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Abstract

“The Impact of Domestic Violence on the Employment Experiences of Women on Welfare”

Grant Award: 1998-WT-VS-0020

Purpose: To examine the relationship between domestic violence and employment success, the impact of mediating variables on employment success, the degree to which domestic violence affects these mediating relationships, and the effect of demographic variables both on employment success both directly and indirectly. Employment maintenance by women formerly on welfare is a primary policy goal of both state and federal administrations. An understanding of these issues will lead to greater success in the development of programs that are most effective in accomplishing this goal.

Subjects: 411 women who are or have been participants in the Florida welfare system, (ages 18 to 66, 34% White, 58% African American, and 7% other). **Methods:** Due to significant recruitment problems the sample was recruited through a combination of follow-up from an earlier sample and direct recruitment through advertisement and health department recruitment efforts. The study was a mixed method study involving two quantitative telephone interviews (N1=411, N2=109) and two in- person qualitative interviews (N1=44, N2=21). **Analysis:** The quantitative analysis utilized three regression models, 1) a logistic regression predicting domestic violence experiences using the demographic measures, 2) a series of linear regression models using basic demographic measures and domestic violence indicators to predict scores on the mediating variables, and 3) a logistic regression predicting employment success from the demographics, domestic violence indicators and mediating variables, all entered into a backwards step-wise regression model. Qualitative interviews were analyzed for content themes, recurrent ideas and patterns, and main points. **Results:** the three variables of social support, mental health and parenting stress are negatively related to domestic violence in both the past year and prior to that time. Being African American has a protective effect for women not currently in a relationship in regard to the impact of the mediating variables. Employment success is more likely if the respondent is in good physical health, has good caseworker support, social support, employer support, physical health, and a technical skill or education. **Conclusions:** Strong support for policies that focus on the provision of participant supports, including health and mental health care, caseworker support, social support, employer support, technical training, and housing support as well as the identification of domestic violence experiences in both the past 12 months and prior to that time.

Executive Summary: The Impact of Domestic Violence on the Employment Experiences of Women on Welfare

Introduction

The purpose of the study is to examine the relationship between the experience of domestic violence and employment patterns, to look at the impact of mediating variables (i.e., health and mental health problems and service utilization, coping strategies, social support networks and child functioning) on employment patterns and the degree to which the experience of domestic violence influences this relationship, and finally, to examine demographic differences (i.e., age, race and ethnicity, and education) on the experience of domestic violence and its effects on employment patterns. Studies both before the funding of the project and in the years since have examined the relationship of such issues as physical and mental health problems, substance abuse and domestic violence as potential barriers for welfare recipients. Many of these studies have reinforced the basic premise of this study that domestic violence is a significant barrier to employment and may be related in a variety of ways to other factors, which may serve as mediating entities. This study seeks to examine these relationships through the use of a multi method research design, employing both quantitative and qualitative data to understand the difficulties faced by women on welfare as they make the transition to self-sufficiency.

The prevalence of domestic violence among female welfare recipients is well documented. Approximately 83% of welfare recipients are single mothers (Blumenberg, 2000). Estimates of lifetime domestic violence (physical abuse) among female welfare recipients range from 40% to 60% while current and recent rates of domestic violence range from 8.5% to 41.4% (Tolman and Rosen, 2001). Additionally, abusers often sabotage women's efforts to gain employment, job skills and education thus hindering their opportunities to become more self sufficient (Tolman and Rosen, 2001, Riger and Krieglstein, 2000). Women may turn to welfare to escape their abusers or cannot escape welfare because of these sabotaging efforts (Brandwein and Filiano, 2000).

Domestic violence is considered an indirect barrier to women's ability to job search and maintain employment due to the increased risk of health and mental health problems (Tolman and Rosen, 2001). Tolman and Rosen (2001) hypothesized that domestic violence victims are less likely to be employed and more likely to receive cash assistance. In their 2000 study, however, they found what is consistent with two other studies, that there is no significant association between domestic violence (both past and recent DV) and working 20 or more hours per week, or between employment or welfare status and domestic violence. Yet, there is a complex pattern of low-income battered women and their employment (Tolman and Raphael, in press). Domestic violence may affect job stability (Tolman and Raphael, in press; Tolman and Rosen, 2001) or sustainability. Women welfare recipients showed two to three times the prevalence rates for three measurements including depression, generalized anxiety disorder and lifetime post traumatic stress disorder (Tolman and Rosen, 2001). Recent victims are at most risk for health and mental health problems. Child care and education deficits (Marcenko and Fagen, 1996) and transportation problems have also been identified as significant

characteristics of the female welfare population (Danziger and Seefeldt, 2000). In addition, the relationship of welfare victims to the WAGES program itself is often complex. Case management has undergone a shift from providing services to preparing people for employment (Pearlmetter and Bartle, 2000). Clients identified one of the most important aspects of working with a case manager as the need for trust: trust that they get the right information, timely, updated and individualized (Levin, 2001).

Methods

The study utilized a multi-method approach that allows assessment of the research objectives on multiple yet complementary levels. The first component used a telephone survey technique to collect quantitative data on participant characteristics, experience of domestic violence, physical and mental health status, coping techniques, child functioning, social support networks, and a series of employment variables. A follow up survey was conducted 9 months after the first assessment intended to assess changes in status, functioning, and employment. The second component used a qualitative approach through semi-structured interviews with a sub-sample of the original sample. Participants were interviewed twice over a twelve-month period to monitor ongoing status with respect to mediating variables and employment status. The key component of the interviews was the intensive tracking of the participants' experience of domestic violence, changes in the experience and impact of mediating variables and their work participation and experiences.

Participant Selection

The study population includes women who are or have been WAGES recipients in the State of Florida. Eligibility was determined by asking women if they are or have been a WAGES or welfare recipient. The study intended to utilize a data set from the University of Pennsylvania School of Medicine Treatment Research Center (TRI). At the time of the project proposal TRI was conducting a study for the Florida Department of Children and Families examining the needs of WAGES recipients. The TRI study used a statewide geographically stratified representative sample of 800 women presently on welfare and being prepared to seek employment. Problems related to the specifics of the consent form used by TRI delayed implementation of our project for over a year. A legal agreement was finally reached between the USF and the University of Pennsylvania IRB legal counsel in which women were allowed to give passive consent for participation. Unfortunately because of the time delays the numbers of women available for interviews was far lower than anticipated. Approximately 250 participants gave active or passive consent to be interviewed, many of whom could not be located with strenuous efforts.

After exhausting the lists of possible respondents available from TRI, and receipt of appropriate IRB approvals recruitment was conducted at Healthy Start programs, Florida Workforce, and the local Health Departments. Approval was also obtained from the University IRB to add direct recruitment by ads and flyers. All of these efforts yielded a final number of 411 first interviews, slightly less than the anticipated 480 but a substantial majority. Second-round quantitative interviews began in spring of 2002, with

the knowledge that many of the respondents from the first-round interviews would be difficult to locate. As anticipated, the initial respondents had moved, had their telephone disconnected, and/or did not respond to letters mailed to their previous home addresses, and could not be contacted through names given as permanent contacts despite multiple attempts. 109 second-round interviews were completed. Because of both the severe attrition from the sample (almost 75%) and the extreme variability in the time between the first and second interviews the longitudinal study design was problematic. Therefore, in addition to assessing change from interview 1 to interview 2 (with a severely reduced sample size) we would also analyze the data from the first interview alone and that this would be a better measure of the impact of the study variables.

The qualitative portion of the NIJ project began in January 2001 with the development of a first-round qualitative interview guide. The plan was for interviews to be fairly unstructured, allowing clients to speak honestly about employment experiences and relationships in a casual, non-threatening environment. 44 first-round interviews were completed, 11% of the quantitative first-round total. A second-round qualitative interview guide was developed in July 2002 and second-round interviews began the following month. Approximately half of the original 44 women agreed to and completed second-round interviews (N=21).

The following instruments, measures, or questions were included in the questionnaire: the Physical Health Scale (PHS-12 Health Survey), Salyers, M., et al.(2000), the Revised Conflict Tactics Scale (CTSII) Straus et al, (1996), Social Support Questionnaire, Sarason, I., Sarason, E., Pierce, G. (1987), Employer Social Support, Parenting Stress Index/Short Form (PSI) Abadin, R.,1984, Curcio Survey tool, (1998) and domestic violence questions recommended by members of the local advisory board at the shelter located in Hillsborough County, Florida.

Qualitative Data

First and second round interviews were coded manually. Interviews were coded by two different researchers and then reviewed by an objective third party to highlight discrepancies between the two “coded versions.” After the coding was completed, all codes with corresponding text were entered into Microsoft Word to create two master documents (one for first-round interviews, another for second-round interviews) to facilitate analysis. These two documents were analyzed for content themes, recurrent ideas and patterns, and main points. Relationships between themes were also analyzed.

Analysis

Quantitative data

The basic theoretical model was broken down into three regression models. The first model is a logistic regression predicting domestic violence experiences using the demographic measures. The second model is a series of linear regression models using basic demographic measures and domestic violence indicators to predict scores on the mediating variables. The third model is a logistic regression predicting employment success from the demographics, domestic violence indicators, and the mediating

variables. All variables in the theoretical model were entered into a backwards step-wise regression model to eliminate those variables with redundant relationships.

Domestic Violence. The Conflict Tactics Scale II, the major measure of domestic violence, is based on having a relationship in the past year. This scale was chosen because of the frequency of its use in the study of violence and because its two subscales psychological and physical violence assessed the areas of focus in this study. The instrument had one major limitation. Because of item construction issues with the CTS (past DV was not reported if DV in the last 12 months was reported) it was possible for DV in the last 12 months to obscure reports of past DV. In order to assess more accurately the responses of the women regarding their domestic violence experiences, the sample was subdivided into two groups: those who reported being in an intimate relationship at the time of the interview and those who were not.

Those not currently in a relationship were more likely to report African-American ethnicity (Chi-square (df=1,N=411), $p < .01$) and to report never having been married. Other than that, there were no obvious differences between the two groups in the parallel analyses. Almost all the women reported some violence (endorsed at least one item in the CTS) in their lives. Eighty-eight percent of those in a relationship reported violence in the last year, while only 51% of those not in a relationship reported this violence. When a more stringent frequency assessment was used (9 incidents of combined psychological and physical violence in the prior year) 60% of those in a relationship reported and 39% of those not in a relationship.

Demographics: "Age" was assessed at the first interview date. "Race" was assessed using African-American ethnicity or other. "Marital status" was assessed as ever married. "Education" was assessed using an interview item that indicated that they had at least a technical education or specialized skills training. "Current education efforts" were measured using an interview item that indicated that they had furthered their education in the past year. The variable "Suitable Home" was based on reporting that they lived in a house, apartment, or trailer that was big enough for their family, in acceptable condition and in a 'safe' neighborhood.

Mediating Variables: "Social Support", "Employer Support", "Physical Health", "Mental Health", and "Parenting Stress" were assessed across both groups, those in a relationship at the time of interview and those not in a relationship.

Employment Success: The measure of employment success is taken from Browne, Salomon, and Bassuk (1999) and is 6 months of employment with an average of 30 hours per week. To obtain the measure from this interview, we combined several items. The 6 months of employment criteria was met by anyone who had six months of employment in their current job or their immediately preceding job. The 30 hours of employment criteria was met by anyone who reported that they typically worked 30 hours or more when employed in the last year. Forty-nine percent of those in a relationship and 47% of those not currently in a relationship met this criteria of employment success.

Results

Domestic Violence The results of the Phase 1 logistic regression equation predicting Domestic Violence in the last 12 months (more than 9 incidents per year of physical or psychological aggression) follow. All variables were entered into the equation and removed in a backwards stepwise procedure. In this selection method, variables that do not contribute unique variation to the total equation were removed one at a time.

Current relationship .Those who had experienced Domestic Violence prior to the last year were almost four times more likely to have experienced Domestic Violence in the past 12 months. Those who had at least technical training or a specialized skill were 2.5 times less likely to have experienced Domestic Violence in the past 12mo.

Not currently in a relationship The two best predictors of Domestic Violence in the past 12 months was their age in years and their race. African-American women were more than twice as likely to have experienced Domestic Violence in the past 12 months than other women. As age increased, the likelihood of experiencing current partner aggression decreased. (However, it should be note that in this group, women not currently in a relationship at time of interview, domestidc violence experience in the past 12 months is a function of 1)being in a relationship at all in the past year and b)experiencing Conflict Tactics Scale events in that relatinship. For this reason, the results of this first analysis are not easily interpreted).

Mediating Variables

In this analysis, we were concerned with how well the mediating variables could be predicted from the demographics and the indicators of domestic violence. For both groups, there were strong to moderate correlations between “Social Support”, “Employer Support”, “Mental Health” and “Parenting Stress”.

Currently in a relationship. Three of these intercorrelated variables: “Social Support”, “Mental Health”, and “(low) Parenting Stress” were positively correlated with having a “Suitable Residence”, and negatively correlated with past and current DV. “Physical Health” was negatively correlated with “age” and “ever being married” and positively correlated with having further education in the past year.

Not currently in a relationship., Having a suitable home and being African American was positively correlated with “Social Support”, “Mental Health”, and “Parenting Stress”, while “Age”, Domestic Violence prior to the last 12 months, and “Ever Being Married” is negatively correlated with them. Domestic Violence in the past 12 months may not be related in this group because of variability in having experienced a relationship in the past year.

Linear regression analysis (see Table 1 on page 14)

Social Support

For both women *in a current relationship and women not in a current relationship*, “Social Support” could be predicted by having “Suitable Housing” and the lack of DV experience prior to the last 12 months. *For those currently in relationships* at the time of the interview, experiencing Domestic Violence in the last 12 months also predicted lower levels of “Social Support” in the regression model. *For those not currently in relationships* at the time of the interview, never being married predicted lower levels of “Social Support”.

For both groups, “Physical Health” was associated with lower age in years. For those currently in relationships, “Physical Health” was also associated with having “Suitable Housing” and experiencing continued education in the past year.

For both groups, having “Suitable Housing” (only marginally significant in the current relationship group) and the lack of Domestic Violence in the past 12 months in the model predicted better “Mental Health” scores. *For those not currently in relationships*, African-American ethnicity also predicted better “Mental Health” scores.

For both groups, “Parenting Stress” scores were predicted by having suitable housing in the model. For those *currently in relationships*, experiencing Domestic Violence in the past 12 months predicted lower Parenting Stress scores (associated with more parental distress). For those *not currently in relationships*, experiencing Domestic Violence in the past predicted “higher Parenting Stress” scores (this may be a better indicator of the effects of DV in this group as having domestic violence in the past 12 months is not possible to determine with accuracy since whether the women had a partner at all during that time is not clear), while reporting African-American ethnicity and having a technical education predicted lower Parenting Stress scores.

Employment Success

For those currently in a relationship, employment success was more likely if the respondent was in good physical health and had experienced DV prior. For those not currently in a relationship, employment success was more likely if the respondent had some technical training or skill, felt they had employer support, and were in good physical health.

It is not readily apparent why DV prior would positively predict employment success. To further investigate this finding, we looked at a number of scores in the group of women with both DV prior and employment success to determine if there was some other difference in the group that would account for this effect. Of the 111 women who experienced employment success, 75 or 68% also experienced Domestic Violence in the past (DV prior). Comparing those with DV prior (N=133) who had experienced employment success with those who had not experienced employment success, the only significant difference in any of the predictors was Physical Health, which would be

predicted from the model. In a further investigation of this effect, when a more stringent criterion of 9 months of 30 hours per week (or more) is used as a measure of employment success, then the model is best predicted by increased age (Odds ratio=1.05, $p<.05$) and better physical health (Odds ratio=(1.04, $p<.01$). As such, whatever factors influence those in a current relationship with a prior history of domestic violence to have short-term employment success, the effect is not sustained when a longer-term definition of success is utilized.

Analysis of second interview (follow-up) Analysis of the change from the first to the second interviews did not show notable changes in any area.

Qualitative Analysis

Experience with WAGES

About a third of women reported positive aspects of the program, while the other two-thirds reported negative experiences. Women who were positive about the program tended to focus most on the childcare benefits, assistance with resume writing and interviewing, and job placement services. The majority of women interviewed reported negative experiences with the WAGES program. Complaints were a result of dealing with unhelpful and/or disgruntled employees, a “one size fits all” program that targets all participants toward low-wage, unskilled work, and dealing with a system that penalizes and/or discourages women who work full-time jobs and directs all clients toward low-wage, unskilled employment.

Employment Issues

Many of the women discussed well-documented problems, such as lack of childcare, lack of transportation, and lack of education and/or work experience. However, many other barriers to employment were brought up in the interviews as well, including boredom at work, problems with insubordination on the part of the client, substance abuse issues, health problems, and domestic violence. Almost half of all the women interviewed reported struggling with keeping a job because of their own health limitations or the health problems of someone in their care, usually a child. Although diagnoses varied, the most common disabilities included fibromyalgia, major depression, and/or PTSD. Almost all of the women, however, reported experiencing some kind of mental health problem during their adult lives, often to the level of affecting employment. Depression was the most commonly reported mental health issue.

