 | 3 | 4 | 5 |

C.10
TRANSPORTATION

This section is about transportation as it relates to you getting to work or finding a job. Please respond after each question is asked.

1. Do you own or have regular use of a car?

- 1 Yes
- 2 No

IF YES:

1a. Would you say that the vehicle is in excellent, good, fair, or poor condition?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

2. Is there a bus system in your area? By "bus system," I mean the public bus system.

- 1 Yes
- 2 No

3. How do you usually get to work (or job interviews)?

- 1 Own car
- 2 Someone else drives me
- 3 Bus
- 4 Other (Specify _____)

4. Overall, how much of a problem has transportation been in finding a job?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A major problem

5. Overall, how much of a problem has transportation been in keeping a job?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A major problem

C.11 CHILDCARE

This section is designed to have you provide information about how you arrange childcare and costs associated with childcare. In this series of questions, when I say “working,” I am referring to any time you were looking for work, in training, or working.

- 1 Do you have any children in childcare?
 - 1 Yes
 - 2 No (Go to next section)

2. What kind of childcare are you now using?
 - 1 Center-based care
 - 2 Licensed family provider
 - 3 Unlicensed provider
 - 4 Other (Specify: _____)

3. How many different childcare providers have you used since completing the FII program?
_____ Total Number

4. Since completing the FII program, if you needed to work earlier or later than usual, how often could all of your children be cared for? Would you say never, once in a while, sometimes, most of the time, or always
 - 1 Never
 - 2 Once in a while
 - 3 Sometimes
 - 4 Most of the time
 - 5 Always

5. Since completing the FII program, if one of your providers could not take one of your children for the day, how often could you find backup care - never, once in a while, sometimes, most of the time, or always.
 - 1 Never
 - 2 Once in a while
 - 3 Sometimes
 - 4 Most of the time
 - 5 Always

6. Since completing the FII program, if you needed to take part or all of the day off from working because you could not find backup childcare, how likely is it that you would be warned or disciplined by your supervisor? Would you say very likely, likely, somewhat likely, unlikely, or very unlikely?
 - 1 Very Likely
 - 2 Likely
 - 3 Somewhat likely
 - 4 Unlikely
 - 5 Very unlikely

7. Since completing the FII program, has there been a period when you were without care for your child/at least one of your children when you needed to work or go on a job interview?

- 1 Yes
- 2 No

8. Overall, how much of a problem has childcare been for you in finding a job?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A major problem

9. Overall, how much of a problem has childcare been for you in keeping a job?

- 1 Not a problem
- 2 Somewhat of a problem
- 3 A major problem

APPENDIX D

RECRUITMENT FLYER

ARE YOU A SINGLE MOTHER?

ARE YOU 18 YEARS OF AGE OR OLDER?

**DID YOU FINISH THE FAMILY INDEPENDENCE INITIATIVE TRAINING IN 2001
OR 2002?**

If your answer to these three questions is “YES,”

I would like to interview you!

My name is Andre’ Stevenson. I am doing a study of women’s experiences of welfare and work for my doctoral degree in Social Work from the University of Pittsburgh in Pennsylvania. I really want to learn what welfare reform has meant to you and your family. Anything you tell me will be kept confidential.

You will be paid \$20 after you complete the interview.

For more information, please call me by <DATE>:

Andre’ Stevenson (803) 798-4768

APPENDIX E

INTRODUCTORY SCRIPT

Script for Introducing the Study

Hello, my name is Andre' Stevenson. As was mentioned in the letter you received, I am conducting a study to assess how women are making the transition from welfare to work. The study is a part of my doctoral work.

I will be gathering information through face-to-face interviews. The questions you will be asked have to do with your background and current situations, your job, hardships you may face, and what you see as advantages and disadvantages of work. At the end of the interview you will receive \$20.00 for participating. The interview will take approximately 45 minutes.

Your participation in this interview is completely voluntary. No one at the agency will be told whether or not you agree to be interviewed. There are specific questions I will need to ask you. If there are any questions you might feel uncomfortable answering, you are free to refuse to answer them. Also, you have the right to stop the interview at any time.

