

6-1-2003

## Welfare reform: Adolescent girls in transition: A one-year follow-up study

Roger A. Boothroyd

Mary I. Armstrong

Angela Gomez

Haynes Diane

Follow this and additional works at: [https://digitalcommons.usf.edu/mhlp\\_facpub](https://digitalcommons.usf.edu/mhlp_facpub)



Part of the [Health Law and Policy Commons](#), and the [Psychiatric and Mental Health Commons](#)

---

### Scholar Commons Citation

Boothroyd, Roger A.; Armstrong, Mary I.; Gomez, Angela; and Diane, Haynes, "Welfare reform: Adolescent girls in transition: A one-year follow-up study" (2003). *Mental Health Law & Policy Faculty Publications*. 139.

[https://digitalcommons.usf.edu/mhlp\\_facpub/139](https://digitalcommons.usf.edu/mhlp_facpub/139)

This Article is brought to you for free and open access by the Mental Health Law & Policy at Digital Commons @ University of South Florida. It has been accepted for inclusion in Mental Health Law & Policy Faculty Publications by an authorized administrator of Digital Commons @ University of South Florida. For more information, please contact [digitalcommons@usf.edu](mailto:digitalcommons@usf.edu).



# Welfare Reform: Adolescent Girls in Transition – A One Year Follow-up Study

Roger A. Boothroyd, Ph.D.

Mary I Armstrong, Ph.D.

Angela Gomez, Ph.D.

Diane Haynes, M.S.

Rhonda Ort, B.S.

June 2003

Louis de la Parte Florida Mental Health Institute  
University of South Florida



Submitted to the Florida Agency for Health Care Administration as  
a deliverable under contract #M0308.

## Table of Contents

Executive Summary.....	5
Background.....	8
Methodology.....	11
Subjects.....	11
Follow-up Interview and Retention Rates.....	12
Conceptual Model and Study Questions.....	12
Instrumentation and Data Sources.....	14
Study Design.....	17
Procedures.....	18
Analysis.....	19
Results: Phase 1.....	20
Participant Characteristics.....	20
Risk and Protective Factors.....	23
Current Status.....	26
Health-related.....	26
Academic Performance.....	28
Teenage Behaviors.....	30
Quality of Life.....	31
Future Aspirations.....	33
Predications of Future Aspirations.....	34
Administrative Data.....	36
Medicaid Service Use.....	36
Involvement with Juvenile Justice System.....	37
Results: Phase 2.....	38
Risk and Protective Factors.....	39
Perception of self.....	39
Relationships.....	41
Role Models.....	44

Home Environment.....	45
Community Environment.....	46
School Environment.....	46
Recreational Activities.....	47
Current Status.....	48
Religiosity.....	48
Alcohol.....	48
Drug Use.....	49
Sexual Activity.....	49
Volunteer Activity.....	50
School Performance.....	50
Future Orientation.....	51
Vignettes.....	53
Crystal.....	53
Rebecca.....	55
Discussion.....	57
Employment Opportunities.....	60
Childcare.....	60
Transportation.....	60
School Guidance.....	61
Recreational Activities.....	61
References.....	63

## **List of Tables**

<b>Table 1.</b> Measures Included in the 2003 Adolescent Interview Protocol...	15
<b>Table 2.</b> Measures Included in the 2003 Mother’s Interview Protocol.....	16
<b>Table 3.</b> Characteristics of the Mothers and Daughters.....	22
<b>Table 4.</b> Prevalence of Individual Risk and Protective Factors.....	25
<b>Table 5.</b> Daughters Health-related Status.....	27
<b>Table 6.</b> Teenage Behaviors.....	31
<b>Table 7.</b> Descriptive Statistics on Mothers’ and Daughters’ Quality of Life.	32
<b>Table 8.</b> Descriptive Statistics on Mothers’ and Daughters’ Future Aspirations.....	33
<b>Table 9.</b> Prediction Model of Daughters’ Future Aspirations.....	36
<b>Table 10.</b> Type of Offenses.....	37
<b>Table 11.</b> Interviewer A: Daughters with Low Scores – Year 1.....	58
<b>Table 12.</b> Interviewer B: Daughters with Low Scores – Year 1.....	58

## **List of Figures**

<b>Figure 1.</b> Conceptual Model.....	13
<b>Figure 2.</b> Sample Strategy and Study Design.....	18
<b>Figure 3.</b> Subject Recruitment by Location.....	21

## **Executive Summary**

The report summarizes the findings from a one-year follow-up study examining the current well-being and predictors of future hopes and aspirations of adolescent girls living in families receiving TANF. This mixed-method study includes two phases. Phase 1 involved face-to-face interviews using various standardized measures with 125 mothers who were receiving TANF in 2002 and their daughters while Phase 2 included in-depth qualitative interviews with a random sample of 20 adolescent girls participating in Phase 1. One year re-interview rates were 92% for Phase 1 interviews and 90% for Phase 2 interviews.

In terms of Phase 1 findings, there was, generally little change noted during the year in most areas examined related to these adolescents' well-being. Two notable exceptions include a decrease in the girls' academic performance and an increase in their sexual activity. Compared to the 2002 findings, a smaller percentage of girls' academic performance was considered a protective factor in 2003. In contrast an increase was noted in the percentage of girls' whose academic performance was considered a risk factor. On a positive note, six girls received their high school diplomas this year. The qualitative interviews document the variability among these girls with respect to school performance. Two of the girls had dropped out of school during the year while four girls had improved their academic standing during the year.

The percentage of girls indicating they were sexually active increased to 69% in 2003, up from 49% a year ago. Not surprisingly, the pregnancy rate also rose among these girls, increasing from 22% to 28%. As was noted by one of the daughters during the qualitative interview that was pregnant, the pregnancy was not planned and she reported not wanting to have more children. Overall, four additional girls (3.2%) became mothers during the past year raising the rate of teenage mothers among girls in this sample to 16.7%, substantially higher than the rate of 2.9% reported nationally among teens 15 to 19 years old (Annie E. Casey Foundation, 2003). Despite the high rates, less than \$1,000 was found in Medicaid expenditures associated with family planning

among these adolescents.

Findings from the Phase 1 2003 interviews suggest that teacher and parental social supports continued to be important factors associated with these girls' future goals and aspirations, although changes were noted in these areas. The level of teacher supports showed a moderate decline during the year but this was somewhat offset to some extent by a smaller increase in these girls' parental social supports. These findings are consistent with those from the qualitative interviews during which the adolescents talked about the importance of their mothers and to a lesser extent, their teachers. Overall the girls reported high levels of hope for the future in 2003 that were quite consistent with the levels noted during 2002. In fact, a number of the girls participating in the qualitative interviews had a clearer understanding (compared to last year) of the steps they needed to take in order to reach their goals.

Family relations basically remained strong during the year and nearly three quarters of the adolescents reported things were good at home. About a third of the girls did indicate a desire to spend more time with their mothers. When asked why they could not, many responded it was a combination of them being busy at school and their mothers being busy working. The number of adolescents who identified their mothers or other family members as role models during the Phase 2 interviews emphasizes the importance of these relationships in these girls' lives.

In summary, the findings from both the quantitative and qualitative the interviews in both years suggest that although these girls' life circumstances may not be optimal they possess many strengths and abilities as well as a desire that can assist them in successfully transitioning into adulthood. However, they all face barriers that can prevent them from doing so. Some of their barriers these adolescents face include limited guidance at school regarding the steps and requirements necessary to go gain entry into college and challenges re-enrolling in school among those who had dropped out and wanted to re-enroll. For those who had job, most were in low paying positions that provide no benefits. Transportation was an issue for many of the daughters that



impacted both educational and employment opportunities. Finally, childcare was a challenge for those daughters who have become mothers. As was the case with transportation, childcare issues impacted their capacity to either further their education or improve their employment situation.

Next year we will complete a third set of interviews with these adolescent girls and their mothers. We will continue to monitor and document their current well-being and progress in reaching their future goals. We will again focus on identifying the supports that facilitate these girls' ability to successfully transition into adulthood and move toward their future goals and aspirations as well as to identify the barriers and challenges that can alter or derail their progress.

## **Background**

When Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, P.L. 104-193) in August 1996, the face of welfare in America was dramatically altered. Known as the Temporary Assistance for Needy Families Program (TANF), the primary goal of this legislation was to assist recipients in becoming economically self-sufficient. To reach this end, the legislation included mandated work requirements for welfare recipients but also had provisions for services that were made available to recipients to assist them in this welfare to work transition. Among these were transportation services, child care programs, and vocational training (PRWORA, 1996).

As Congress continues its debates on TANF reauthorization, a number of changes are being proposed that could have an important impact on welfare recipients and their families. One proposal would require TANF recipients receiving cash assistance to participate in certain federally defined activities (*e.g.*, work) for a minimum of 40 hours per week, up from the current 20 hours per week. Another proposed change would decrease states' exclusions from participation rates, therefore increasing the proportion of welfare recipients who will need to meet these requirements.

Much of the early research examining the impact of welfare reform focused on maternal outcomes such as employment and earnings with little emphasis placed on children (Children Now, 1998). Furthermore, the research involving children primarily focused on younger children, considered to be the most vulnerable to the effect of mothers' work requirements with substantially less attention having been placed on adolescents (Gennetian, Duncan, Knox, Vargas, Clark-Kauffman, & London, 2002).

However, several recent studies examining adolescents suggest they may be negatively impacted by welfare reform initiatives and that these impacts include poorer school performance, increased behavioral problems, higher rates of drinking, smoking, drug use, and higher rates of delinquent behavior.

This emerging body of research examining the impact of welfare reform on adolescents raises some cause for concern. For example, Bloom, Kemple, Morris et al.'s (2000) study of the Florida's Family Transition Program found that despite increased family earnings among welfare participants, adolescents had poorer school outcomes and increased behavioral problems. Zaslow et al.'s (2001) review of experimental studies of various welfare reform initiatives implemented in numerous states, including Florida, found "...fairly consistent and unfavorable patterns of impacts for adolescents across programs types and economic impact patterns" (p. 89). Negative adolescent outcomes included poorer school performance, increased behavioral problems at school, higher rates of reported drinking, smoking, and drug use, and higher rates of delinquent behavior. No significant impact was found on adolescents' health status.

Gennetian et al. (2002) conducted a meta-analysis of eight randomized control studies and found that on five outcomes, adolescents in the program group performed significantly worse than those in the control groups. Poorer outcomes included lower school performance, increased repeating of grades, and increased receipt of specialized school services. They concluded that there are "...worrisome detrimental impacts on some, but by no means all, of the adolescent outcomes measured in these studies" (p. 22).

Most of these investigators have hypothesized that the negative effect of welfare initiatives on adolescents may be related to either the erosion in parenting quality and monitoring of children's behavior or the increased responsibilities placed on these adolescents (Bloom, Kemple, Morris et al., 2000; Gennetian et al., 2002; Zaslow et al., 2001). Some evidence supporting these hypotheses were found in Rangarajan and Johnson's (2002) evaluation of New Jersey's Work First program in which they found that 39% of 13 to 17 year olds spent some time unsupervised and that 27% of the caregivers of adolescents often did not know who their child was with. Gennetian, et al.'s (2002) ethnographic analysis also provides some support for these hypotheses.

Based on their interviews they found that work requirements decreased the amount of time mothers spent monitoring and supervising their children and that in some cases, resulted in the children taking on additional responsibilities conflicting with school.

Of further concern is the fact that findings from some studies suggest that these negative effects may be even more devastating to girls (Taylor, 2000). Such findings have resulted in investigators stressing the need for early interventions to assist girls in “breaking the cycle” (Brooks & Buckner, 1996). It is known that the likelihood of being on welfare is increased if one is raised in a family receiving it. Furstenberg (1992) for example, noted that even though 80% of the daughters of welfare mothers do not become dependent themselves, they are more likely to receive welfare (approximately 20%) compared to daughters of nonwelfare mothers (about 3%). Gottschalk, McLanahan, and Sandefur (1994) however, attribute this increased rate to the powerful effects of poverty and single parenthood.

The purpose of this follow-up study is to build on the first year’s findings in two important ways. First, this year’s follow-up study permits a longitudinal examination of these adolescent girls’ well being and its relationship with their future aspirations. During the follow-up interviews we will identify what changes, if any, have transpired in these girls’ lives during the past year (e.g., leaving school or moving out of the house) and how these events impact their goals for the future. Secondly, conducting follow-up interviews allows us to increase our emphasis in several areas that emerged from last year’s analyses as important factors associated with these adolescents’ perceptions of the future: teacher social support, self-reported mental health status, current quality of life, and religiosity. Additionally, it will permit us to further explore several factors that were seemingly unimportant (e.g., locus of control). Finally, the use of administrative data and geo-mapping will be expanded to include daughters’ juvenile justice involvement and educational information.