The Impact of Domestic Violence

The large majority of women interviewed reported a history of domestic violence in at least one relationship. All of the women discussed how domestic violence affected their employment in some way. For many of those interviewed, domestic violence had a very direct impact on employment. Violent partners would physically prevent women from going to work, threaten them if they continued with their job, would batter them enough

that they were too injured or embarrassed to go to work or would jeopardize jobs by coming into the workplace and harassing or stalking their victims. Other women discussed how their partners isolated them to the point that work was impossible. For some of the women interviewed, being in a violent relationship also exacerbated childcare and transportation issues. Even more common than the very direct threats partners used to prevent women from going to work were the more indirect effects of domestic violence on employment. This included low self-esteem in victims, being overly emotional or anxious in the work setting to the point of affecting performance, and the development of mild to severe mental health problems related to being a victim. Additionally, many of the women reported being emotionally, physically, or sexually abused as children.

Some women however described feelings of inner strength, the will to go on despite difficult circumstances, the ability to see deep within themselves and recognize their own importance, or who described other similar coping resources were all considered to have personal strength or resiliency. Most of these women reported significant social support especially from their families.

Policy Implications

For Practitioners and Policymakers

This study yielded a number of findings that have important policy and practice implications for welfare reform, employment, health issues, domestic violence, and housing.

WAGES and Employment

Finding #1: Social support plays a key role in helping women find success in employment by providing concrete forms of support (i.e. childcare and transportation) as well as emotional support, allowing women to maintain jobs despite multiple obstacles.

Social support was an important mediating variable in both the quantitative and qualitative data. The quantitative analysis found strong to moderate correlations between social support and the other mediating variables (employer support, mental health, and parenting stress). Qualitative data supported these results and went on to explore the role of social support in maintaining employment. Many of the women who were successful in WAGES (or in maintaining employment in general), indicated high levels of social support. These support systems often provided very concrete forms of help to women, such as childcare and transportation that enabled women to find and maintain employment. However, women also gained emotional strength and stability from their support network. Social support, particularly family support, was an important factor in determining if victims of domestic violence could pull through their circumstances and have success in employment.

This is an issue that can be addressed at both the policy and practice level. First, the WAGES program and other similar welfare reform programs across the country can begin to screen for social support among women who apply for assistance. Quantitative and qualitative findings from this study suggest that white women, particularly those not currently in a relationship, are at particular risk of having low levels of social support which could, in turn, lead to problems maintaining employment. Certainly caseworkers can use this information in identifying women who will need additional support services. However, a screening program would also enable caseworkers to identify women across all ethnic and social groups who are most in need of support from other sources to improve the probability of employment success.

Also recommended is the development of support groups for women coming through the WAGES program. Although these groups should be made available to all participants, women who are identified by caseworkers as having particularly low levels of social support should be encouraged to attend. These groups, properly facilitated by trained generalist social workers, can provide participants with valuable information on a variety of topics, such as financial management, developing networks to assist in sick baby care, carpooling for transportation issues, parenting stress, physical wellness, and working positively with others in the work environment. Through such groups, participants could also begin to develop social support systems in their immediate neighborhoods and small communities, allowing for women with similar needs and experiences to rely on each other for practical and emotional support. It is imperative that these groups be held in a convenient location, such as the WAGES office, be held at various times to accommodate all work schedules, and provide some type of childcare. By sharing knowledge of community resources and developing social support networks, support groups can lead to the acquisition of tools that will enable WAGES clients to maintain employment.

Finding #2: Many WAGES participants feel as though they are caught in a “cookie cutter” situation in which their own problems with illness, sick children, or other individual concerns are not addressed. Additionally, high turnover among caseworkers, red tape, and caseworker inadequacy leaves clients feeling frustrated and discouraged.

This finding has several implications for policymakers. Caseworkers must be competent and have enough training for clients to be given appropriate assistance and resources. Only very resilient, savvy clients with thick skin can navigate their way through the WAGES system without help from a competent caseworker. Clear guidelines must be developed that delineate the responsibilities of WAGES caseworkers. Increased salary levels could improve the quality of individuals desiring to work as caseworkers and could reduce turnover, a common complaint among women in the study. Additionally, recruitment and training of caseworkers should include the identification of interpersonal skills that would better enable workers to successfully interact and empower clients coming through the WAGES system.

Additionally, a thorough in-service training system needs to be developed to educate WAGES caseworkers about community resources and enable them to compassionately

deal with clients who have unusually difficult circumstances. This training should be mandated for all caseworkers and administrators in the WAGES program and include information on community resources, support group availability, current and updated WAGES information, and methods for listening and working with specific problems.

Finding #3: Technical training plays an important role in employment success as evidenced by both the quantitative and qualitative data. Despite this, interviews indicated that women coming through the WAGES system feel pushed into low-income, low-skilled jobs even when their experience, skills, or career aspirations are more closely aligned with more skilled positions.

Quantitative results from this study indicated that employment success (for those women not currently in a relationship) is highly influenced by whether or not the woman has a technical skill. The qualitative data supported this finding. Although only a few women in the qualitative sample reported having technical skills, those who did reported higher paying jobs. Despite this, interviews found that women coming through the WAGES program feel pushed into low-wage, low-skilled jobs in order to “just get a job” even when their experience, skills, or career aspirations are more closely aligned with more skilled positions.

This finding has several implications on the policy level. First, while current policy efforts seem focused mainly on just getting a job (and getting women off the welfare rolls) a shift towards a policy focusing more on career development in which women are encouraged to get training would move them into appropriate long-term employment and out of poverty. The women who are supported by their employers and who feel undervalued and underemployed will have less employment success and will be more likely to land back on the welfare rolls. The quantitative portion of this study also found that women with technical training or an employable skill were less likely to have experienced domestic violence in the past 12 months and more likely to have employment success. Thus, technical training should be a core element of any welfare to work program. Although training and educational programs have been available to WAGES clients in the past, many participants in the qualitative interviews reported not being allowed to take advantage of these benefits. One marked insight of the qualitative data was the inconsistency across various WAGES offices, indicating that more support can be offered under current guidelines with caseworker expertise and interest. Women who participated in WAGES most recently were not given financial assistance if they chose to complete their education rather than get a job. Policy changes that make training and educational programs available to all clients coming through the WAGES program would be most helpful. Guidelines can be developed to ensure the “best fit” between clients and training and caseworkers can be trained on available job development and training opportunities

Finding #4: WAGES recertification requirements for childcare and food stamps often force women to miss work, placing their jobs in jeopardy.

Qualitative data indicated that women who participated in WAGES often complained that monthly recertification requirements for subsidized childcare and food stamps force them to leave work and possibly risk losing their jobs. Recertification could occur every four to six months and be accomplished through the mail. Benefit offices could also have extended hours several nights a week for women who choose to come in to recertify, have changes in their employment situations, and/or have unusually complicated circumstances. The aforementioned support group meetings could also be a time for recertification to occur.

Finding #5: Employer support plays an important role in ensuring employment success for women.

Quantitative data in this study found that for women not currently in a relationship, employment success is predicted by having a technical skill (as discussed previously in finding #3), having good physical health, and having good employer support. Qualitative data also touched on the issue of employer support, finding that women with higher levels of social support, including support from employers, are more likely to maintain their jobs. Employer support in this context refers to the employer's willingness to offer training and on the job assistance to women learning a position, sensitivity to family circumstances, and ability to offer flexible work hours that accommodate "family time" as well as family emergencies.

There are several recommendations in this area. First, employers should offer expanded training programs for women who are new to the field or coming into the workplace for the first time. Several women in the qualitative interviews reported that when they felt incompetent in their job, they were more likely to panic, be reprimanded, and leave the job either by quitting or getting fired. Employers could offer on the job mentoring programs that match new employees with others who have worked in the field for a while and can answer questions and offer support throughout the workday. Second, employers should consider offering flexible work hours. Four day work weeks, "comp time," and other creative options allow women with families to address school problems, go to the doctor, and attend court hearings, among other things. Tax incentives could be offered to encourage employers who offer creative work schedule options.

Domestic Violence

Finding: Past domestic violence was very common among women in the study. This past violence often resulted in varying levels of dysfunction in women's lives, which negatively affected current and future employment.

Data in this study indicate that domestic violence in the past 12 months and prior time periods negatively affects a woman's social support, employment support, physical health, and the amount of parenting stress she experiences. The qualitative portion of the

study bolstered this data, finding that women who experience domestic violence (which included almost the entire qualitative sample) were highly likely to have negative mental health outcomes and consequently, problems functioning in the workplace.

WAGES caseworkers should screen for domestic violence early in the application process. The development of support groups for victims in the workplace or those seeking employment may improve employment success. WAGES caseworkers should receive annual training in the area of domestic violence so as to understand the dynamics of interpersonal violence and identify potential warning signs in clients. Caseworkers must be able to offer practical help to women in dangerous relationships by helping with safety plans and offering information about shelters and other community resources.

Health Issues

Finding: Good physical health predicts employment success in those women currently in relationships and those not in relationships. However, qualitative data indicated that poor physical health and disability was a common obstacle faced by women in the sample.

Quantitative data found that good physical health was a predictor of employment success in both groups of women (those currently in a relationship and those not currently in a relationship). The qualitative data focused on poor physical health and disability, as women continually mentioned health issues as an obstacle to maintaining employment. Almost half of the women in the qualitative sample reported struggling with keeping a job because of their own health limitations or the health problems of someone in their care, usually a child.

Women with severe enough disabilities should qualify for SSI, federal assistance for people with disabilities. However, applying for SSI is often a long and arduous process and many times an individual may have to reapply after an initial application is rejected. In the interim, women may go through the WAGES system in order to receive financial assistance, food stamps, etc. as they wait for their application to be processed. WAGES caseworkers should be trained about disability, what constitutes a disability, and particularly how to help facilitate women through the application process.

For those women who do not have a serious enough health issue to apply for SSI, but still have health circumstances that could affect employment, the WAGES program must be sensitive to this. Caseworkers may need to be educated not only on what types of jobs are appropriate for particular health problems, but also how to compassionately and patiently deal with women facing such issues. In some circumstances, a medical evaluation may be in order to verify specific health complaints.

This study indicated that women who experience health problems and those women with children who have chronic conditions are often forced to miss work to go to the doctor, stay home with a sick child, and/or pick a child up from school or daycare, and by doing so, risk losing their job. Employers should offer full- and part-time workers a certain

amount of sick leave and/or paid time off that enables them to deal with their own health conditions or that of their children. On a policy level, there must also be a focus on how to help women in the workforce stay healthy. Policies that ensure health insurance coverage for working mothers and their children must be developed.

Housing Issues

Finding: Women who perceive their home as unsafe or unsuitable are less likely to have good social support, employment support, physical health, and have higher levels of parental stress.

Housing surfaced as an important issue in the quantitative findings. In both groups of women (those currently in a relationship and those not currently in a relationship), unsafe or unsuitable housing negatively impacted the scores on all four mediating variables- social support, employment support, physical health, and parental stress. What is recommended in this area is the development of a new initiative to focus on the need for affordable housing. This initiative should focus on two major areas: transitional housing for victims of domestic violence and affordable, safe housing for low-income women.

Recommendations for researchers

This study provides a study in itself of the types of problems that can be encountered in doing this kind of research, problems that are likely to increase in frequency as IRB and HIPPA regulations tighten. Some recommendations may be useful as guides to avoiding these problems.

1. Despite the difficulties of doing so, get advance IRB approval for contacting participants who were part of a prior study from the agency or University that has the data, in addition to IRB approval from your own University. Permission from the primary investigators of the original agency is insufficient.
2. When permission is given to contact participants from IRBs and PI's a sample of the participants should be contacted and asked if they feel it is appropriate to participate, even if they gave permission to be recontacted, particularly if the nature of the study is slightly different from the original study.
3. Extra financial support for extended efforts to find study participants should be built into the budget where possible
4. Have a plan B and a plan C.

Recommendations for further study in this important area of service delivery include careful assessment of the efficacy of utilization of the various sorts of client supports that are recommended here. These studies can provide direction to assuring that the efforts of policymakers to move women from welfare to work are most likely to succeed, without the negative effects that will hamper their long term employment as well as their personal health and welfare.

Table 1
Linear Regression Analyses of Domestic Violence and Mediating Variables

	Currently in intimate relationship	Not Currently in intimate relationship
Social Support Overall Equation Age in years African-American (Y/N) Ever married (Y/N) Technical Education (Y/N) Education in past year (Y/N) Suitable housing (Y/N) DV prior DV 12mo	F(3,214)=14.03, p<=.001 removed in step 4 removed in step 2 removed in step 5 removed in step 1 removed in step 3 1.90, p<=.001 -1.31 (p<=.05) -1.55 (p<=.01)	F(3,189)=11.67, p<=.001 removed in step 1 removed in step 3 -1.91, p<=.01 removed in step 2 removed in step 5 2.10, p<=.01 -1.35 (p<=.01) removed in step 4
Physical Health (PCS-12) Overall Equation Age in years African-American (Y/N) Ever married (Y/N) Technical Education (Y/N) Education in past year (Y/N) Suitable housing (Y/N) DV prior DV 12mo	F(3,214)=11.71, p<=.001 -0.46 , p<=.001 removed in step 3 removed in step 1 removed in step 2 4.30, p<=.05 4.30, p<=.05 removed in step 5 removed in step 4	F(1,191)=12.94, p<=.001 -0.34 , p<=.001 removed in step 3 removed in step 7 removed in step 4 removed in step 6 removed in step 1 removed in step 2 removed in step 5
Mental Health (MCS-12) Overall Equation Age in years African-American (Y/N) Over married (Y/N) Technical Education (Y/N) Education in past year (Y/N) Suitable housing (Y/N) DV prior DV 12mo	F(2,215)=16.75, p<=.001 removed in step 5 removed in step 3 removed in step 4 removed in step 1 removed in step 2 2.89 (ns) removed in step 6 -7.74, p<=.001	F(5,187)=7.74, p<=.001 removed in step 2 6.28, p<=.01 -3.81 (ns) removed in step 1 -3.93 (ns) 7.57, p<=.001 removed in step 3 -4.76, p<=.05
Parenting Stress Index (PD) Overall Age in years African-American (Y/N) Ever married (Y/N) Technical Education (Y/N) Education in past year (Y/N) Suitable housing (Y/N) DV prior DV 12mo	F(8,209)=10.74, p<=.001 removed in step 4 removed in step 1 removed in step 6 removed in step 5 removed in step 3 3.20, p<=.05 removed in step 2 -3.99, p<=.001	F(5,187)=6.21, p<=.001 removed in step 2 3.77, p<=.01 removed in step 4 2.50 , p<=.05 removed in step 1 3.74, p<=.01 -2.27 (ns) removed in step 3

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“The Impact of Domestic Violence on the Employment of Women on Welfare”

Grant Award # 1998-WT-VX-0020

Principle Investigator: Dr. Martha Coulter

October 15, 2003

Final Report: The Impact of Domestic Violence on the Employment Experiences of Women on Welfare

Introduction

This study, funded in 1999, had as its purpose an in-depth exploration of the effect that domestic violence had on women's ability to transition from welfare to work (See attached proposal narrative). The intent of the study was to assess a number of factors related to domestic violence that serve as barriers to employment. Past and present research suggests that physical and mental health problems, substance abuse and domestic violence are potential barriers for welfare recipients; a brief review of which will be presented in the background section. Nonetheless most of the research has reinforced the basic premise of this study that domestic violence is a significant barrier to employment and may be related in a variety of ways to other factors, which may serve as mediating entities. This study seeks to examine these relationships through the use of a multi method research design, which employs both quantitative and qualitative data. The difficulties faced by women on welfare as they make the transition to self-sufficiency can then be clearly understood.

A number of barriers faced the research team as the project was implemented which resulted in a very slow participant recruitment process. These barriers will be described in more detail in the methods section. However, the final data provides a rich though complex, picture of the interviewed women, and the effect of domestic violence on their transition to employment. The voices of the women themselves heard through the qualitative interviews provides a glimpse into the difficult lives that many are living, while struggling to remain employed. A picture emerged not only of the statistical relationship of the various issues explored, but also of the nuances of the effect of the WAGES program (Florida's welfare reform bill, Chapter 96-175, Laws of Florida) on their ability to sustain employment.

Review

The prevalence of domestic violence among female welfare recipients is well documented. Approximately 83% of welfare recipients are single mothers (Blumenberg, 2000). Estimates of lifetime domestic violence (physical abuse) among female welfare recipients range from 40% to 60% while current and recent rates of domestic violence range from 8.5% to 41.4%. These numbers are two to three times larger than the national prevalence rates (Tolman and Rosen, 2001). Some research has shown that 20% to 30% of women enrolled in the TANF (Temporary Assistance for Needy Families) program are currently in abusive relationships, and almost two-thirds have experienced domestic violence at some time in their adult lives (Lein, Jacquet, Lewis, Cole and Williams, 2001). Additionally, abusers often sabotage women's efforts to gain employment, job skills and education thus hindering their opportunities to become more self sufficient (Tolman and Rosen, 2001, Riger and Krieglstein, 2000). Some men beat women prior to their interviews or threaten their coworkers to interfere with women's economic gain (Riger, Ahrens and Blickenstaff, 2000). Women may turn to welfare to escape their

abusers or cannot escape welfare because of these sabotaging efforts (Brandwein and Filiano, 2000). Women are vulnerable not only when they lose resources but also when they gain them (Riger and Krieglstein, 2000). This thinking can be summarized in two theories: the exchange theory and the backlash hypothesis. The exchange theory posits that as women move from welfare to work, their economic resources will increase as will their overall stability, in which case the violence will decrease. On the other hand, the backlash hypothesis suggests that the violence could increase as women gain more economic independence (Riger and Krieglstein, 2000).