Do you have any questions about the study? If you are willing to participate, I would like to set up a time and place for us to meet.

APPENDIX F

**WEIGHTS AND CONSTANTS USED TO SCORE SF-12 MENTAL HEALTH AND
PHYSICAL HEALTH SCORES**

TABLE 4.1. WEIGHTS USED TO SCORE PHYSICAL (PCS-12) AND MENTAL (MCS-12) SCALES

Item Response Choice(s)	Indicator Variable (i/o)	Physical Weight	Mental Weight
<u>Moderate Activities (PF02)</u>			
Limited a lot	PF02_1	-7.23216	3.93115
Limited a little	PF02_2	-3.45555	1.86840
<u>Climbing Several Flights of Stairs (PF04)</u>			
Limited a lot	PF04_1	-6.24397	2.68282
Limited a little	PF04_2	-2.73557	1.43103
<u>Accomplish less than you would like (RP2)</u>			
Yes	RP2_1	-4.61617	1.44060
<u>Limited in the kind of activities (RP3)</u>			
Yes	PR3_1	-5.51747	1.66968
<u>Pain interferes with normal work (BP2)</u>			
Extremely	BP2_1	-11.25544	1.48619
Quite a bit	BP2_2	-8.38063	1.76691
Moderately	BP2_3	-6.50522	1.49384
A little bit	BP2_4	-3.80130	0.90384
<u>In general, would you say your health is (GH1)</u>			
Poor	GH1_1	-8.37399	-1.71175
Fair	GH1_2	-5.56461	-0.16891
Good	GH1_3	-3.02396	0.03482
Very good	GH1_4	-1.31872	-0.06064
<u>Have a lot of energy (VT2)</u>			
None of the time	VT2_1	-2.44706	-6.02409
A little of the time	VT2_2	-2.02168	-4.88962
Some of the time	VT2_3	-1.61850	-3.29805
A good bit of the time	VT2_4	-1.14387	-1.65178
Most of the time	VT2_5	-0.42251	-0.92057
<u>Health interferes w/social activities (SF2)</u>			
All the time	SF2_1	-0.33682	-6.29724
Most of the time	SF2_2	-0.94342	-8.26066
Some of the time	SF2_3	-0.18043	-5.63286
A little of the time	SF2_4	0.11038	-3.13896
<u>Accomplish less than you would like (RE2)</u>			
Yes	RE2_1	3.04365	-6.82672
<u>Didn't do activities as carefully as usual RE3)</u>			
Yes	RE3_1	2.32091	-5.69921
<u>Felt calm and peaceful (MH3)</u>			
None of the time	MH3_1	3.46638	-10.19085
A little of the time	MH3_2	2.90426	-7.92717
Some of the time	MH3_3	2.37241	-6.31121
A good bit of the time	MH3_4	1.36689	-4.09842
Most of the time	MH3_5	0.66514	-1.94949
<u>Felt downhearted and blue (MH4)</u>			
All of the time	MH4_1	4.61446	-16.15395
Most of the time	MH4_2	3.41593	-10.77911
A good bit of the time	MH4_3	2.34247	-8.09914
Some of the time	MH4_4	1.28044	-4.59055
A little of the time	MH4_5	0.41188	-1.95934
Constant	-	56.57706	60.75781

