Introduction

- The current study conducted six focus groups with low-income, disabled mothers who were receiving disability income transfer payments.
- The study investigated the low-income, disabled mothers’ experiences, perspectives, coping strategies and resistance techniques, while focusing on how to relieve hardships and challenges, by changing policy.
Background

- Roughly 15% of all parents have some form of disability
  - Mental illnesses
  - Physical challenges
  - Developmental disabilities (Barker & Maralani, 1997)

- Little research exists on their experiences
Women With Disabilities

- Over 1/3 of women with disabilities are low-income (Jans & Stoddard, 1999)
- Women with disabilities often experience lack of basic needs, including:
  - Food insecurity
  - Housing instability
  - Unmet medical care needs (Parish, Rose, & Andrews, 2008)
- A large proportion of women with disabilities are a racial minority (Parish et al., 2008)
Social Model of Disability

- Usually denotes people for whom disability discrimination is their primary challenge
- Rarely used to explore the experiences of low-income mothers with disabilities
Hardships and Challenges

The most significant social welfare programs for adults with disabilities include:

- Health care programs (e.g., Medicaid and Medicare)
- Federal income transfers (e.g., Supplemental Security Income [SSI] and Social Security Disability Insurance)
Hardships and Challenges (cont.)

- Family support programs (e.g., respite care and parental training programs) (Parish, 2002)
  - Tend to focus on children with disabilities, not parents
- Disability programs disregard mothers with disabilities (Barker & Maralani, 1997)
  - Example: No increase in SSI payments if a woman with disabilities has children, even if she is a single parent without other resources
Hardships and Challenges (cont.)

- Lack of parental-role support for women with disabilities
  - May cause increased scrutiny by welfare program and child protective service workers
  - Similar experiences were found with poor welfare recipients without disabilities (Gilliom, 2001)

- Women with disabilities are dissuaded from having children
  - May have their children removed from their care solely due to disability status (Farber, 2000; Kirshbaum & Olkin, 2002)
Coping and Resistance (cont.)

- African American women use coping strategies to oppose racism and sexism (Shorter-Gooden, 2004)
  - Internal strategies: strong faith, standing on shoulders, strong self-worth
  - External strategies: “leaning on shoulders” and relying on social supports
Research on Low-Income Mothers

- Low-income women access safety-net services to meet their family’s basic needs
  - Food banks
  - Faith-based organizations
  - Other community organizations
  - Friends and family
  - Nontraditional jobs

- Research on women’s network-based coping highlights the need for reciprocal aid (e.g., Bodsky, 1999; Gilliom, 2001; Hays, 2003)
  - Unknown whether mothers with disabilities follow these norms
Situated Knowledge and Intersectionality

- Traditional social models of disability focused on disability-based oppression while excluding other forms of oppression (e.g., racism, sexism)

- **Flexible standpoint theory** (Wendell, 1996)
  - Framed this analysis of poor women with disabilities
  - Based on group standpoint theory where experience contributes to a crucial consciousness (Hill Collins, 1990)
  - The current study looks at the intersection of the participants’ experiences of race, disability, income, and parenthood

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Sample

- Focus group study was part of the larger Child Support Demonstration Evaluation (CDSE) (Meyer & Cancian, 2001)
- CSDE is an evaluation of a Wisconsin-based child support intervention
  - Includes Wisconsin's Care Taker Supplement (CTS), which is an income supplement for SSI beneficiaries caring for minor children
Sample (cont.)