The effect of domestic violence on women and children can be devastating. Many women who are victims of intimate partner violence and their children experience severe physical and mental distress (Akukwe, 1998). Intimate partner violence is indeed a problem that is often specific to women. Data on domestic violence for the state of Florida show that females were victims of domestic violence in almost 73% of all cases in 1995 (The Third Report of the Governor's Task Force on Domestic and Sexual Violence, 1997). The experience of women welfare recipients is often complicated if they are victims of domestic violence. Domestic violence is considered an indirect barrier to women's ability to search for jobs and maintain employment due to the increased risk of health and mental health problems (Tolman and Rosen, 2001). However, Marcenko and Fagan (1996) found that "barriers to self-support are not related to substance abuse, health problems, deficits in literacy, or a lack of interest in work" (p 113) but includes "[in] adequate training or education to prepare them to compete in the job market" (p.113) and these clients do not feel equipped to find a job. The impact of domestic violence has not always been clear, however. Tolman and Rosen (2001) hypothesized that domestic violence victims are less likely to be employed and more likely to receive cash assistance. However, in their 2000 study, they found what is consistent with two other studies: that there is no significant association between domestic violence (both past and recent domestic violence) and working 20 or more hours per week, or between employment or welfare status and domestic violence.

Yet, there is a complex pattern of low-income battered women and their employment. Some struggle to work, others work but cannot sustain their employment and still others do not obtain employment at all (Tolman and Raphael, in press). Domestic violence may affect job stability (Tolman and Raphael, in press; Tolman and Rosen, 2001) or sustainability. In one study, women who experienced physical violence in a 12-month period had one-third the odds of sustaining employment for at least 30 hours per week for a six-month period or more within the next year compared to women who did not experience physical violence (Browne, Salomon and Bassuk, 1999).

Women welfare recipients showed two to three times the prevalence rates for three measurements which include depression, generalized anxiety disorder and lifetime post traumatic stress disorder (Tolman and Rosen, 2001). Women in this same sample who experienced domestic violence in the past 12 months had nearly three times as many mental health disorders as compared to non-abused women and were 1.5 to 2 times more likely to have a mental health disorder than the past victim group (Tolman and Rosen, 2001). In short, recent victims are at most risk for health and mental health problems.

Results for women who have experienced abuse prior to the past year are described as “tentative” (Tolman and Rosen, 2001). While there is diversity in terms of mental health, participants have shown resiliency and continue to seek and gain employment (Tolman and Rosen, 2000). In a study that looked at the TANF program, 59% of battered women who leave abusive relationships and 75% of their children have medical coverage (Anderson and Gryzlak, 2002). Furthermore, health and mental health are the most cited reasons for inability to work (Brandwein and Filiano, 2000). Tolman and Rosen (2001) report that drug rates are higher and alcohol dependence is lower than the national norms among female welfare recipients and that past victims of domestic violence differed significantly from the non-abused on food security and homelessness. Recent victims are also more likely to have experienced homelessness, faced eviction, had utilities shut off, reported food insecurity, and are more likely to have experienced these than past victims (Tolman and Rosen, 2001). Childcare and education deficits (Marcenko and Fagen, 1996) and transportation problems have been identified as significant characteristics of the female welfare population (Danziger and Seefeldt, 2000).

The relationship of welfare victims to the WAGES program itself is often complex. The attitudes of staff members are often quite important to the program participants. In a study conducted in Michigan based on a WorkFirst program, managers were interviewed to assess their perceptions of the welfare to work concept. One-fourth of those interviewed believed that clients need to seek work and take responsibility for their lives, and some saw the services provided as useful ways to achieve this. One-tenth responded that there are no advantages to welfare to work because it pushed clients who are not prepared into jobs without dealing with some of the existing barriers and complex problems. Two-fifths of the managers suggested that more training programs be offered to build skills (however, 61% of clients found it very difficult to attend existing training programs due to time constraints while 59% were frustrated and thought it a waste of their time). It was suggested that more individualized services be provided to help develop skills and that it is important for clients to find jobs where they can grow over time (Danziger and Seefeldt, 2000). Case management has undergone a shift from providing services to preparing people for employment (Pearlmetter and Bartle, 2000). Clients identified one of the most important aspects of working with a case manager as the need for trust: trust that they get the right information, timely, updated and individualized (Levin, 2001). In another study, clients reported feeling that their case managers didn’t know anything about their cases, that they were disrespectful, and kept them waiting. Clients wanted to talk more about the rewards of the welfare program rather than dwelling on the negative and the sanctions. They described good case managers as being informed about the system and the changes that take place. Inaccurate and inadequate information, lack of support and the need for child care options as the most important areas where case managers need to focus (Pearlmetter and Bartle, 2000). Oliner (1995) examined work commitment and constraints among poor single mothers on workfare. Women were very cognizant of how much money they needed to earn to make it worthwhile to go off welfare. They wanted to make more working at a job than they would have made on welfare. Women would also carefully weigh the balance between earning money and leaving their children against staying at home and caring for the

children. Kin networks were found to either hamper or enhance a woman's efforts at securing a job.

In short, there are many aspects to this serious problem. Research demonstrates a relationship among welfare, domestic violence, and employment. It also demonstrates the intertwined nature of various other issues such as physical and mental health, care of children, homelessness, and employment.

Purpose of the study

The purpose of the study is to examine the relationship between the experience of domestic violence and employment patterns, to look at the impact of mediating variables (i.e., health and mental health problems and service utilization, coping strategies, social support networks and child functioning) on employment patterns and the degree to which the experience of domestic violence influences this relationship and finally to examine demographic differences (i.e., age, race and ethnicity, and education) in the experience of domestic violence and its effects on employment patterns.

Research Plan

Methods

Study Design

The study design is a descriptive analysis of information obtained from WAGES (or former WAGES) recipients about their experiences related to employment. Various participant characteristics are proposed to impact the experience of domestic violence. Both participant characteristics and domestic violence experience in turn impact employment outcomes directly and/or through a set of mediating variables (i.e. physical and mental health status, coping resources, child functioning and social support networks).

The study utilized a multi-method approach that allows assessment of the research objectives on multiple yet complementary levels. The first component uses a telephone survey technique to collect quantitative data on participant characteristics, experience of domestic violence, physical and mental health status, coping techniques, child functioning, social support networks, and a series of employment variables. A follow up survey was conducted 9 months after the first assessment intended to assess changes in status, functioning, and employment. The second component uses a qualitative approach through semi-structured interviews with a sub-sample of the original sample. Participants were interviewed over a twelve-month period to monitor ongoing status with respect to mediating variables and employment status. The key component of the interviews is the intensive tracking of the participants' experience of domestic violence, changes in the experience and impact of mediating variables and their work participation and experiences.

Participant Selection

The Personal Responsibility and Work Opportunity Act enacted in August of 1996 ended federally guaranteed financial assistance to low-income families and considerably increased the states' power to develop and run their own welfare programs (Saloman, Bassuk, & Brooks, 1997). Florida's response to the federal legislation was the Work and Gain Economic Self-sufficiency (WAGES) law, also enacted in 1996, which limits eligibility for temporary cash assistance to no more than 24 months within a 60 month period and a lifetime cumulative total of 48 months (Florida Department of Labor and Employment Security, 1997). The goal of the program is to move women from welfare to work by emphasizing work, self-sufficiency, and personal responsibility. Women applying for cash assistance are required to attend a WAGES orientation session, meet with their caseworkers regularly, and show evidence that they are looking for work. Failure to meet the predetermined guidelines typically results in the client having benefits discontinued. Exceptions are made for teenage mothers who attend school, pregnant women determined by a physician to be restricted from work activities, and those women who have participated diligently in WAGES activities but for some other reason need a time extension in order to find employment. Unlike past welfare programs, WAGES provides no additional temporary cash assistance to any children born to a recipient after she has gotten involved in the program (Florida Department of Labor and Economic Security, 1997). Childcare and limited job training is made available to participants in the program.

The study population includes women who are or have been WAGES recipients in the State of Florida. Eligibility was determined by asking women if they are or have been a WAGES or welfare recipient. The study intended to utilize a data set from the University of Pennsylvania School of Medicine Treatment Research center (TRI). At the time of the project proposal TRI was conducting a study for the Florida Department of Children and Families examining the needs of WAGES recipients. The TRI study uses a statewide geographically stratified representative sample of 800 women presently on welfare and being prepared to seek employment. Women in this study were recruited from welfare offices across the state while attending a standard orientation program or participating in a required job preparation course. The racial and ethnic composition of the TRI sample was 26% white, 54% black, and 20% Hispanic. The average age of the participants was 32 with approximately 2.4 children per household. With respect to domestic violence, 52% of the sample reported that a sexual partner or spouse had ever "hit, pushed, choked, kicked or hurt them." One in seven of the women reported having experienced both physical and sexual abuse.

Prior to interviews participants were notified of the possibility of follow-up interviews at a later point in time and consent was obtained from those who agreed to be contacted at a later time. Using a modified version of the Addiction Severity Index (ASI) as the data collection instrument, these women were interviewed to identify problems across a variety of domains. These domains included drug and alcohol use, medical and psychiatric status, employment status and barriers to employment, legal problems, and family problems, including domestic violence and child protection. At the time of

proposal submission approximately 600 interviews had been completed and 80% had consented to follow-up interviews. At that time we projected a sample size of approximately 600 for the proposed evaluation. However, this number was projected in error without taking into effect attrition from the project. Given an anticipated 20% attrition rate our final estimate was a target size of 480 women.

A serious problem arose however, with the use of this data set. One of the original Primary Investigators, Dr. Olufokumbi, had talked with TRI at the University of Pennsylvania and had gotten verbal confirmation for the release of the list. Dr. Olufokumbi left the University of South Florida during the summer of 1999, and when we contacted TRI we discovered that the person with whom she was negotiating did not have the authority to release the list and in fact had also left their employ. TRI was very willing to try to help us and went to their Institutional Review Board at the University of Pennsylvania who refused release. This IRB said that when the women were asked if they would consent to be recontacted, it was by a person from TRI, not from an outside agency and we therefore had no right to contact them. In November 1999, our University lawyers contacted TRI's lawyers to see if an agreement could be reached that would protect the women in the study and yet allow for us to contact them.

In February of 2000 an agreement was sent to USF by TRI that included the following:

For a fee of \$4000, TRI would:

- Convene an IRB to assure that data was transferred to USF in compliance with OPRR regulations pertaining to the protection of confidentiality of human subjects;
- Develop procedures for contacting study participants who agreed to follow-up;
- Contact potential subjects for follow-up;
- Deliver contact locator information to USF of those subjects who have not refused participation in USF's proposed study;
- Deliver baseline ASI identifying data to USF for the purpose of linking baseline to follow-up data upon receipt from USF of a list of those individuals for whom USF has obtained verbal consent.

That agreement took several months to gain USF University System approval and on 6/29/00, a newly prepared agreement was sent back to TRI. On 7/18/00 TRI faxed back a signed copy. Postcards were sent to participants on Monday, July 24th asking them to respond if they did not want to be contacted and/or call if they needed more information. Approximately 520 postcards were sent. Nearly 200 were returned with "not at this address" stamps, 2 requested "no contact" and a few women called for more information. TRI agreed to begin releasing participant information to us by the beginning of September. Unfortunately because of the time delays the numbers of women available for interviews was far lower than anticipated. TRI sent a list of approximately 250 participants who gave active or passive consent to be interviewed. We were unable to contact many of them due to change in phone numbers or participants having moved or

left no forwarding address. Internet searches were utilized to try to obtain up to date locations but this resulted in few additional numbers.

One of our project consultants offered contact information on women who responded to an independent study being conducted on Medicaid services. It was anticipated that as many as 400 women might be available who met the criteria for inclusion in our study. IRB consent was obtained and it was anticipated that the inclusion of this data set would allow us to meet our original goals. However, the data being collected in that study were extremely different from this study, and several of the women in that study complained that they had not anticipated such dramatic differences in questions when they gave consent for follow-up contact. It was decided that continuing to collect data from them was inappropriate.

A new round of sample recruitment was begun. After exhausting the lists of possible respondents provided by TRI and Medicaid, recruitment was begun at the Hillsborough County Healthy Start Coalition, Florida Workforce, and the local Health Departments. All appropriate IRB clearances were obtained in initiation of this effort, including approval from the Florida State Department of Health IRB in Tallahassee. Approval was also obtained from the University IRB to add direct recruitment by ads and flyers. The following description details those efforts. An ad was placed in the Tampa Tribune on Saturday, December 8, 2001 that reached the Central Tampa, Plant City, Brandon, and Northeast customers located in Hillsborough County (see ad copy #1). Another ad was placed in the Saint Petersburg Times on Friday, December 14, 2001 that covered all of Pinellas and Hillsborough Counties (see ad copy #2). As of February 2001 we had a list of around 350. Each name with a working phone number was called a minimum of 5 times; we called mornings, afternoons, evenings and weekends. We were able to contact about a third of this number and as of May 2001 we had completed 107 quantitative interviews.

The Healthy Start Coalition was contacted in March 2001 and project staff members were invited to attend one of their monthly meetings in May to introduce our program to some of the affiliates who might have clients who fit the eligibility criteria. At the same time the University IRB was contacted with a request for an additional change in recruitment procedure requesting that flyers and/or other advertisements be placed in places where WAGES recipients might see them (See attached flyer). On receipt of IRB approval, students left flyers in churches, places of employment, day care centers, and Laundromats. In addition, Florida Workforce and the Florida Department of Health (DOH) were contacted for assistance and they readily agreed. Following receipt of DOH IRB approval recruitment was begun. In March 2002, a site visit was made to the Health Department in Pinellas County (St. Petersburg) and meetings were held with the Healthy Start medical director and nursing director. They were enthusiastic about the study and felt that the majority of their population met our eligibility criteria. Following that meeting and their recruitment efforts on our behalf, many women willing to participate contacted us by phone. On June 30, 2002, recruitment for the initial round of interviews was terminated since there would be insufficient time to complete the second interviews

before the project end. At that time 411 first interviews were completed, slightly less than the anticipated 480 but a substantial majority.

Second-round quantitative interviews began in spring of 2002, with the knowledge that many of the respondents from the first-round interviews would be difficult to locate. As with the first interviews, a number of obstacles were encountered by telephone interviewers. A significant portion of the initial respondents had moved, had their telephone disconnected, and/or did not respond to letters mailed to their previous home addresses, and could not be contacted through names given as permanent contacts. Interviewers made many attempts to contact respondents, calling at various times during the day and night at home, work, cell and contact numbers. It was found that many respondents had not only moved from their homes, but also had also changed jobs, making them very difficult to locate. Second-round interviews were terminated in November 2002, after determining that no more clients could be located. In total, 542 telephone complete interviews were conducted: 411 first-round interviews, 109 second-round interviews and 22 interviews that were not completed at the respondent's request. Because of both the severe attrition from the sample (almost 75%) and the extreme variability in the time between the first and second interviews the longitudinal study design was problematic. We decided that in addition to assessing change from interview 1 to interview 2 (with a severely reduced sample size) we would also analyze the data from the first interview alone. Since it had been over a year since the women in the WAGES project had originally been contacted by TRI they had been in the program long enough to assess their success in attaining employment from the first interviews.

The qualitative portion of the project began in January 2001 with the development of a first-round qualitative interview guide. The plan was for interviews to be fairly unstructured, allowing clients to speak honestly about employment experiences and relationships in a casual, non-threatening environment. Appointments were set up at the University of South Florida, McDonald's and at other public places at the convenience of the client. First-round qualitative interviews continued through August 2002. Several obstacles were encountered, most notably clients not showing for scheduled interviews despite frequent telephone reminders and the \$20 gift certificate incentive. The interviewer was also unable to reach a number of clients, who had relocated since the data set was compiled. Despite this, 44 first-round interviews were completed, 11% of the quantitative first-round total. A second-round qualitative interview guide was developed in July 2002 and second-round interviews began the following month. Approximately half of the original 44 women agreed to and completed second-round interviews (N=21). As with the quantitative interviews, many of the women who participated in first-round interviews had disconnected telephone numbers and/or did not respond to letters mailed to the address where they had requested that communication be sent.

Questionnaire Development and Procedures

Quantitative Data

The questionnaire development began immediately after the initiation of the project. The project faculty committee met monthly to finalize survey tools. Survey instruments were developed to characterize the overall functioning and experience of participants on a number of domains. Standard questions to ascertain key socio-demographic characteristics of participants including marital status, family size, family income, education level, and residence were included. A description of the domestic violence measures, health and mental health status, social support network, coping strategies, and employment measures that were included in the questionnaire are detailed below.