Regardless of which side of this debate one assumes, one issue is clear. Poverty has a negative impact on children. Growing up poor is significantly associated

---

with, among other things, poorer health and mental health outcomes, and increased likelihood of teenage pregnancy and substance involvement (See Fraser, 1997).

The purpose of this study was to determine what factors differentiate adolescent girls whose mothers are enrolled in TANF who are fairing well and whose lives are seemingly on a positive trajectory from those girls facing more serious challenges. Additionally, the study attempted to determine what supports would be helpful to these teenage girls in assisting them in making a successful and productive transition into adulthood.

## **Methodology**

**Subjects.** In Phase 1 during the first year of this study, a sample of 125 mothers who currently were receiving TANF and their adolescent daughters ages 13-17, were identified from the 2000-2001 Medicaid eligibility file using the family identifier and other matching variables (such as gender, address, and last name). The method of matching previously had been used successfully by Louis de la Parte Florida Mental Health Institute to identify related family members receiving Medicaid. A sample size of 125 participants was originally selected to produce results within a  $\pm 8\%$  margin of error with 95% confidence. In this year's study we attempted to re-contact and re-interview these same 125 mother and daughter pairs. More detailed information on the original identification and recruitment methods as well as the specific characteristics of these girls are reported in Boothroyd, Armstrong, Gomez, Haynes, and Ort (2002).

In Phase 2 of the first year of this study, a random sample of 20 adolescent girls was identified from phase 1 participants to complete a more comprehensive qualitative follow-up interview conducted by different interviewers. During this year's study we again attempted to conduct comprehensive qualitative interviews with these same 20 adolescent girls.

**Follow-up Interview Retention Rates.** As with any longitudinal study, subject attrition can present significant methodological challenges. Therefore, a high follow-up retention rate is necessary to ensure the validity of the study. In the second year of this study we successfully re-interviewed 112 mothers and their daughters (89.6%). Additionally, we interviewed 1 mother without her daughter (.8%) and four daughters without their mothers (3.2%). Overall we obtained some information on 117 of the original 125 adolescent girls (93.6%). Collectively, of the initial 250 Phase 1 interviews conducted in 2002, 229 follow-up interviews were conducted in 2003 (91.6%).

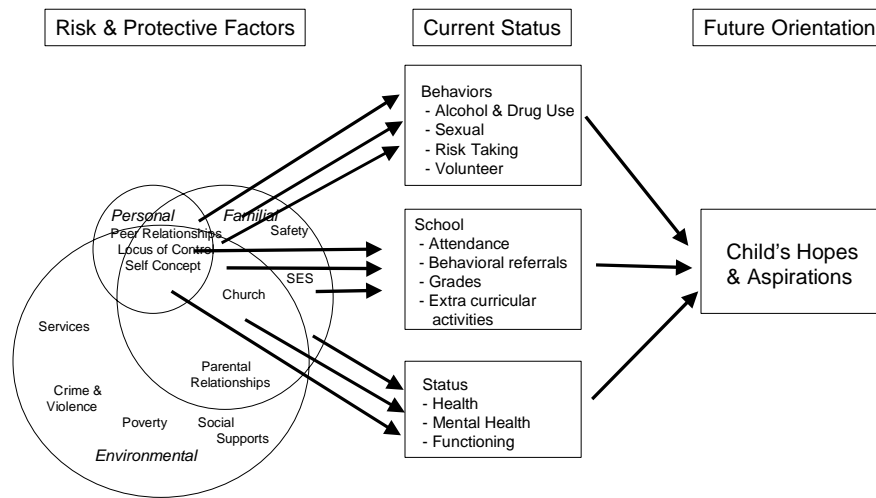
Some knowledge was gained about a number of participants who were not interviewed during 2003. Of the four daughters who were interviewed without their mothers, one mother was currently in a drug rehabilitation program and unavailable to be interviewed. The other three daughters were now living independently and efforts to interview their mothers were met with either unresponsiveness, failure to keep multiple interview appointments, or difficulty completing a telephone interview because the mother lived out of state. For the one mother who was interviewed without her daughter, the daughter had run away from home with her boyfriend and was currently wanted by the police on several outstanding charges. For the remaining four pairs of mothers and daughters, all leads were unsuccessful in directly locating them or anyone who might know their whereabouts.

With respect to Phase 2 interviews, 18 of the 20 adolescents (90.0%) interviewed in 2002 were re-interviewed during 2003. One of the girls who did not complete a 2003 Phase 2 interview, actually completed the Phase 1 interview but had subsequently run away from home and according to a former boyfriend, was involved in drugs.

**Conceptual Model and Study Questions.** Figure 1 depicts a slightly revised conceptual model that is guiding this study. As is shown in this figure, it was hypothesized that characteristics children's environments and families as well as their personal attributes have either a positive (through protective factors such as strong family relationships or high self esteem) or negative (resulting from risk factors such as

poverty or unsafe neighborhoods) impact on their current attitudes and behaviors and subsequently influence these adolescents' future goals and aspirations.

Figure 1. Conceptual Model



The primary research questions guiding the second year of this study are:

- How are these adolescent girls doing in terms of health-related issues, academic performance, and social behaviors?
- What is the prevalence of various risk and protective factors among these adolescent girls?
- To what extent is the presence of risk and protective factors associated with these adolescents' current well-being?
- To what extent is the presence of risk and protective factors associated with these teenage girls' hopes and aspirations?
- What supports would be helpful to these adolescent girls in facilitating a successful transition into adulthood, particularly in assisting these girls in becoming economically self-sufficient?

**Instrumentation and Data Sources.** In Phase 1 of this study, data were obtained through structured face-to-face interviews with mothers who were receiving TANF at the start of the study and their daughters and from existing administrative data sources. In this Phase, two parallel interview protocols were initially developed for use (*i.e.*, one for the mother and one for the daughter). Both protocols focused on the adolescents and examined similar issues, therefore obtaining both the mothers' and daughters' perspectives. Some modifications were made in the protocols based on the 2002 findings and pending changes in TANF policies proposed as part of TANF reauthorization.

The measures and domains included in the adolescents' and mothers' protocols are summarized in Tables 1 and 2. Protocol scales that differed in 2003 are presented in **boldface** type and scales that were deleted are shown as ~~strikethrough~~. Both the mother's and daughter's protocols contained demographic data consistent with the minimum data standards established by the National Institute of Mental Health (Leginski, Croze, Driggers, et al., 1989) regarding client characteristics. In addition, information on family composition (*e.g.*, the number, ages, and gender of other individuals living in the home) was included in the mother's protocol. Both protocols included previously developed and psychometrically tested respondent self-report health, mental health, and substance abuse status measures. Additional questions focused on a broad range of issues concerning risk and protective factors associated with the daughters, perceived social supports, self-esteem, engagement in high-risk behaviors, and their hopes and aspirations for the future. The interviews collected information regarding the types of supports that both mothers and daughters perceived would be most beneficial in assisting these adolescents in successfully transitioning into adulthood independent of involvement with the public system.

In addition to the data collected during face-to-face interviews with these mothers and daughters, existing information obtained from other sources (*e.g.*, Medicaid claims and PMHP/HMO encounter data, Juvenile Justice, Child Welfare, Census data) were



**Table 1.** Measures Included in the 2003 Adolescent Interview Protocol

Domains	Source
Client Demographics	Leginski, W. A., Croze, C., Driggers, J., Dumpman, S., Geertsen, D., Kamis-Gould, E., Namerow, J. J., & Lincoln, Y. S. (1989). <i>Data standards for mental health decision support systems</i> . (ADM89-1589). Rockville, MD: National Institute of Mental Health.
Health Status (SF-12)	Keller, S.D., Kosinski, M., & Ware, J. E. (1996). A 12-Item Short-Form Health Survey (SF-12). A construction of scales and preliminary tests of reliability and validity. <i>Medical Care</i> , 32(3), 220-223.
Mental Health Status ( <i>i.e.</i> , symptomatology [PSC] and depression [CES-D])	Jellinek, M. S., Murphy, J. M., & Burns, B. J. (1986). Brief psychosocial screening in outpatient pediatric practice. <i>The Journal of Pediatrics</i> , 109, 371-378.  Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. <i>Applied Psychological Measurement</i> , 1, 385-401.
Substance Abuse Status and Use (SSI)	Winters, K. C., & Zenilman, J. M. (1994). The Simple Screening Instrument for Alcohol and Other Drug Abuse and Infections. (TIP #11). Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
Functioning	Substance Abuse and Mental Health Services (1996). Managed care multi-site study.
Quality of Life with: Living Situation, Family Relationships, Finances, Work & School, & Health	Lehman, A., (1988). A quality of life interview for the chronically mentally ill. <i>Evaluation and Program Planning</i> , 11, 51-62.
Life Events	Monaghan, J. H., Robinson, J. O., & Dodge, J. A. (1979). The Children's Life Events Inventory. <i>Journal of Psychosomatic Research</i> , 23, 63-68.
Religiousness/Spirituality	Fetzer Institute & National Institute on Aging (1999). <i>Brief multidimensional measurement of religiousness/spirituality for use in health research</i> . Kalamazoo, MI: Fetzer Institute.
<b>Self-Efficacy</b>	<b>Connolly, J. (1989). Social self-efficacy in adolescence: Relations with self-concept, social adjustment, and mental health. <i>Canadian Journal of Behavioural Science</i>, 21, 258-269.</b>  <b>Bandura, A. (2001). <i>Guide for constructing self-efficacy scales</i>. Stanford, CA: Stanford University.</b>
Self Esteem	Rosenberg, M. (1989). <i>Society and the adolescent self-image</i> (rev. ed.). Middletown, CN: Wesleyan University Press.
Social Supports	Harter, S. (1985). <i>Manual for the Social Support Scale for Children</i> . Denver, CO: University of Denver.
Locus of Control	Nowicki, S., & Strickland, B. R. (1973). A locus of control scale for children. <i>Journal of Consulting and Clinical Psychology</i> , 40, 148-154.
Service Needs and Use	Self-developed.
Hopes and Aspirations	Self-developed.
High Risk Behaviors	Goodenow, C. (1999). <i>Massachusetts Youth Risk Behavior Survey</i> . Massachusetts Department of Education. <a href="http://www.doe.mass.edu/lss/yrbs99/acknowledge.html">http://www.doe.mass.edu/lss/yrbs99/acknowledge.html</a>  Hess, J. C., & Rothgeb, J. M. (1999). <i>Measuring the impact of welfare reform: Issues in designing the survey of program dynamics questionnaire</i> . Washington, DC: US Census Bureau.
Family Relationships (FAD Version 3)	Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster family assessment device. <i>Journal of Marital and Family Therapy</i> , 9: 171-180.
<b>Attitudes Toward Marriage</b>	<b>Johnson, C. A., Stanley, S. M., Glenn, N. D., Amato, P. R. (2001). <i>Marriage in Oklahoma: 2001 Baseline Statewide Survey on Marriage and Divorce</i>. Stillwater, OK: Oklahoma State University.</b>

