



STATUS OF WOMEN REPORT 2005-2006

**WORKING AGE WOMEN WITH
LIMITED ECONOMIC OPPORTUNITIES**

**Part I
Social Service Agency Views of
Needs of Selected Populations**

**Part II
Bridges and Barriers to Women's Economic
Self-Sufficiency in the Mohawk Valley**

Prepared for
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EXECUTIVE SUMMARY

The Women's Fund of Herkimer and Oneida Counties, Status of Women Committee, is charged with gathering data for the community on issues for Women and Girls in our area; provide information to the Women's Fund for fund raising, grant writing, awarding grants to community agencies, identifying needs of women and children, and researching new programs to address these needs.

The Women's Fund partnered with Hamilton College and SUNYIT to conduct a qualitative study of women and children looking at barriers and recommendations for women's economic self-sufficiency. Students at Hamilton College interviewed agency staff and students at SUNYIT interviewed consumers. Summary of findings for Herkimer and Oneida Counties are consistent with problems identified nation wide:

- **Child care:** women's work lives are complicated by childcare programs with limited scheduling options (i.e. few evening, weekend, or flexible slots); many child care facilities are also off of bus routes.
- **Transportation:** limited public transportation and lack of personal resources restrict opportunities in the workplace and the disabled need specialized vehicles.
- **Language proficiency:** differences in culture and language lead to disassociation with the community and limits ones ability to define needs and seek out resources.
- **Education:** young women who leave school to become mothers increasingly find themselves shut out by an economy focused on skill and education; young mothers need to complete their high school education in order to be competitive.
- **Job skills:** women lack job skills for higher paying jobs and may need flexible hours in full time work to become more self-sufficient.
- **Safe, affordable housing;** safe from perpetrator of domestic violence.
- **Self-esteem/marginalization:** women may be shamed or ostracized for living in poverty; and an environment of hostility may exist between recipients and providers of services. A decreased self-esteem affects women's ability to cope in social, personal, educational, and economic arenas.

- **Community involvement:** more community education is necessary to decrease unwanted pregnancies and prevention of child abuse; comprehensive, community-based programs are needed to decrease the fractionalization of services to women and children.

Together we can address the recommendations made in this report. Contact the Women's Fund for more information on this study and how you can help the Women's Fund help women and girls in our community.

Foreword

The Status of Women: 2005 *Working Age Women with Limited Economic Opportunities*

The Women's Fund of Oneida & Herkimer Counties produced a report in December, 2003, on the status of women and girls in the community. *The Status of Women: A Portrait of Women and Girls in Oneida-Herkimer Counties, Part I* established the state of affairs for girls and women in a number of arenas: age distribution, race and ethnicity, family structure, income, education, and employment (Arthur Levitt Public Affairs Center, Hamilton College, 2003). The next stage of this project was largely qualitative in nature focusing on **working-age women**, ages 18 to 65. Since this is a very large and diverse group, with potentially limitless areas to be explored, The Women's Fund narrowed the focus of the project to economic self-sufficiency:

- 1) Hamilton College students in the spring of 2004 interviewed agency staff who provide services for women with limited economic opportunities: women who are victims of domestic violence; women with disabilities, whether physical or mental; single parents with low incomes; displaced homemakers; and refugee women.
- 2) SUNY Institute of Technology students in the spring of 2005 interviewed women who typically receive social services, such as those described above.

The information provided in this report is a product of undergraduate research at the two colleges. The research is qualitative in nature, and it is not meant to represent all women in Oneida and Herkimer counties. Qualitative research is meant to capture and communicate "the complexities and subtleties of human experiences" (Tutty, 1996ⁱ, p. 13). As such, qualitative research is designed to record unique stories of individuals, meanings that are assigned to their experiences, and the contexts in which these experiences and meanings are nested. Limitations of qualitative studies are that they do not claim to be necessarily representative of a broader population. The women's stories and agencies' stories presented here provide a view or perspective that adds greater depth and definition to the quantitative information published in the first stage of *The Status of Women* report in 2003.

The targeted areas of focus for The Women's Fund are Oneida and Herkimer counties. Each county is comprised of both urban and rural communities. The two-county area is geographically diverse, with flat plains and extensive woodlands; it encompasses the Mohawk River, the old Erie Canal, and the foothills and lower Adirondacks. **There are 151,735 women and girls living in the two-county region.**

Oneida County, population 235,469 (Census 2000), covers 1,213 square miles in the center of New York State. The City of Utica (pop. 60,651), marketed as the "Gateway to the Adirondacks" and the City of Rome (pop. 34,950) are home to many of the poor and

minority residents of the county, including a significant refugee population in Utica, hailing from more than twenty different countries. The suburbs and small towns and villages are largely Caucasian and less diverse, but there is much rural poverty as well. Herkimer County is far more rural, with a population of only 64,427 dispersed over 1,412 square miles. Its only city, Little Falls, like Utica and Rome, is an old industrial area with a still-visible history of the cotton mills in this area. Herkimer County residents are largely working class whites, with very few minority families living within the boundaries of the County.

PART I

Social Service Agency View of Needs of Selected Populations

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Introduction

Human service programs are abundant in most communities. A very large number of institutions and agencies, in fact, have emerged over time to deal with individuals and families on behalf of society. Service programs offer opportunities for social support, as well as personal and social development. This may be provided through direct services such as counseling or therapy, or indirectly through advocacy or referral. Human service programs are offered in different settings; in government or public organizations, such as Temporary Aid to Needy Families (TANF) or in private, non-profit agencies, as are most of the programs referred to in this report.

Services established for families may be so complex that they are difficult to use, difficult to negotiate as systems, or administered in such a way that makes services difficult to accept (Schulman, 1992). Women are more apt than men to seek services and to receive services, and therefore women have the most interaction with agencies, both for their own needs and for those of their families. The Women's Fund was interested in exploring a sampling of services pertinent for women of working age. The areas explored were:

- Women as young single parents
- Women who experience domestic violence
- Women who are “displaced homemakers”
- Women who come to the United States as refugees
- Women who are disabled with physical or mental health limitations

For a Politics of Gender course at Hamilton College, staff at several agencies in the Greater Utica area were interviewed about their services, their female clients, and the successes and barriers for services for their clients. The agencies, the services they offer, and the implications for their female clients are described in the following.

Healthy Families Oneida County

“Healthy Families is like an Adirondack guide; optional but very useful if you aren't familiar with the forest!” – Annette Phillips, Program Manager

Healthy Families is a home-based visiting program offered for low income expectant and new parents through the Family Nurturing Center at 209 Elizabeth St., Utica. The local program is based on a national model, Healthy Families America. Healthy Families promotes positive parenting, enhances child health and development, and prevents child abuse and neglect.

Program Description

Twelve research-based critical elements provide a benchmark to measure success in each Healthy Families client, and the over 450 credentialed Healthy Families programs in the

United States and Canada adhere to those elements as the framework for program development and implementation. Critical program strategies include:

- Initiate services prior to or at birth
- Use a standardized assessment tool to identify families who are most in need of services
- Offer services voluntarily and use positive outreach efforts to build family trust
- Staff and materials reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served
- Providers receive intensive training specific to their role

(Healthy Families America, 2004).