Following initial survey development the questionnaire was tested for face validity and clarity with victims of domestic violence. We met with six participants of WAGES, who were residents at The Spring, Inc., a local domestic violence shelter. During a two-hour meeting, the questions were reviewed one by one in order to test for clarity and appropriateness. The majority of the questions in the survey were well accepted. Some of the women felt that there were too many questions on the test and the survey would take too long a time. They warned that interviewers should be prepared for numerous interruptions. They felt, however, that the wording of most of the questions was appropriate, given the level of sensitivity required to ask the more personal questions. This volunteer advisory group was very interested in the purpose of the survey and seemed pleased to know that one possible outcome of the project was to determine whether changes can be made in the WAGES program that will affect women who have suffered from domestic violence. At the end of the meeting, the volunteers each received a gift certificate valued at \$20 for their participation. Revisions were made in the questionnaire based on their input. Further pretesting was conducted by using test interviews by telephone with graduate students at the Harrell Center to assess clarity and time limits.

Modifications to the questionnaire were also made following the “Trapped by Poverty; Trapped by Abuse” conference in Detroit and the Institute of Justice conference in Washington. Data drawn from the Harvard and Better Homes and Garden Projects were utilized to modify some questions and other areas of inquiry were strengthened. The questionnaire was reduced from 250 questions to fewer than 150 questions resulting in a telephone interview that took approximately 1 to 1 and 1/2 hours to be completed.

The final step in completing the questionnaire was to create a computer program to store and analyze data. Ci3 software was used to design a Computer Assisted Telephone Interview (CATI) system that aided the trained telephone interviewers in accurately following the questionnaire and entering the data. This CATI system also was used to standardize the questionnaire. The system was programmed to automatically collect the data into a database on the server. Access to this server was limited to the system administrators in order to protect the confidentiality of the respondents. The software

delivery was slow and programming the questionnaire into a usable format took longer than we had anticipated. (It was initially planned that Mathematica would develop the software but it was determined that they do not work on this software, so the programming was handled in-house). A phone bank was created for placing calls for the telephone interviews. The phone bank was located in the Harrell Center at the University of South Florida. It contained workstations for three interviewers, each of which included a computer with direct access to the network onto which the questionnaire has been saved. Each station was equipped also with headsets and recorders for obtaining verbal consent.

A training manual was completed that ranges from explaining the objectives of the study to standard protocols for how interviewers should respond to varying situations during interviews. Dr. Coulter, the primary investigator, trained all interviewers in conducting the interviews, using the training manual and conducting practice interviews with volunteer staff members (See project narrative for details). Because of the sensitive nature of domestic violence interviewing, the interviewers were also trained on responding to emergency situations and had available information on resources around the state.

Participants were contacted by telephone. Interviewers introduced themselves and the present study. They reviewed with the participants the study consent form that detailed the confidentiality provisions of the study and reinforced that participation was voluntary and would not affect their welfare or social services benefits in any way. They were told the estimated time of the interview and that they would be contacted for a follow-up interview in approximately nine months. They informed participants that they would receive a \$15.00 gift certificate to a local grocery store for their time and effort. Consent was obtained verbally and documented by having a second interviewer or the project director listen while the consent was taken and sign the consent form indicating that they had heard the consent. Following the consent the open recorder was turned off and all other information collected was confidential.

Instruments

The following instruments, measures, or questions were included in the questionnaire: the Physical Health Scale (PHS-12 Health Survey), Salyers, M., et al, (2000), the Revised Conflict Tactics Scale (CTSII) Straus et al, (1996), Social Support Questionnaire Sarason, I., Sarason, B., Shearin, E., and Pierce, G., (1987), Employer Social Support, Parenting Stress Index/Short Form (PSI) Abadin, R., (1984), Curcio Survey tool, (1998) and domestic violence questions recommended by members of the local advisory board at the shelter located in Hillsborough County, Florida. Although it was initially decided that The Coping Resource Inventory would be used in this study; it was not used because it is a 60-item scale and would have increased the telephone time beyond a reasonable time period.

Qualitative Data

The project staff contacted participants who agreed to a face-to-face interview at the time of their telephone interview. Interviews were scheduled at the convenience of the participant. Reminder telephone calls were made the night before and sometimes the morning of the interview if requested by the participant. For the most part, interviews were conducted in public places like fast-food restaurants located as near the participant's home as possible. The primary reason for conducting interviews outside the home was to insure the participants' and interviewers' safety and provide an environment where the women felt they could disclose their experience with domestic violence without their partner being present. McDonald's restaurants were often chosen because they were typically easy to find and often were located nearby a participant's home or workplace.

Childcare services were not provided for these interviews. Due to the content of the interview, most women opted not to bring their children and made their own childcare arrangements. In a few cases, participants did bring young children to the interview because no childcare was available. For the most part, children sat with the participant or at a nearby table and entertained themselves with restaurant food, toys, coloring books, etc. At the beginning of each interview, participants were given a consent form to read and sign. Interviewers would review the consent form verbally with the participant as well to make sure that important concepts (such as audio-taping the interview, confidentiality of information, the ability for the participant to opt out at any time) were understood before the interview began. If there were any questions or concerns about the consent form or the interview, these were addressed before beginning the interview. Participants were compensated for their time with a \$20 gift certificate to Publix, a local grocery store chain.

If participants failed to appear at their scheduled interview time, the interviewer would attempt to contact the participant by cellular telephone from the interview location. If the participant had encountered a problem or had simply forgotten about the appointment, every attempt was made to reschedule the interview at a more convenient time. If the participant could not be reached, then typically a message was left asking them to call the interviewer to reschedule. In the event that the participant failed to reschedule within 24 hours, the interviewer would follow up with an additional telephone call. Should the participant again fail to contact the interviewer to reschedule her appointment, the interviewer would remove the participant's name from the contact list and would not attempt to contact her again.

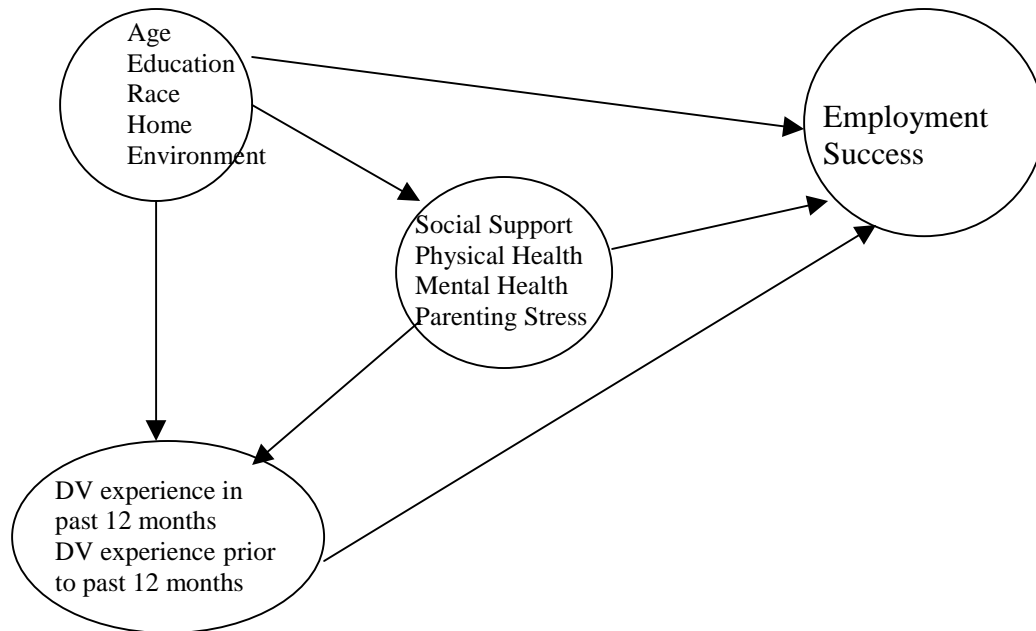
Second-round interviews began shortly after the conclusion of the majority of first-round interviews (which lasted for about 18 months due to the problems of sample recruitment). This interview was designed to be a follow-up on how clients were fairing in their jobs and relationships. In this interview there was increased emphasis on specific aspects of employment, such as personal benefits clients received from working, particular hardships faced, and what aspects of clients' lives make working easier.

Because qualitative interviews were expanded to include an additional interviewer in a neighboring county, there was some overlap of first and second-round interviews. Attempts were made to re-contact all participants who completed first-round interviews. As with the second-round quantitative interviews, many of the women who participated in the first qualitative interviews had disconnected telephone numbers and/or did not respond to letters mailed to their requested address. If a telephone number was disconnected, a letter was mailed to the participant's last known address with details about how to contact the interviewer and schedule another interview. Procedures were the same for second-round interviews as for the first-round interviews. All second round interviews were conducted in English and took place at a local fast-food restaurant or another public location convenient for the participant.

Dr. Coulter, the primary investigator, using a protocol similar to the one used in the quantitative training, trained interviewers. Both interviewers were clinical social workers with experience in both interviewing and in domestic violence situations. One interviewer was bilingual (Spanish/English) although all interviews were ultimately conducted in English. A large part of the training focused on exploring specific themes and content areas. Directions on how to use probes, record responses, and handle difficult interviews were also addressed. Opportunities for practice interviews, role-playing, and group discussion were incorporated into the training.

All interviews were transcribed by a professional transcriber and returned to the interviewers for analysis. After approximately one-half of the first-round interviews were transcribed, a codebook was developed that listed all the major and minor themes/ideas that emerged from the interviews. Each first-round interview was then coded manually using the codebook. The codebook was revised slightly to include additional codes for the second-round interviews. These interviews were then coded manually as well. For the most part, each interview was coded by two different researchers and then reviewed by an objective third party to highlight discrepancies between the two "coded versions." After the coding was completed, all codes with corresponding text were entered into Microsoft Word to create two master documents (one for first-round interviews, another for second-round interviews) to facilitate analysis. These two documents were analyzed for content themes, recurrent ideas and patterns, and main points. Relationships between themes were also analyzed.

Quantitative Analysis
Figure 1: Theoretical Model



Analysis of first interview data

The basic theoretical model depicted above in Figure 1 was broken down into three regression models. The first model is a logistic regression predicting domestic violence experiences using the demographic measures. The second model is a series of linear regression models using basic demographic measures and domestic violence indicators to predict scores on the mediating variables. The third model is a logistic regression predicting employment success from the demographics, domestic violence indicators, and the mediating variables. All variables in the theoretical model were entered into a backwards step-wise regression model to eliminate those variables with redundant relationships.

Measures and frequency distributions;

Current intimate relationship (at time of interview) versus no current intimate relationship (at time of interview): Our main measure of current domestic violence at time of interview and domestic violence experience in past 12 months and prior 12 months is the Conflict Tactics Scale (CTS). Seventy-eight percent of the people who had a score of 0 on the CTS were not currently in an intimate relationship at time of interview (and that was 50% of the non-intimate group), which meant that the low current domestic violence group at time of interview would be largely comprised of people who had a low CTS simply because they hadn't had a relationship in a while, which would be acceptable for assessing current domestic violence at time of interview. There were only 33 people

in the entire study that had a zero on the CTS for both past and present. However, the items were constructed so that you didn't ask about domestic violence experience prior to the past 12 months on items where there was domestic violence experience in the past 12 months. Therefore, the measure of domestic violence experiences prior to the past 12 months would be less reliable for those who were experiencing domestic violence in the last 12 months. That was born out in the data. There were more domestic violence experiences prior to the past 12 months among people who were not currently in an intimate relationship (at the time of the interview). Because the distribution of the CTS both prior to the past 12 months and in the last 12 months was dependent on whether or not you were currently in a relationship (at the time of the interview), we decided that we could remove this confounding by running parallel models.

Demographics: “Age” was assessed at the first interview date. “Race” was assessed using African-American ethnicity or other. “Marital status” was assessed as ever married. “Education” was assessed using an interview item that indicated that they had at least a technical education or specialized skills training. Current education efforts were measured using an interview item that indicated that they had furthered their education in the past year. The variable “Suitable Home” was based on reporting that they lived in a house, apartment, or trailer that was big enough for their family, in acceptable condition and in a ‘safe’ neighborhood. Although most of the respondents reported positive answers to these individual items, fewer had positive answers to all four items. (See Table 1).

Table 1
Basic Demographics: First Interview

	Those in a Relationship at time of interview (N=218)			Those Not in a Relationship at time of interview (N=193)		
	Mean	SD	Range	Mean	SD	Range
Age in years (mean,SD,range)*	32.64	8.57	19-58	35.74	11.15	18-66
Other Demographic Information	%		N	%		N
Suitable Home						
Live in house, apt, trailer	98%		214	98%		190
Home big enough for family	85%		185	87%		168
Condition Acceptable	90%		197	90%		173
Safe Neighborhood	84%		183	82%		158
All of the above	72%		156	68%		131
Never Married**	59%		119	44%		84
Technical education or specialized skills training?	50%		110	49%		94
Any further education in past year?	17%		38	23%		45
Race- ***						
White	42%		92	26%		51
African American	51%		111	66%		127
Other	7%		15	8%		15

* Age $F(1,410) = 10.06, p < .01$

** Never Married Chi-square (1) = 5.01, $p < .05$

***Race (African-American vs. White or Other) Chi-square (1) = 8.22, $p < .001$

People under the age of 18 were not interviewed. Four individuals had miscodes identifying them as under age 18 (but over 12). Assuming that these were either 18 or 19 year olds these codes were changed to 18.

The Conflict Tactics Scale (CTS): CTS items are scored on an 8 point scale. A score of 0 indicates that an item has never happened. A score from 1-6 indicates how many times an event has happened in the past year. A score of 7 indicates that it has not happened in the past year but has happened before then (with the partner that you had in the past year), and a score of 8 indicates that there was no partner in the past year but it has happened before. A major limitation of the instrument was that the measure of domestic violence experience prior to the last 12 months could be totally obscured by the CTS responses in the last 12 months. Therefore domestic violence experiences prior to the past 12 months was assessed as any indication of domestic violence experiences prior to the past 12 months (including the domestic violence items 1-5 from the questionnaire, which do not directly measure domestic violence events but do indicate partner behaviors consistent with domestic violence and which allow items to be endorsed as happening both currently and previously).

The events that were used (the combined Physical and Psychological scales), indicated that the partner did one of the following to the respondent: insulted or swore, shouted, stomped out of the room, threatened to hit or throw something at her, destroyed something belonging to her, did something to spite her, called her fat or ugly, accused her of being a lousy lover, hit, bit, punched, slapped, beat up, hit her with something, choked her, slammed her against wall, grabbed her, threw something that could hurt her, used a knife or gun on her, pushed or shoved her, twisted her arm or hair, or burned or scalded her. The total score was approximately the number of events that occurred in the last 12 months (as one type of event multiplied, the number of events would be less precise as the mid-point of the range specified in the answer would be for a larger range of events).

The scores given to the following range of events are as follows (Table 1a below): once in the past year=1, twice in the past year=2, 3-5 times in the past year=4, 6-10 times in the past year=8, 11-20 times in the past year=15, and more than 20 times in the past year=25 (from Straus, Hamby et al, 1996).

Table 1a
CTS scoring algorithm

CTS-Score	Events in past year (mid-point of range)
0 (This has never happened)	0
1 (Once in past year)	1
2 (Twice in past year)	2
3 (3-5 times in past year)	4
4 (6-10 times in past year)	8
5 (11-20 times in past year)	15
6 (more than 20 times in past year)	25

Past Year Domestic Violence (DV 12mo): CTS combined physical-psychological scale scores greater than 9. We chose a cutoff-score of 9 because it was close to the median. It represents people who have an incident every 1.5 months or less averaged across the year.

Prior Domestic Violence: Any domestic violence CTS items prior to the past 12 months or any indication of past domestic violence experiences in the Domestic Violence scale.

(See Table 2) The CTS, the major measure of domestic violence, is based on having a relationship in the past year. In order to assess more accurately the women’s responses regarding their domestic violence experiences, the sample was subdivided into two groups: those who reported being in an intimate relationship at the time of the interview and those who did not. Those not currently in a relationship were more likely to report African-American ethnicity (Chi-square (df=1,N=411), $p \leq .01$) and to report never having been married. Other than that, there were no obvious differences between the two groups in the parallel analyses. Eleven percent of those who were not currently in a relationship chose to answer items as both ‘did not happen in past year but happened before’ (inferring same partner as current year) and ‘no partner in past year, happened before’ (inferring different partner). Of those currently in a relationship, the past CTS scores were based on events with the current partner prior to the past year. For those not currently in a relationship, some had relationships in the past year but many did not. Most of the past CTS events appeared to have occurred with a different partner. The percentages of women who had never experienced one of the CTS events in a relationship was low and evenly distributed across groups.