**Table 2.** Measures Included in the 2003 Mother’s Interview Protocol

Domains	Source
Client Demographics	Leginski, W. A., Croze, C., Driggers, J., Dumpman, S., Geertsen, D., Kamis-Gould, E., Namerow, J. J., & Lincoln, Y. S. (1989). <i>Data standards for mental health decision support systems</i> . (ADM89-1589). Rockville, MD: National Institute of Mental Health.
Health Status (SF-12) (about daughter, few general questions about self)	Keller, S.D., Kosinski, M., & Ware, J. E. (1996). A 12-Item Short-Form Health Survey (SF-12). A construction of scales and preliminary tests of reliability and validity. <i>Medical Care</i> , 32(3), 220-223.
Mental Health Status ( <i>i.e.</i> , symptomatology [PSC] (about daughter) and depression [CES-D] (about self))	Jellinek, M. S., Murphy, J. M., & Burns, B. J. (1986). Brief psychosocial screening in outpatient pediatric practice. <i>The Journal of Pediatrics</i> , 109, 371-378.  Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. <i>Applied Psychological Measurement</i> , 1, 385-401.
Substance Abuse Status and Use (a few questions about daughter and about self)	Adapted from other studies.
Functioning (about daughter)	Substance Abuse and Mental Health Services (1996). Managed care multi-site study.
Quality of Life with: Living Situation Family Relationships Finances Work & School Health (about self)	Lehman, A., (1988). A quality of life interview for the chronically mentally ill. <i>Evaluation and Program Planning</i> , 11, 51-62.
Life Events (about daughter)	Monaghan, J. H., Robinson, J. O., Dodge, J. A. (1979). The Children’s Life Events Inventory. <i>Journal of Psychosomatic Research</i> , 23, 63-68.
Religiousness/Spirituality (about self)	Fetzer Institute & National Institute on Aging (1999). <i>Brief multidimensional measurement of religiousness/spirituality for use in health research</i> . Kalamazoo, MI: Fetzer Institute.
Service Needs and Use	Self-developed.
Hopes and Aspirations (about daughter)	Self-developed.
High Risk Behaviors (about daughter)	Goodenow, C. (1999). <i>Massachusetts Youth Risk Behavior Survey</i> . Massachusetts Department of Education. <a href="http://www.doe.mass.edu/lss/yrbs99/acknowledge.html">http://www.doe.mass.edu/lss/yrbs99/acknowledge.html</a>  Hess, J. C., & Rothgeb, J. M. (1999). <i>Measuring the impact of welfare reform: Issues in designing the survey of program dynamics questionnaire</i> . Washington, DC: US Census Bureau.
Family Relationships (FAD Version 3)	Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster family assessment device. <i>Journal of Marital and Family Therapy</i> , 9: 171-180.
<b>Attitudes Toward Marriage</b>	<b>Johnson, C. A., Stanley, S. M., Glenn, N. D., Amato, P. R. (2001). Marriage in Oklahoma: 2001 Baseline Statewide Survey on Marriage and Divorce. Stillwater, OK: Oklahoma State University.</b>

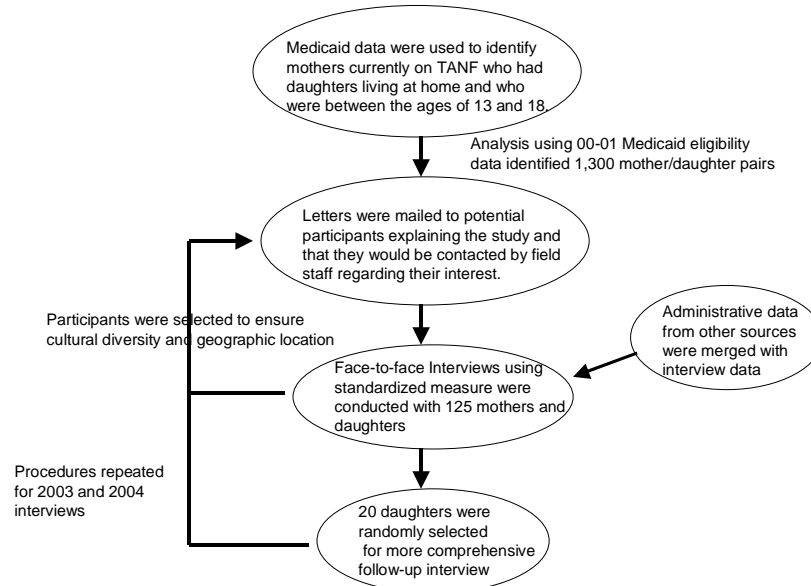
linked with the mothers and daughters interview responses, to the extent possible, to provide a more comprehensive picture of these teenage girls’ service needs and utilization patterns. Additionally, the census data were used to assess the representativeness of the adolescents interviewed by comparing the environmental

factors among the sample with those present in the areas in which these teenage girls resided.

In Phase 2, data were gathered from comprehensive follow-up interviews with a subgroup of daughters selected based on their responses in Phase 1. These comprehensive interviews were open-ended and explored in more detail the impact of the personal, familial, and environmental factors on these girls' lives. Some modifications were made to the interview protocol based on Year 1 findings. For example, a specific question was added regarding social support from teachers and other school personnel. To reflect the recent TANF changes, a question was added regarding the requirement for pre-marital counseling.

**Study Design.** This mixed-method longitudinal study consisted of two phases. Phase 1 entailed face-to-face interviews with 125 TANF mothers and their daughters. The goal of this phase was to identify factors associated with these girls' current well-being using previously developed and psychometrically tested measures. In Phase 2, in-depth qualitative interviews were conducted with a random sample of 20 daughters who participated in Phase 1. These interviews were open-ended and explored in greater detail many of the same factors assessed in Phase 1 regarding how these daughters were doing. Additionally, in both Phases of the study existing administrative data pertaining to these girls' health, mental health, and substance abuse service use were examined. These same two Phases were completed in both 2002 and 2003. Additionally, plans are in place to conduct two-year follow-up interviews with these mothers and daughters in the spring of 2004. The sampling strategy and study design are depicted graphically in Figure 2 below.

Figure 2. Sample Strategy and Study Design



**Procedures.** In Phase 1, potential study participants were identified using the 2002 Medicaid eligibility data as detailed above. Letters were mailed to prospective participants informing them about the study and indicating that our field staff would contact them regarding their possible interest in the study. Individuals not wanting to be contacted were instructed to call a toll free number provided in the letter, to make known their wishes. Staff hired and trained specifically for this study began contacting eligible mothers and daughters in January 2002, explaining the purpose and scope of the study to them, and inviting them to participate in the study. For those mothers and daughters agreeing to participate, both signed informed consents and provided permission to link their interview responses to existing administrative data. Each mother and daughter who participated in the initial face-to-face interviews was paid \$40.00 as compensation for her time. In January 2003, letters were mailed to each 2002 participant requesting their participation in a Phase 1 one-year follow-up interview. In 2003, participating mothers and daughters again each received \$40.00 as compensation for her time.

In Phase 2, 20 daughters were randomly selected from among Phase 1 participants for a more intensive follow-up interview. Phase 2 participants also received

\$40.00 for completing this interview. Interviews were taped and transcribed to ensure the accuracy of the data. These same 20 daughters were asked to complete a one-year follow-up Phase 2 interview. In both years, the interviews were open-ended and explored in detail some of the same factors defined in the initial interview. These factors address three specific areas of the adolescents' lives:

- **Personal:** focused on the individual characteristics of the participants, their dreams, hopes, and expectations, their perceptions about self, the place they occupy in society and the roles they play, their self-esteem, and their relationships with family, peers, teachers, employers, and others.
- **Family:** focused on family history, values, expectations, roles adolescents play within the family context, family support, and family expectations.
- **Environmental:** focused on home, community, and school environments, on the educational, recreational, and employment opportunities they are able to access, and existing barriers to access necessary resources.

In both years, prior to initiating any project activities, all proposed study procedures were reviewed and approved by the University of South Florida's Institutional Review Board to ensure that participants' rights were protected. Structured face-to-face interviews were then conducted with the mothers and their daughters. More comprehensive open-ended follow-up interviews were then conducted with the daughters selected from among the Phase 1 participants.

**Analysis.** The Phase 1 analyses summarized in this report are largely descriptive in nature and intended to address the basic questions associated with three components

of the conceptual model; prevalence of risk and protective factors, daughter's current status, and their future orientation. Comparative (*i.e.*, inferential) analyses were performed to assess changes between responses to the 2002 and 2003 interviews and to examine differences between mothers' and daughters' perceptions on similar issues. Regression analysis was used to determine what factors predict adolescent future hopes and aspirations.

## Results: Phase 1

The results are organized and presented by study phase (Phase 1 – structured interviews with mothers and their daughters and Phase 2 – comprehensive qualitative follow-up interviews with a sample of daughters) and then within each study phase, by the three components of the conceptual model guiding the research (*i.e.*, risk and protective factors, current status, and future aspirations). Findings from both the 2002 and 2003 interviews are provided.

### **Participant Characteristics**

The results from 2002 are based on interviews conducted with 125 mothers currently receiving TANF and their daughters who lived in a five-county area (*i.e.*, Hillsborough, Pinellas, Pasco, Polk, and Hernando) in Florida. The 2003 results are based on the 113 mothers and 116 daughters who were re-interviewed.

In 2002, 56% of the mothers and daughters ( $n=70$ ) resided in areas classified as urban by the Census Bureau, while 44% ( $n=55$ ) lived in areas classified as rural. Figure 3 presents a geo-map of study participants by urban and rural areas as determined by census data.



up interview compared to those lost to attrition. Most of the original 125 mothers were divorced, separated, or widowed (54.4%) or never married (32.8%) and only 12.8%

**Table 3.** Characteristics of the Mothers and Daughters

Characteristics	Mothers 2002 (n = 125)	Mother 2003 (n = 113)	Daughters 2002 (n = 125)	Daughters 2003 (n = 116)
Gender:				
Female	100%	100%	100%	100%
Age:				
Mean	38.4	39.7	15.5	16.5
SD	4.99	5.05	.99	.99
Range	30 - 53	31 - 53	13 - 17	14-18
Race/Ethnicity:				
White	40.7%	39.8%	33.6%	32.2%
Black/African American	38.2%	38.9%	40.8%	41.7%
Hispanic	21.1%	21.2%	25.6%	26.1%
Marital status:				
Married or living as married	12.8%	12.6%	0%	.9%
Divorced, Separated, or Widowed	54.4%	50.5%	0%	0%
Never married	32.8%	36.9%	100%	99.1%
Education:				
Dropped out of school	50.4%	49.6%	28.0%	28.7%
Completed high school	49.6%	50.4%	NA	5.2%
Length of time on TANF:				
Less than 6 months	15.4%	5.5%	None of the girls received TANF	1.7%
Six months to 1 year	18.7%	8.2%		9.6%
1 to 2 years	23.6%	17.3%		0%
Over 2 years	42.3%	23.6%		0%
Not on TANF	0%	45.5%		88.7%
Housing arrangement:				
Private or public house or apartment	84.0%	73.0%	All of the girls were living at home	8.9%
Private house or apartment shared with friends or family	12.8%	22.6%		2.7%
Other	3.2%	4.4%		0%

were currently married or living with someone. Among mothers interviewed in 2003, a similar distribution was found. One of the adolescent girls was married during the year. No significant differences were found in the marital status between mothers who were re-interviewed and those who were not.



At the start of the study slightly over 50% of the mothers reported not completing high school. Similar percentages were found one year later. In 2002, 28% of the daughters had dropped out of school. While a similar percentage was found in 2003 (28.7%), a number of adolescents not in school in 2003 reported they had re-enrolled in school while a number of other girls had dropped out. In addition, six adolescents graduated with their high school degrees.

At the start of the study, the plurality of mothers (42.3%) had been receiving TANF for over two years, while 23.6% had been receiving TANF in the one-to-two year range. About 34% had received it for one year or less. This significantly changed during the year as 45.5% of the mothers reported they no longer received TANF. About 24% reported receiving TANF for over two years, 17.3% reported receiving TANF in the one-to-two year range while 13.7% received it for one year or less.

Some significant housing changes were noted during the year. The percentage of mothers who lived with family or friends increased during the year from 12.8% in 2002 to 22.6% in 2003. Additionally, 12.6% of the adolescent girls had left home and were either living on their own or with family and friends.

### **Risk and Protective Factors**

This section summarizes the findings regarding the prevalence of various risk and protective factors in these daughters' lives. Risk and protective factors are summarized in terms of those attributable to the daughters (*i.e.*, personal risk or protective factors), those associated with the families in which the daughters reside (*i.e.*, familial risk or protective factors), and those reflected by the characteristics of the communities in which these adolescents live. (*i.e.*, environmental risk or protective factors). Overall, 22 risk ( $n=11$ ) and protective ( $n=11$ ) factors were assessed during both the 2002 and 2003 Phase 1 interviews. Four of each are attributable to the daughters, five of each are associated with their families, and two of each characterize

the communities in which these mothers and daughters lived. The percentage of daughters identified as having each risk and protective factor are summarized by year in Table 4.

In both 2002 and 2003, a substantial number of daughters identified personal protective factors associated with academic performance (51.2% and 45.7%, respectively), self-esteem (27.2% and 26.6%), and peer social supports (61.3% and 73.9%). With respect to family protective factors, a majority of the girls reported strong parental supports (66.3% and 67.0%, respectively) and strong involvement with their fathers despite not living with them (52.0% and 52.6%) in both years. Regular church attendance (23.2% and 30.4%), and strong family relationships (18.4% and 13.9%) were also reported as familial protective factors by a substantial number of the adolescents. A change was noted in community protective factors over the year as the percentage of teens reporting no safety concerns at either school or in their neighborhood increased from 16.8% to 29.8%. Mothers' assessments of their neighborhoods as an excellent place to raise a child remained quite constant at 20.8% in 2002 and 19.5% in 2003.

