

Curriculum Vitae for Elizabeth M. Aparicio, MSW, LCSW-C

Education

- PhD Anticipated May 2014, University of Maryland, School of Social Work (Baltimore, Maryland)
- MSW 2005, Catholic University of America, National Catholic School of Social Service (Washington, DC)
- BA 2004, Catholic University of America, National Catholic School of Social Service (Washington, DC) (Summa cum laude; graduated top of class)

Research Interests

Maternal and child health/mental health
Teen pregnancy/parenting
Trauma
Attachment
Child maltreatment
Intervention research
Qualitative and quantitative research methods

Teaching Interests

Introductory social work practice
Advanced clinical practice with individuals, families, and groups
Qualitative and quantitative research methods

Fellowship and Awards

Maternal and Child Health Bureau/Human Resources Services Administration (HRSA)

Maternal and Child Health (MCH) Pre-Doctoral Fellowship Fall 2009 – Spring 2011

- Facilitated an innovative leadership development program for Master's level MCH trainees.
- Oversaw the development of Master's level interdisciplinary minimester courses concentrated on MCH issues.
 - 2011 Topic: "Exposing Infant Mortality: High Hopes in Baby Steps"
 - 2010 Topic: "Nutrition for Urban Families: Considering the Challenges"
- Oversaw the implementation of community service projects in relation to health disparities and sustainable nutrition for urban families as well as service projects targeted at mitigate risk of infant mortality in Baltimore City.

Haruv Institute, Hebrew University

Travel Grant for Workshop on Child Maltreatment (\$2,000)

October 2013

- Awarded to present dissertation at international PhD student workshop on child maltreatment and receive expert mentoring from leaders in the field

University of Maryland, Baltimore

School of Social Work PhD Program Dissertation Award (\$3,724) June 2012

- Competitive award to fund expenses related to conducting dissertation research
- Dissertation topic: Exploring How Teen Mothers in Foster Care Experience Motherhood: An Interpretative Phenomenological Analysis

Dean's Student Award (\$2,000) June 2012

- Awarded to attend Heideggerian hermeneutics (interpretive phenomenology) 5-day workshop at Indiana University's School of Nursing

PhD Program Travel Fellowship (\$500) Spring 2012

- Awarded to fund NVivo 9 workshop in Washington DC

PhD Program Travel Fellowship (\$500) Fall 2011

- Awarded to fund presentation at the Institute for Violence, Abuse, and Trauma's annual conference in San Diego, CA

USGA Travel Award (\$250) Fall 2011

- Awarded to fund presentation at the Institute for Violence, Abuse, and Trauma's annual conference in San Diego, CA

Catholic University of America, National Catholic School for Social Service

Academic Achievement Award May 2004

- Awarded for graduating at top of the undergraduate social work class.

Teaching Experience

University of Maryland School of Social Work

Social Work Research (BSW)	Fall 2012
Cognitive and Behavior Therapies (MSW)	Summer 2012
Cognitive and Behavior Therapies (MSW)	Spring 2012
Research Practicum in Maternal and Child Health (MSW; lead instructor)	Fall 2010
Research Practicum in Maternal and Child Health (MSW; co-instructor)	Fall 2009
Social Work Practice in Maternal and Child Health (MSW; co-instructor)	Spring 2010

Curriculum Development

Maternal and Child Health Bureau/Human Resources Services Administration (HRSA)

Maternal and Child Health (MCH) Pre-Doctoral Fellowship Fall 2009 – Summer 2011

- Researched and wrote social work curriculum on working with individuals with spina bifida and their families: prepared annotated bibliography, interviewed key informants and compiled qualitative themes, wrote case studies, and crafted class assignments.
- Developed curriculum for qualitative research course investigating sociocultural factors of teen pregnancy in the Latino community. Conceptualized course, selected textbook and other assigned readings, wrote course description and syllabus.

Research Experience

University of Maryland

Graduate Research Assistant

Fall 2012 – Present

- Supervisor: Dr. Lisa Berlin
- Projects:
 - Early Head Start-University Partnership (funded by ACF, 2011-2016, Co-PI's Lisa Berlin and Brenda Jones Harden). Implementation and randomized evaluation of home-based Early Head Start with and without *Attachment and Biobehavioral Catch-up (ABC)*, an intervention to enhance secure attachment, with mainly Latino families.
 - Longitudinal data analysis of mediators of intergenerational transmission of child sexual abuse and physical abuse.

Graduate Research Assistant

Fall 2011 – Summer 2012

- Supervisor: Dr. Melissa Bellin
- Projects:
 - Research dissemination from a longitudinal study of family functioning, psychological distress, and quality of life in young adults with spina bifida.