Table 2
Distribution of CTS Scores

	Those in a Relationship at time of interview (N=218)			Those Not in a Relationship at time of interview (N=193)		
	Mean	SD	Range	Mean	SD	Range
CTS-2 Incidents in Past Year						
Psychological	25.90	34.69	0-175	20.04	36.80	0-190
Physical	4.56	11.44	0-74	5.60	22.80	0-199
Combined Psychological/Physical	30.46	43.17	0-248	25.64	55.24	0-377
CTS-2 Items endorsed as not happening in past year but happened before						
Psychological (either past responses)	0.51	1.38	0-7	2.21	2.88	0-8
Physical (either past response)	1.12	2.52	0-11	2.22	3.62	0-12
Combined (with another partner)	0.11	0.89	0-11	3.16	5.54	0-19
Combined (with same partner)	1.53	3.53	0-17	1.27	3.53	0-19
Description of Combined scales	% N		% N			
No Items in Past Year or Before	9% 20		7% 13			
Any Items in Past Year	88% 192		51% 99			
Any past with another partner	2% 5		35% 68			
Any before past year items with same partner	25% 54		25% 49			
Combined Past Year Psych/Phy CTS > 9* (DV experience in past 12mo)	60% 130		39% 76			
CTS prior or DV1-5 prior (DV prior)**	61% 133		70% 135			

* CTS-past 12 months >9 (called combined past year in this table) Chi-square (1)=16.80, $p < .0001$

**DV prior Chi-square (1) =3.61, $p = .06$

(CTS prior to the past 12 months)

Table 2a

Apparent differences in CTS scores above were due to extreme positive values for a very few women in the “No intimate” group at time of interview. Here is a summary of the score distribution:

Score Range	% Of Intimate group	% Of No Intimate group
No incidents in past year	11.93%	48.70%
1- 9 incidents in past year	28.44%	11.92%
10-18 incidents in past year	16.97%	9.84%
19-36 incidents in past year	17.89%	10.36%
37-72 incidents in past year	12.39%	8.81%
72-144 incidents in past year	9.17%	6.74%
More than 144 incidents	3.21% (N=7)	3.63% (N=7)

It can be seen that the differences in the means is not characteristic of the group. Almost half of the “No Intimate” group reported no incidents in the past year and until the number of incidents exceeded 144, there were fewer women in each incidence count category.

Mediating Variables:

Social Support. Social Support is a 5-item measure with higher scores indicating greater dissatisfaction with the social support currently experienced. The measure was rescaled so that high scores on Social Support indicated greater social supports.

Employer Support. Employer support is a two item measure indicating whether the employer was supportive of the employee in dealing with personal problems. High scores indicate employer support.

Physical Health. Physical health and mental health were measured using the Physical Health Scale from the SF-12 health survey.

Parenting Stress was measured using the raw score of the Parental Distress scale from the Parenting Distress Scale/SF. The scale is coded so that high scores indicate disagreement with statements indicating stress. **Please note:** High scores indicate less parental distress; therefore high parenting scores will be reported as low parenting stress. (See Table 3).

Table 3
Frequency Distributions of Mediating Variables

Mediating Variables	Those in a Relationship at time of interview (N=218)			Those Not in a Relationship at time of interview (N=193)		
	Mean	SD	Range	Mean	SD	Range
Social Support *	11.22	3.82	0-15	10.34	4.46	0-16
Employer Support	0.18	1.19	-2 to 2	0.15	1.21	-2 to 2
Physical Health	44.51	12.03	11-65	44.58	11.44	14-67
Mental Health	44.89	12.05	15-66	43.39	13.94	9-69
Parenting Stress **	41.71	8.53	18-60	39.58	8.94	19-60

* Social Support F (1,409) =4.66, p< .05

** (Low) Parenting Stress F (1,409) =6.13, p< .05

Employment Success: The measure of employment success is taken from Browne, Salomon, and Bassuk (1999) and is 6 months of employment with an average of 30 hours per week. To obtain the measure from this interview, we combined several items. The 6 months of employment criteria was met by anyone who had six months of employment in their current job or their immediately preceding job. The 30 hours of employment criteria was met by anyone who reported that they typically worked 30 hours or more when employed in the last year. Forty-nine percent of those in a relationship and 47% of those not currently in a relationship met this criteria of employment success.

Results

The results of the Phase 1 logistic regression equation predicting domestic violence in the last 12 months (more than 9 incidents per year of physical or psychological aggression) are shown in Table 4 below. All variables were entered into the equation and removed in a backwards stepwise procedure. In this selection method, variables that do not contribute unique variation to the total equation were removed one at a time.

Table 4
Domestic Violence in the Last 12 Months

	Current Intimate Relationship (N=218)	No Current Intimate Relationship (N=193)
Overall Equation	Wald Chi-square (df=2)=23.88, p<=.001	Wald Chi-square (df=2)=17.85, p<=.001
Age in years	Removed in Step 1	Odds ratio=0.96, p<=.01
Technical training or skill	Odds Ratio=0.386, p<=.01	Removed in Step 4
Education in past year	Removed in Step 4	Removed in Step 3
African American vs. Other	Removed in Step 3	Odds ratio=2.25, p<=.05
Suitable housing	Removed in Step 2	Removed in Step 2
Ever married	Removed in Step 5	Removed in Step 1
DV prior to the past 12mo	Odds Ratio=3.84, p<=.001	Removed in Step 5

Those who were currently in a relationship at time of interview and who had experienced domestic violence prior to the past 12 months were almost four times more likely to have experienced domestic violence in the past 12 months. Those currently in a relationship at

time of interview and who had at least technical training or a specialized skill were 2.5 times less likely to have experienced domestic violence experience in the past 12 months. However, these differences in means were the result of a few high frequency reports (see Table 2a). These were the only two predictors of domestic violence experience in the past 12 months in this group.

For those not currently in a relationship, the two best predictors of domestic violence experience in the past 12 months was their age in years and their race. African-American women were more than twice as likely to have experienced domestic violence experience in the past 12 months than other women. As age increased, the likelihood of experiencing current partner aggression decreased. (However, it should be noted that in this group, women not currently in a relationship at time of interview, domestic violence experience in the past 12 months is a function of a) being in a relationship at all in the past year and b) experiencing Conflict Tactics Scale events in that relationship. For this reason, the results of this first analysis are not easily interpreted).

Mediating Variables

In this analysis, we were concerned with how well the mediating variables could be predicted from the demographics and the indicators of domestic violence. The inter-relationships between these mediating variables are shown below in Table 5 with the correlations above the diagonal indicating the “no current partner” group and the correlations below the diagonal indicating the “current partner” group.

Table 5
Inter-relationships Among the Mediating Variables¹

	Social Support	Employer Support	Physical Health	Mental Health	Parenting Stress
Social Support		0.28***	0.21**	0.56***	0.51***
Employer Support	0.23***		0.10	0.21**	0.23**
Physical Health	0.03	-0.07		0.09	0.29***
Mental Health	0.51***	0.17*	0.01		0.63***
(Low)Parenting Stress	0.33***	0.21**	0.06	0.55***	

* =< .05 **=< .01 ***=< .001

For both groups, there were strong to moderate correlations between “Social Support”, “Employer Support”, “Mental Health” and “(Low) Parenting Stress”. In the group that was not currently in an intimate relationship, physical health was correlated with social support and ability to cope with parenting stress. For those currently in an intimate relationship, physical health was not related to the other variables.

For those currently in a relationship, three of these intercorrelated variables: “Social Support”, “Mental Health”, and “(Low) Parenting Stress” are positively correlated with

¹ All statistics are Pearson correlations. Correlations above the diagonal are for those not in an intimate relationship, below the diagonal for those currently in intimate relationships

having a suitable residence, and negatively correlated with past and current domestic violence. “Physical Health” is negatively correlated with age and ever being married and positively correlated with having further education in the past year (See Table 6).

Table 6
Relationships Between Phase 1 and Domestic Violence Indicators and Mediating Variables for those in a Current Relationship

Current relationship	Social Support	Employer Support	Physical Health	Mental Health	Parenting Stress
Age in years	0.02	0.09	-0.31***	-0.00	0.04
African American	-0.05	-0.01	0.07	-0.02	-0.04
Ever Married	0.05	0.09	-0.17*	-0.02	0.08
Technical Education	0.06	-0.05	-0.07	0.04	0.12
Current Education	0.02	0.07	0.14*	-0.02	0.02
Home Suitable	0.29***	0.06	0.12	0.16*	0.20**
DV prior to past 12mo	-0.27***	-0.08	-0.13	-0.19**	-0.09
DV past 12mo	-0.27***	-0.12	0.01	-0.35***	-0.25***

* =< .05 **=< .01 ***=< .001

For those not currently in a relationship, having a suitable home and being African American is positively correlated with “Social Support”, “Mental Health”, and “(Low) Parenting Stress, while age, past domestic violence and ever being married is negatively correlated with them. Domestic violence experience in the past 12 months may not be related in this group because of variability in having experienced a relationship in the past year, (See Table 7 below).

Table 7
Relationships Between Phase 1 and Domestic Violence Indicators and Mediating Variables for those not in a Current Relationship

No current relationship	Social Support	Employer Support	Physical Health	Mental Health	Parenting Stress
Age in years	-0.15*	-0.02	-0.33***	-0.08	-0.13
African American	0.15*	0.16*	0.08	0.22**	0.25***
Ever Married	-0.28***	-0.13	-0.26***	-0.20**	-0.17*
Technical Education	-0.05	-0.04	-0.03	-0.07	0.08
Current Education	-0.07	-0.04	0.08	-0.13	0.02
Home Suitable	0.27***	0.09	0.04	0.26***	0.23**
DV prior to past 12mo	-0.26***	0.01	-0.13	-0.16*	-0.21**
DV past 12mo	0.02	0.01	0.06	0.08	0.06

* =< .05 **=< .01 ***=< .001

The results of the eight linear regression analyses are presented in Table 8 below.

Table 8
Linear Regression Analyses of Domestic Violence and Mediating Variables

	Currently in intimate relationship	Not Currently in intimate relationship
Social Support Overall Equation	F (3,214)=14.03, p<= .001	F (3,189)=11.67, p<= .001
Age in years	Removed in step 4	Removed in step 1
African-American (Y/N)	Removed in step 2	Removed in step 3
Ever married (Y/N)	Removed in step 5	-1.91, p<= .01
Technical Education (Y/N)	Removed in step 1	Removed in step 2
Education in past year (Y/N)	Removed in step 3	Removed in step 5
Suitable housing (Y/N)	1.90, p<= .001	2.10, p<= .01
DV prior to past 12mo	-1.31 (p<= .05)	-1.35 (p<= .01)
DV past 12mo	-1.55 (p<= .01)	Removed in step 4
Physical Health (PCS-12) Overall Equation	F (3,214)=11.71, p<= .001	F (1,191)=12.94, p<= .001
Age in years	-0.46, p<= .001	-0.34, p<= .001
African-American (Y/N)	Removed in step 3	Removed in step 3
Ever married (Y/N)	Removed in step 1	Removed in step 7
Technical Education (Y/N)	Removed in step 2	Removed in step 4
Education in past year (Y/N)	4.30, p<= .05	Removed in step 6
Suitable housing (Y/N)	4.30, p<= .05	Removed in step 1
DV prior to past 12mo	Removed in step 5	Removed in step 2
DV past 12mo	Removed in step 4	Removed in step 5
Mental Health (MCS-12) Overall Equation	F (2,215)=16.75, p<= .001	F (5,187)=7.74, p<= .001
Age in years	Removed in step 5	Removed in step 2
African-American (Y/N)	Removed in step 3	6.28, p<= .01
Over married (Y/N)	Removed in step 4	-3.81 (ns)
Technical Education (Y/N)	Removed in step 1	Removed in step 1
Education in past year (Y/N)	Removed in step 2	-3.93 (ns)
Suitable housing (Y/N)	2.89 (ns)	7.57, p<= .001
DV prior to past 12mo	Removed in step 6	Removed in step 3
DV past 12mo	-7.74, p<= .001	-4.76, p<= .05
Parenting Stress Index (PD) Overall	F (8,209)=10.74, p<= .001	F (5,187)=6.21, p<= .001
Age in years	Removed in step 4	Removed in step 2
African-American (Y/N)	Removed in step 1	3.77, p<= .01
Ever married (Y/N)	Removed in step 6	Removed in step 4
Technical Education (Y/N)	Removed in step 5	2.50, p<= .05
Education in past year (Y/N)	Removed in step 3	Removed in step 1
Suitable housing (Y/N)	3.20, p<= .05	3.74, p<= .01
DV prior to past 12mo	Removed in step 2	-2.27 (ns)
DV past 12mo	-3.99, p<= .001	Removed in step 3

For both women in a current relationship at the time of the interview and women not in a current relationship at the time of the interview, “Social Support” could be predicted by having “Suitable Housing” and the lack of domestic violence experience prior to the past 12 months. For those currently in relationships at the time of the interview, experiencing domestic violence in the past 12 months also predicted lower levels of “Social Support” in the regression model. For those not currently in relationships at the time of the interview, never being married predicted lower levels of “Social Support”.

For both groups, “Physical Health” was associated with lower age in years. For those currently in relationships, “Physical Health” was also associated with having suitable housing and experiencing continued education in the past year.

For both groups, having “Suitable Housing” (only marginally significant in the current relationship group) and the lack of domestic violence experience in the past 12 months in the model predicted better “Mental Health” scores. For those not currently in relationships, African-American ethnicity also predicted better “Mental Health” scores.

For both groups, “Parenting Stress” scores were predicted by having suitable housing in the model. For those currently in relationships at time of interview, experiencing domestic violence in the past 12 months predicted lower “Parenting Stress” scores (associated with more parental distress). For those not currently in relationships at time of interview, experiencing domestic violence in the past 12 months predicted “(higher) Parenting Stress” scores (this may be a better indicator of the effects of domestic violence in this group as having experienced domestic violence in the past 12 months is not possible to determine with accuracy since whether the women had a partner at all during that time is not clear), while reporting African-American ethnicity and having a technical education predicted “(lower) Parenting Stress” scores.

Employment Success

For those currently in a relationship, employment success was more likely if the respondent was in good physical health and had experienced domestic violence prior to the past 12 months. For those not currently in a relationship, employment success was more likely if the respondent had some technical training or skill, felt they had employer support, and were in good physical health (See Table 9).

It is not readily apparent why domestic violence experience prior to the past 12 months would positively predict employment success. To further investigate this finding, we looked at a number of scores in the group of women with both domestic violence prior to the past 12 months and employment success to determine if there was some other difference in the group that would account for this effect (See Table 9)

Table 9
Logistic Regression Equations Predicting Employment Success From All Predictor Variables

	Current Intimate Relationship (N=218)	No Current Intimate Relationship (N=193)
Overall Equation	Wald Chi-square (df=2)=16.75, p<=.001	Wald Chi-square (df=2)=19.24, p<=.001
Age in years	Removed in Step 4	Removed in Step 9
Technical training or skill	Removed in Step 11	Odds ratio=2.04*, Coefficient=0.712
Education in past year	Removed in Step 1	Removed in Step 2
African American vs. other	Removed in Step 3	Removed in Step 1
Suitable housing	Removed in Step 6	Removed in Step 6
Ever married	Removed in Step 5	Removed in Step 10
DV prior to the past 12mo	Odds Ratio= 2.17**, Coefficient=0.774	Removed in Step 5
DV past 12mo	Removed in Step 2	Removed in Step 8
Social Support	Removed in Step 9	Removed in Step 4
Employer Support	Removed in Step 8	Odds ratio=1.46**, Coefficient=0.378
Physical Health	Odds Ratio= 1.05**, Coefficient=0.048	Odds ratio=1.04**, Coefficient=0.039
Mental Health	Removed in Step 10	Removed in Step 3
Parenting Stress	Removed in Step 7	Removed in Step 7

Of the 111 women who experienced employment success, 75 or 68% also experienced domestic violence prior to the past 12 months in the past. Comparing those with domestic violence experience prior to the past 12 months (N=133) who had experienced employment success with those who had not experienced employment success, the only significant difference in any of the predictors was “Physical Health”, which would be predicted from the model. Perhaps this may be a subgroup of resilient women who are more motivated to obtain economic self-sufficiency because of their prior history of domestic violence, most of which occurred in the context of a relationship within the past year. Certainly nothing uncovered in this analysis would predict this result, as domestic violence experience prior to the past 12 months has been found to be associated with higher levels of current domestic violence, lower “Mental Health” and lower “Social Support”. In a further investigation of this effect, when a more stringent criterion of 9 months of 30 hours per week (or more) is used as a measure of employment success, then the model is best predicted by increased age (Odds ratio=1.05, p< .05) and better physical health (Odds ratio=(1.04, p< .01). As such, whatever factors influence those in a current relationship with a prior history of domestic violence to have short-term employment success; the effect is not sustained when a longer-term definition of success is utilized.

Summary analysis using first interviews only

For those currently in a relationship, domestic violence experience in the past 12 months is best predicted by a history of domestic violence and negatively influenced by technical training or an employable skill. Domestic violence both in the past 12 months and prior time periods had a negative impact on most of the hypothesized mediator variables. Many of the mediator variables were also influenced by the suitability of the housing situation. Those women who felt that their homes were not safe, were in bad condition, or were not big enough for their families had lower scores on the mediating variables. However, employment success (using a six month criteria) was best predicted by physical health and a prior history of domestic violence, both of them affecting employment success in a positive direction. When a more stringent criterion of employment success (using a 9 month criteria) is utilized, physical health and age affect employment success. This may suggest that whatever motivating effect results from a past history of domestic violence is relatively short-term.

For those not currently in a relationship, domestic violence experience in the past 12 months is best predicted by age and being African-American. The African American women in this group had higher mental health, social support, and parenting stress scores compared to the non-African American women in this group. As in the other group, suitable housing positively impacted these three mediating variables, while domestic violence experience in the past 12 months or prior to the past 12 months negatively impacted these scores. In this sense, African American ethnicity may be a protective factor for these women not currently in a relationship due to stronger family supports that may exist in this population of women. Employment success, however, was best predicted by having a technical skill, good employer support for family problems, and good physical health.