In terms of risk factors, an increase in the number of girls having poor academic performance was noted as characterized by either having dropped out of school or having less than a C average. In 2002 about a third of the girls (33.6%) had this risk factor, which increased to about 40.9% in 2003. Low self-esteem also showed a slight increase among these teenagers from 4.0% in 2002 to 7.3% in 2003. Weak social supports among peers decreased from 8.1% in 2002 to 3.5% in 2003. The most prevalent familial risk factor among these girls in 2002 was the lack of involvement by their fathers (48.0%); that declined to 32.3% in 2003. Extremely low SES showed an increase, however, from 14.4% in 2002 to 24.3% in 2003. The percentage of adolescents reporting strained family relationships remained constant over the year at 5.6% and 6.1% as did the percentage of mothers and daughters who indicated they never attended church (4.0% and 5.0%, respectively). With regards to environmental risk factors, the percentage of girls reporting feeling unsafe at both school and in their

neighborhood increased from 2.4% in 2002 to 6.3%. The percentage of mothers reporting the community as an “awful” place to raise a child was similar in both years at 6.4% and 6.1%, respectively.

**Table 4.** Prevalence of Individual Risk and Protective Factors

	Percentage 2002 (n=125)	Percentage 2003 (n=117)
<b>Protective Factors – <i>Personal</i></b>		
Good school performance (i.e., in-school and grade above 3.0 or having graduated)	51.2%	45.7%
High self esteem	27.2%	26.6%
Strong external locus of control <sup>1</sup>	9.6%	9.6%
Strong peer supports	61.3%	73.9%
<b>Protective Factors – <i>Familial</i></b>		
Father involved with daughter	52.0%	52.6%
Higher SES (above \$20,000)	5.6%	7.2%
Good family relations	18.4%	13.9%
Strong parental supports	66.3%	67.0%
Attend church regularly (mother and daughter attend weekly)	23.2%	30.4%
<b>Protective Factors – <i>Environmental</i></b>		
Safe neighborhood & school (daughter reports both very)	16.8%	29.8%
Excellent neighborhood (excellent place to raise a child)	20.8%	19.5%
<b>Risk Factors – <i>Personal</i></b>		
Poor school performance (i.e., drop out or less than C average)	33.6%	40.9%
Low self esteem	4.0%	7.3%
Strong internal locus of control <sup>1</sup>	9.6%	9.6%
Weak peer supports	8.1%	3.5%
<b>Risk Factors – <i>Familial</i></b>		
Father not involved with daughter	48.0%	32.3%
Lower SES (below \$5,000)	14.4%	24.3%
Poor family relations	5.6%	6.1%
Weak parental supports	8.1%	1.7%
Never attend church (mother and daughter never attend)	4.0%	5.0%
<b>Risk Factors – <i>Environmental</i></b>		
Unsafe neighborhood & school (daughter reports both not very)	2.4%	6.3%
Poor neighborhood (awful place to raise a child)	6.4%	6.1%

<sup>1</sup>Used 2002 assessment in 2003 for comparative purposes given this measure was dropped from the 2003 protocol.

In both years, respondents reported the presence of more protective factors relative to risk factors. In fact, the percentage of girls with a greater number of

protective factors relative to risk factors increased from 49.6% in 2002 to 61.2% in 2003. In contrast the number of adolescents exposed to more risk factors compared to protective factors decreased from 29.6% in 2002 to 16.4% in 2003. Specifically, in 2002 the adolescents averaged 3.25 ( $SD=1.71$ ) protective factors, ranging from 0 to 8. In 2003 they reported an average of 3.47 ( $SD=1.86$ ) protective factors, again ranging from 0 to 8. This slight increase was not statistically significant. A significant reduction was noted in exposure to risk factors over the year period  $t(116)=9.69, p<.001$ . Among the 11 risk factors examined, the average number of risk factors reported in 2002 was 2.58 ( $SD=1.21$ ) and ranged from 0 to 6 compared to only 1.31 ( $SD=1.16$ ) during 2003, ranging from 0 to 5.

### **Current Status**

In both 2002 and 2003, the current status of these adolescent girls was examined in three contexts, health-related issues, academic performance, and general teenage behaviors. Additionally, mothers and daughters were asked about their perceptions regarding quality of life in various domains. The findings related to each of these contexts are summarized below.

Health-related. In both years, mothers and daughters assessed the daughter's overall health status using a five-point scale ranging from 1="poor" health to 5="excellent" health. These results are summarized in Table 5. While most daughters were rated as being in good to excellent health in 2002 and 2003, there was a slight decrease in the proportion of daughters reported by both mothers (89.6% to 85.7%) and by themselves (85.6% to 81.1%) as being in good to excellent health (see Table 5). The percentage of mothers assessing their daughters' health as fair or poor rose from 10.4% in 2002 to 14.3% in 2003. Similarly, the percentage of daughters reporting their health as fair or poor increased from 14.3% in 2002 to 18.9% in 2003. However, despite these slight increases daughters' SF-12 scores showed significant improvement during the year on both their physical health ( $M=44.8$  to  $M=53.9$ )  $t(114)=11.66, p<.001$  and on the mental health ( $M=37.5$  to  $M=43.1$ )  $t(114)=6.70, p<.001$ . It should be noted, however, that

despite the significant increase in these teenagers mental health scores, their scores are still substantially below the score of 50 one would expect in a general population.

**Table 5.** Daughters Health-related Status

Health-related status and needs	Mothers 2002		Daughters 2002		Mothers 2003		Daughters 2003	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
% in fair or poor health	10.4	125	14.4	125	14.3	112	18.9	116
% above criterion score on PSC	20.3	122	20.0	125	18.0	111	17.4	115
% potential substance abuse problems	NA	NA	12.2	123	NA	NA	13.2	114
% unmet physical health need	3.4	87	4.4	91	15.0	100	6.1	66
% unmet mental health need	40.0	14	20.0	6	30.0	10	33.3	6
% unmet substance abuse need	0	1	0	1	33.3	3	0	0

Compared to physical health, a higher percentage of daughters were assessed above the criterion score on the Pediatric Symptom Checklist by both mothers and daughters, although the percentage decreased over the year. In 2002, nearly one in five mothers' (20.3%) and daughters' (20.0%) exceeded this threshold, suggesting a possible psychosocial need. These percentages decrease to 18.0% for mother and 17.4% for daughters in 2003 although examination of overall scores on the PSC revealed no significant change between 2002 and 2003 assessments by either the mothers or their daughters. As shown in Table 5, 12.2% of the adolescents' scores suggested a potential substance abuse need (4.1% a possible serious problem) in 2002. This figure remained relatively constant at 13.2% (3.4% a possible serious problem) in 2003.

Mothers' and daughters' reported rates of unmet physical health services needs were low in both the 2002 interviews (3.4% and 4.4%, respectively) but increased to 15.0% for mothers and 6.1% for daughters during the 2003 interviews. Although rates of unmet mental health needs were substantially higher relative to physical health in both years, only a small number of mothers (2002 *n*=14 and 2003 *n*=10) and daughters (*n*=6 both years) indicated a need for these services. In both years, even fewer mothers and daughters reported any daughter needs for substance abuse services although one mother in 2003 reported her daughter as having an unmet substance abuse need.

Academic Performance. Both the mothers and daughters were asked a series of questions regarding their daughters' school performance. During the 2003 interviews, the adolescent girls' educational status was again assessed in terms of their perceptions of and motivation toward school (e.g., interest in school, desire to continue their education), school behaviors (e.g., participation in extra curricular activities, getting in trouble at school), and academic performance (e.g., grades). Collectively, few changes were observed related to adolescents' educational status between the 2002 and 2003 interviews.

With respect to being enrolled in school, the educational status of 80% of the girls remained stable during the year. Nearly two thirds of the girls (62%) were attending school at the time of both interviews while 18% of the girls were not in school at the time of either interview. The educational status of the remaining 20% of the adolescents was more dynamic. Eleven of the girls who were re-interviewed (9.4%) and who were not in school at the time of the 2002 interview were currently attending school. In contrast, 12 girls (10.4%) who were in school during at the time of the 2002 interview were no longer in school. The positive aspect of this finding is that for six of these 12 girls the reason they were no longer in school is that they had either graduated from high school or completed their GEDs. Of the remaining six adolescents not in school, one got pregnant, two reported no interest in school, one had to work, one reported family problems, and one had been expelled. Overall, the 29% of the adolescents in this study who had dropped out of school is over twice the state rate of 12% among 16-19 year olds (Annie E. Casey Foundation, 2003).

Virtually no change was noted over the year in adolescents' self-reports of their interest in school and their desire to pursue post secondary schooling. In 2002, 97% of the girls expressed a desire to attend college or vocational school after high school (including those adolescents currently not in school) while this year the figure was 95%. Among those in school most felt school was preparing them well for the future (92% compared to 87% in 2002).

In terms of academic performance, in both years most of the adolescents indicated working hard on their schoolwork (2002  $M=3.49$ ,  $SE=.78$ ; 2003  $M=3.43$   $SE=.76$ , **Note:** 4 = Very True). Their grades were similar in both years as the adolescents reported a GPA of 3.01 in 2002 and a GPA of 2.96 in 2003. In both years, most girls reported completing their homework “almost every day” and noted the importance of doing well in school (2002  $M=2.51$ ,  $SE=.07$ ; 2003  $M=2.41$   $SE=.07$ , **Note:** 3 = Extremely Important).

In contrast, the girls also acknowledged some behavioral issues at school. In 2002, 59% of the adolescents reported they had received an in- or out-of-school suspension with an average number of suspensions of .55 in the past year. Although not statistically significant, in 2003 these figures increased slightly to 62% having received a suspension with an average of 1.00. The girls also reported slight increases in being late for school, being late for class, skipping classes, and getting into fights. On the positive side, slight but non-significant increases were reported for participating in both after school and volunteer activities (both at approximately once a month).

In both years, most of the girls attending school indicated they never skip school (87% and 88% in 2002 and 2003 respectively), get into fights (94% and 93%) or other kinds of trouble (67% and 80%), or have had their parent(s) called to school (84% and 88%). Adolescents report similar levels of participation in study groups (54% and 58%) across years but increased participation in after school activities at least once a month (from 45% to 54%).

In general, mothers’ assessments of their daughters’ school behavior were consistent with the daughters’ self-reports. Mothers assessment of their daughters’ GPAs did average about .25 points lower than their daughters’ self-assessments and this difference was statistically significant ( $t(77)=2.05$ ,  $p<.05$ ). There was also some drop in mothers’ perceptions of their daughters’ academic progress as in 2002, 92%

assessed their daughter's academic performance as average or above as compared to 73% in 2003. This difference however, is not statistically significant.

In both years most mothers reported their daughters never skip school (87% and 86%, respectively), got into fights (93% and 81%) or other kinds of trouble (87% and 89%), or that they were called to school (83% and 91%). Mothers also reported their daughters had similar levels of participation in study groups (from 52% to 51%) and similar increases in their daughters' participation in after school activities at least once a month (increasing from 43% to 53%).

Teenage Behaviors. Mothers and daughters were asked to report on specific behaviors in which teenagers are likely to engage (e.g., running away, smoking, volunteering). Results from both the 2002 and 2003 mother and daughter interviews are summarized in Table 6. In 2002, mothers and daughters reported similar levels regarding the frequency of occurrence on 6 of the 12 behaviors examined. Mothers and daughters reported similar rates on 8 of the 12 behaviors in 2003.

Dramatic increases were found in the girls' sexual behavior during the year. Mothers' reports of the daughters' sexual activity increased from 47.9% in 2002 to 60.7% in 2003. Daughters' self-reports were similar to their mothers, increasing from 48.8% in 2002 to 69.0% in 2003. Not surprisingly, the pregnancy rate also rose among these girls, increasing from 22% to 28%. Four additional girls (3.2%) became mothers during the past year raising the rate of teenage mothers among girls in this sample to 16.7%, substantially higher than the rate of 2.9% reported nationally among teens 15 to 19 years old (Annie E. Casey Foundation, 2003).

The adolescents also reported meaningful increases in the frequency of their smoking. In 2002, 40.0% of the girls reported smoking and increased to 51.0% in 2003. In contrast, mothers' reports of their daughters' smoking decreased slightly from 36.3% in 2002 to 28.2% in 2003. During both interviews, about a third of the daughters reported riding in a car with a friend who had been drinking. A similar percentage of



mothers reported their daughters had done this in 2002, but this percentage declined to 17.0% in 2002.