Pregnant women or women who have recently birthed are referred to Healthy Families by area hospitals, prenatal clinics, nurses, the county Health Department, or other local agencies. To date, 90 percent of all families who are invited to participate in the program nationally accept services (Healthy Families America, 2004). The program is a long-term intervention, from pregnancy until the child is five years of age and is designed to provide education on:

- Prenatal nutrition
- Stress mitigation
- Baby development
- Positive parenting skills
- Self-sufficiency by completing education or finding employment
- Strengthening the parent-child bond
- Offering referrals to local physicians, food banks, or other necessary resources

After the initial family assessment, participants receive a packet of informational sheets and activities designed to educate new parents. The pre-natal packet contains information on breastfeeding, cravings, cramps, and what to expect during and after pregnancy. Post-birth curriculum packets contain age-appropriate information on nutrition, vaccinations, discipline, and other parenting tips. Family support workers emphasize the curriculum packets as the core of their strategies to reach performance targets. They use praise and encouragement in conjunction with the educational information to help clients prepare for the challenges of parenting. They work hard to earn the trust of the parents they coach. Trust is a key component of success (V. Patrillo, personal communication, November, 2004.)

Target Population

Healthy Families Oneida County currently serves about three-quarters of the county geographically, with participants in Utica, Rome, Clinton, Chadwicks, and Whitesboro. Limited resources constrain the reach of the program. Participants have low incomes and are deemed to be “at risk” for themselves or their child by the referral source. There were 148 parents enrolled in the program in September, 2004. The typical Healthy Families client is a single, young female with less than a high school education, unemployed or underemployed, with 44 percent identifying as non-white. Most do not have continuing contact with or support from their babies’ fathers.

- 40 percent are under the age of 20
- 64 percent are first-time mothers
- 22 percent are married
- 70 percent are being seen for prenatal care
- Nearly half are living with their own parent(s) (46%). Another 19% live with another adult, usually the current significant other.
- As many as 1/3 or more of participants demonstrate the need for a referral to domestic violence, substance abuse, or mental health services.
- 34 percent were receiving TANF, and 57 percent were receiving food stamps.

Successes

For 2004, Oneida County had met and exceeded nearly all of their performance targets. Eight health and development targets, six parent-child interaction targets, and seven maternal life course targets constitute the measuring stick of success for Healthy families.

- In Oneida County, 100% of the children had a primary care physician, and 98% were enrolled for medical insurance (Medicaid = 98%).
- New York State reports 96% of Healthy Families NY had up to date immunizations versus 80% of children not participating (100% at 1 year, 88% at 2 years for Oneida County).
- New York State reports that 15 month-old babies in Healthy Families had attended 75% of their well baby visits compared to 46% of recommended visits attended by non-participants (93% for Oneida County at 15 months, 79% at 27 months for Oneida County).
- 79% of the target children had been assessed for risk of lead, versus a target of 100%.
- 94% of primary caretakers had a medical provider in Oneida County.

Barriers/Constraints

Healthy Families Oneida County serves about ¾ of the county geographically. Limited resources constrain the scope and reach of the program. There were 100 families on a waiting list in 2004. The biggest barriers to success for clients are education (completing high school minimally and then college or an employment training program); education about birth control at a younger age; and post-delivery education. In addition, Family Support workers who are bilingual for Oneida County's diverse ethnic populations are in high demand, especially those who speak Vietnamese and Russian.

Recommendations

- 1) The demand for workers in general and bilingual workers far exceeds capacity. Increased funding and staff needed to meet needs.
- 2) Prenatal care, prevention of unwanted pregnancies, and child abuse need to be a part of a greater community dialogue.
- 3) Completing education for young mothers should be a major focus.

Women's Employment Resource Center

The Women's Employment Resource Center (*WERC*) was established over fourteen years ago and evolved from the Displaced Homemakers Program. The funding that WERC receives from the Department of Labor is stipulated for women, and the majority of programs and services are aimed at women. They received funding from Temporary Assistance for Needy Families (TANF) in 2003, but funds had been cut at the time of the interview, and services were solely for women who were divorced, widowed or separated and now found themselves on public assistance. They were not able to provide any services to women with children who had never been married or to women who were currently married and wanted to re-enter the workforce. The director of the program, Eleanor Moran, was interviewed.

Program Description

The goal of WERC is to give women the skills that they need to get into the paid workforce and achieve economic independence. Their programs include such services as job readiness, communication training, computer literacy, resume preparation, job retention, and job referrals and placement.

Target Population

In 2004, WERC served 157 women clients, primarily displaced homemakers due to death of spouse or separation and divorce. Of those, 109, or 69%, were White; 33 (21%) were Black, 9 (5.7%) were Latino, and 6 identified themselves as "Other." The average age of clients is between ages 43 and 48. Children are usually older teens or adult children who are out of the home. Some women are able to be placed in higher level positions, but the majority of the time, the focus is on lower-level work re-entry. Many of the jobs available are in service positions, paying between \$8.50 and \$12.50 per hour and in positions with limited promotional prospects.

In 2004, \$4,948 was given to the Women's Employment and Resource Center (WERC) by the Women's Fund to assist rural women to become more self-sufficient. WERC provided basic training, skill enhancement and counseling to women in a special program in Camden during 2005 with job referrals and placements.

Successes.

- Ninety-five clients were placed in employment in 2004.
- Twelve clients entered higher education – a certificate program or degree program beyond high school.
- Younger women have the least difficulty obtaining and maintaining a job.

Barriers/Constraints

- Older women face age discrimination and obsolete skills for today's jobs.

- Immigrants have difficulty maintaining jobs due to language & cultural differences.
- Lack of child care, especially at night limits options for being home days with young children.
- Work requirements create difficulty for getting school age children to and from school.
- Healthcare for women and their children is still not full coverage with waiting periods, financial buy-ins, and co-payments.
- Disinclination to maintain work due to penalties in decreased assistance when doing so.
- A newer inner-city population being served has presented as low as an 8th grade education, with no GED, and opportunities are limited with no education.
- Fear of going back to the work force for older women.

Recommendations

- Services at WERC need to be expanded to all women, regardless of marital status and participation with public welfare.
- Advocacy for increased child care options is needed.
- Networking and advocacy for the supports such as child care, health care and flexible work hours needed to maintain full-time work as a mother.
- Foci should be developed for specific needs of younger women for career paths and for older women in respect to skills needed in today's workplace.

YWCA of Mohawk Valley – Women Experiencing Domestic Violence

Domestic abuse is the emotional, psychological, physical, and/or sexual mistreatment that one person in an intimate relationship uses to retain control and domination over the other. The victim often feels that he or she deserves the abuse. Every victim, whether female or male, gay or heterosexual, has a right to seek legal aid and to remove him or her self from the abusive relationship (<http://www.nysadv.org>.)

Minority women are not more likely than Caucasian women to be domestic abuse victims, as commonly thought. Domestic abuse crosses both racial and socioeconomic barriers. All women, white or black, rich or poor, share the same symptoms as victims of abuse; the “psychological pain of guilt, emotional and economic insecurity, and fear of reprisal from their mates if they seek help” (Coley & Beckett, 1988, p. 269).

For the victims of domestic abuse, the act of seeking help does not guarantee safety; in fact, it often increases the violence in the relationship. Victims' experiences of abuse are still extremely high after separation from their abusive partner: 89% experience severe physical abuse, 64% experience sexual abuse or rape, and nearly 100% experience continued psychological abuse (Baker, Cook & Norris, 2003).

Housing problems are prevalent for victims transitioning out of shelters. Between one-quarter and one-half of domestic violence victims surveyed in one study reported skipping meals to make rent, being threatened with eviction, and failing to pay other bills to pay their rent. In addition, 38 percent of women reported becoming homeless immediately after separation from their partner (Baker, Cook, & Norris, 2003).