Analysis of second interview (follow-up) data

There were 109 follow-up interviews out of the original 411 interviews. Table 10 shows descriptive data on the participants in second interviews.

Table 10
Second Interview Categorical Variables

	Those in a Relationship at time of original interview (N=60)		Those Not in a Relationship at time of original interview (N=49)	
	First Interview	Last Interview	First Interview	Last Interview
Suitable Home	82%	68%	84%	73%
Never Married	35%	37%	59%	61%
Technical education or specialized skills training?	58%	55%	49%	53%
Any further education in past year?	22%	18%	24%	29%
Combined Past Year Psych/Phy CTS > 9? (DV past 12mo)	60%	38%	69%	57%
CTS prior or DV1-5 prior (DV prior to past 12mo)	55%	48%	37%	27%
Employment Success	50%	50%	43%	59%

The following table (Table 11) shows the mean change over time of the mediating variables. There does not appear to be any difference in the second interview when compared to the first interview.

Table 11
Means of Mediating Variables

Mediating Variables	Those in a Relationship at time of interview (N=60)				Those Not in a Relationship at time of interview (N=49)			
	First Interview		Last Interview		First Interview		Last Interview	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Social Support	11.90	3.40	12.40	3.86	11.90	3.65	11.67	3.92
Employer Support	0.18	1.29	0.32	1.14	0.28	1.17	0.41	1.01
Physical Health	42.30	14.13	43.09	14.08	45.77	11.11	45.64	10.72
Mental Health	45.39	11.69	45.16	13.04	46.58	12.93	46.04	12.89
Parenting Stress	41.93	9.06	42.42	9.07	41.37	7.93	41.34	8.79

The employment success agreement is shown in Table 12 below. There is little change in employment success from the first to the second interviews

Table 12
Employment Success from 1st to 2nd interviews

	Relationship status at time 1	
	Intimate partner (N=60)	No intimate partner (N=49)
% Of women with employment success that continued to enjoy employment success	77% of 30	90% of 21
% Of women without employment success that still had no employment success	77% of 30	90% of 28

As was discussed earlier the large attrition in the participant sample from the first to the second interviews and the variance in time between the interviews creates serious problems. For this reason the base analyses of the grant are conducted on the first interview data. However, in order to display the data, we are presenting the following exploration of changes from time one to time two. In addition to the employment assessment presented above, in Table 13, below, percent agreement (for binary variables) and Pearson's *r* (for continuous measures) are shown below for each of the original groups. All t-tests for differences in continuous correlated measures were less than 1, indicating that no change was observed. No other variables appear to have changed markedly in either group.

Table 13
Agreement of Variables at First and Second Interviews

	Relationship status at time 1	
	Intimate partner (N=60)	Intimate partner (N=60)
DV prior to past 12mo	77% agreement	71% agreement
DV past 12mo	65% agreement	77% agreement
Ever Married	92% agreement	98% agreement
Technical Education	90% agreement	88% agreement
Suitable Home	76% agreement	82% agreement
Current Education	80% agreement	75% agreement
Employment Success	77% agreement	76% agreement
Social Support	$r=0.62, p<=.001$	$r=0.63, p<=.001$
Employer Support	$r=0.54, p<=.001$	$r=0.37, p<=.001$
Physical Health	$r=0.83, p<=.001$	$r=0.59, p<=.001$
Mental Health	$r=0.58, p<=.001$	$r=0.61, p<=.001$
Parenting Stress	$r=0.77, p<=.001$	$r=0.62, p<=.001$

Qualitative Analysis

Like other welfare reform programs across the country, Florida's Work and Gain Economic Self-sufficiency (WAGES) program has attempted to move women from welfare to work in an effort to emphasize work, self-sufficiency, and personal responsibility. Women involved in WAGES are required to attend orientation sessions geared toward motivating them to find work and are then encouraged to find and maintain employment in order to continue cash benefits and other services, such as subsidized childcare and transportation. The main intent of the qualitative portion of this project was to better understand the obstacles women in WAGES face as they move from welfare to work, particularly in regard to maintaining employment. Particular emphasis was placed on interpersonal violence as a barrier to finding and keeping employment. The majority of the women interviewed were involved with WAGES for less than a year, usually for just a few months. Additionally, very few of the women were still receiving cash benefits from WAGES at the time of the interviews. However, most were still enrolled in Medicaid and/or living in Title 8 housing. A smaller number were still receiving food stamps.

Employment Issues in Lives of Women on WAGES

Experience with WAGES

All of the women who participated in WAGES expressed strong opinions about whether the program was beneficial to them. About a third of women reported positive aspects of the program, while the other two-thirds reported negative experiences. Women who were positive about the program tended to focus most on the childcare benefits, assistance with resume writing and interviewing, and job placement services. One woman commented that the full-time childcare provided by WAGES was "a positive thing for a single parent..." while another reported that involvement in WAGES provided her "the tools and the access to where the jobs were located." For the most part, this group of women also reported having helpful caseworkers that made an effort to find jobs that provided a good fit for them.

Another positive aspect of WAGES for several of the women was that the program motivated them to look for employment when they otherwise would not have done so. Several called it "a second chance" at employment while another referred to the program as her "foot in the door." One woman summed up her experience with WAGES, "WAGES helped us, me, in a lot of ways, it was an eye-opener for a lot of us cause we would of just sat there and not done nothing.

Unfortunately, the majority of women interviewed reported negative experiences with the WAGES program. Most complaints were a result of dealing with unhelpful and/or disgruntled employees, a "one size fits all" program that targets all participants toward low-wage, unskilled work, and dealing with a system that penalizes and/or discourages women who work full-time jobs.

The first category of complaints involved dealing with unhelpful and/or disgruntled caseworkers in the WAGES program. Just as clients who had helpful caseworkers had very positive experiences with WAGES, those with unhelpful workers had overall very poor experiences with WAGES. Clients used words such as ruthless, rude, mean, awful, short-tempered, overloaded, unhelpful, and discriminating when describing their caseworkers. Some women discussed specific conflicts they had with individual caseworkers while others spoke about problems they have had with caseworkers in general. These problems included not having telephone calls returned or questions answered, discouraging clients from pursuing school or other special training programs, losing records, refusing to help clients with special circumstances, and/or disrespecting or mistreating clients in their care.

Many of the women reported being switched from caseworker to caseworker quite frequently and one client recalled having twelve different workers in over a one-year period. High turnover seemed to lead to lack of trust and understanding between caseworker and client and thus, overall client dissatisfaction. In general, clients who had their own health problems or sick children reported the most problems with caseworkers. For instance, one woman commented, "It was just they want you, they expect for you to do too much and my situation when I didn't, my son was sick, so I really couldn't comply with too many things because of my son being sick. But they wasn't no understanding people. They just didn't understand where I was coming from." Another reported, "I felt quite discriminated against. I felt a lot of the workers there were not properly trained and never really having any previous experience, I had something life-threatening happen in my family so I had to get here for services...Then I had to fight for things. When I had to request other help, like what can you do to really help me out? Then all of a sudden my file got lost several times..."

The second category of complaints had to do with a system that targets all clients toward low-wage, unskilled employment. Several women felt they were more qualified than the work they were encouraged to pursue. For instance, one woman commented, "It's discouraging that it wasn't set up for everybody. It was set up for one type of people and I didn't meet that criteria even though I still wanted to help other people that, you know, might, didn't understand a lot of this stuff, but it wasn't set up to help those that were just in a bad place at that time. You know, it's not about me not being able to be employable; I need direction not being from Florida..."

Others were very angry that the "whole system" directed poor women to jobs that would keep them poor. One observant client remarked, "To me WAGES was like, even the poster on the wall, was like we'll teach you how to get a \$6.00 an hour job so you can...Because I can do all kinds of construction, and so, then I was even doing construction side jobs because I could make \$11.00 or \$14.00 an hour..." Along similar lines, another woman commented, "And like with WAGES what is the point of going to work for \$6.00 an hour? I'd rather be ashamed and get food stamps than go to work for something I can't live on. Why work everyday for what you can't live on?"

The last category of negative experiences with WAGES was concerned with being part of a system that penalizes and/or discourages women from keeping full-time jobs. The largest number of negative comments fell into this category. Women who did find full-time employment often felt frustrated and angry that the system placed obstacles in their path that made it difficult for them to maintain their newfound employment. In numerous cases, the program promptly ended benefits as soon as clients found a job, not allowing for any kind of transition period from unemployment to work. For instance, one woman commented, “Cause a lot of people end up right back on welfare, because they can’t make it. I mean its either the jobs they get are not paying enough to take care of ‘em right away. If you get a job, they cut down on your food stamps, they cut down on this and that, and it makes it even harder for that person.”

Others, who thought they were doing the “right thing” by getting a job, felt they were being slighted by a system that wouldn’t continue to offer them some level of assistance now that they were employed. One client reported, “I really want, even the WAGES program, to just focus on, there are people working their butts off that can’t make ends meet that just need that help, a little bit of help. It’s not like we’re not working and having more babies so that we don’t have to work and just trying to use the system. I’m working my butt off...We just need a little bit of extra help and nobody wants to give it to us.” Another client summed her frustration up this way, “Well like as far as like the WAGES programs and the things that you get to supplement your income when you work, they take so much away from you when you make a little bit of money that I cannot blame people for sitting at home and just collecting checks. Because I couldn’t do it, cause I’m not a home sitting around person, but I mean if you make \$10, they take \$9 away from you, you know?” To make matters worse, a few women indicated that caseworkers actually encouraged them to quit their jobs or drop down to very few hours a week in order to keep their full level of benefits. All of these women refused, finding more dignity in keeping their job, even if it meant struggling financially.

Lastly, women were frustrated that recertification requirements regarding childcare and food stamps often forced them to miss work, possibly placing their jobs in jeopardy. It seemed to be a catch-22. If they did not recertify their childcare through WAGES, they would be kicked out of the subsidized childcare program, a necessity for most low-income mothers. On the other hand, if they missed work to go downtown to recertify, they risked losing their job. One client reported, “I tried to use the child care but it was more like I had to go run here and I only had like one day off...” Another commented, “...I mean you get a job and then tell your job well I have to have this day, and this day, and this day off all the way down the road to keep going back and recertifying and everything or else you’re not going to keep a job long.”

Employment Status

Roughly two-thirds of the women interviewed were employed either part-time or full-time at the time of the first interview. Those who were unemployed typically reported disability and health issues as the main reason for not maintaining employment.

All of the women had some kind of work history, though very few reported any steady employment. In fact, the majority of those interviewed had worked in many different fields, most of which are relatively low-wage. Common areas of employment included restaurant and food service work, cashiering, data entry, customer service (particularly call centers), custodial work, and health care positions (most often CNA jobs.) Two women were employed in construction and/or traditionally male jobs and they reported higher salaries. Just one woman reported having a Bachelor's degree. She was employed as a teacher.

Not surprisingly, the type of jobs that most of the women obtained after having participated in WAGES differed little from where they had been employed in the past. Although most felt they were in a slightly better place than before they found their current job, the majority of women still reported significant financial problems. Since very few of the women were receiving cash assistance at the time of the interviews, many described their lives as hard because of their economic situation and a few reported feeling like their financial situation was completely out of control. .

Problems in Maintaining Employment

Of the women interviewed, all reported at least one (usually many) problem(s) in maintaining employment. Many of the women discussed well-documented problems, such as lack of childcare, lack of transportation, and lack of education and/or work experience. However, many other barriers to employment were brought up in the interviews as well, including boredom at work, problems with insubordination on the part of the client, substance abuse issues, health problems, and domestic violence. (Because of its significance, domestic violence will be discussed in detail in the next section of this report.)

The Effect of Health Status on Maintaining Employment:

One of the most common obstacles women in this sample faced in maintaining employment was disability, either their own or a family member's. Almost half of all the women interviewed reported struggling with keeping a job because of their own health limitations or the health problems of someone in their care, usually a child. Women with very sick children reported missing work due to lack of suitable childcare, having to take children to frequent doctor's appointments, or having to pick ill children up from school in the middle of the work day due to medical issues. One woman reports, "Well, I had kids and I tried to go to school during the time and my daughter became asthmatic so I couldn't attend school because the daycare said she was such a high-risk asthmatic that they wouldn't take her in." Another woman dealing with an asthmatic child commented, "When I had my baby. My daughter got asthma, I missed a lot of days, I lost my job..." Several women decided to stop work entirely in order to provide full-time care for their child. In such cases, the families usually lived off of the child's SSI and any other benefits the mother could receive through WAGES. One client commented, "My little boy had asthma so I wasn't able to work and so I got cash assistance for like two years."

Another reported, “Cause now with my daughter she had severe bronchitis and...and now she would start having seizures so...now I’m really unable to work right now.”

Most of the women who were dealing with their own disability were receiving SSI or were actively applying for benefits. Although diagnoses varied, the most common disabilities included fibromyalgia, major depression, and/or PTSD. Almost all of the women, however, reported experiencing some kind of mental health problem during their adult lives, often to the level of affecting employment. Depression was the most commonly reported mental health issue.

The Impact of Domestic Violence

The large majority of women interviewed reported a history of domestic violence in at least one relationship. Answers to violence-related questions in the qualitative interviews were consistent with respondents’ answers to questions on the CTS in the quantitative interviews. However, levels of current domestic violence reported in the qualitative interviews were much lower than in other similar studies (just one woman disclosed currently being involved in a violent relationship.) One explanation for the small number reporting current violence in qualitative interviews is how the construct “current violence” was measured for the purpose of analysis. Only those women actively involved in a violent relationship at the time of their qualitative interview(s) were recorded as experiencing current domestic violence. Other studies have defined current violence as domestic violence occurring in the past 6 months, the past 3 months, etc. Other possibly reasons for the low number reporting current violence include nonrandom sample recruitment methods and lack of disclosure among respondents, although this is the least likely as most women were open and willing to disclose fairly intimate details of their lives.

Unlike the results in the quantitative portion of the project, race and age did not seem to affect history of domestic violence. White and Black women were equally likely to report violence in past relationships. However, white women in the sample tended to be more likely to report very severe levels of violence. Interpersonal violence affected women of all ages, although more younger women (under 40) participated in the interviews than older women. All of the women participating in the qualitative interviews reported having at least one child and in most cases, the violence occurred when the children were school-aged or younger.

The Relationship of Domestic Violence to Maintaining Employment

All of the women discussed how domestic violence affected their employment in some way. Domestic violence had a very direct impact on employment for many of those interviewed. Violent partners would physically prevent women from going to work, threaten them if they continued with their job, or would batter them enough that they were too injured or embarrassed to go to work. One woman commented, “...And when I was working, once when I was working it prevented you from going to work. You don’t go to work bruised and limping.” Another client reported, “I was here maybe a year and

was coming to work with fingerprints on my neck and, you know? And I'm sitting at the front desk, now come on, this is real good for business, you know?" One other described her embarrassment over injuries she couldn't hide when she went to work, "I would have facial, black eyes, I would actually be at work and I would have to go to work with a black eye. And my coworkers were like My God! So yeah. It affected me a lot."

Other women discussed how their partners isolated them to the point that work was impossible. Often this was done under the guise of "protection" or to prevent the woman from being exposed to other men. One woman talked about how her husband prevented her from leaving the house, much less go find a job, "Like I said I can't get out enough for him to even let me do anything...I didn't even participate in my family gatherings. I couldn't do really nothing. If it wasn't pertaining to him and his family, I couldn't do it." Another woman discussed how her violent partner discouraged her from keeping her job, with the excuse that he wanted to be the provider, "Okay, so he wanted to be the one who brought home the bacon. He didn't want you out there exposed to the world." Even more common were violent partners who prevented women from going to work by making accusations of infidelity. One respondent discussed how her boyfriend discouraged her from keeping a job, "Because, you know, like him just – oh, if you go to work there I know they're going to try to talk to you, you know? Somebody's gonna try to hit on you. It was always a problem." Another woman described her situation in this way,

"...I mean I had to go to work at [grocery store]. If you miss more than three days you're gonna get fired and I couldn't get fired so I had to go to work with black eyes. I mean two black eyes and everybody's like what happened? You're not gonna let anybody know that, but you know? And one day he took me to work and you have to have a badge to get in and he walked in with me cause I had to give him something out of my locker and then he seen these guys that sits by the phone and I call him on all my breaks, so he's like, oh, you sit by these ones and call me, blah, blah, blah, some stupid junk. He was like come back outside with me. I had to go outside with him, like what do you want? And he's like get in the car; he wouldn't talk to me, and just drove off. My boss already seen me come into work and I had like 10 minutes to go to work and he did not let me go to work."

Women in the sample also discussed how violent partners, or former partners, would jeopardize jobs by coming into the workplace and harassing or stalking their victims. This often resulted in some kind of negative consequence for the women, even though the situation was out of their control. One woman described how her former boyfriend came to her place of employment as a way to frighten and intimidate her, "He was like, he would come to work and make a scene, and you know, that kind of situation...and I went back to work and he always told me he was going to kill me on a construction site, so still whenever I get out to my car or I'm out of sight of the breaker box, I still make sure that the breaker's still off when I come back." In the end, the woman discussed how her boyfriend's disruptive behavior and attempts to sabotage her job resulted in a pay loss, "I got a cut in pay cause they couldn't, because that was over that situation...You know, I don't care how he handled it, I was hanging lights so I should get paid..." Another

woman reported how a violent boyfriend stalked her at a nursing home job after she decided to end the relationship, resulting in a reprimand for her. She remarked, "...He was coming around a lot. {He would} wait till I get off, or sittin' on my car...they said I couldn't, I couldn't have, keep having visitors coming to the job. It's a workplace so you can't do that."