Mothers' 2003 reports that their daughters might have stolen something were half the value reported in 2002 (9.0% versus 18.5%). The percentage of mothers who reported their daughters belonged to a gang also dramatically decreased from about 9% to 1%. Mothers also reported a substantial reduction in their daughters' possible gang involvement from 8.8% in 2002 to .9% in 2003. During both interviews, mothers were less likely to indicate their daughters did volunteer work (49.5% and 44.7%) compared to their daughters' self-reports (68.7% and 62.0%).

**Table 6.** Teenage Behaviors

Behavior	Mothers 2002 (n=125)	Mother 2003 (n=113)	Daughters 2002 (n=125)	Daughters 2003 (n=116)
Ever stolen something	18.5%	9.0%	6.6%	7.8%
Ever destroyed property	8.8%	9.9%	9.6%	9.6%
Ever run away from home	12.8%	16.1%	13.6%	13.9%
Even been in a flight	21.8%	22.5%	6.2%	27.0%
Ever been in a gang	8.8%	.9%	.8%	0%
Ever smoked	36.3%	28.2%	40.0%	51.0%
Ever ridden with someone drinking	34.7%	17.0%	34.7%	37.4%
Ever drank and driven	.2%	1.8%	0%	1.7%
Ever had sex	47.9%	60.7%	48.8%	69.0%
Ever been pregnant	16.0%	16.7%	15.7%	19.8%
Ever had an STD	12.9%	NA	6.6%	5.3%
Ever do volunteer work	49.5	44.7%	68.7%	62.0%

Quality of Life. In both 2002 and 2003, mothers and their daughters separately rated their quality of life in seven domains on a four-point Likert scale (see Table 7). In both years, mothers reported significantly lower levels of satisfaction in each life domain as well as with their overall quality of life compared to their daughters. The effect sizes associated with these differences were in the moderate range. Mothers reported their highest levels of satisfaction in their relationships with people followed by legal and safety issues, and then their housing arrangement. Daughters reported their greatest

levels of satisfaction with legal and safety issues, relationships with people, and the health status. No significant change was found during the year in the reported quality of life for either mothers or their daughters.

**Table 7.** Descriptive Statistics on Mothers' and Daughters' Quality of Life

Domains	Mother 2002 (n=125)	Mothers 2003 (n=113)	Daughters 2002 (n=125)	Daughters 2003 (n=116)
Living or housing arrangement:				
Mean	2.60	2.74	3.10	3.24
SD	1.10	1.06	.99	.88
Range	1-4	1-4	1-4	1-4
Financial condition:				
Mean	1.85	2.04	2.55	2.83
SD	.92	1.01	1.01	1.02
Range	1-4	1-4	1-4	1-4
Health status:				
Mean	2.65	2.62	3.51	3.30
SD	1.03	1.12	.92	.84
Range	1-4	1-4	1-4	1-4
Relationships with people:				
Mean	3.02	3.07	3.52	3.53
SD	.95	.95	.73	.72
Range	1-4	1-4	1-4	1-3
Employment or educational situation:				
Mean	2.02	2.15	3.23	3.10
SD	1.12	1.22	1.00	.99
Range	1-4	1-4	1-4	1-4
Recreational and leisure opportunities:				
Mean	2.17	2.15	3.11	3.08
SD	.93	1.03	.95	.92
Range	1-4	1-4	1-4	1-4
Legal and safety issues:				
Mean	2.79	2.75	3.52	3.45
SD	1.12	1.10	.80	.81
Range	1-4	1-4	1-4	1-4
Overall QoL:				
Mean	2.94	2.99	3.58	3.50
SD	.92	.88	.76	.81
Range	1-4	1-4	1-4	1-4

**Scale:** 1=Not at all; 2=Somewhat; 3=Moderately; 4=Very

## Future Aspirations

Findings from Phase 1 related to the third component of the conceptual model, daughters' future aspirations, are summarized in this section. Mothers and their daughters each independently assessed the daughters' future aspirations, and the results are summarized in Table 8. On average, mothers had lower future expectations for their daughters in each of the six domains relative to daughters' expectations for

**Table 8.** Descriptive Statistics on Mothers' and Daughters' Future Aspirations

Domains	Mothers 2002 (n=125)	Mother 2003 (n= 113)	Daughters 2002 (n=125)	Daughters 2003 (n= 116)
Education:				
Mean	22.3	20.8	22.6	22.1
SD	3.55	5.35	4.33	4.82
Range	5-25	5-25	5-25	5-25
Employment:				
Mean	21.2	21.1	22.4	23.0
SD	4.22	4.42	3.38	2.74
Range	5-25	5-15	12-25	14-25
Relationships:				
Mean	21.1	21.6	21.8	22.1
SD	3.28	3.52	3.24	3.02
Range	10-25	9-25	11-25	13-25
Material Wealth:				
Mean	20.6	20.6	22.5	22.7
SD	4.39	4.20	3.12	3.39
Range	8-25	5-25	10-25	10-25
Physical & Emotional Well-being:				
Mean	21.8	21.8	22.4	22.5
SD	3.50	4.11	3.06	3.14
Range	7-25	5-25	13-25	13-25
Recreational Opportunities:				
Mean	21.8	21.6	22.6	22.6
SD	3.57	3.87	3.06	3.26
Range	12-25	5-25	12-25	12-25
TOTAL Future Aspirations Score:				
Mean	128.2	127.3	134.5	135.2
SD	18.93	21.20	14.12	14.82
Range	53-150	34-150	93-150	81-150

themselves. Mothers had significantly lower expectations in four of the six domains (*i.e.*, education employment, material wealth, relationships, and recreational opportunities) as well as in total score relative to their daughters. Similar to last year, the Pearson correlation between mothers' and daughters' assessments of future aspirations was low at  $r=.29$ , denoting a fair amount of disagreement between mothers' and daughters' assessments. Similar to last year, 61% of the daughters again reported higher future expectations of themselves relative to their mothers. In contrast, 37% of the mothers reported higher future expectations than their daughters while in 2% of the cases mothers and daughters had the same ratings.

### **Prediction of Future Aspirations**

Analytic efforts were continued during the year to better understand what factors are predictive of these girls' future hopes and aspirations. A forward stepwise regression analysis using an expanded set of potential predictors was conducted to examine the impact that existing risk and protective factors and adolescents' current status have on their vision of the future. Daughters' total future aspiration scores were regressed on to a set of variables that included daughters' demographics variables (age, race) [2], total risk and protective factors [2], child traits (self-esteem, life events, locus of control, quality of life) [4], and child behaviors (still in school, has had sex, been pregnant) [3], current status (health, mental health, substance abuse) [3], social supports (parents, teachers, friends, classmates) [4], mothers' reports of daughter (health, mental health, substance abuse, life events, and quality of life, future hopes and aspirations) [5]. This analysis is summarized in Table 9.

A four variable model emerged that included teacher support, mental health status, negative life events, and parental support accounting for 58% of the variance in these girls' future aspiration  $F(4,103)=34.72, p<.001$ ). Daughters' perception of their teacher social supports was the best single predictor of their future aspirations. Adolescents who reported higher levels of teacher social supports held significantly

more positive aspirations for the future than did adolescents who perceived fewer teacher social supports.

Adolescent's self-reported mental health status (as measured by the Pediatric Symptom Checklist) was the second best predictor of their future hopes and aspirations accounting for an additional 10% of the variance. Girls who indicated more problem behaviors had lower future aspirations compared to those reporting fewer problem behaviors. Comparison of the standardized regression weights suggests that teacher social supports were twice as strong a predictor of future aspirations compared to daughters' reports of their mental health symptoms.

Daughters' report of various negative life events (e.g., death of a parent, abuse) was the third best predictor of their level of future goals and aspirations, accounting for an additional 3% of the variance. Adolescents who reported a greater number of these life events had lower levels of future goals and aspirations than did girls who reported fewer of these events. Examination of the standardized regression weights indicates that teacher social support was almost three times as strong a predictor of future aspirations compared to daughters' life events.

The fourth predictor was parental social supports, also accounting for an additional 3% of the variance. Adolescents reporting higher levels of parental support had higher future hopes and aspiration relative to girls who reported lower levels of parental social supports. Compared to teacher social support, parental support was less than half as strong a predictor of these girls' future hopes and aspirations.

None of the remaining 19 predictors (age, race, total risk factors, protective factors, self-esteem, locus of control, still in school, has had sex, been pregnant, health status, substance abuse, status, friends social support, classmates social supports, mothers' reports of daughters health, mental health, substance abuse, life events, and quality of life, and future hopes and aspirations) accounted for any additional significant portion of the variance in these teenage girls' future aspirations.

**Table 9.** Prediction Model of Daughters' Future Aspirations

Predictor	Standardized Beta	Standard Error	<i>t</i>	<i>p</i> <	Change in <i>R</i> <sup>2</sup>
Teacher Supports	.54	.31	5.52	.001	.41
Mental Health Status	-.24	.10	3.42	.001	.10
Life Events	-.21	.21	2.99	.001	.03
Parental Supports	.24	.28	2.49	.001	.03

*R* = .76, *Adjusted R*<sup>2</sup> = .57

Given that teacher and parental social supports were importantly related to these adolescents' future hopes and aspirations, these data were examined more closely. Meaningful changes were observed between the 2002 and 2003 interviews. First, the level of teacher support these girls reported significantly decreased (*p* = .09) from an average of 20.3 (*SD*=4.12) in 2002 to an average of 19.6 (*SD*=3.66) in 2003. The change reflects a moderate sized effect and is likely partially attributable to the girls getting older, some graduating from high school, and others dropping out of school. On a positive note, a significant increase (*p* = .07) was found in daughters' reports of their parental social supports. Their reports increased from an average of 19.9 (*SD*=5.04) in 2002 to 20.7 (*SD*=3.75) in 2003. This increase reflects a small effect.

### Administrative Data

Medicaid Service Use. Service utilization data on these adolescents were obtained on Medicaid services from the Florida Agency for Health Care Administration and on state-funded services from the Department of Children and Families (DCF) for the one-year prior to enrollment in the study. Overall, 83 of the 125 daughters (66.4%) received a Medicaid service in the year prior to the start of the study. In terms of the cost of these services, the girls received a total of \$90,500 in services. This averages to be \$725 per adolescent or \$1,090 per user. Individual expenditures were quite varied ranging from \$5.00 to nearly \$16,000.

Approximately 10% of all service costs were for mental health services, the majority of which (approximately \$7,500) were for inpatient care. Dental services received by these girls accounted for over \$13,000 in Medicaid expenditures. Other more expensive service categories included inpatient services (\$34,000), surgery (\$5,000), outpatient evaluation (\$3,500), and transportation (\$3,000). The remaining services covered a wide variety of medical procedures. It is interesting to note that despite the high rate of pregnancy and teenage births among these girls in this study that less than \$1,000 was associated with family planning provided to six of the adolescents.

Only three adolescents (2.4%) were found in the DCF service file who were not also found in the Medicaid claims file. Service records on 10 girls (8%) were found in both data systems. Most of the services the daughters received that were listed in the IDS system were for in-home and on-site services (35.8%) or for outpatient services (25.3%).

Overall 89 of the 125 mothers (71.2%) received Medicaid services in the year before the study began. Their expenditures total slightly more than \$95,000. Service costs among mothers were also widely variable ranging from a low of \$4.00 to a high of \$14,000. The average costs per mother and per user were similar to those of their daughters at \$760 and \$1,070, respectively. Approximately 5% of the service costs were for mental health services, with most of these costs attributed to physician mental health services (\$2,700). Similar to their daughters, the more expensive service categories included inpatient services (\$25,000), transportation (\$4,800), and surgery (\$4,800). Mothers also received outpatient evaluation (\$7,600) and diagnostic radiology (\$7,200). The remaining services also covered a wide variety of medical procedures.

Involvement with Juvenile Justice System. Data were obtained from the Florida Department of Juvenile Justice (DJJ) between May 1993 and December 2002 to determine if these adolescent girls had had previous contact with this system. Records were located on 38 of the participating adolescents (30.2%). Nearly 16% of the girls

only had contact with the juvenile justice system prior to the start of the study, 6.3% only had contact since the study started in February 2002, while 7.9% had contact both before and after enrollment in the study.