Program Description

The YWCA provides several different services for victims of domestic violence. The YWCA has a 24-hour crisis hotline, providing initial access and screening to the Domestic Violence Program. They also screen for access to the Oneida County Child Advocacy Center, the Oneida and Herkimer Counties Sexual Violence Services (hotline), the Homeless Intervention Program, with referrals to police departments, child protective services, and court systems as needed. The YWCA's Domestic Violence Program services include residential shelters in Rome (Lucy's House) and Utica (Hall House), Domestic Violence 101, an educational and base support class, ongoing support groups, and a Court Advocate program for victims.

Lucy's House is a 6 unit safe house (not staffed 24 hours) in the Rome area that opened in recent years, due to an unserved population in the city of Rome and outlying areas north and west of Rome. Hall House is a 16 unit safe house that is well-established in the community and staffed 24 hours a day, 7 days a week. Both houses are licensed by New York State and for women in direct crisis, but neither shelter is handicapped accessible. The safe houses are temporary crisis shelter, with stays ranging, on average, between 20-24 days with two extensions possible up to 90 days. Women in the residential programs are provided counseling and rehabilitation and are sent for medical services if attention is warranted. The same services are provided for their children. Victims in the program must be receptive of treatment, since all services are voluntary.

Target Population

The general target population served by the YWCA Domestic Violence Program includes women who have experienced abuse, though hotline calls are taken for both men and women. The program does not provide other specific services for men, which is partly due to the specific goals of the YWCA to treat women and also because of the less significant number of men seeking help. Thirty percent of women in the shelter can also be homeless women, but typically these women are homeless due to the domestic abuse.

The age distribution of clients ranges from 16, without a parent, up to 89 years of age. Women also bring their children into shelter with them, so the youngest person served by the programs may be a newborn. The population served at the shelter, according to program staff is most likely to be ethnic minority, low income, low education, and unemployed.

A sample of 30 shelter cases reviewed in 1999 showed 20% of victims visited a hospital for injuries; 38% filed a police report; 50% were receiving Medicaid for themselves or

their children; 40% were receiving Food Stamps, and 73% were unemployed. Supplemental Security Income (SSI) was in place for 16.6%. Ages of women coming into the shelter ranged from 17- over 50, with most women in the 22-40 age group (Domestic Violence Services, 2000).

Successes

In 2004, the following services were provided:

- The Domestic Violence Hotline supported 1056 callers, with 504 unduplicated new clients.
- The Sexual Violence Services hotline received 196 calls in Oneida County with 75 new cases, and 97 calls in Herkimer County with 28 new cases involving 180 children.
- The Oneida County Child Advocacy Center saw 115 new minor children and 99 new secondary victims (family members.)
- Hall House sheltered 100 women and 95 children, and Lucy's House sheltered 27 women and 33 children.

Barriers/Constraints

- Research indicates that there is a growing population of homeless, low-income, single mothers who have left abusive relationships nationally, and anecdotally, locally. Federal programs that assist in payment of rent have waiting lists sometimes of more than two years.
- Domestic violence victims need a comprehensive program with individualized services in a community response with sufficient rehabilitation.
- Abused women exiting shelters have basic living needs and longer term planning for security.

Recommendations

- Safe, affordable living environments with long-term security.
- Accountability for perpetrators of domestic violence within the criminal justice system.
- Comprehensive, community-based programs with individualized services for a range of needs.

Supportive Case Management – Women with Mental Health Disabilities Neighborhood Center, Catholic Charities, Family Services

Supportive Case Management provides mental health services for adults with Axis I clinical disorders, using the DSM-IV Handbook of Mental Disorders. Although all three agencies provide case management services, the Neighborhood Center directs the program. Services are obtained through direct contact with a direct phone line in the main office of the Neighborhood Center. Referrals are received through hospitals,

physicians, mental health clinics, psychiatrists, and other mental health care professionals, and each client is assigned to a Care Coordinator. The goal of the program is to maintain the client in the community, without psychiatric hospitalization, with optimal self-care and independent functioning in his or her life and to empower the client, giving him or her the capability to care for him or herself. Funding comes directly from Medicaid, Medicare, and SSI, but sufficient funding remains a problem.

Target Population

The case management program is for adults with a psychiatric diagnosis, such as paranoid schizophrenia, mental retardation, severe bipolar disorder, depressions, and eating disorders. The target population includes adults of 18 years or over. Gender differences in prevalence and symptomatology exist in nearly every Axis I clinical disorder, but the provider organizations provide services to both males and females.

Although some of the clients are more highly functioning, others are greatly in need of support. Most individuals have no money, no means of support, little to no contact with family, and they may be homeless. Many are in a state of emergency when they seek assistance from the agency.

Successes

Supportive Case Management advocates for and assists individuals in gaining entitlements such as SSI, public assistance, and food stamps. The agency also provides access to occupational therapy and treatment programs, psychiatric or counseling services, recreational programs, and other social resources, including transportation assistance.

Barriers/Constraints

- Most clients have lost their homes and need a place to live when receiving necessary treatment and services.
- In order to meet the need for appropriate, high-quality services, funding of mental health programs needs to be increased.
- Maintaining individuals with severe and persistent mental illnesses in the community requires an intensive array of mental health and supportive services.

Recommendations

- Safe, affordable housing is key, as homes are often lost as a result of illness.
- Practical skills and self-confidence are needed to succeed and live independently.
- Treatment services are critical in the community to support adult recovery.

Resource Center for Independent Living – Women with Disabilities

RCIL provides programs for the disabled and the elderly, both men and women. These include legal advocacy, job placement counseling and training programs, and consumer counseling services. RCIL serves about 16,000 individuals each year, with more than half of the customers female. The term “disabled person” encompasses a large group of individuals, each with specific needs. The most common association with the term “disabled person” is a person with a mobility impairment, but it might also refer to a hearing or vision impairment, a learning disability or attention deficit disorder, or a person with a diagnosed mental illness.

Running parallel to, but rarely in conjunction with the women’s liberation movement and the civil right’s movement, the disabled community in America established a disability rights’ movement in the 1960s. Decades later, in 1990, as a result of extensive struggle on the part of disability activists and legislators alike, The Americans with Disabilities Act was passed into law. As a result of this newly passed legislation, the need for services for people with disabilities, resource centers for independent living blossomed. The ADA “federalized the legal rights of people with disabilities” and now categorizes “disability” as “a physical or mental impairment that substantially limits a major life activity, such as walking, seeing, hearing, learning, breathing, caring for oneself, or working” (Zames & Zames-Fleischer, 2001). The Americans with Disabilities Act expands and protects the rights and access for persons with disabilities and makes illegal the discrimination against someone on the basis of a disability for employment, public services, public accommodation, and transportation, among other things.

Young women with disabilities leave school with less positive adult outcomes than their male counterparts. **Employment rates for women with disabilities are reported to be 20 percent to 30 percent lower than women without disabilities or men with or without disabilities** (Doren & Benz, 1998). Research also indicates that males with disabilities are more likely to be employed, earn higher wages, work full time, and remain employed than are females. When employed, females with disabilities are more likely to be employed in unskilled jobs than males in spite of a lack of difference between sexes in I.Q., achievement, and basic job skills (Sitlington & Frank, 1993).