Maternal and Child Health Bureau/Human Resources Services Administration (HRSA)

Maternal and Child Health (MCH) Pre-Doctoral Fellowship Fall 2009 – Summer 2011

- Supervisor: Dr. Ed Pecukonis
- Projects:
 - Co-PI on qualitative research study: Teen Pregnancy in the Latino Community. Under direction of PI Dr. Ed Pecukonis, designed modified grounded theory study, trained data collectors, oversaw data collection, and analyzed data. Currently leading dissemination efforts.

- Researched and prepared analysis of Latino teen pregnancy prevention programs for Maryland's Department of Health and Mental Hygiene, Center for Maternal and Child Health.

Peer-reviewed Publications

Aparicio, E. (2013). *Examining the impact of teen mothers' histories of child maltreatment: A review*. Manuscript submitted for publication.

Aparicio, E., Vanidestine, T., Carper, K., & Pecukonis, E. V. (2013) *Teen pregnancy in the Latino community: A qualitative exploration of risk and protective factors*. Manuscript submitted for publication.

Aparicio, E., Michalopoulos, L. M., & Unick, G. J. (2013). An examination of the psychometric study of the vicarious trauma scale in a sample of licensed social workers. *Health and Social Work, 38*(4), 199-206. doi: 10.1093/hsw/hlt017

Aparicio, E., Pecukonis, E. V., & Carper, K. (in press). Sociocultural factors of teen pregnancy in the Latino community: Preparing social workers for culturally-responsive practice. *Health and Social Work*.

Aquavita, S., Gibbons, M., **Aparicio, E.,** & Pecukonis, E. V. (in press) Student perspectives on interprofessional education: Overcoming barriers and increasing effectiveness of interdisciplinary experiences. *Journal of Allied Health*.

Pecukonis, E., Doyle, O., Acquavita, S., **Aparicio, E.,** Gibbons, M., & Vanidestine, T. (2013). Interprofessional leadership training in MCH social work. *Social Work in Health Care, 52*(7). doi: 10.1080/00981389.2013.792913

Bellin, M. H., Osteen, P., Zabel, T. A., Dosa, N, **Aparicio, E.,** Braun, P., & Dicianno, B. (2013). Family satisfaction, pain, and quality of life in emerging adults with spina bifida: A longitudinal analysis. *American Journal of Physical Medicine and Rehabilitation, 92*(8), 641-655. doi: 10.1097/PHM.0b013e31829b4bc1

Bellin, M. H., Dosa, N., Zabel, T. A., **Aparicio, E.,** Dicianno, B., & Osteen, P. (2012) Family functioning, self-management and the trajectory of psychological symptoms in emerging adults with spina bifida. *Journal of Pediatric Psychology*, advance access September 12, 2012, 1-13.

Michalopoulos, L. M., & **Aparicio, E.** (2012) Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment, and Trauma, 21*(6), 646-664. doi:10.1080/10926771.2012.689422

Reports for Practitioners and Policy Makers

Aparicio, E. & Pecukonis, E. (2010). *Teen Pregnancy in the Latino Community: A Review of Programs and Literature*. Report submitted to the Center for Maternal and Child Health, Department of Health and Mental Hygiene.

Aparicio, E. (2010). *When Playtime is Over: Reflections on Termination*. Play Therapy Magazine, 5(4).

Peer-reviewed Presentations

Berlin, L., Appleyard, K., **Aparicio, E.**, & Dodge, K. (April 18, 2013). *Predicting and preventing early maltreatment: Leveraging mothers' own parenting histories and early parenting behaviors*. Society for Research on Child Development Biennial Conference; Seattle, Washington.

Vanidestine, T., **Aparicio, E.**, & O'Reilly, N. (November 12, 2012). *Social work education and infusing racial justice content: Qualitative research curriculum development*. Teaching Methods and Learning Styles Workshop: 58th Annual Program Meeting of the Council on Social Work Education; Washington, DC.

Michalopoulos, L. M. & **Aparicio, E.** *A psychometric study of the vicarious trauma scale in a sample of social workers*. (November 10, 2012). Research poster: 58th Annual Program Meeting of the Council on Social Work Education; Washington, DC.

Michalopoulos, L. M., & **Aparicio, E.** (September, 14, 2011). *Vicarious trauma in social workers: The role of trauma history, social support, and years of experience*. 16th Annual Conference on Violence, Abuse and Trauma; San Diego, CA.