APPENDIX G

INDIVIDUAL ITEM CONSTITUENTS OF SCALES

Table 22 Appendix G: SF-12 Mental Health and Physical Health

Item	False	True
	N (%)	N (%)
PCF02_1 Moderate Activities –Limited a Lot	137 (83.6)	23 (14.4)
PF02_2 Moderate Activities - Limited a Little	116 (72.5)	44 (27.5)
PF04_1 Climbing Several Flights of Stairs – A Lot	135 (84.4)	25 (15.6)
PF04_2 Climbing Several Flights of Stairs – A Little	106 (66.3)	54 (33.8)
RP2_1 Accomplish Less Than You Like	78 (48.8)	82 (51.3)
RP3_1 Limited To the Kind of Activities	81 (50.6)	79 (49.4)
BP2_1 Pain Interferes with normal work extremely	145 (90.6)	15 (9.4)
BP2_2 Pain Interferes with normal work quite a bit	134 (83.8)	26 (16.3)
BP2_3 Pain Interferes with normal work moderately	136 (85.0)	24 (15.0)
BP2_4 Pain Interferes with normal work a little bit	113 (70.6)	47 (29.4)
GH1_1 In general, would you say your health is poor	140 (87.5)	20 (12.5)
GH1_2 In general, would you say your health is fair	113 (70.6)	47 (29.4)
GH1_3 In general, would you say your health is good	91 (56.9)	69 (43.1)
GH1_ 4 In general, would you say your health is very good	147 (91.9)	13 (8.1)

Item	False	True
	N (%)	N (%)
VT2_2 Have a lot of energy – a little of the time	121 (75.6)	39 (24.4)
VT2_3 Have a lot of energy – some of the time	117 (73.1)	43 (26.9)
VT2_4 Have a lot of energy – a good bit of the time	134 (83.8)	26 (16.3)
VT2_5 Have a lot of energy – most of the time	146 (91.3)	14 (8.8)
SF2_1 Health interferes with social activities all the time	140 (87.5)	20 (12.5)
SF2_2 Health interferes with social activities most of the time	140 (87.5)	20 (12.5)
SF2_3 Health interferes with social activities some of the time	153 (95.6)	7 (4.4)
SF2_4 Health interferes with social activities a little of the time	103 (64.4)	57 (35.6)
RE2_1 Accomplish less than you would like	53 (33.1)	107 (66.9)
RE3_1 Didn't do activities as carefully as usual	71 (44.4)	89 (55.6)
MH3_1 Felt calm and peaceful – none of the time	130 (81.3)	30 (18.8)
MH3_2 Felt calm and peaceful – a little of the time	118 (73.8)	42 (26.3)
MH3_3 Felt calm and peaceful – some of the time	122 (76.3)	38 (23.8)
MH3_4 Felt calm and peaceful – good bit of time	133 (83.1)	27 (16.9)

Item	False	True
	N (%)	N (%)
MH4_2 Felt downhearted and blue – most of the time	122 (76.3)	38 (23.8)
MH4_3 Felt downhearted and blue – a good bit of the time	137 (85.6)	23 (14.4)
MH4_4 Felt downhearted and blue – some of the time	126 (78.8)	34 (21.3)
MH4_5 Felt downhearted and blue – a little bit of the time	124 (78.8)	36 (22.5)

Table 23 Appendix G: Self-Esteem Items

Item	Strongly Agree	Agree	Disagree	Strongly Disagree
	N (%)	N (%)	N (%)	N (%)
There is no way I can solve some of the problems I have	29 (18.1)	72 (45.1)	47 (29.4)	12 (7.5)
I feel that I am being pushed around in life.	35 (21.9)	94 (58.8)	24 (15.0)	7 (4.4)
I have little control over the things that happen to me.	33 (20.6)	59 (36.9)	62 (38.8)	6 (3.8)
I can do anything I set my mind to.	16 (10.0)	46 (28.8)	85 (53.1)	13 (8.1)
I feel helpless in dealing with problems in life.	35 (21.9)	73 (45.6)	43 (26.9)	9 (5.6)
What happens to me in the future depends on me.	29 (18.1)	68 (42.5)	46 (28.8)	17 (10.6)
There is little I can do to change the things in my life.	34 (21.3)	74 (46.3)	44 (27.5)	8 (5.0)