Target Population

Shevy Healey talks about the common tendency to group older women and women with disabilities together saying, “Popular belief assumes a common agenda between old women and women with disabilities. The stereotype is that all old women are disabled, and all women with disabilities may as well be old. . .” (Healey, 1993) Women with disabilities have very high unemployment rates. **Of the 23.5 percent of disabled women in the labor force, 15.5 percent are unemployed.** When these figures are compared to non-disabled women, 64 percent are in the labor force, with an unemployment of only 7.5 percent (Blackwell-Stratton et al., 1998). Women with disabilities are often in the lowest income bracket, with 30 percent of women falling

below the poverty line. In comparison, only 10 percent of non-disabled women have incomes below the poverty line (Blackwell-Stratton et al., 1998).

More than one-half of the 16,000 customers annually for RCIL are female. The average income is very low, and on average women with disabilities earn \$7,000 less annually than non-disabled females and \$8,000 less than men with disabilities (Schur, 2003, p. 40). Many of the adult women with disabilities that RCIL serves in 23 counties tend to be under-educated, often have been improperly diagnosed (eg. learning disabilities) and at least initially, have limited employment skills. For female consumers whose disabilities were diagnosed in their youth, primary and secondary schools have frequently been less than positive educational experiences. Elementary and secondary schools that should have been one of the first sources of assistance for their female students with disabilities have often neglected their special needs, i.e. the necessary and personal accommodations for the classroom or the workplace in order to offset disabilities. Too often school personnel have also discouraged these young women from seeking post-secondary education. Young women with disabilities who are without supports have more of a tendency to drop out of secondary school and fail to obtain their GEDs, especially in communities and in households where education is not emphasized.

Many of the women with disabilities who apply for vocational rehabilitation services are marginally self-supporting, living on one income (that includes SSI benefits,) and are living below or at the poverty line. Those with the primary care of dependent children or other dependent family members are often limited as to when they can work and are often a part of the growing population of part-timers who are struggling to make ends meet without medical insurance, or other employment benefits. These women often take part time low paid unskilled positions even if they're over-qualified for the work because those jobs tend to be more hourly flexible, are often rejected by their male counterparts, and frequently are readily available.

Successes

The experiences of women in vocational rehabilitation are very individualized, and not easy to compartmentalize. Data is not available to easily analyze the crossing influences of variables such as gender, disability, race and employment. In rural communities, race is still as much a dividing line in employment as is disability.

The most successful vocational rehabilitation experiences are dependent on helping the consumer create a very personal balance between a variety of issues: accepting and understanding disability and discovering abilities; recognizing the family/private dynamics and the support or dependency within that household; facilitating the line of communication and affirming the relationship between the consumer and the vocational rehabilitation counselor; and accessing the expertise of that counselor. Regardless of gender, the consumer of vocational rehabilitation services also needs a working knowledge of and access to a variety of pro-active supports.

Ultimately, the success of the women involved in vocational rehabilitation depends in large part upon their own determination and their ability to navigate and self-advocate within an overly complicated system. The goal of RCIL is to help them reach their goals, one person at a time.

Barriers/Constraints

- Women with disabilities have very high unemployment rates.
- Women with disabilities are often in the lowest income brackets; on average women with disabilities earn \$7,000 less per year than non-disabled women and \$8,000 less than men with disabilities.
- People with disabilities often need specialized transportation, expensive vehicles with modifications and are often unable to afford such vehicles.

Recommendations

- Increased funding is needed for vehicles, insurance and maintenance.
- Women with disabilities need opportunities for viable skills and training to secure higher-paying jobs.
- Women with disabilities need individualized services that acknowledge client strengths and allow for a strong relationship between the vocational rehabilitation counselor and the client.

Mohawk Valley Resource Center for Refugees – Refugee Women

MVRCR has resettled more than 11,000 refugees over the past twenty years, with refugees now comprising between 12 and 15 percent of Utica’s population. The main ethnic groups settled were Vietnamese, Russian, and Bosnian. The newer populations arriving in recent years are African: Sudanese, Somali Bantu, and Liberian. In addition, immigration to the city has increased for Latinos, which seems to be a secondary migration from New York City.

Program Description

Key services provided are:

- ***Reception and placement services and referrals*** for newly arrived refugees, including but not limited to: pre-arrival and reception assistance, intake and resettlement plan, housing, furniture and clothing assistance, public assistance, child care, healthcare and medical assistance, cultural adjustment and community orientation.
- ***Outreach prevention/intervention services and referrals*** for refugee communities and special refugee groups (children, youth, women). Main areas of focus: mental health screening, crisis intervention, health, family planning, educational support, personal budgeting and financial management, social adjustment, women’s and family issues, and volunteer capacity building.

- ***Employment services and referrals*** for refugee clients up to 5 years upon arrival to the U.S.: job development, job counseling, direct job placement and assistance, job upgrades, follow-up with employers and employees
- ***Immigration and Citizenship services and referrals*** for refugee clients and their families.
- ***Interpretation and translation services and referrals***: on-site interpretation, cultural brokerage, written translations of documents in several languages, including Bosnian, Serbo-Croatian, Russian, Burmese/Karen, Kswahili, Maay-Maay, Farsi, etc.
- ***Cultural Competence trainings and technical assistance*** for local community providers and organizations.

Target Population

Refugees from Bosnia-Herzegovina constitute the largest refugee group in Utica (4,448), followed by the former Soviet Union (2,301), and Vietnamese (nearly 2,000). The newest groups being resettled in recent years are Burmese, and several African nations such as Liberia, the Congo, Lybia, Sierra Leone, and the Sudan. Refugees come to this country as a result of political or religious persecution, which makes it unsafe for them to continue to live in their country. Funding given for resettlement services to refugees does not include other immigrants who came to this country through other channels and without refugee status. Therefore resettlement services are limited to refugees, although some of the services provided by the agency are available to immigrants as well. None are gender-specific.

During calendar years 2003-2005 out of 77 Liberian arrivals, 26 were single women/mothers (34%). Out of 236 Somali Bantu arrivals, 50 are women who have been identified as single and/or at risk (21%). Many services in the community that are designed to help women in need are under-utilized by refugee women due to language and cultural barriers. For many refugee women, building a new life in America can be excruciatingly difficult. Obstacles to successful transition can seem overwhelming, particularly to those who are single mothers, secondary wage earners, or who are dealing with depression and Post-traumatic Stress Disorder resulting from their refugee experience.

The experiences endured by many African refugee women (forcible expatriation, extended stays in camps under harsh conditions, traumatic persecution, sexual exploitation and abuse), place considerable stress on them, their family, and their respective community. Upon being resettled in the United States, women from these populations have to adapt quickly to an unfamiliar culture, language, roles, and responsibilities. Moreover, the economic demands of resettlement affect African women in different ways.

Successes

- Women’s social events held at the Refugee Center bring women together to share their hopes and fears and give opportunities for volunteers to begin 1-1 supportive relationships.
- Health education is provided through presentations at the Refugee Center by community health agencies.
- English language services help women to participate in the community and to gain skills to be employed.

Barriers

- Women refugees and immigrants are often family caretakers and may be limited in their ability to access language, orientation, and employment services due to family responsibilities.
- Women may have come from a culture in which homemaking and taking care of the family was paramount; employment requirements in a strange land and expectations to interact with men in the workplace may be a cultural clash, and gender roles in the family may change dramatically.
- Cultural practices such as female circumcision within the Somali Bantus and other health practices may create confusion and conflict in the host culture.
- Funding limitations do not allow for consistent networking for women refugees and reaching out to those who are isolated culturally and linguistically.