**Table 10.** Type of Offenses

Type of Offense	Number of Offenses	Percentage of Offenses ( <i>n</i> =106)	Percentage of Girls ( <i>n</i> =38)
Minor offense	38	35.8%	100.0%
Property offense	34	32.1%	89.5%
Drug offense	3	2.8%	7.9%
Sexual offense	1	.9%	2.6%
Potentially violent offense	2	1.9%	5.3%
Violent offense	28	26.4%	73.7%

The average number of arrests of the girls who had contact with the juvenile justice system was 2.21 (*SD*=1.49) and the number of arrests ranged from 1 to 7. The average age of these girls at the time of their first arrest was about 13.5 years old (*SD*=1.80). Table 10 summarizes the types of offenses that these girls were charged with. As can be seen in the Table, all of the girls with an arrest had been charged with some type of minor offense. In addition, many of these adolescents had been charged for a property offense. More disturbing is that nearly three quarters of the girls (73.7%) who had contract with DJJ had been charged with a violent offense.

## Results: Phase 2

Findings are presented following the study's conceptual model. Each domain of the conceptual model is presented in themes, rather than by the domain itself. This allows for greater specificity about the various aspects of the daughters' lives and



experiences. Clustering of themes to represent larger domains would help in confirming or disconfirming the findings from Phase 1 but would not enhance them. The themes presented emerged from the data. Congruency among respondents varied from theme to theme. Considering that this is a longitudinal study, findings are presented by year (*i.e.*, Year 1, Year 2) in order to capture the changes taking place from one year to the next. Furthermore in presenting the findings distinctions are made as to whether daughters are stable or whether their situation has improved or deteriorated.

Following the themes two vignettes representing two of the daughters are presented. The vignettes were selected to represent the challenges daughters face in their transition to adulthood. These vignettes are useful in that they not only are a good representation of the life situations of two daughters, but they also serve as a background for the discussion section.

The discussion section presents the results from the triangulation of the data, the barriers identified by the daughters as well as the interviewers, and some suggestions for helping them succeed in their transition to adulthood.

### **Risk and Protective Factors**

This section addresses the prevalence of various risk and protective factors among these adolescent girls and their association with these adolescents' current well being.

#### Perception of Self.

**Year 1:** In general all daughters had a clear perception of self. They had a good sense about their life circumstances and were grounded in the reality of their lives. They knew the place they occupy in society, whether in school, at work, or within their families. Overall they seemed to have a positive self-esteem amidst some of the difficulties they have gone through or are experiencing. For example, one daughter who was on

probation because of an incident with a police officer perceived herself as not having done anything good while at the same time she recognized that she was a good person with dreams and aspirations who just happened to be in the wrong place at the wrong time.

In addition, most of the daughters were aware of the amount of control they have over their lives and destinies. For example, they were cognizant of the fact that their educational success depends on whether they do what is required. Similarly, they knew that continuing their education would depend not only on their efforts, but also on being able to access the financial resources necessary to pursue a college education.

**Year 2:** The daughters did not experience many changes in this area of their life. They continued to be aware of their circumstances and of the place they occupy in society and of the consequences of their behaviors. The daughter who was in probation in Year 1 completed her community hours and is enrolled in a school where she is doing better. She is still paying the court/probation fees, which her mother is paying for her because she has not been able to find a job.

In terms of the amount of control daughters have over their lives one of the daughters realized the consequences of taking risks when she got pregnant. Although she had stayed on track in terms of her educational goals and had successfully completed her GED and obtained her security guard license, she had to face the realities of pregnancy. This daughter is fortunate to have a supportive family that has agreed to help her through her pregnancy so that she may continue pursuing her educational goals. She is hoping to go back to school in January 2004 to take LPN training so that she can achieve the self-sufficiency she needs in order to support her child and herself. Still this daughter felt the impact of her pregnancy in terms of the emotional changes she was going through. She mentioned that she had grown too fast and consequently “you feel like you are not even young anymore.”

Relationships.

**Year 1:** All daughters placed great value in their relationship with their mothers. For them, their mothers were the most important person in their lives and they reported having very close and nurturing relationships with their mothers. The mother of one of the daughters went away for approximately six months to receive substance abuse treatment leaving the daughter under the grandmother's custody. This daughter still felt very connected to her mother and reported that her mother was doing very well in her treatment. In addition, some of the daughters reported having good relationships with older siblings who in many ways served as their mentors and looked up to them for guidance. One of the daughters was pleasantly surprised when she learned that she had an older brother and met him. Both were very happy about meeting each other and the brother has become an additional source of support for her. The daughter was quickly integrated into his side of the family. Not all daughters had extended families, but most of those who did, reported being close to extended family members.

Only a few of the daughters were in contact with their fathers. Mostly their fathers were out of the picture and had been for most of their lives. The daughters were realistic about their relationships with the fathers. For example, some daughters reported that they refused to call their father "Dad" because for most of their lives their father had not acted as a father to them. Some fathers were reported as living in other communities, residing out of state, or having other families. Others were reported as not having been part of their daughters' lives at all and the fathers' place of residence was unknown to the daughters.

Relationships with friends were also reported as valuable, and many of the daughters reported having long-lasting friendships that developed from the time they were in elementary and/or middle school. Some daughters made clear distinctions between friends, associates, and acquaintances. Friends were described as the people with whom they get together outside of the school context. Associates were described as school peers, and acquaintances as people with whom they may exchange a "hello"

or have a brief conversation but would not go out with them. Close relatives such as cousins, older sisters, and aunts replaced the presence of friends for some daughters.

Relationships with teachers were significant for a few of the daughters, although most of them could identify a favorite teacher. However, having a favorite teacher did not mean that they had a close relationship with him/her but rather a recognition of the commitment these teachers had to their students, to helping them learn, and to help them do well in their classes.

Only a few of the daughters were working at the time of the interviews. Most of them were interested in working and were looking for summer jobs. Those who were working reported having a good relationship with their bosses and were fulfilling their responsibilities as employees.

**Year 2:** The mother-daughter relationships remained strong for the daughters. Although they are at an age where they are beginning to seek increased independence, they continued to value their relationships with their mothers. This was also the case with their siblings and close relatives. One change noted is that some daughters expressed more discrimination in what they confide in with their mother, versus with close friends.

In terms of friends, daughters continued to make distinctions between close friends and school associates. Mostly they kept the same close friends and developed relationships with other school associates. The daughters who changed schools during the year had made new friends at the new schools. In general, close friends seem to be a constant in the lives of daughters even as they grow and their life circumstances change. The daughter who got pregnant kept in touch with some of her closest friends, although she misses not being around them as much. In addition, they are able to build new relationships as they progress through life.

Overall the daughters' relationships with their fathers remain unchanged, although some daughters identified positive or negative events. For example, some

daughters have re-connected with their fathers for various reasons. For example, the father of one of the daughters reappeared in her life. According to this daughter her father came to see her and her brother and told them that he was being awarded some money as a result of a job related injury. Consequently their mother was going to receive a lump sum for the child support payments he was in arrears. The daughter stated that she was glad “he was trying to do a little something” and seemed to have enjoyed seeing him. Although she did not anticipate seeing him on a regular basis because he travels a lot, she said she could reach him at his cell phone. A second daughter mentioned that her father had helped her to purchase a car, although she also said that she doesn’t confide in him or feel close to him. Finally, a third daughter mentioned that her father has left the house, although he stops by once in a while to see them.

There were no changes in terms of daughters developing significant relationships with their teachers. One of the daughters who had reported having a good relationship with her English teacher in Year 1 and who had completed all her credits for graduation in December 2002 reported that she was still in touch with this teacher even though she had not been in school for several months. The teacher kept in touch with her and was interested in developing a writing project in which this student would be involved. This daughter mentioned that she was a great teacher and that she could talk to her about anything.

In terms of employment, four of the daughters who were looking for jobs in Year 1 were working. They were working on a regular basis while still attending school. Two were working at supermarkets, one at a fast food restaurant, and one was employed at the hospital where she usually worked during summer vacation. Some daughters who are working and in school did mention difficulty juggling their time, and one mentioned that sometimes she doesn’t go to school because she is too tired. The daughter who got pregnant had worked for a while at a store but stopped as her pregnancy progressed because she had to be on her feet all the time, she was only allowed 15-minute breaks, and was not paid for overtime hours.

Role Models.

**Year 1:** Most of the daughters viewed their mothers as their role models in terms of providing them with fundamental character building characteristics such as love, dedication, perseverance, guidance, wisdom, and support. In terms of individuals who served as role models in their educational and professional aspirations, daughters mentioned older siblings or relatives who were educationally and professionally successful as well as some of their teachers. One daughter said, "...my ROTC teacher at school, he is the person I look up the most because I see myself as him when I get to his age." Another daughter described the ways a guidance counselor "gets you back on track if you fall off."

The daughters recognized that role models are only models that serve to guide them but that as individuals they would continue to be unique and to have their own value. In this regard one daughter stated, "I think it is more important to be myself. There ain't nobody I know that I want to grow to be like."

**Year 2:** Daughters did not report any changes in terms of their role models. They still continue to look up to the role models they identified in Year 1. In the case of the pregnant daughter, it became evident the multidimensionality of role models and how their significance is not simply based on their successes but also on their ability to successfully deal with difficult circumstances. In this daughter's case, her older sister was identified as her role model in Year 1 because of her professional and personal achievements, which included raising three children on her own without any financial assistance. Now that this daughter is facing a similar circumstance, although the father of the child will be put on child support, she emphasized her determination to make it, just as her sister did. Her sister just purchased her own home and continues to do well at her job. She is also helping her with the process to enter an LPN educational program.

Home Environment.

**Year 1:** Overall the daughters reported living in nurturing and warm home environments. They felt safe in their homes and expressed great love and affection for their families. They reported having the “normal” type of arguments with siblings over phone use and/or television watching. Most of the daughters reported being responsible for chores at home. They knew what they had to do and when, and they all seemed to comply without feeling burdened by this responsibility. Indeed, some daughters expressed the value of sharing family tasks.

Daughters knew what their families expected of them and reported that their families were aware of their own dreams and were supportive of them. Mostly they reported that their families expected them to go to school, graduate, stay out of trouble, and achieve their goals.

Daughters identified the values that have been transmitted by their families, mostly by their mothers, either because they were explicitly explained to them or because they have integrated them through role modeling. For example, one daughter stated, “My mother always wanted me to go to school...to respect yourself too. She always tells me to take care of your reputation because you are a female...show people not to judge you bad.” Another daughter said that what’s important in her family is: “To stick together, help out one another, make sure were okay.” A third daughter stated, “My values are don’t give into life, when life brings you down the worst you can do is let you bring you down. Get up and step over it, [life] it is not supposed to be bad, so go through life with your head up and everything will be OK” and then added that she got this from seeing how nice and good her mother is to people even when they are hateful and evil.

**Year 2:** Daughters did not report any changes in the home environment. The daughter whose mother was away for substance abuse treatment still lived in the same place and

was surrounded by her immediate and extended family. Although she missed having her mother around, her living environment had remained unchanged.

Families continued to be supportive of the daughters' dreams and kept up their expectations regarding their school performance and their behaviors. While the parents of the pregnant daughter were initially upset about her condition, they recognized that she had stayed on track and had achieved her goal of obtaining her GED and felt confident about her ability to stay on track in terms of her educational and employment goals.

### Community Environment.

**Year 1:** Overall the daughters did not express any concerns about their neighborhoods. Although for an outsider some of their communities may appear to be less desirable than others, the daughters were comfortable with their surroundings and felt safe in their homes. At the same time, they were aware of areas in their communities that could be dangerous and most of them reported that they did not socialize with many people in their neighborhoods and would not go out on their own at night.

**Year 2:** Although two of the daughters and their families had relocated, they were still living in the same general area. Both moves represented improvements in these families' lives in terms of having more living space.

### School Environment.

**Year 1:** The daughters still in school reported feeling safe at school and had a positive opinion regarding the school environment. They recognized their schools were not free of occasional fights among students and other disciplinary problems, but viewed these situations as "normal." They reported their schools to be drug free. There were only a couple of reports of knowing of students who smoke cigarettes.



The daughters were aware of what their school and their teachers expected of them. In general, they reported that their schools expected them to do well with their classes, behave in school, and “no type of trouble.”

**Year 2:** Except for one daughter who reported that in her school there were bomb threats almost on a daily basis, all daughters continued to have a positive opinion about their schools’ environment. The daughter who reported the high incidence of bomb threats in her school also mentioned that since the school began requiring that all students wear an identification card, the number of school suspensions had increased.

### Recreational Activities.

**Year 1:** The availability and access to recreational activities varied depending whether daughters lived in an urban or more of a rural community. Those living in urban communities have more access to various types of entertainment such as movies, malls, teen clubs, sport activities, and getting together with their friends. Those living in more rural communities were limited to the movies and in some cases to the bowling alley and the skating rink. It was harder for them to “hang out” with their friends due to distances and lack of transportation. Access to recreational activities also depended on the age of the daughter, whether the daughter has a child, and financial resources. Those who were over 16 years and had a car had more options than the younger ones. Regardless of these distinctions, all daughters reported watching television and renting movies as their main recreational activity.