Aparicio, E., Gibbons, M. A., & Pecukonis, E. (October 16, 2010). *Creating tomorrow's leaders: An innovative mentoring program for MSW and PhD students*. Teaching Methods and Learning Styles Workshop: 56th Annual Program Meeting of the Council on Social Work Education; Portland, OR.

Bellin, M. H., **Aparicio, E.**, & Neely-Barnes, S. (October 17, 2010). *Social work education in developmental disabilities: Curriculum development and infusion*. Curriculum and Administrative Workshop: 56th Annual Program Meeting of the Council on Social Work Education; Portland, OR.

Aparicio, E., Michalopoulos, L. M., Shaikh, N., & Vanidestine, T. (May 2010). *Conceptualizing vicarious trauma: Support, supervision, perceived racism, and trauma history*. Poster presentation at the Johns Hopkins University Conference for the Dissemination of Student Research; Baltimore, MD.

Invited Presentations

Aparicio, E. (September 28, 2013). *Delight in me!: Applying attachment theory and research to early childhood programs to enhance children's social and emotional growth.* Abilities Network/Project ACT 4th Annual Early Childhood Conference; Baltimore, MD.

Aparicio, E. (April 5, 2013). *Our lives, our stories: The experience of motherhood of teen mothers in foster care.* Maryland Foster Youth Resource Center; Baltimore, MD.

Aparicio, E. (March 26, 2013). *Phenomenology.* Catholic University of America National Catholic School of Social Service PhD Program, Advanced Qualitative Research Methodologies; Washington, D.C.

Aparicio, E. (October 2009 and 2010). *Termination in play therapy.* Gallaudet School of Social Work; Washington, D.C.

Practice Experience

Private Practice

Clinical Social Worker

March 2009 – Present

Silver Spring and Rockville, Maryland

Provide individual and family therapy to children aged 3-18 and to young adults, provide clinical supervision, and conduct workshops for community agencies and university continuing education programs.

Jewish Social Service Agency, Child and Family Department

Early Childhood Specialist/Clinical Social Worker

October 2007 – August 2009

Rockville, Maryland

Provided individual, group, and family therapy for children aged 3-18, young adults, and adults, support to social work interns, provided workshops, and early childhood mental health consultation at community daycare centers and preschools.

Social Work Graduate Intern

Fall 2004 – Spring 2005

Provided individual, group, and family therapy for children and teens and ran peer mediation training program for teens.

St. Ann's Infant and Maternity Home

Teen Mother-Baby Program Social Worker

June 2005 – September 2007

Hyattsville, Maryland

Provided individual and family therapy and case management services to pregnant and parenting teens in foster care, provided individual play therapy to children in foster care, supported social work interns, and provided staff workshops.

Social Work Intern

Fall 2003

Provided individual counseling for 9 – 12 year old boys in foster care.

Montgomery County, Maryland Child Welfare Services

Social Work Intern

Spring 2003, Spring 2004

Provided case management services to child-welfare involved families both with children in and removed from the home, supervised home visits, and attended court hearings.

Service

Health and Social Work

February 2011 – Present

Reviewer

Association for Play Therapy, Maryland/DC Branch

Member of the Board

August 2009 – December 2012

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Abstract

Title of Dissertation: Exploring How Teen Mothers in Foster Care Experience Motherhood: An Interpretative Phenomenological Analysis

Elizabeth M. Aparicio, Doctor of Philosophy, 2014

Dissertation Directed by: Edward V. Pecukonis, PhD, Associate Professor, School of Social Work

Teen pregnancy in foster care is an issue receiving increasing attention due to high pregnancy rates. Previous literature on both teen motherhood and foster youth is focused on negative outcomes, risk factors, and pathology. Despite this emphasis, a small, but growing body of literature on the experience of motherhood of teen mothers in foster care reflects a perspective that is not simply negative – a lived reality that is characterized by both risk and opportunity.

The purpose of the current qualitative study was to explore the meaning and experience of motherhood for teen mothers in foster care. The study involved three in-depth interviews with 6 young women who had become mothers while in care. It employed interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) to elicit, analyze, and re-present a rich account of this experience.

Findings suggest the lived experience of motherhood for these young women is an intricate reality that brings past, present, and hoped-for future experiences into seamless unison in the midst of the intensely meaningful experience of becoming a mother. Participants discussed their interpretation of motherhood as offering a sense of hope for new beginnings and doing things differently than what had happened in their own families, yet simultaneously as a time of feeling plagued by the lingering effects of

darkness and despair in their childhood and adolescence due to factors such as substance abuse, abuse and neglect, poverty, and the breakdown of family ties. The findings suggest that teen mothers in foster care experience becoming mothers as offering opportunities to change their identities from that of “foster child” to “mother”, gain motivation and purpose, receive unconditional love, and work through their views on their own parents in the context of a new role.