Recommendations

- Proficiency in the English language is one of the greatest determinants of successful resettlement, especially for female refugees; provide outreach to women to increase their abilities for networking and empowerment.
- Cultural orientation is needed for every aspect of life, from personal hygiene to banking and shopping; the further the original culture from the host culture, the more confusion there may be about cultural practices and gender-specific roles in families.
- Targeted outreach is needed for refugee women, and funding has been cut for such services. Women should be screened for post-traumatic stress disorders, as well as common health risks due to lack of health care and traumatic events that may take place prior to and during displacement and transition.

Summary

Many women experience difficulty with parenting issues, economic self-sufficiency in providing for themselves and their families, relationship and marital problems, cultural issues in resettlement, and barriers to health and well-being over the course of their working years. The proliferation of human service agencies over the past decade address a myriad of issues for women and provide needed supports for the lives of women and their families. Agencies are limited in who they can serve and the depth and breadth of services for the women who need them. Agencies often need greater funding and less restricted funding. Outreach and the marketing of services still leave many unaware of where to go to seek help toward economic self-sufficiency.

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Part 2:

**Bridges and Barriers
to Women's Economic Self-Sufficiency
in the Mohawk Valley**

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Introduction

The paths in and out of poverty are patterned and they are inextricably gendered. Women in the contemporary United States continue to be more vulnerable than men to poverty and its deleterious side effects. In a nation where women are 51% of the population, they continue to be 56% of the poor (Census 2000). This is even more dramatic in the Mohawk Valley: Fully 23.2 percent of women in Herkimer County live below the poverty level. Fully 30.2 percent of Oneida County's women live in poverty (Census 2000). Even more alarming is the fact that four-tenths of all households headed by women are below the poverty line (41.1 percent in Utica and 37.9 in Rome). Thus, to be concerned with women in the Mohawk Valley is to be concerned with poverty and women's pathways to economic self-sufficiency.

The gendered nature of poverty matters because it has significant effects on the social, medical, educational, and economic outcomes of the individuals and families who suffer from it. According to Wilkinson (1997), those living in poverty often live in lower income communities and are commonly subject to stressors such as high crime, domestic violence, and lack of resources. These stressors can create or add to real emotional and physical health problems. The processes of seeking help and trying to obtain assistance through governmental and social service programs can also be stressful: Coe and Hill (1998) found that those who receive food stamp benefits may experience stress when confronted with the task of filling out the paperwork therefore. As a result, some may opt not to participate at all, leaving themselves at greater risk for health issues related to lack of proper nutrition. Thus it is clear that having no money is not the only problem with being poor: Instead, poverty is often closely connected to a wide range of real and substantial difficulties.

There are many reasons for this gap in poverty between men and women. Women continue to earn lower wages—often in gender segregated occupations—and continue to have a disproportionate share of domestic tasks (including care of children), even when they are married and living with their husbands. Additionally, all parents—but especially women—suffer from the lack of structural supports such as full-day child care that could assist women in the workforce commitments they are now required to have in the post-welfare economy.

In this report we build on the earlier projects of the Women's Foundation of Genesee Valley (2004) and the Arthur Levitt Center at Hamilton College (2003; in conjunction with the Women's Fund of Herkimer and Oneida Counties), to explore *women's subjective experiences of the factors that make poverty and economic dependence easier—or more difficult—to escape*. Using qualitative interviews with women drawn from five different populations known to be at risk, we illuminate the logistical and experiential aspects of being “at risk” that appear to make the difference between making it on one's own and falling through the disappearing safety net of the 21st century. We conclude with suggestions for policy.

Methodological Approaches to Data Collection and Analysis

In order to expand upon the recent quantitative research about women in Herkimer and Oneida Counties, we chose to use qualitative methods to explore the objective and subjective aspects of being economically and socially at-risk. During the spring semester of 2005, students in the Sociology Department's Senior Research Seminar at SUNYIT used semi-structured qualitative interviews with women from at-risk populations to explore the bridges and barriers to economic self-sufficiency—the factors that serve to promote or inhibit women's becoming able to support themselves and their families independent of governmental or other outside subsidies.

Semi-structured interviews are important for gaining information about individuals' life experiences because they allow the researcher to begin with a general set of questions and then build off of the responses provided by the interviewee (Weiss, 1994). Thus the interviews began with questions about the issues as they have been identified in the relevant literatures, but were able to quickly focus on the areas most important to the respondents themselves. Although each interviewer began with a set of interview questions, clustered into the initial topics, interviews were neither bound to nor expected to adhere to these initial questions. It is in the analysis of the data then (discussed below), that the interviews are made coherent across groups. The themes discussed in the results section reflect the concerns that were raised by the respondents across the interviews and different groups of women.

The interviews took place in a variety of locations, including the SUNYIT campus, respondents' homes, social service agencies, and public spaces such as donut shops. The locations were selected jointly by the respondents and the student interviewers, often with guidance from faculty and agency personnel. Interviews were taped and transcribed as permitted by the respondents: When respondents did not want to be taped, the interviewers took extensive notes and typed up an augmented set of notes immediately after the interview, per standard professional practice (Weiss, 1994).

Sampling/Selection of Participants

The at-risk populations at the heart of this project were identified in conjunction with the Women's Fund of Herkimer and Oneida County. In identifying these groups, we drew upon the previous research conducted on these topics, as well as the experiences of the Women's Fund and its affiliate programs working in the greater Mohawk Valley. These populations—single mothers, women who have experienced domestic violence, refugees, and persons with physical and/or developmental disabilities—reflect some of the larger challenges facing women in this area.

Within each of these groups, purposive and snowball sampling techniques were used to identify potential participants. This often involved assistance from “gatekeepers”—contacts within the area's relevant social programs and services who were willing to initiate contact between the interviewers and interviewees. Some of the participants then suggested other potential participants (the essence of the “snowball” sampling technique). In order to protect the privacy of the respondents—a concern raised by respondents as well as the social service personnel—respondents are neither identified nor affiliated with any particular agency.

All of the respondents in this project were women. All of the U.S.-born women are white. The refugees are from Eastern Europe, Asia, and Africa, in roughly equal parts. The women range in age from early twenties to mid-fifties and are spread roughly across the decades. We did not ask for demographic information such as exact age, highest level of education completed or annual income, thus we cannot offer those comparisons here.

All participants were provided with project information concerning our interests, goals, and human subjects' protections. A boilerplate version of the informed consent letter is provided in [Appendix A](#): some modifications were made as needed for reading level and language skills. In some situations, job coaches and program coordinators took part in the interviews alongside the responding individual. In each case this reflected either the specific request of the individual or a logistical (such as language or interpretation) necessity. Respondents described in this report are not being identified or affiliated with any agency in order to protect their privacy.

Data Analysis

As described above, after each interview the student interviewers filled in their notes on the interview and either typed up their written notes on the process or transcribed their interviews from the tapes. Each interview was then coded and analyzed by at least three individuals. For the initial summaries by population, the data was coded and analyzed by the two or more students assigned to the project group. For this provisional report, all data was recoded and analyzed by a research assistant (this report's author) working in conjunction with the supervising faculty. The themes discussed below thus reflect the standards of multi-rater reliability (c.f. Weiss, 1994; Wolcott, 2001).

Results and Discussion

Across the interviews and population groups, a number of issues emerged as priority factors for women seeking economic self-sufficiency in the Mohawk Valley. It is important to note that these issues in general do not appear to differ significantly from similar reports in other locations (e.g. Women's Foundation of Genesee Valley, 2004: 61), although the women's explanations are clearly specific to their own experience. We do, however, add discussions of respect and independence to the previous lists of community priorities, reflecting the requests of the study's respondents.