Table 24 Appendix G: Drug Abuse

Item	Yes %	No %
Have you used drugs other than those required for medical reasons?	37.5	62.5
Have you abused prescription drugs?	28.8	71.3
Do you abuse more than one drug at a time?	31.9	68.1
Can you get through the week without using drugs (other than those required for medical reasons)?	48.1	51.9
Are you always able to stop using drugs when you want to?	44.4	55.6
Have you had "blackouts" or "flashbacks" as a result of drug use?	23.1	76.9
Do you ever feel bad about your drug abuse?	33.8	66.3
Does your spouse (or parents) ever complain about your involvement with drugs?	30.6	69.4
Has drug abuse created problems between you and your spouse or you or your parents?	36.3	63.8
Have you ever lost friends because of your use of drugs?	33.1	66.9
Have you ever neglected your family because of your use of drugs?	30.6	69.4
Have you ever been in trouble at work because of drug abuse?	30.6	69.4
Have you ever lost a job because of drug abuse?	31.3	68.8
Have you gotten into fights when under the influence of drugs?	30.6	69.4
Have you ever been arrested for possession of illegal drugs?	23.1	76.9
Have you engaged in illegal activities to obtain drugs?	27.5	72.5
Have you ever experienced withdrawal symptoms when you stopped taking drugs?	30.6	69.4
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	22.5	77.5
Have you ever gone to anyone for help for a drug problem?	28.1	71.9
Have you ever been involved in a treatment program...?	27.5	72.5

Table 25 Appendix G: BMAST

	Yes %	No %
Do you feel you are a normal drinker?	65.6	34.4
Do friends or relatives think you are a normal drinker?	53.1	46.9
Have you ever attended a meeting of Alcoholics Anonymous (AA) for yourself?	8.1	91.9
Have you ever lost friends or girlfriends/boyfriends because of your drinking?	33.1	66.9
Have you ever gotten into trouble at work because of drinking?	78.1	78.1
Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because of your drinking drinking?	24.4	75.6
Have you ever had severe shaking after heavy drinking?	14.4	85.6
Have you ever gone to anyone for help about your drinking?	19.4	80.6
Have you ever been in a hospital because of your drinking?	13.1	86.9
Have you ever been arrested for driving or driving after drinking	15.6	84.4

Table 26 Appendix G: Domestic Violence

Since completing the FII program, has a husband, partner, or anyone you have been in a romantic relationship with	Yes %	No %
...threatened to hit you with a fist or anything that could hurt you?	66.3	33.8
...thrown anything at you that could hurt you?	50.0	50.0
...pushed, grabbed, or shoved you	67.5	32.5
...slapped, kicked, or bit you?	53.8	46.3
...hit you with a fist?	58.1	41.9
...hit you with an object that could hurt you	44.4	55.6
...beaten you?	68.1	31.9
...choked you?	60.0	40.0
...threatened to or used a weapon?	50.6	49.4
..forced you into any sexual activity against your will?	45.6	54.4
..threatened to take your child(ren) away?	45.0	55.0

Table 27 Appendix G: Social Support

	No, definitely not	No, probably not	Yes, possibly	Yes, probably	Yes, definitely
	N (%)	N (%)	N (%)	N (%)	N (%)
Would someone be available if you were upset, nervous, or depressed?	23 (14.4)	59 (36.9)	41 (25.6)	25 (15.6)	12 (7.5)
Is there someone you could contact if you wanted to talk about an important personal problem?	19 (11.9)	58 (36.3)	40 (25.0)	28 (17.5)	15 (9.4)
Is there someone who would help take care of you if you were confined to bed for several weeks?	53 (33.1)	44 (27.5)	34 (21.3)	16 (10.0)	13 (8.1)
Is there someone you could turn to if you needed to borrow \$10, a ride to the doctor, or some other small, immediate help?	45 (28.1)	37 (23.1)	41 (25.6)	24 (15.0)	13 (8.1)
Is there someone you could turn to if you needed to borrow several hundred dollars for an emergency?	71 (44.4)	47 (29.4)	27 (16.9)	13 (8.1)	2 (1.3)
Would people in your life give you information, suggestions, or guidance if you needed it?	28 (17.5)	51 (31.9)	45 (28.1)	17 (10.6)	19 (11.9)
Is there someone you could turn to if you needed advice to help make a decision?	22 (13.8)	59 (36.9)	40 (25.0)	25 (15.6)	14 (8.8)

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