- Recruited from 3 Wisconsin regions with racially and ethnically diverse populations
  - Dane County and 2 regions in Milwaukee
- 6 focus groups completed: 2 in each region
- 35 total participants
- Three recruitment lists: non-Latina White, African American, and Latina to ensure representation of Latina and African American women
- 4 groups conducted in English; 2 in Spanish
### Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage or Mean (n)</th>
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<tbody>
<tr>
<td>Mean age</td>
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<tr>
<td>Non-Latina White</td>
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<td>Latina</td>
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<td>African American</td>
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<td>Receiving child support</td>
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<td>Physical disability</td>
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<td>Intellectual disability</td>
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<tr>
<td>Number of children</td>
<td>2.71 (range 1-6)</td>
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<tr>
<td>Age of children</td>
<td>14.02 (range 1-27)</td>
</tr>
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</table>
Procedure

- Groups held at employment and training centers and a Latino social service organization
- $25 honorarium
- Focus groups lasted ~1.5 hours each
- Led by a bilingual, bicultural moderator
- Interview guide based on previous research on mothers with disabilities
- Open-ended questions and probes used
- All groups were audiotaped and transcribed
Translation of Instruments and Transcripts

- Professional translation of invitation letter, interview guide, and consent forms
- Native Spanish-speaking research assistant transcribed audiotapes in Spanish and then translated to English
- Another Spanish speaker verified the accuracy of the translated transcripts
Analyses

- Independently coded transcripts, generating new codes as needed
- Codes eventually divided into 4 organizing categories
  - Disability-related issues
  - Challenges
  - Coping
  - Aspirations
Findings: Disability-Related Issues

- Wide-spread concern about the disincentives to work
  - “I’m scared to work because I’m gonna lose my benefits. You know. And I don’t know how long I’m gonna be able to work if I did work because my asthma is so bad.”

- Need to maintain medical care access and prescription medication through Medicaid
  - Feared eligibility would be at risk if employed or living with a male partner
Disability-Related Issues (cont.)

- Many participants mentioned the unfair rules that control their benefits
  - Common sentiment: rules were in place to “keep them down”
- Felt unfairly burdened by the SSI recertification process
- Some women had jobs prior to their disability and lived a middle class lifestyle – much different than their current situation
- Some felt they could return to work if offered job training for positions that could accommodate their disability
Challenges and Hardships

- Participants faced complex and multilayered challenges

- Commonalities shared by the women
  - Constant material hardship
  - The fact that they had a disability
  - Inadequacies of the social services received
Challenges and Hardships (cont.)

- Other hardships reported
  - Desire to work hindered by program rules
  - Partner violence
  - Absent or present male partners
  - Difficult teenage children, especially sons
  - Expensive rent
  - Expensive medical conditions
Challenges and Hardships: Common Themes

- Problems in parenting adolescents
- Depression
- Male partner involvement with family
- Multilayered deprivation
- Anxiety related to the potential loss of benefits
- Inadequacy of resources
Challenges and Hardships: Difficulties in Parenting Teenagers

- Challenge of poverty in relation to providing possessions and experiences
  - Inability to afford required school materials

- Challenges in dealing with sexually active teens
  - Sons becoming unprepared fathers
  - Trying to prevent daughters from becoming pregnant

- Aggression from sons towards mothers
  - Challenges in disciplining sons – including interference from the police
Challenges and Hardships: Present and Absent Men

- **Absent father challenges**
  - No financial or caregiving support

- **Present men challenges**
  - Abuse – sometimes causing the women’s impairments
  - No financial contribution to household
  - Relinquish their parental responsibilities

- Some women reported financial contribution from their male partners

- Some participants noted the children’s emotional need for a father

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Challenges and Hardships: Inadequacy of Resources

- All mothers struggled to afford:
  - Bills
  - Food
  - Children’s clothing
  - School supplies
- Several mothers felt forced to choose between healthcare needs and other needs
- Many experienced eviction or losing basic household utilities
- All reported that social welfare benefits were not enough to meet their basic needs
Challenges and Hardships: Program Rules and Anxiety

- Complex rules surrounding benefits
  - source of ongoing frustration
- Constant battle to prevent benefits from ending
- Several mothers reported considerable anxiety over the potential loss of benefits
- Many felt they had to mollify caseworkers to maintain benefits
Challenges and Hardships: Multilayered Hardship

- Mothers faced destitution and deprivation from several sources

- Hardships were complicated by interrelated problems

- These problems were the only constant for many of the mothers
Challenges and Hardships: Multilayered Hardship (cont.)