In this report we discuss the following bridges and barriers to women's economic self-sufficiency: First, we discuss **logistical factors**, such as childcare and transportation. Then we discuss **instrumental** factors such as language training and formal education. Thirdly, we discuss what we consider to be **experiential and/or emotional** issues, such as self-esteem, respect, and independence. Although we treat these issues as distinct for the purposes of discussion, it is important to note that these categories are in reality only *analytically* separate. Although they appear different on the surface, in reality they are experienced as interwoven and mutually reinforcing by the women who describe them.

Recognizing the interconnected nature of poverty’s logistical, instrumental, and experiential effects is important because it highlights how the logistical challenges of poverty can feed into a perceived lack of caring or respect. Additionally, the lack of respect that many women experience—and in fact many poor people in general—adds layers of pain and difficulty to the challenges of finding safe and affordable day care and safe and reliable transportation. And when a woman cannot provide adequate housing, sustenance, or emotional support to her family, it takes a toll on her psyche. Hence a lack of confidence and inner turmoil occur that ultimately diminish her chance of becoming self-sufficient. We evaluate each of these key factors below.

Logistical Factors: Childcare and Transportation

Childcare. Childcare is a burning issue for women in general, let alone women who fall into lower socio-economic categories. Traditionally the unspoken rule has been that women are the care providers, or that they will make the arrangements for childcare. Women want to be confident in the caregivers’ ability to provide a safe and loving environment for their children to grow and prosper in. Yet, in many cases women find themselves in the position of leaving their children with people they don’t really know. On top of the pressures of providing for the family, they find themselves in the position of making decisions that set them up to feel guilt, anxiety, and fear about being a good mother. This adds to the ongoing stress of maintaining self-sufficiency.

The women also expressed how the stress of maintaining single motherhood might affect their ability on the job, due to the often inflexible structures of available daycare and work. For instance, if the child gets sick, has doctors appointments, or if she is asked to work late, a single mother is often unable to perform her job because some childcare services are only offered until a specific time. These factors could have a negative impact on her job performance and chances of advancement, or on single parents’ opportunity to get hired in the first place.

One of the larger concerns for many of the women has to do with safety and affordability of child care. Therefore, they were concerned with earning decent wages, and at the same time expressed concern over the care of their children. Women are confronted with the issue of whether they should work or stay home with the children. In light of the costs of childcare many women can not make enough wages to justify working. They are caught between the need or desire to work and the reality of not benefiting from working, and they are often overwhelmed by the idea.

“Adequate childcare, not only adequate care, but affordable care too. Most people who have minimum wage jobs would be paying their whole salary just for childcare.”

Another woman spoke of the difficulties she experienced in trying to find the resources such as daycare that exist to help women become part of the workforce,

“One of the biggest problems facing refugees is day care, for us it has been very difficult. It is hard to find care for them during the day so we can go and work, and do everyday things. Having a better daycare system would help.”

Some of the mothers expressed concern over the nature of gender bias in the workforce, particularly in relation to women who are both a single parent and a worker.

“Unexpected child illness, high stress, little sleep, low socioeconomic status, all have negative impacts on single mothers’ employment, and make the mother appear to be unreliable to their employers.”

And as another woman explained,

“Being a single parent definitely puts added pressure on the individual, not only to succeed as a provider but also to prove yourself as a valuable employee.”

It is clear here and in data nationwide: There are minimal benefits in place to protect women who work and raise children. Many of the women in this study are left without supplemental income for days missed, they are not granted any personal days off, have no health care, let alone retirement. Thus the lack of affordable, conveniently located, and flexibly scheduled day care further chips away at working mothers’ economic security.

Transportation. Transportation issues effect a woman’s decision to work outside the home, leave abusive relationships, and have access to and from daily activities outside of their immediate community. With a public transportation system that is limited and or nonexistent, the women have fewer choices of where they can work, and less chance of getting children to the care providers’ in a timely manner. Many women are in the position of working a full day and then using public transportation to pick up their children. This time line in some cases adds several more hours to an all ready long day, again creating a barrier to becoming self-sufficient.

Women often talked about how transportation plays a major role in their workforce decisions and workday demands. For instance, getting to the job, taking children to day care, making it to appointments on time and running errands, are all aspects of daily life that are significantly impacted by the availability of safe and reliable transportation. The high costs associated with maintaining a car such as insurance premiums, maintenance, repairs, and gas prices, are central to whether or not a woman will have transportation. Public transportation takes longer, has limited service, and restricts their opportunity to seek employment outside of the localized bus routes. For those who do not have the resources to maintain transportation there is the added stress of getting to and from all the previously mentioned destinations.

In short, having dependable transportation is a luxury that most people take for granted. It isn’t until they are left without it that they realize the convenience associated with owning a car. Many of the women in this study are confronted with this issue on a daily basis. They lack the convenience to perform the simplest tasks—or the most urgent. Here are some points that women found as pivotal:

“I didn’t live in the inner city, so I didn’t have access to public transportation.”

Another woman elaborated on the factors associated with having a car and the convenience it affords her when being concerned about childcare and employment. Women find themselves in positions that put their safety and their children's safety at risk. Having transportation also gives a woman the ability to become competitive within the workforce that she would otherwise be excluded from. If she doesn't have this type of edge she is left taking whatever job opportunity is available, and it is often one that is not sufficient enough to make a difference in her efforts of being economically secure.

“You have more choices if you have a car. You don't have to pick a job that is two blocks away and that you can walk to everyday. Utica doesn't have a good city transportation system. Having to walk home at eleven at night with your child is something you shouldn't have to do. They offered to send me to BOCES, but I didn't want to have to ride a bus at six o'clock in the morning with my son, so I didn't go.”

This also reflects not only the decreasing subsidies for public transportation and other public goods, but also the trends in urban and suburban planning that have resulted in the exodus of jobs from central cities to outlying suburbs and other areas without sidewalks, bus lines, or other travel modes for the people who do not have transportation.

“I used to take the bus and I would have to get up an hour and a half before my shift. Plus, on Sundays there is no bus service. So, if you have a job where you have to work on Sundays, like at the hospital, you're screwed.”

And even more chillingly, the following respondent reveals the importance of transportation for women who experience domestic violence:

“Transportation is a huge barrier for women because I don't know many abused women who are actually allowed to have their own transportation. That would be a threat to women, not having any idea of how to be out of a relationship like that.”

Overall, transportation appears to grant women the freedom to become employed in areas outside of their immediate community, it also gives women a sense of ease in knowing they can get to their children more quickly if need be. It also serves as a more convenient and time saving device when considering everyday functions. For those who do not have the resources to maintain transportation there is the added stress of getting to and from their destinations and it plays a key role in whether or not women will utilize job training programs that are available. Additionally, all the women in this study spoke of the need for affordable and competent care for their children; some expressed the need for more flexible hours at day care centers, and others were not aware of government services that they might be eligible to receive. Accessible day care and transportation services are two very real issues for working women in the Mohawk Valley. Illuminating and addressing these concerns will be a central factor in building bridges towards economically self-sufficiency for women.

Instrumental Factors: Language and Education

Language training (specifically English as a Second Language) and formal education are two resources that many women mentioned repeatedly as important aspects in their efforts to become self-sufficient. For immigrants and refugees, learning English is often a necessary key to the world that is literally outside of their front door. A number of women expressed that the local resources for ESL, although helpful, were insufficient.