**Year 2:** There were no changes in the type of recreation activities accessible to daughters. Most of them because of their age continued to be limited to going to the movies and spending time at their friends’ homes.

## **Current Status**

This section addresses how these adolescent girls are doing in terms of health-related issues, academic performance, and social behaviors.

### Religiosity.

**Year 1:** In terms of religiosity (having religious beliefs, church attendance, praying, etc.) daughters provided a wide range of responses. The responses ranged from not having religious beliefs to being involved in church activities and having deep religious beliefs. When asked why church was important, one daughter stated that “church is like a family” and that church brings her family together: “We all split up, but we know Sunday morning it’s church.” Some reported being more spiritual than religious.

**Year 2:** Some individual changes were reported in this area. Some of the daughters are more involved with religious organizations than others. One daughter who has started to attend church on a regular basis stated that one reason is because it helps her to “stop doing bad things”; another noted that going to church “helps me get things off my chest.” In general daughters reported believing in God, and some of them mentioned praying on a regular basis and for special situations. For example, one daughter who reported that she prays before going to school also stated she prays before school tests.

### Alcohol.

**Year 1:** Overall the daughters reported no alcohol consumption. While some of them had tried alcohol, they were not regular users, and they had not liked it when they tried it. Only one daughter reported that sometimes she drinks beer at parties but that she never drinks in excess. She added that her friends always make sure there is a designated driver when they go to parties and that her best friend and her always watch over each other.

**Year 2:** There were minimum changes in this domain. The pregnant daughter reported that she is not partying anymore, while the others are still not involved in this type of activity. Another daughter said that she occasionally drinks a glass of wine at family parties and get together.

Drug Use.

**Year 1:** Daughters reported no use of any type of substances.

**Year 2:** No changes were reported for the daughters who were interviewed. Reportedly, one daughter who could not be located is heavily involved with drugs.

Sexual Activity.

**Year 1:** Only a few of the daughters were involved in relationships or had previous relationships where they had engaged in sexual activity. All of them reported not being interested in having children at the present time. Those who were involved or had been involved in sexual relationships knew the precautions they must take to avoid pregnancy.

**Year 2:** Six of the daughters reported that they were involved in relationships. Two of them were still dating the same young men they were dating on Year 1, three are in new relationships, and the other one is the pregnant daughter. The pregnant daughter had not planned this pregnancy and reported not wanting to have any more children. She said she plans “to get on the shot” once her baby is born. None of the other daughters were dating, and they all reported not being interested in having children until they finish college and have a career.

Volunteer Activity.

**Year 1:** Only a few of the daughters reported volunteering as some of their activities. Mostly daughters were involved in activities at school or work. Those who volunteer do it during the summer while they are on school vacation.

**Year 2:** Only one daughter reported that she was still volunteering at a hospital. However, she was beginning to work at this hospital on a regular basis and therefore would not be able to volunteer as much.

School Performance.

**Year 1:** In general daughters attending school reported doing well. They identified those subjects in which they did better and those more challenging for them. They also identified extracurricular activities they were engaged in, such as cheerleading, basketball, photo club, ceramics, STEP, and ROTC. Those who were not in school expressed a desire to complete high school and were looking for ways to do so. For example, one daughter who dropped out of school last year had made plans to enter Job Corp this summer to complete her general education diploma (GED) and hopefully enter the Marines after that.

**Year 2:** Overall daughters still in school reported doing well. Four of the daughters reported they had improved their grades during the current school year. The daughter whose mother was away reported that this school year had been a little more difficult for her and that some of her grades had come down, but she was making an effort to pull them back up before the school year was over. The daughter who had dropped out of school and planned to go through Job Corp to obtain her GED was successful in achieving this goal. However, because of her pregnancy she decided not to pursue her interest in law enforcement. Two daughters had dropped out of school since last year.

## **Future Orientation**

This section addresses the extent to which the presence of risk and protective factors is associated with these teenage girls' hopes and aspirations.

**Year 1:** All daughters expressed having future goals and aspirations. Their goals and aspirations reflected their age, their experiences, and their circumstances. Younger daughters were able to articulate what they want to be, but were not clear as to what it took to reach that point, while the older ones had a clearer understanding of what was involved in reaching their goals. For example, a young daughter stated that she wanted to be a lawyer but could not explain the reason for being attracted to law and did not know the length of time it would take her to become one or the requirements to enter that field. On the other hand an older daughter who also wants to go to law school, stated, "I like to defend people and I like to debate on things that are important." Her goal is to become a judge after she finishes law school and one day be appointed to the Supreme Court. She knew that it would take her about eight years to go through law school and then a while to reach her ultimate goal.

The experiences of the daughters were reflected in their desires to be financially and emotionally stable before having children. While not all of them live in single-family homes, they expressed a preference for having children after marriage and when they could provide for their children. They know the difficulties and expenses associated with parenting.

Their circumstances at the time of the interviews were also reflected in the daughters' dreams and aspirations. Those who have good grades and the possibility to access scholarships seemed to be more certain about being able to reach their educational and professional goals. Those whose grades may not be as good but whose family can gather the financial resources to send them to college also seemed

certain about reaching their goals. Those who appeared to have less access to resources were not as certain about reaching their educational goals.

**Year 2:** For the most part, daughters' dreams and aspirations remained constant. While their dreams and aspirations have not changed that much, they were clearer about the steps they need to take in order to reach their goals and had more sense of direction. Some of the changes reflected their increased ability to see through things and realize what lies in front of them. For example, the daughter who is in ROTC and who had expressed her desire to go into the armed forces changed her mind due to the war in Iraq. Instead she hopes to try a vocational career that will allow her to start working soon and then decide if she wants to pursue other degrees. Another daughter who is caring for her young son expressed a realization that she may not be able to complete her GED and become a nurse's aid until her son is able to go to day care.

The daughters' views regarding marriage and child bearing remained stable. Overall daughters are of the opinion that marriage should come before having any children. Their opinions respond to the importance of providing a stable home to their children and holding the children's fathers to their commitment. For these daughters, child bearing is something they want to postpone until they have professional careers that would help them insure their and their children's well being. Daughters view marriage as a serious commitment and most of them feel that couples would benefit from premarital counseling. In their view, counseling offers couples the opportunity to understand the magnitude of their decision, decide whether they are ready for marriage, and to know each other better. Daughters also feel that once couples have children they should consider counseling before they decide to divorce, considering the impact divorce has on children. Regardless of their views about marriage and child bearing, some daughters also recognize that these decisions should be left up to the individuals rather than forcing people into them.

## **Vignettes**

### *Crystal*

**Year 1:** Crystal is a 16 year old of Hispanic origin. She lives in an apartment in a neighborhood that according to the census is characterized as poor. She lives with her mother, her stepfather, and her younger brother. The apartment complex is safe, but there are areas outside the complex where there is crime and drug activity. Crystal was in the tenth grade when she dropped out of school last year. She just lost interest in school and was not interested in being “popular” like many of her school peers. She had a lot of friends in school but she did not pay a lot of attention to them. She attended two different schools during her high-school years and she really did not like either of them. While she was still in school she was in a relationship with a senior student and that also distracted her because she “had a lot of feelings for him and was in my own world with him.”

Crystal’s older sister is her role model and the person she is closest to. When Crystal was nine years old, her sister took custody of Crystal because she had moved out of the projects and was doing well, and their mother wanted Crystal to be in a better environment. Crystal lived with her sister for several years and now is back with her mother. However, she still sees her sister on a regular basis. The sister has three children and a career. Crystal looks up to her because “she is a very independent woman,” is a hard worker, a dedicated mother, and has done it all on her own.

Crystal has never worked, but sometimes she baby-sits for a friend of her mother. However, she has responsibilities at home. Since she is home, she is responsible for cleaning the house and doing the dishes. She completes her chores before her mother comes home from work.

Crystal is not involved with drugs. She knows people who are and knows how bad it can be. She has tried alcohol and when she goes to parties she might drink beer. She has never had any involvement with the law. Her close friends are always watching over each other to ensure their safety.

Crystal's mother wants her to go to school, to do something with her life, to be a respectful person, and to be respected by others. Crystal also wants to return to school and wants to do it through the Job Corp program. Through this program she hopes to obtain her GED and enter the Marines to further her education. She would like to major in criminal justice and work in law enforcement. At a more personal level, Crystal hopes one day to get married and have children, but she does not see this happening until she is 30 years old. Crystal feels that she has the personal control necessary to achieve her goals. This is what she said, "I think I know what I want to do. I think I have control over my life. I have everything set for myself and I know what I can accomplish if I can put my mind to it."

**Year 2:** Crystal entered the Job Corp program and in seven months obtained her GED certificate and a security guard license. Upon completing Job Corp she began working in a clothing store; however, soon after that she got pregnant and quit her job because she was only given 15-minute breaks and was not paid for overtime. At first Crystal's parents were upset about her pregnancy but eventually calmed down and decided to support her through her pregnancy and to help her continue working on her career goals. The child's father is only 18 years old and is committed to help support the child and to be there for him. Crystal and her boyfriend considered the possibility of getting married, but they came to the conclusion that they are too young and that they need to continue working on their individual goals and grow more before making such a huge commitment. Her family is supporting her financially, and she is receiving Medicaid for her pregnancy. Crystal still feels that she would like to get married when she is 30 years old, not before. She still wants to do many things and wants to enjoy her youth before getting married.



Crystal is hoping to enter a vocational school in January 2004, when her baby will be three months old to become a Licensed Practical Nurse (LPN). Her mother has agreed to watch the baby while she is in school. Crystal's older sister continues to be her role model and is playing a central role in helping her plan her schooling and her career. With her sister's guidance and help, Crystal hopes to complete the LPN training that will allow her to secure a stable job and then pursue a Registered Nurse (RN) degree. Crystal's life has changed a lot as a result of her pregnancy and knows that more changes will take place once her child is born, but she is hopeful about the future and has great confidence in her ability to succeed in school and in her personal life.

### *Rebecca*

**Year 1:** Rebecca is a 17 year old of African American origin. She lives with her older brother, her two-year old son, and her mother in a low-income apartment complex in a rural community. The apartment was clean, neat and simply furnished. Rebecca's mother is not working; she has cancer and is in treatment for the cancer.

When asked what's important for her family, Rebecca focused on helping her mother, and worries about whether her mother will get better. "There's not nothing really important but her right now." Rebecca's mother and her son are the two most important people in her life. She has problems taking care of her son, describing him as "hard headed and bad."

Rebecca does not use alcohol or drugs. She tried it once, but "didn't like being high." She doesn't want to have any more children now because of the challenges in caring for her son, but isn't certain about having more children in the future.

Rebecca does not attend school. She dropped out of school after her son was born because there was no one available to care of her child. She was in the eighth grade in middle school when she dropped out. She expressed a desire to go back to school in the fall because it is boring without school. She knows that she doesn't have

to go back to school, but she wants to show her son a good example. Rebecca hopes to attend a vocational/technical school and said that if she went back to her previous school, she would “probably not get nothing done.” She was unclear about what she needed to do to go back in school, but was certain that she would be able to find daycare for her son. After high school, Rebecca plans on going to college, but wasn’t clear about why except that she wants to play basketball.

Rebecca doesn’t have many friends because she’s afraid that they may start fights. She says that she “associates with people but I don’t call them my friends” because friends tend to get you in trouble. She doesn’t see herself as having friends in the future and prefers to be by herself.

Rebecca does not have a job and has never worked. She has been looking for a summer job but has not been able to find one. Rebecca’s dreams for her future are to have a good job, live in a big house, and drive a good car.

**Year 2:** Rebecca’s living arrangement has not changed; she continues to live with her mother, an older brother and her son. Her mother has been doing well with her cancer, although recently she’s been experiencing pain in her leg and is back seeing an oncologist.

Rebecca identifies being a good mother for her son as the most important thing in her life. She appears to be more comfortable in the parenting role; her son appears well cared for and healthy.

Rebecca is still not in school and does not have a job. She claims that she is looking for a job, and hopes to get a high school degree through a mail certificate program that her brother has recently completed.

## **Discussion**

Triangulation of data from the surveys conducted in Phase 1 and the interviews conducted in Phase 2 during Year 1 reflect distinctions between the interviewers, methodologies, and time frames. Using the established criteria of: being in school, being free of drugs, not being pregnant, being involved in extracurricular activities, and having future hopes and aspirations to considered daughters doing well, interviewer A rated all her daughters as doing well. Interviewer B rated 7 daughters as doing well and 3 daughters as facing more challenges.