It is important to remember that for most of these women, these very direct barriers to employment were added on to already existing barriers that most all the women faced, such as lack of childcare, lack of transportation, health issues, etc. For some of the women interviewed, being in a violent relationship also exacerbated childcare and transportation issues. For instance, it was not uncommon for violent partners who did not want their wives or girlfriends to be employed to refuse to provide childcare when necessary. One woman explains, "...I had one [job] once that I really liked and it was in a window place...I was there about two weeks, and they told me I was doing a good job and that I could probably, after a while, put in for regular job there and not do the temporary service. My kids got sick over Easter weekend, I had to stay home with them because he wouldn't do it when he knew I had to be to work, but he wouldn't take care of 'em."

Other women feared for their children's safety in the partner's care and would miss work to stay at home with the children. One woman, who eventually gave up her job, described the fear over leaving her baby with an abusive husband, "I was working part-time for awhile...And I would leave [her] there with him and it would just be horrible, because once I found out he really was capable, he would try not to drink when [she] was, when the baby was there, but I never knew what he was doing, you know...so I just ended up not working..." Another respondent, desperate for childcare, described how she tried to protect her children while still struggling to work, "And I just didn't want to leave my kids with him...so I took the night custodian job because I figured my grandmother stayed with them until midnight. I would pick 'em up asleep, bring 'em home, and I was home during the day." Still other clients were dependent on their partners for transportation to and from work, making it difficult for them to attend if their partner didn't want to get out of bed or did not want them to attend work for some other reason, such as fear of infidelity. A few women were required to hand over their paycheck to the violent partner, making it difficult to buy necessities for work, such as clothes and personal items.

More Effects of Domestic Violence: The relationship between stress and mental health issues on maintaining employment

Even more common than the very direct threats partners used to prevent women from going to work were the more indirect effects of domestic violence on employment. This included low self-esteem in victims, being overly emotional or anxious in the work setting to the point of affecting performance, and the development of mild to severe mental health problems related to being a victim. Because these effects often negatively affected a woman's psyche during and after the violent relationship, they seem to play a role in current and future employment success.

The relationship between low self-esteem (related to domestic violence) and maintaining employment: As one would expect, low self-esteem was a common consequence to being involved in a violent relationship. Being manipulated, being called names, becoming isolated from family and friends, and general emotional abuse eventually takes its toll on even the most well-adjusted individual. Unfortunately, many of these women did not enter their adult relationships with a strong sense of self and were easily pulled down by perpetrators eager to keep them under their control. Additionally, many of the women reported being emotionally, physically, or sexually abused as children. Several had even experienced horrific sexual assaults as children or teenagers. Thus for a large number of these women, the domestic violence experienced in their adult intimate relationships was just a continuation of a lifetime of being “beaten down.” One woman commented, “I’d say I didn’t have any self-esteem. That was the big thing. I had no self-esteem from getting beaten down all my life. I had to learn that what happened in the past was the past and it’s no longer true. Or if it was true you know, I still haven’t gotten that far in my therapy...” The damage to self-esteem was often quite severe and certainly affected many of the clients’ ability to interact with coworkers and supervisors. One woman sums up her experience this way, “I just, even with women, it was just too hard to, I didn’t want to butt heads with anybody. I didn’t want to stand up for my rights...I mean it just, go ahead, it was just too hard to defend myself.”

The relationship between stress and mild mental health symptoms (related to domestic violence) and maintaining employment: Stress and mild mental health symptoms, such as feelings of anxiety and depression, were another common result of domestic violence. A large number of women in the sample discussed how being in a violent relationship resulted in them existing in a state of stress, anxiety, and even despair that couldn’t help but be carried over to the job. For instance, one woman reported, “And so you had effect emotionally, it affected all kinds of ways, all kinds of ways. Scared to look up, scared to have eye contact, you know? Just all kinds of things, so you didn’t want to go to work.” Along similar lines, others would fail to go into work because they were just too nervous or could not stop crying. One respondent discussed why she would leave job positions, “I would leave, yes...the same thing would happen. I would call in and say ‘I just can’t make it today’ because I would be so shook up with something in the relationship.” Women felt embarrassed, ashamed, and desperate. One woman said she was “in despair” that she couldn’t find a way out of her violent relationship and would come into work “so upset and crying and shaking” that performing her job duties was almost impossible. Another commented, “And I would just start making mistakes because it was always on my mind, you know? And it would just bother me severely...” Others reported simply being “stressed” at work to the point that job duties were affected.

The relationship between more severe mental health symptoms (specifically related to domestic violence) and maintaining employment: For a number of the women interviewed, these episodes of crying and anxiety were actually symptoms of more severe mental health disorders. Although the majority of the women in the sample did report some kind of mental health problem, all of the women who experienced violence reported dealing with mental health issues at some point before, during, or after the relationship(s).

The most common mental health disorder mentioned was major depression, although anxiety and/or panic disorder were also fairly common. In a number of women, it was clear the mental health disorder could be directly linked to the domestic violence. One woman described how her battle with anxiety disorder began soon after she escaped from a violent husband, "...when I first got to New York, I guess I was living under so much strain here and it was keeping me going, that when I got to New York and it was like my nerves, I started getting panic attacks and stuff which I had never gotten before...I was getting worse." Another woman reported how experiencing violence in multiple relationships led to severe anxiety disorder that prevented her from working, "Okay, I've gotten better, alright, but I'm on medication for, I get scared to go anywhere. And I shake real bad, extremely bad and have panic attacks so bad that I just can't move." In others who had dealt with an accumulation of trauma and stress in their lives, it was difficult to define the root cause of the mental health problem. One respondent, who experienced a very difficult childhood, reported that her severe depression is "chronic ongoing" and predates the domestic violence by six years. Other women in the sample reported just feeling depressed "all the time" and not remembering how or when it began.

Positively, a few of the women ceased having symptoms of depression or anxiety after leaving the violent relationship. A few others have learned to manage their symptoms, typically through medication, to the point that employment is now a possibility. On the other hand, others have developed more of a chronic pattern of mental illness that severely hinders their ability to keep a job now or in the future. As mentioned in a previous section, several women were actually receiving disability benefits because of a mental health diagnosis.

Employment Maintenance among Victims of Domestic Violence: Mediating Variables

There were a number of factors that seemed to affect whether or not mental health symptoms continued after the end of the violent relationship. These same factors also seemed to play an important role in whether the women were able to maintain current and future employment. These included severity of violence experienced, whether or not the victim had been in multiple violent relationships, other stressful life experiences, level of family and employer support, and/or inner personal strength or resiliency.

It seems intuitive that women who experienced severe violence and/or experienced violence in multiple relationships would indeed present with more mental health symptoms and be less likely to maintain employment. For the most part, this was true of the women interviewed. However, there were a number of women who experienced severe levels of violence in more than one relationship and managed to pull out of these relationships, improve self-image, and eventually become employed in relatively steady job situations. Unlike the first group of women, the more successful group possessed a certain amount of personal strength or resiliency (coping resources), were more likely to have supportive family members or employers, and often wanted to provide a better life for their children

Personal strength and resiliency as a mediating variable: For the sake of this study, personal strength and/or resiliency represented a fairly broad concept. Women who described feelings of inner strength, the will to go on despite difficult circumstances, the ability to see deep within themselves and recognize their own importance, or who described other similar coping resources were all considered to have personal strength or resiliency. It was often this personal strength that enabled women to get up and go to work despite having just gotten beaten or abused in some way and eventually to pursue a better way of life. One woman, who eventually left her abuser and successfully continued her education and secured a good job, described how her own personal strength brought her through the difficult circumstances, "...When I got to liking myself. When I got to believe in that I deserved better things and I got a deeper understanding of what love was. And I knew the definition I had didn't equate with what I seen in other people with or even the love God has for me, you know? That's when I went, hmmm, I don't want no whuppin's no more." Another woman who, despite a very difficult financial and personal situation, managed to keep her current job for several years, expressed her will to persevere this way, "Other people don't care, but it matters to me and I'm going to keep it. So I make it happen, I'm a survivor, I'll figure it out, one way or the other I'll get it done."

Social support as a mediating variable: It is also important to stress that almost all of these "resilient" women had some kind of support system to help them through their difficult circumstances. This could include help from family members, assistance from an employer or coworkers, or strength and support received from God or religion. However, family support seemed to be the most important factor in helping women keep working, get back on their feet after ending a violent relationship, and/or feel better about themselves. Data strongly suggested that women with absolutely no support from families were among those who fared the worst emotionally and economically in the long run. In many instances, women reported how family members helped alleviate a portion of the burden that goes along with trying to find and maintain work, care for young children, and deal with troubling emotional issues. For many of these women, family members took care of children on a moment's notice, loaned money when things got tight, provided transportation to and from work, provided assistance in finding jobs, and motivated them by offering encouragement, friendship, and unconditional love. One woman described how her family members are "really the ones that keep me going" while another commented that she got through her difficult circumstances with "just lots of support from my family, they've made it easier for me." One other respondent commented about her family, "...they've done like everything they can possibly do in my life to help me out..." Women most often reported receiving family support from their mothers, but many were also assisted by fathers, grandparents, siblings, children, and less often by new spouses or boyfriends. Within this sample, white women were less likely than black women to have this kind of support.

The desire to protect/provide for one's children as a mediating variable: The strong desire to provide for one's child was another variable that influenced a woman's work maintenance and overall well-being. Women who felt a strong connection with their

children and an intense desire and obligation to provide for them were more likely to overcome their own difficult circumstances to keep working. Over and over, women reported that it was their desire to protect and provide for their children that “kept them going.” One woman reports, “My life is on a shaky level but I’m trying to be strong and work through the things that I’m going through for the sake of the kids. My kids is what keep me going and keep my alive.” Another woman described how her children focus her, “Well I think when I first had my daughter it’s been a blessing because she’s kind of grounded me. I know that I would not have a degree...she kind of keeps me bolted to the floor in a sense that, you know, to some degree I need to be...” Other women reported wanting to provide a better life for their children and that being a tremendous motivator for them continuing to work.

Major themes seen from first to second qualitative interviews:

- 1) Most women perceived that their lives had gotten better in some way from the first to second interview. Positive changes usually had to do with things such as increased independence for the woman, increased social support, improvements in family relationships, and for a few there was some improvement in income and employment. Some quotes from the women that illustrate these changes are as follows:**

“My whole life has changed. I’m battling a drug addiction that I had for a number of years. I’m in a recovery program and it’s definitely working, because I’m working the program. For the first time in my life I’m taking a hard, long look at (names herself) today and I like what I see”.

“I am now attending college and I have a new position because my wages were not high enough in my last one. I’m now at a better paying position and attending school”.

- 2) Another theme that emerged from first to second was that although for a number of the women, positive changes were noted, financial status stayed largely the same. Most of the women did not see a real improvement in employment or income and many were really struggling. Job stability was low from first to second interviews.**

Comments from some of the women clearly describe their situation at the second interview.

“My job has gone from increasing my hours from 32 to 40, now to decreasing them to 24. So I’m working less, making less. And it’s not a permanent thing. It’s just right now, I think every year when it’s time to do their taxes and profits and gains and losses that like to look better on the payroll. I’m hoping it won’t last, but right now there is no promises”

“Meeting bills, because one job, Walmart, was full time, Staples was part-time. So I’m having to stretch my dollar a lot longer, a lot harder. Even though I get paid more frequently, once a week, Wal-Mart was biweekly, but a lot more money. So that part, but knowing that I can go home to my kids”.

“And in all honesty I’m not making enough right now to support me and the two kids.”

ADDITIONALLY, women who participated in the second interview generally felt like they had control over their lives, except in the case of finances. Most felt like their financial situation was out of control and/or out of their control. As one woman described it “I don’t feel like I have control over anything right now. I have no guarantee about my job changing. I have no place to live. I have no legal help because I don’t qualify for legal aid by a few dollars. I can’t afford to get an attorney. And I can’t really find somebody that will give me advice and help me off the record”.

- 3) In general, the woman that were interviewed for the second interviews were the more stable of the sample. The women that we were unable to contact for the second interviews tended to have more dysfunction in their lives, be worse off financially, have more family problems, and have less social support.

OTHER TOPICS OF IMPORTANCE:

1) Family support was a clear factor in assuring positive changes from the first to the second interview. In the words of some of the interviewees,

“I...is your family supportive of you?”

“R: Yeah now. They didn’t like him”.

“Yeah. Just lots of support from my family, they’ve made it easier for me. I just always knew I had to work to take care of us”.

2) Employer support was an important factor in the lives of these women. Types of assistance ranged from direct intervention to the maintenance of a positive work environment.

“I was getting frustrated again with stuff up there. And I came back down again. I was here maybe a year and was coming to work with fingerprints on my neck and, you know? And I’m sitting at the front desk, now come on, this is real good for business, you know? I’m crying and so my boss helped me get out of there. She actually came and got me and my stuff, her and her husband”.

“I. What types of things have made it easier for you to keep working at a job?”

“R: Maybe the support that I receive from the companies. Working together as a team. That really helps. When I can voice an opinion to say something”

Some employers were very unsupportive.

“...But the manager I have now is like are you coming back? And I’m like okay, you know, my son’s sick, the school called and said my son has a fever of 104, what am I supposed to do? Come back or take my son to the doctor? I chose to take my son to the doctor”.

“I just feel like I have more control over things now than I did then because I didn’t have an employer saying yes, you have to come here and I don’t care what you do with your son if he can’t go to the nursery”.

3) Physical health and mental health were a critical factor in how they were doing at time two.

Some women had debilitating illnesses, “Okay, I have diabetes, sleep apnea, I have chronic COPD, sinus problems, high blood pressure, cholesterol, obesity, what else? I can’t remember everything right now.” Many had a combination of physical and mental health symptoms. “Yeah, Yeah, we didn’t know what was wrong with my back and my legs and everything. It was an aching – I couldn’t sit, I couldn’t stand, I couldn’t do anything. And they found out that I have fibromyalgia and its very bad. I’m on kinds of antidepressants to try to control it. Then I was getting depressed. And I mean, it was cause I lost my job”

“Depression...Just chronic ongoing and I have taken antidepressants since 1975 and this predates the battering by six years. So they now feel that every episode just leads you further into, so it’s max”.

4) Childcare was a perennial problem especially for children who also had health problems.

“Well, I had kids and I tried to go to school during the time and my daughter became asthmatic so I couldn’t attend school because the day care said she was such a high-risk asthmatic that they wouldn’t take her in”.

“The school board pretty much has been supportive. In the past, because I was a single mom with two little ones, they weren’t as accommodating as I thought they should have, could have been, you know, with the work schedule. A lot of places wanted you to work on weekends and it’s almost impossible to find, at that time, to find a daycare on the weekends. And a lot, you know, close at 6:00, so you had to be able to get off work by 5:00 or no weekends, and almost 80 percent of the jobs I did, you’re working some weekends”.

Discussion

The results of this study indicate that, as hypothesized, the relationships among the various study variables are complex. The study moves us closer to an understanding of how domestic violence is related to employment success for women on WAGES Florida's Welfare to Work program. It begins to illuminate the role of various mediating variables such as social support, physical and mental health, and parenting stress. Further the study demonstrates the influence of demographic factors on some outcomes. Through the use of parallel analyses it was possible to examine the influence of these factors on women who are in a current relationship and women who are not in a current relationship, and indeed these influences vary somewhat between the two groups. Finally, the qualitative interviews richly present the context of these relationships and identify the importance of the personal surroundings of those women who are able to succeed despite the almost overwhelming pressures that are working against that success. Many of the relationships identified in the study are both intuitive and confirm the findings of other researchers. A few, however, are more difficult to understand and will require much further study in the coming years.

Individuals who were in a current relationship at the time of the first interview and who had experienced domestic violence prior to the past 12 months were almost four times more likely to have also experienced domestic violence in the past 12 months. Those women who had at least technical training or a specialized skill, however, were 2.5 times less likely to have experienced this more recent violence. This finding may lend some support to the exchange theory hypothesis that posits that women who have better economic standing are more able to increase their value thus reducing violence. In this sample only half of the women had this level of education or training, and most (88%) had experienced some domestic violence events in the past either (psychological or physical). About 60% had experienced a level of violence that was considered to be at least moderate in frequency, that being an average of slightly less than one event per month in the prior year. African American women were somewhat more likely not to be in a current relationship at the time of the interview. The qualitative interviews reinforced the widespread history of domestic violence among women agreeing to the interviews. Of interest was the fact that in the qualitative interviews white women reported the most severe violence.

The mediating variables of interest in this study included social support (both family and employer support measures), physical health, mental health, and parenting stress. For both those in a current relationship at the time of the interview, and those who were not, there were strong to moderate positive correlations between social support, employer support, mental health and low levels of parenting stress. Physical health was correlated with social support and the ability to cope with parenting stress only for the group who was not in a current relationship. For those who were in a current relationship physical health was not related to any of the other variables. It might be hypothesized that for those women who had the physical help of a partner, physical health takes on a somewhat less critical role.