Another area of focus is the shift in family dynamics that takes place. When women learn English, it can dramatically shift the balance of power between husbands and wives, as well as between parents and their children. Additionally, some of our respondents had not worked outside of the home in their country of origin, but have entered or attempted to enter the workforce since coming to the United States. As stated before, this change in a woman's status has been known to create instability within the family structure, often with unpredictable effects. We will explore how these issues are intermingled below.

Language is a barrier that exists for many of the refugees, sometimes at the most basic level and other times at the more economic. Much of the time these women are taking jobs for the sake of having employment, that is, because they need to. Those with the fewest skills must choose jobs that require the least amount of language skills and not the jobs that could potentially benefit them in the area of becoming economically stable. Below are a few quotes that reveal some of the women's experiences with the language barrier in daily life:

“Language has affected my ability to succeed in some ways. First, I didn't know anyone. Second, I find it very difficult to find anything. Hard to find the right food, directions, work-stuff like that.”

“I find it a little hard to find jobs, but I ask friends to help me find work that you have to speak English so good.”

Of even greater concern is the shift that the lack of language skills has created within the family dynamics of these women's homes. When asked if age affects about how the family adapts to life in the U.S., many of the women spoke of how previously they had not been in the position of linking family to the world outside of the home. In other situations, it is the children who become the overseers of affairs and become the family's link to societal, cultural, and political issues. In a sense, the children are the educators of the family.

As one woman explained,

“The young ones are the easy ones to adapt. The older ones adapt in a different way. They are less able to take in the American culture than the young ones.”

A young interviewee expressed a similar idea:

“Just interview my mom and you’d see. I feel that you learn a lot in your teenage years. A younger person is more likely to adapt than an older person. I feel that I am more American than Bosnian.”

This can potentially have an effect on the family structure, especially when the women attempt to enter the workforce. Some of these women come from cultures where women traditionally do not work outside of the house, and the change within the family dynamics can create problems in the relationship with their spouse. When asked about how her role has changed since being in the United States, one woman had this to say,

“Women didn’t work in Sudan. Now I work. My job in the family is the same.”

Most of the women agreed that job training and or higher levels of education could positively affect a woman’s ability to become self-sufficient. It is no secret that the jobs of today differ from the jobs of the past and that education is a guiding force in becoming successful in terms of employment. One of the common ideas present throughout the study is that education not only gives women a greater chance for success, but that it also gives them an air of confidence about themselves as women in general. While it is true that women live in a world that has been historically dominated by men, and they do not make the same amount of money dollar for dollar, perseverance is a trait that cannot be dominated by any gender specific group or any amount of money. The quotes below reveal some of the common sentiments revealed by our respondents:

“Yes definitely! Otherwise, you end up in a dead end job if you don’t have enough education.”

And equally importantly,

“When I was given the opportunity to experience higher education it completely changed the way I viewed my life.”

The common belief throughout society is that education paves the way to success. The women in this study agreed that education was vital in becoming self-sufficient. When taking into consideration the fact that most women are raised with the notion that they should get married, have children, and then think about themselves, it’s no surprise that many women are undereducated and their chances for competitive wages are minimal. It is important to note (in foreshadowing our next section) that the women don’t simply discuss education in the context of workplace achievement, but rather focus also on its effects upon them as individuals.

“I think its imperative especially in today’s day and age. Education especially for women, not having to rely on a mate or family, again I can bring in the self-esteem issue.”

As another woman explained,

“Well, it doesn’t stop them from being a single mother. I know education doesn’t help me not to be a single mother anymore. But it does make me feel important.”

On the surface women agree that education is a key factor to becoming an asset in their community and within society as a whole. But what is disturbing is that both the barriers and bridges that many of them face are structural in nature. Breaking into a workforce often times proves to be more difficult than any of them could imagine. Women are generally trained either formally or informally to enter into gender specific jobs such as secretarial positions, nurses aid, waitress, and so forth. These are usually lower earning positions that lack the potential for future advancement and continually keep women at the lower end of the socio-economic ladder.

Experiential and Emotional Factors: The Desire to be a Valued Member of Society, and the Importance of Independence and Respect

Another area of concern for the women we interviewed involves the lack of respect that they feel they receive from the larger Mohawk Valley Community, including workers in the very institutions that are supposed to assist them and protect them from unnecessary harm. Some women felt that they were sanctioned—socially, and some times economically—for seeking out the services and assistance to which they are entitled. One interviewee spoke of the discrimination that she faced in light of her disability. A number of women talked about how they feel service providers contribute to the stigma women may face when applying for services.

“When I was 16 I had a doctor tell me ‘honey you’re not going to college, you may as well just marry someone wealthy, because there’s no way you can do it with your disability.’ Well I have an associate’s degree from HCCC, and a couple years later with two kids in tow I went back to school and got my bachelors in history and sociology with honors and then I just completed my masters degree in social work.”

Many individuals in our society feel driven to make a contribution to their communities, and this is no less the case for people who suffer from disadvantage or disabilities. For some women a significant bridge to finding suitable employment is the use of Job Coaches from such services as ARC and the Resource Center for Independent Living (RCIL). These women who responded expressed pleasure in having a job and the underlying theme of satisfaction in contributing to their independence by working. This is what one of the women had to say about becoming self-sufficient.

“It’s my idea to work... I get out and meet new people.”

It is important to note, however, that the ways that these women describe themselves as earning respect and independence are generally connected with their ability to contribute in the economic arena. We believe that this acts as a bridge *and a barrier* to women becoming self-sufficient more broadly. When gaining respect and independence

is contingent on external structures (that may or may not exist), mitigating circumstances beyond the woman's control, or on the support of family, friends—or even society as a whole—then women already at risk are putting their capacity for self-respect in the hands of potentially undependable others. For this reason we think it is essential to recognize that what is often characterized as “self-esteem” includes but goes far beyond the women's feelings about themselves. Instead, self-esteem is tied to social trends, public opinion, and structural resources that may or may not support these women in their struggles. We discuss these components of “self-esteem” below.

The stigma of vulnerability and the mandate of independence. A disturbing theme throughout the interviews was the very negative way that some of the women characterized those who receive benefits—even though they themselves had been or were presently getting assistance. One of the women stated rather dramatically that,

“Not everyone on welfare is trash.”

This is not simply a matter of this woman's opinion, but instead of course reflects a widespread view about women who receive assistance. They are often looked down upon and viewed as being lazy or looking for handouts: They have even been accused of having more children so they can continue receiving benefits. This view was also apparent in another woman's comment about single mother—herself of course a single mother:

“I think that some women use being a single mother as an excuse for not working as hard.”

In a society where the vast majority of mothers are employed outside of the home as well as working within—and even mothers who choose to stay at home with their families are likely to be working constantly and hard—one has to wonder where these standards of “working hard” are set—and whom exactly they benefit. When women are shamed or ostracized for living in poverty, it's no wonder that the majority of these women associate a certain amount of stigma (what some of them describe as a “lack of self-esteem” but we call societal disrespect) with their status.

Regardless of the terminology, it is important to note that many of the factors that the women feel contribute to their status are linked to self-esteem issues. This lack of self-esteem appears to affect their ability to cope in social, personal, educational, and economic arenas. Women living in poverty often come from families that have struggled with poverty, often for generations. Further compounding their dilemma is the fact that government entitlements and other forms of assistance for women continue to disappear. Increasingly more poor families are left struggling to make do with the few resources at hand. Women living in poverty invariably live in communities where personal levels of support are limited as well. Many times women who must seek help are left feeling like failures: These feelings are compounded by the way they feel they are treated when looking to the social service programs for that much needed help.