Using the conceptual model framework and a literature review of child resilience, ratings from the following domains of the interviews completed during Phase 1 were considered for triangulation purposes: future aspirations, life events inventory, Pediatric Symptom Checklist, social support, locus of control, and self-esteem. The criteria used by the interviewers for triangulation of the data was as follows: daughters who scored high in at least three of the six domains would be considered as doing well and daughters who scored low in at least three of the six domains would be considered as facing greater challenges. The daughters whose scores were average (neither high or low) were considered as doing well. The scores were defined as follows:

High: top 25 percentile

Low: bottom 25 percentile

Average: in between high and low

Following the established criteria, after the interviewers had completed their interviews and rated the daughters, the interviewers compared their ratings with the scores from Phase 1 and found that four of the daughters interviewed by interviewer A and three of the adolescents interviewed by interviewer B scored as facing greater challenges in Phase 1. The scoring showed that three of Interviewer A daughters

scored low in three domains and high in one and one scored low in four domains and high in one. For interviewer B, one adolescent scored low in four domains, and two scored low in three domains and high in one domain.

Further analysis of the data showed social support and locus of control as the two domains where three of the four Interviewer A's daughters scored low. The distribution among the other domains was equal. For Interviewer B the domains of future aspirations, life events, social support and locus of control were rated as low for two of the three adolescents. Tables 11 and 12 show the daughters that seem to be facing greater challenges and the domains in which their scores were low. The names of the daughters were changed for confidentiality purposes.

**Table 11.** Interviewer A: Daughters with Low Scores – Year 1

Daughters	Future Aspirations	Life Events Inventory	Pediatric Symptom	Self-esteem	Social Support	Locus of Control
Crystal	Low		High		Low	Low
Emerald		Low	Low	High	Low	
Pearl			High	Low	Low	Low
Ruby	High	Low	Low	Low		Low

**Table 12.** Interviewer B: Daughters with Low Scores – Year 1

Daughters	Future Aspirations	Life Events Inventory	Pediatric Symptom	Self-esteem	Social Support	Locus of Control
Diamond		Low	Low	Low		Low
Titanium	Low	Low			Low	High
Sapphire	Low		High		Low	Low

Since all the items included in the scales that addressed the selected domains were not directly addressed in the open interviews conducted in Phase 2, it is impossible to make an exact comparison of the data to explain the discrepancies between the interviewers' rating of the daughters and the scores from the surveys. However, when comparing in general terms the topics addressed in the open interview with similar topics included in the survey, the discrepancies on the ratings seemed to be related to the stringency of the scoring criteria, the difference in orientation between

some of the survey and interview questions, and discrepancies in the information collected.

Considering that the surveys were completed between mid January and mid March 2002 and the interviews were completed between mid May and Mid June 2002, some of the circumstances surrounding the daughters had changed by the time the open interviews were conducted. This was the case with the daughter who was in probation. Her incident happened after the survey was completed and before the interview.

An analysis of the scores from the standardized instruments administered for Year 2 showed that all of the daughters interviewed by Interviewer A are doing well. Three of the daughters that in Year 1 had scored low (Crystal, Ruby and Pearl) improved their scores substantially. Their scores were in the middle and upper quartile in all domains and most of the sub-domains. Only Ruby had some low scores in two of the Social Support sub-domains and one of the Future Aspirations. Emerald was not interviewed for Year 2. The scores for the daughters who scored in the middle and high quartiles in Year 1 remained stable.

The results from the standardized instruments in Year 2 for the daughters interviewed by Interviewer B were more mixed. One daughter (Sapphire) who had scored low on three of the four domains in Year 1 had scores in the middle and upper quartiles except for one sub-domain. Diamond, who had scored low on all domains in Year 1, had scores in the middle and upper quartile for the domains of future aspirations, life events, and the Pediatric Symptom Checklist. The third daughter, Titanium, continued to score low in three of the four domains.

Findings from the interviews in both years showed that while the daughters' life circumstances may not be optimal, they possess the strengths, abilities, and desire to successfully transition into adulthood. However, they all face barriers that can prevent them from doing so. Some of the barriers they face and the supports that would

facilitate their successful transition into adulthood, particularly in assisting these girls in becoming economically self-sufficient are:

Employment Opportunities.

**Year One:** While all daughters expressed their desire to work many of them had not secured employment at the time of the interviews. Some had not met the age requirement, while others live in areas with few employment opportunities. Others wanted to find jobs that would provide them with skills and did not want to limit themselves to fast food restaurants.

**Year Two:** A few of the daughters who during Year 1 were looking for employment were working and were happy with their jobs. However, many of the daughters noted that the jobs were low paying, did not have health insurance, and did not provide career opportunities. Some were still unsuccessfully looking for employment opportunities.

Childcare.

**Year 1:** Daughters who were mothers needed affordable and reliable childcare services for their children. Without affordable and reliable child care arrangements, they are not able to maintain a steady job and/or go back to school to improve their education.

**Year 2:** Childcare continued to be a challenge for the daughters who were mothers.

Transportation.

**Year 1:** Most of the daughters were 16 years or older and in need of transportation to go to work and to school.

**Year 2:** There was an increased need for transportation for daughters since for most of them this is the only way they can access employment opportunities and, in the near

future, continuing education opportunities. Many of the daughters noted that they were saving money in order to buy a used car. For daughters living in rural areas or small towns their need for transportation is much greater in order to access employment and/or education opportunities located in towns nearby.

### School Guidance.

**Year 1:** Even though all daughters expressed their desire to graduate from high school and go to college, most of them lack school guidance regarding the types of classes needed in order to pursue higher education. The younger daughters seemed to be waiting until their senior year to start looking the college entrance requirements, when in reality this is a process that must start as soon as they enter high school.

**Year 2:** Only few of the girls were in constant contact with their guidance counselors. The daughter who used to be on probation reported talking with her school counselor on a regular basis. Mostly, daughters mentioned that they were waiting until their junior and senior years to visit with them, which is part of their schools' requirement.

A new issue raised by daughters who have dropped out of school is the challenge of getting back into school. Daughters noted that schools were not always willing to take them back immediately, procedures for when and how to get a GED are complex, and there's no one to offer guidance to them.

### Recreational Opportunities.

**Year 1:** Most daughters reported not having many opportunities for recreation. Unless they were involved in extracurricular activities at school they did not have access to regular recreational activities other than watching TV. They reported not having much to do and being bored.

**Year 2:** The recreational opportunities of daughters remained mostly the same. A few daughters with friends who have cars reported having more opportunities to go to teen clubs and the movies. Those who were working on a regular basis were busier with their jobs and therefore did not have the time to be bored.

This preliminary and exploratory study of daughters shows that they are at a point in their lives where amidst difficulties they perceive themselves as successful and are making every effort to remain in that positive trajectory. However, it would not take much for some of them to be thrown off balance. For example, experiencing a financial crisis at home due to unemployment, drug involvement, getting pregnant, or having a problem with the law can significantly change the course of their lives.

The next phase of this evaluation includes a third set of interviews with these daughters in one year. The purpose of the third set of in-depth interviews will be to explore the current status of the daughters in comparison with their status during the original interviews, their perceptions of self and their future hopes and aspirations.



## References

- Annie E. Casey Foundation (2003). *Kids count data book: State profiles of child well-being*. Baltimore, MD: The Foundation. Available online from [http://www.aecf.org/publications/data/entire\\_book.pdf](http://www.aecf.org/publications/data/entire_book.pdf).
- Bandura, Al. (2001, March). Guide for constructing self-efficacy scales, revised. Retrieved 7 November 2003 from password protected website with permission of Prof. Frank Pajares [mpajare@emory.edu], Emory University.
- Bloom, D., Kemple, J. J., Morris, P., et al. (2000). *The Family Transition Program: Final report on Florida's initial time-limited welfare program*. New York: Manpower Research Demonstration Corporation. Available online from <http://www.mdrc.org/Reports2000/Florida-FTP/FTP-Final-FullRpt.pdf>.
- Boothroyd, R. A., Armstrong, M. I., Gomez, A., Haynes, D., & Ort, R. (2002, July). *Welfare reform: Adolescent girls in transition*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute. <http://www.fmhi.usf.edu/institute/pubs/pdf/ahca/2002-adolescent-girls-welfare-reform.pdf>
- Brooks, M. G., & Buckner, J. C. (1996). Work history and welfare: Job histories, barriers to employment, and predictors of work among low-income single mothers. *American Journal of Orthopsychiatry*, 66(4), 526-537.
- Children Now (1998). *Content analysis on welfare reform reporting* [Summary of the report *Children & welfare reform: High stakes, low coverage* by Katharine Heintz-Knowles]. Retrieved June 2003 from <http://www.childrennow.org/economics/welref98/welfarereformshortdoc.html>

- Connolly, J. (1989). Social self-efficacy in adolescence: Relations with self-concept, social adjustment, and mental health. *Canadian Journal of Behavioural Science*, 21(3), 258-269.
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*, 9(2), 171-180.
- Fetzer Institute & National Institute on Aging (1999). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging Working Group* (pp. 85-89). Kalamazoo, MI: Fetzer Institute. Retrieved June 2003 from [http://www.fetzer.org/Resources/resources\\_multidimens.htm](http://www.fetzer.org/Resources/resources_multidimens.htm).
- Fraser, M. W. (Ed.) (1997). *Risk and resilience in childhood: An ecological perspective*. Washington, DC: NASW Press.
- Furstenberg, F. (1992). The next generation: The children of teenage mothers grow up. In M. Rosenbaum and M. Testa (Eds.), *Early parenthood and coming of age in the 1990s* (pp. 113-135). New Brunswick, NJ: Rutgers University Press.
- Goodenow, C. (1999). *Massachusetts Youth Risk Behavior Survey*. Massachusetts Department of Education. <http://www.doe.mass.edu/lss/yrbs99/acknowledge.html>
- Gottschalk, P., McLanahan, S., & Sandefur, G. D. (1994). The dynamics and intergenerational transmission of poverty and welfare participation. In S. H. Danziger, G. D. Sandefour, and D. H. Weinberg, (Eds.), *Confronting poverty: Prescriptions for change* (pp.85-108). Cambridge, MA: Harvard University Press.

- Greenwell, L., Leibowitz, A., & Klerman, J. A. (1998). Welfare background, attitudes, and employment among new welfare mothers. *Journal of Marriage and the Family*, 60(1), 175-193.
- Hess, J. C., & Rothgeb, J. M. (1999). *Measuring the impact of welfare reform: Issues in designing the survey of program dynamics questionnaire*. Washington, DC: US Census Bureau, Survey of Program Dynamics, SPD97-4. Retrieved June 2003 from <http://www.sipp.census.gov/spd/workpaper/sc97proc.htm>.
- Jellinek, M. S., Murphy, J. M., & Burns, B. J. (1986). Brief psychosocial screening in outpatient pediatric practice. *The Journal of Pediatrics*, 109(2), 371-378.
- Lehman, A., (1988). A Quality of Life Interview for the chronically mentally ill. *Evaluation and Program Planning*, 11(1), 51-62.
- Monaghan, J. H., Robinson, J. O., & Dodge, J. A. (1979). The Children's Life Events Inventory. *Journal of Psychosomatic Research*, 23(1), 63-68
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, 110 Stat. 2105.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
- Rosenberg, M. (1989). *Society and the adolescent self-image* (rev. ed.). Middletown, CN: Wesleyan University Press.

- Taylor, M. H. (2000). The potential impact of gender rolesocialization on welfare policy formation. *Journal of Sociology and Social Welfare*, 27(3), 135-152.
- Ware, J.E., Kosinski, M., & Keller, S.D., (1996). A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34(3), 220-223.
- Winters, K. C., & Zenilman, J. M. (1994). Simple screening instruments for outreach for alcohol and other drug Abuse and infectious diseases, Treatment Improvement Protocol (TIP) Series 11 Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Retrieved June 2003 from <http://www.health.org/govpubs/bkd143/>.
- Zaslow, M. J., Moore, K. A., Brooks, J. L., Morris, P. A., Tout, K., Redd, Z. A., & Emig, C.A. (2002). Experimental studies of welfare reform and children. *The Future of Children*, 12(1), 79-95. Retrieved June 2003 from [http://www.futureofchildren.org/usr\\_doc/tfoc12%2D1e%2Epdf](http://www.futureofchildren.org/usr_doc/tfoc12%2D1e%2Epdf).