As would be anticipated based on prior research (Tolman and Rosen, 2001) the effects of domestic violence are apparent in the relationship of the three intercorrelated variables (social support, mental health and parenting stress) and their negative correlations with both past and current (the last 12 months) domestic violence (for those in a current relationship). Physical health is negatively correlated with age (increasing age affects physical health negatively) and is positively correlated with having had education in the last year. The qualitative interviews describe in vivid detail the severity of the health problems of many of the women, with fibromyalgia and a variety of chronic illnesses limiting the ability of the women to pursue new opportunities such as further education.

Race surfaced as an important variable in this study. For single women, not in a current relationship, being African-American is positively correlated with social support, mental health, and low parenting stress, as is having a suitable home. The qualitative data reinforce this association with descriptors of high levels of family support among the African-American interviewees. Past domestic violence is negatively correlated with these factors. Being African-American surfaced frequently as a protective factor in regard to the mediating variables. In regression analyses social support could be predicted by having suitable housing and no domestic violence experience prior to the past 12 months. For those currently in relationships experiencing domestic violence in the past 12 months predicted lower levels of social support. This finding supports the isolation of some domestic violence victims. In parallel, the lack of domestic violence experience in the past 12 months predicted higher mental health scores, as did being African-American, reiterating the earlier correlational findings. Being African-American likewise predicted less parenting stress, as did having at least a technical education or skill while having domestic violence experience in the past 12 months predicted higher parenting stress. For those not in a current relationship domestic violence prior to the past 12 months predicted worse levels of parenting stress.

The most surprising finding in the study was that employment success was more likely if the respondent was in good physical health and had experienced Domestic Violence in the past. This effect was apparent when using a six-month work criterion, though the effect disappeared when using a more stringent nine-month work criterion and it was true only for those in a current relationship. It should be noted that this finding contradicts findings in other recent research (Browne, Soloman, and Bassuk, 1999). No other correlates were found to explain this phenomenon in the quantitative data though we hypothesized that this might be a motivational factor. However, as we noted previously, this variable is confounded with present violence. We feel that the inclusion of this variable in the model should be interpreted with extreme caution.

The positive impact of motivation in general is supported in the qualitative data where a picture of a subset of resilient women surfaced. These women appeared to have a strong set of internally motivating factors that assisted them in persevering, and perhaps using adversity as a motivator. Social support, especially family support, seemed, however, to be an essential component of this resilience and our analyses found a negative correlation between domestic violence and social support. It is clear that a deeper assessment of motivational factors is warranted. It is also possible that there was somehow a more

supportive system response to women who had had recent domestic violence, enabling them to sustain employment in the short term. For women not currently in a relationship having a technical education or skill, having good employer support, and having good physical health best predicted employment success, supporting earlier work.

The importance of the welfare system's response emerged strongly from the qualitative data. Supporting the findings of a number of earlier researchers, the women reported powerful effects of the competence and supportiveness of their caseworkers. Likewise they identified numerous areas where the system seemed to work against their efforts to sustain jobs that would allow them to support themselves and their families financially. Of great importance to these women were issues regarding childcare and how difficult it was to keep adequate childcare and a job, both because of recertification conflicts and the unavailability of child care on weekends and evenings. The importance of support from their employers was additionally a critical facilitator or barrier.

This study helps to illuminate some of the variables that influence the relationship between domestic violence, mediating variables, and sustaining of employment. It suffers from a number of limitations, however, due to the difficulties of participant recruitment. The extent of the selection bias from the non-random sample is difficult to assess. It might be argued that women who had a somewhat more positive experience in the program might be most likely to respond to a general recruitment effort, indeed, it did appear that in the qualitative interviews the women who participated in the second interviews were those who had more life stability. Conversely, it might be argued that the availability of reimbursement might have been slightly more helpful to women in more serious financial situations. The similarity of the findings to those of other researchers, however, argues for some acceptance of the representativeness of the sample, and the appropriateness of some generalizability to other women moving from welfare to work. These statements are of course made with caution, as non-random sampling techniques are inherently problematical. Nevertheless it is a step forward in helping to understand the lives and efforts of these women trying under extremely difficult circumstances to move from welfare to work.

Policy Implications

For Practitioners and Policymakers

This study yielded a number of findings that have important policy and practice implications for welfare reform, employment, health issues, domestic violence, and housing.

WAGES and Employment

Finding #1: Social support plays a key role in helping women find success in employment by providing concrete forms of support (i.e. childcare and transportation) as well as emotional support, allowing women to maintain jobs despite multiple obstacles.

Social support was an important mediating variable in both the quantitative and qualitative data. The quantitative analysis found strong to moderate correlations between social support and the other mediating variables (employer support, mental health, and parenting stress). Qualitative data supported these results and went on to explore the role of social support in maintaining employment. Many of the women who were successful in WAGES (or in maintaining employment in general), indicated high levels of social support. These support systems often provided very concrete forms of help to women, such as childcare and transportation that enabled women to find and maintain employment. However, women also gained emotional strength and stability from their support network. Social support, particularly family support, was an important factor in determining if victims of domestic violence could pull through their circumstances and have success in employment.

This is an issue that can be addressed at both the policy and practice level. First, the WAGES program and other similar welfare reform programs across the country can begin to screen for social support among women who apply for assistance. Quantitative and qualitative findings from this study suggest that white women, particularly those not currently in a relationship, are at particular risk of having low levels of social support which could, in turn, lead to problems maintaining employment. Certainly caseworkers can use this information in identifying women who will need additional support services. However, a screening program would also enable caseworkers to identify women across all ethnic and social groups who are most in need of support from other sources to improve the probability of employment success.

Also recommended is the development of support groups for women coming through the WAGES program. Although these groups should be made available to all participants, women who are identified by caseworkers as having particularly low levels of social support should be encouraged to attend. These groups, properly facilitated by trained generalist social workers, can provide participants with valuable information on a variety of topics, such as financial management, developing networks to assist in sick baby care, carpooling for transportation issues, parenting stress, physical wellness, and working

positively with others in the work environment. Through such groups, participants could also begin to develop social support systems in their immediate neighborhoods and small communities, allowing for women with similar needs and experiences to rely on each other for practical and emotional support. It is imperative that these groups be held in a convenient location, such as the WAGES office, be held at various times to accommodate all work schedules, and provide some type of childcare. By sharing knowledge of community resources and developing social support networks, support groups can lead to the acquisition of tools that will enable WAGES clients to maintain employment.

Finding #2: Many WAGES participants feel as though they are caught in a “cookie cutter” situation in which their own problems with illness, sick children, or other individual concerns are not addressed. Additionally, high turnover among caseworkers, red tape, and caseworker inadequacy leaves clients feeling frustrated and discouraged.

This finding has several implications for policymakers. Caseworkers must be competent and have enough training for clients to be given appropriate assistance and resources. Only very resilient, savvy clients with thick skin can navigate their way through the WAGES system without help from a competent caseworker. Clear guidelines must be developed that delineate the responsibilities of WAGES caseworkers. Increased salary levels could improve the quality of individuals desiring to work as caseworkers and could reduce turnover, a common complaint among women in the study. Additionally, recruitment and training of caseworkers should include the identification of interpersonal skills that would better enable workers to successfully interact and empower clients coming through the WAGES system.

Additionally, a thorough in-service training system needs to be developed to educate WAGES caseworkers about community resources and enable them to compassionately deal with clients who have unusually difficult circumstances. The need for assistance in areas such as health, childcare, transportation, and other issues affecting employment are the main reasons why the WAGES participants are there. This training should be mandated for all caseworkers and administrators in the WAGES program and include information on community resources, support group availability, current and updated WAGES information, and methods for listening and working with specific problems.

Finding #3: Technical training plays an important role in employment success as evidenced by both the quantitative and qualitative data. Despite this, interviews indicated that women coming through the WAGES system feel pushed into low-income, low-skilled jobs even when their experience, skills, or career aspirations are more closely aligned with more skilled positions.

Quantitative results from this study indicated that employment success (for those women not currently in a relationship) is highly influenced by whether or not the woman has a technical skill. The qualitative data supported this finding. Although only a few women in the qualitative sample reported having technical skills, those who did reported higher paying jobs. Despite this, interviews found that women coming through the WAGES program feel pushed into low-wage, low-skilled jobs in order to “just get a job” even

when their experience, skills, or career aspirations are more closely aligned with more skilled positions.

This finding has several implications on the policy level. First, while current policy efforts seem focused mainly on just getting a job (and getting women off the welfare rolls) a shift towards a policy focusing more on career development in which women are encouraged to get training would move them into appropriate long-term employment and out of poverty. The women who are supported by their employers and who feel undervalued and underemployed will have less employment success and will be more likely to land back on the welfare rolls. The quantitative portion of this study also found that women with technical training or an employable skill were less likely to have experienced domestic violence in the past 12 months and more likely to have employment success. Thus, technical training should be a core element of any welfare to work program. Although training and educational programs have been available to WAGES clients in the past, many participants in the qualitative interviews reported not being allowed to take advantage of these benefits. One marked insight of the qualitative data was the inconsistency across various WAGES offices, indicating that more support can be offered under current guidelines with caseworker expertise and interest. Women who participated in WAGES most recently were not given financial assistance if they chose to complete their education rather than get a job. Policy changes that make training and educational programs available to all clients coming through the WAGES program would be most helpful. Guidelines can be developed to ensure the “best fit” between clients and training and caseworkers can be trained on available job development and training opportunities. Efforts should be made to give women the option of learning traditionally male trades that typically pay more than many of the jobs for which WAGES clients are encouraged to apply.

Finding #4: WAGES recertification requirements for childcare and food stamps often force women to miss work, placing their jobs in jeopardy.

Qualitative data indicated that women who participated in WAGES often complained that monthly recertification requirements for subsidized childcare and food stamps force them to leave work and possibly risk losing their jobs. Recommendations for policy in this area include changes in how the recertification process occurs. Monthly recertification that requires clients to come into the office during business hours seems unnecessary and excessive. Recertification could occur every four to six months and be accomplished through the mail. Benefit offices could also have extended hours several nights a week for women who choose to come in to recertify, have changes in their employment situations, and/or have unusually complicated circumstances. The aforementioned support group meetings could also be a time for recertification to occur.

Finding #5: Employer support plays an important role in ensuring employment success for women.

Quantitative data in this study found that for women not currently in a relationship, employment success is predicted by having a technical skill (as discussed previously in

finding #3), having good physical health, and having good employer support. Qualitative data also touched on the issue of employer support, finding that women with higher levels of social support, including support from employers, are more likely to maintain their jobs. Employer support in this context refers to the employer's willingness to offer training and on the job assistance to women learning a position, sensitivity to family circumstances, and ability to offer flexible work hours that accommodate "family time" as well as family emergencies.

There are several recommendations in this area. First, employers should offer expanded training programs for women who are new to the field or coming into the workplace for the first time. Technical training was found to predict employment success in those women not currently in a relationship. Several women in the qualitative interviews reported that when they felt incompetent in their job, they were more likely to panic, be reprimanded, and leave the job either by quitting or getting fired. To remedy this problem, employers could offer on the job mentoring programs that match new employees with others who have worked in the field for a while and can answer questions and offer support throughout the workday. Employees must be encouraged to ask questions and learn new tasks in order to feel competent and successful in their position.

Second, employers should consider offering flexible work hours. Four day work weeks, "comp time," and other creative options allow women with families to address school problems, go to the doctor, and attend court hearings, among other things. Tax incentives could be offered to encourage employers who offer creative work schedule options.

Domestic Violence

Finding: Past domestic violence was very common among women in the study. This past violence often resulted in varying levels of dysfunction in women's lives, which negatively affected current and future employment.

Data in this study indicated that domestic violence in the past 12 months and prior time periods negatively affects a woman's social support, employment support, physical health, and the amount of parenting stress she experiences. The qualitative portion of the study bolstered this data, finding that women who experience domestic violence (which included almost the entire qualitative sample) were highly likely to have negative mental health outcomes and consequently, problems functioning in the workplace.

Because of the high likelihood that past and current domestic violence will negatively affect the ability of women to maintain employment, WAGES caseworkers should screen for domestic violence early in the application process. Unfortunately, there are very few outreach services in the community for victims of violence. Shelter services are often unable to offer the type of support many victims of interpersonal violence will need as they seek to maintain their jobs. The development of support groups for victims in the workplace or those seeking employment may improve employment success.

WAGES caseworkers should receive annual training in the area of domestic violence so as to understand the dynamics of interpersonal violence and identify potential warning signs in clients. Caseworkers must be able to offer practical help to women in dangerous relationships by helping with safety plans and offering information about shelters and other community resources.

Health Issues

Finding: Good physical health predicts employment success in those women currently in relationships and those not in relationships. However, qualitative data indicated that poor physical health and disability was a common obstacle faced by women in the sample.

Quantitative data found that good physical health was a predictor of employment success in both groups of women (those currently in a relationship and those not currently in a relationship). The qualitative data, on the other hand, tended to have more of a focus on poor physical health and disability, as women continually mentioned health issues as an obstacle to maintaining employment. Almost half of the women in the qualitative sample reported struggling with keeping a job because of their own health limitations or the health problems of someone in their care, usually a child.

Obviously, women with severe enough disabilities should qualify for SSI, federal assistance for people with disabilities. However, applying for SSI is often a long and arduous process and many times an individual may have to reapply after an initial application is rejected. In the interim, women may go through the WAGES system in order to receive financial assistance, food stamps, etc. as they wait for their application to be processed. As far as policy recommendations in this area, WAGES caseworkers should be trained about disability, what constitutes a disability, and particularly how to help facilitate women through the application process.

For those women who do not have a serious enough health issue to apply for SSI, but still have health circumstances that could affect employment, the WAGES program must be sensitive to this. Each woman should be screened for particular health problems early in the application process and guided to the particular types of employment that will ensure employment success. For example, a woman with chronic back pain should not be directed to apply for jobs working in fast food restaurants that require long periods of standing. Caseworkers themselves may need to be educated not only on what types of jobs are appropriate for particular health problems, but also how to compassionately and patiently deal with women facing such issues. In some circumstances, a medical evaluation may be in order to verify specific health complaints.

Policy changes must also be made at the employer level. This study indicated that women who experience health problems and those women with children who have chronic conditions are often forced to miss work to go to the doctor, stay home with a sick child, and/or pick a child up from school or daycare, and by doing so, risk losing their job. Employers should offer full- and part-time workers a certain amount of sick

leave and/or paid time off that enables them to deal with their own health conditions or that of their children. Even women still in the probation stages of their job (which most women coming off welfare will be in), should be eligible to take this leave if necessary. At times, documentation from a physician or school nurse may be necessary to validate the leave.

On a policy level, there must also be a focus on how to help women in the workforce stay healthy. Policies that ensure health insurance coverage for working mothers and their children must be developed.

Housing Issues

Finding: Women who perceive their home as unsafe or unsuitable are less likely to have good social support, employment support, physical health, and have higher levels of parental stress.

Housing surfaced as an important issue in the quantitative findings. In both groups of women (those currently in a relationship and those not currently in a relationship), unsafe or unsuitable housing negatively impacted the scores on all four mediating variables- social support, employment support, physical health, and parental stress. What is recommended in this area is the development of a new initiative to focus on the need for affordable housing. This initiative should focus on two major areas: transitional housing for victims of domestic violence and affordable, safe housing for low-income women.

Interviews with women in this study highlighted the need for safe, affordable housing in the area around the University of South Florida. Although Title VIII offers federal housing assistance to low-income individuals and families, waiting lists prevent many people from receiving help with housing when it is needed. Additionally, Title VIII housing is often located in high-crime areas. A significant expansion of Title VIII housing would be helpful, not only to increase the number of units available but also to expand Title VIII to apartments and houses outside high-crime areas where low-income women can have the opportunity to live in safe communities and with good schools and community resources.

The second area the housing initiative needs to address is transitional housing for victims of domestic violence. Studies have indicated there is a severe lack of transitional and affordable housing for women in the process of leaving a violent relationship. The availability of transitional housing can ensure that women leaving a domestic violence shelter have safe and affordable housing available to them. When safe housing is available, women can begin to seek employment or can continue with their current job with as little disruption as possible. Although shelters have historically provided transitional housing, other agencies in the community should also be encouraged to finance and manage transitional housing projects to assure availability.

Recommendations for researchers

This study provides a study in itself of the types of problems that can be encountered in doing this kind of research, problems that are likely to increase in frequency as IRB and HIPPA regulations tighten. Some recommendations may be useful as guides to avoiding these problems.

1. Despite the difficulties of doing so, get advance IRB approval for contacting participants who were part of a prior study from the agency or University that has the data, in addition to IRB approval from your own University. Permission from the primary investigators of the original agency is insufficient.
2. When permission is given to contact participants from IRBs and PI's a sample of the participants should be contacted and asked if they feel it is appropriate to participate, even if they gave permission to be recontacted, particularly if the nature of the study is slightly different from the original study.
3. Extra financial support for extended efforts to find study participants should be built into the budget where possible
4. Have a plan B and a plan C.

Recommendations for further study in this important area of service delivery include careful assessment of the efficacy of utilization of the various sorts of client supports that are recommended here. These studies can provide direction to assuring that the efforts of policymakers to move women from welfare to work are most likely to succeed, without the negative effects that will hamper their long term employment as well as their personal health and welfare.

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