Individual-level forces affecting self-esteem: Domestic Violence. These pressures for and against self-esteem might be nowhere more clear than in the arena of domestic violence. These are several of the women's experiences and thoughts about how self-esteem links to obtaining economic self-sufficiency.

"Self-esteem, when in a situation it takes away more than you realize about how you view yourself. You cannot adjust well outside the home; you worry about how others see you...you don't believe that you can ever leave or make it on your own. Your significant other has a constant control over you; you lose your ability to think for yourself."

Women struggle with maintaining a voice in domestic violence situations and become cautious of the most basic aspects in life. Their self-worth is diminished as a result of the abuse and they question their every move. Not being sure of themselves they will again be found lagging in the ability to become self-sufficient.

"Self-esteem is a big issue; not feeling like you're capable of succeeding: you start to feel not sure of yourself, like there is a fear of failure and you won't make it. Also, you may not take a risk or you may feel intimidated if you do try to step out."

Typically women in domestic violence situations are isolated from outside influences, the abuser maintains control over them physically, mentally, and economically, they are afraid to seek employment and are dependent upon the abuser. If and when they do leave the situation they are left with issues that are hard if not seemingly impossible to overcome.

"I wasn't allowed to have friends or go to work because there were males working; so the whole employment aspect was something that just didn't happen."

Women need to have safe environments, in which they can thrive emotionally, mentally, and spiritually. In turn, when women are living in healthy environments they stand a better chance of gaining access to the various avenues of becoming economically self-sufficient. As there are many factors that contribute to the breakdown of a woman's self-esteem. Several of the women suggested that societal opinions of those who have been abused may be changed with more widespread education about the effects abuse has on the victims.

Structural-level forces affecting self-esteem: Unsupportive programs and regulation. Much of the public assistance is set up in a way that income standards are applied across the board, not allowing for even the slightest discrepancy in earnings. This creates an environment of hostility between the recipients and the providers. Essentially women find that they are punished for working. They are kept within a guideline that does not allow for any potential extra earnings: As a result, the more they earn the less they are eligible for assistance. For many women, this means that they lose necessary services, even before their work-related benefits (including pay!) might kick in.

“Well, I started work on April 27th I reported it on May 1st. They wouldn’t pay my rent.”

For many women this means that even the services that are designed to help can be experienced as hostile. Some women report a sense of having to choose between their pride and much needed resources—sometimes losing both.

“Yeah, I never asked for food stamps, even though I needed them. They gave me the cold shoulder when I asked. I couldn’t get emergency assistance. They said I would have to come back, they sent me to the Food Bank. The whole process is humiliating. You could forget one paper or miss one appointment, and they’ll cut your benefits.”

“Some people are just having a bad time of it and need some extra help getting back on their feet.”

On top of already feeling like they don’t quite measure up women are left with the contempt they are subjected to when looking to others for help. They are put on constant guard and have a difficult time trusting that there truly is a light in which they can stand and become self-sufficient.

The Interconnected Nature of Logistical, Instrumental, and Emotional Factors

Although these experiences of shame and disrespect would be painful and damaging to anyone, they are significantly more so for those women who are already vulnerable and struggling within a system that can fairly be described, it seems, as being set against their success. Although all of these issues need to be addressed, we believe that it is the interconnected nature of the factors that amplifies their detrimental effects upon these women and their families. It is this cumulative disadvantage that creates and maintains what sociologist William Julius Wilson (1979) has called the “underclass.” It is this cumulative and interconnected disadvantage that must be addressed, if women and children in Oneida and Herkimer Counties are to thrive.

Conclusions

In spite of much progress, women continue to encounter major barriers to becoming economically self-sufficient. Some of the roadblocks women are up against come in the form of inadequate social policies and supports. Some barriers are social and cultural traditions that encourage women’s subordination and marginalization. These are issues that harm all of the poor and working-poor in the United States, and we believe that they are particularly damaging to women and their families. We need to create structural supports that allow women to succeed and become economically self-sufficient.

Additionally, we need to change the norms and stereotypes that punish the most vulnerable among us. These data reveal how the barriers and bridges to becoming economically self-sufficient are intertwined with societal, personal, and community

judgments about what it takes to be a productive and valued woman in society. Women, particularly poor women, need and deserve a social environment that allows them to develop and maintain positive attitudes about themselves. They should not be sanctioned or shunned for being poor or needing assistance; that is punishment enough of its own. All women need to know that they *can* become self-sufficient; they must also be shown how.

Economic self-sufficiency is about providing women living in poverty a way to improve their lives on a multitude of levels. It's about transforming women's lives and offering them a healthier environment in which they can thrive and in essence become more able to evoke the necessary changes needed for their survival in the economic world. Educating women not only in the academic sense, but also in the area of self-discovery and what that means for the stability of their emotional, physical, and spiritual well being. The resources that women need must continue to support their efforts in achieving economic self-sufficiency, not merely be dangled in front of them for brief periods, they must be committed for the long haul, from start to finish.

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Appendix A: Informed Consent Letter for Participants



What Makes it Easier or Harder for Women to Be Economically Self-Sufficient?

This interview is part of a larger project looking at the things in life that make it easier or harder for women to become economically self-sufficient. We are particularly interested in getting information from people who have overcome some form of difficulty or challenge in their own life and who are therefore able to talk about what can make it easier or harder for people to get by. In this interview we will ask you questions about your opinions about the workforce, employers, and the economy, as well as some questions about work in general. We will also ask you some very basic questions about your work history, your educational history, and your experiences in school and in the workforce. We very much appreciate your taking the time to meet with us and share your knowledge and thoughts.

The information we gather in this project will be shared with **The Women's Fund of Oneida and Herkimer Counties**, an organization that makes grants to programs and agencies working within our community. Your responses can help them better target their funding dollars to the areas and projects where they can best make a difference.

As a participant in a research project, you have some very specific rights, and I would like to take a minute to go over them now. First, taking part in this interview is entirely **voluntary** and you can refuse to participate at any time without any penalty. You have the right to refuse to answer any question. Secondly, your **privacy** is very important to us. We will not ask or record your name and your answers will not be associated with you in any way. What we will do is create a "fake name" for our records, so that your answers will be filed under Linda or Hannah, or some other name. If you would like, you can choose the name. ***[ask if they would like to choose the name]*. We will also remove any information from our report that might allow someone to associate your answer with you, such as what agency you work for, or some similar information. If there is particular information you would like us to remove or cover up, please let us know. Because of these protections, as well as the nature of the questions, participating in this interview should pose little risk to you and your privacy.

Please answer the questions as honestly as possible. Because this information will be used to try to create programs that can better address the challenges in women's lives, better data will help us create better programs. Although it is probably unlikely that you personally will directly benefit from these future programs, it is possible that the information you provide will help to design programs more helpful for individuals like you.

If you have any questions about this project or how the data will be used, you may contact:
Professor Kris Paap, Department of Sociology/Applied Sociology at SUNY-IT
P.O.Box 3050, Utica, NY 13504-3050 - Telephone (315)792-7437 - e-mail paapk@sunyit.edu.

We appreciate your participation in this project and would like to thank you for taking the time to meet with us. Thank you.

For further information about **The Women's Fund of Herkimer and Oneida Counties**, view our website at:
www.womensfundhoc.org.