- Partner violence
- Potential eviction
- Identify theft
- Unsafe neighborhoods
- Children who abused or sold substances
- Violence from teenage sons
- Lack of food
- Their teenagers bearing or fathering children
- Having to choose between food and medical care
- Inability to provide materials to help their children fit in at school
Challenges and Hardships: Depression

- Mothers often reported disappointment and hopelessness stemming from their poverty.
- Physical and emotional isolation contributed to depression.
  - “I don’t have any friends. I have friends only like social workers...so it’s kind of like being by myself all the time. And I’m sorry that I cry because...I’m just so depressed that I don’t have anybody to tell my things”
Coping as Resistance

Many mothers used coping as a strategy to take care of their children and meet their families’ needs.

Coping strategies

- Self sacrifice
  - Saw these as routine steps needed to meet family’s needs
- Advocating for self and children and accessing benefits
  - Mothers reported fighting to get welfare benefits or obtain services
Coping as Resistance (cont.)

Coping strategies cont.

- Accessing safety-net services
  - Insufficient social welfare benefits forced the women to rely on other community services (e.g., food pantries and faith based organizations)

- Social supports
  - Women often received financial and child-rearing support from extended family members, friends and neighbors

- Religious beliefs
  - Many mothers found comfort in their faith and through prayer
Aspirations

- Aspirations: What mothers wanted to accomplish and what they wanted for their families
  - Setting a moral example for their children
    - Reported using their own values to set a moral example for their children
    - Expressed concern about the messages society sends their children

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Aspirations (cont.)

Valuing employment

- Fear of losing health insurance or SSI benefits if employed
- Disability may prevent them from sustaining full-time employment
- Did not characterize childcare as work

Hoping for a better future for their children

- Hoped good education and having children later in life would lead to a more secure financial future
Discussion: Effects of Racism

- The majority of women in this study were African American and Latina
  - These mothers did not discuss racism and discrimination based on race
- Minority women are more likely to become disabled younger than other women (Jans & Stoddard, 1999)
- Consequently, these mothers’ race contributes to their becoming disabled mothers
- Research shows that discrimination will likely be a continuing struggle for them
Discussion: Depression Among Mothers

- Depression was common among the mothers
- Many described depression in relation to their economic hardships and inability to meet their children’s needs
- Paradoxical feelings of hope for their children’s future and hopelessness in their day-to-day realities
Discussion: Morals and Aspirations

- Women expressed optimism and aspirations for themselves and their children despite their hardships.
- These mothers’ strong morals and aspirations contradict current political beliefs.
  - Women valued traditional family structures even though their situations rarely typified this ideal.
  - The mothers described experiences with social service agencies that contradicted their family values.
    - E.g., considered ineligible for benefits if they married or discouraged from disciplining their children.
Discussion: Social Models of Disability

- Study findings contradict traditional social models of disability
- The social model typically focuses on disability identity and disability-based discrimination and ignores other facets of identity
- The mothers in this study hardly ever mentioned disability-based discrimination
  - Poverty was their primary source of hardship
Limitations and Generalizability

- Sample did not include
  - Women whose impairment prevented them from attending the focus group or who were so cognitively impaired they could not understand the questions
  - Women in rural areas
    - These women may face hardships associated with their remoteness and transportation

- Only Wisconsin offers an income transfer program for parental caregivers with disabilities, thus this study’s participants were likely to be better off financially
Implications for Policy and Practice

- The women in this study valued the CTS program, **BUT** believed
  - It did not provide adequate resources for basic survival
  - They were stigmatized by the program itself

- **Practice Interventions:**
  - Support groups to address the women’s isolation and need to share information
  - Sensitizing caseworkers to the mothers’ needs
  - Actively linking mothers with work, rehabilitation programs, and mental health care

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Conclusion

- The women discussed oppression and resistance through their experiences
  - They faced multifaceted hardships related to their gender, race, disability, and low income
  - The mothers displayed several coping and resistance strategies

- Social workers should advocate for policy changes and help these mothers meet their emancipatory goals