Implications include the need for comprehensive sexual health, substance abuse, and behavioral health services at all levels for child welfare-involved families and youth that include a significant focus on trauma, grief, loss, and attachment issues; better parenting support for teen mothers in foster care; and meaningful discussions about the unintended effects of child welfare intervention on communities related to teen pregnancy and motherhood.

Exploring How Teen Mothers in Foster Care Experience Motherhood:
An Interpretative Phenomenological Analysis

by
Elizabeth M. Aparicio

Dissertation submitted to the faculty of the Graduate School of the
University of Maryland, Baltimore in partial fulfillment
of the requirement for the degree of
Doctor of Philosophy
2014

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This study would not have been possible without the young women who shared their stories of pain, joy, and everything in between with immense courage – thank you for taking a chance and opening your hearts, homes, and lives to me. To my community partner, the Maryland Foster Youth Resource Center, I am eternally grateful for your assistance with inviting these young women to participate in the study and for your work serving them every day...you are an amazing group of people.

I gratefully acknowledge the guidance received from my dissertation chair and mentor, Dr. Ed Pecukonis, who has seen me through my first days in the PhD program to the defense of this dissertation with immense wisdom, unwavering support, great empathy, and a wonderful sense of humor. I truly appreciate how much you have challenged me and taught me so much about the balance of academic life. I also greatly appreciate the many hours devoted to this dissertation project and my development as a scholar by my dissertation committee members, Drs. Susanne Bennett, Debbie Gioia, Donna Harrington, and Megan Meyer. A special thanks is reserved for Dr. Debbie Gioia for introducing me to qualitative research, interpretive phenomenology, and IPA, which fit this study and my view of the world so well in many ways. It is because of teachers like you that qualitative research continues to have a strong voice and passionate following.

Funding for this study was generously provided through the University of Maryland School of Social Work PhD Program Grant, which allowed me to compensate my participants and hire research staff. I am very appreciative of my transcriptionists (Gwen Young, Laura Bassett, Sarah Wise, and Janice Hicks) – your hard work allowed the voices of my participants to be heard. I also gratefully acknowledge HRSA and the Maternal and Child Health Bureau for supporting my Maternal and Child Health Pre-Doctoral Fellowship that afforded me the opportunity to work with Dr. Pecukonis, complete my first qualitative study, and otherwise give me a strong start in becoming a leader in MCH social work.

I am incredibly grateful to my husband, Luis Aparicio, who is my partner in life, love, and parenthood. Luis, thank you for supporting me throughout my time in the PhD program, day in and day out. Seeing you as a father makes me believe in all the good that men give their sons and daughters in small and big ways, and reminded me to never discount the importance of fathers in the midst of writing about motherhood.

I owe a huge debt to my own father, Dan Norell, who introduced me to the field of social work and has believed in me every single day of my life – thanks, Dad. I must also thank my sister Laura Bassett, her husband Jonathan, and Isa and Rafa's *Abuelito y Abuelita*, who provided countless hours of babysitting that helped Luis and me to stay sane and well-connected throughout the demanding years of the PhD program. A big thanks to my sister Mary Norell and brother-in-law, Carlos Aparicio, for entertaining

many discussions about social issues over the years that others would simply rather not discuss.

This dissertation is dedicated to my mom, Cindy Norell, and to my children, Maria Isabel and Rafael, who taught me everything I know about how to be a mother myself in the midst of this journey of researching and writing about others' experiences of motherhood.

Thank you.

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Chapter One: Background and Theoretical Framework

Youth in foster care become pregnant at two to three times the rate of the general population (Pecora, Keller, O'Brien, White, Williams, Hiripi, et al., 2006). Teen parenthood is associated with a number of poor outcomes for parents (particularly mothers) and children (Hoffman & Maynard, 2008). In addition, due to their history of maltreatment, teens in foster care are at increased risk for developing insecure and disorganized attachment patterns (Cyr, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2010) and, therefore, experiencing a host of serious biopsychosocial problems across the lifespan (Ranson & Urichuk, 2008). The overlap of risk factors associated with teen parenthood and attachment problems makes teen mothers in foster care and their children a highly vulnerable population. Yet, studies have shown that although they may struggle significantly, these mothers find a sense of renewed purpose, responsibility, and motivation in their new role of "mother" (Haight, Finet, & Bamba, 2009; Pryce & Samuels, 2010; Rolfe, 2008).

The purpose of this study is to explore the lived experience of motherhood among teen mothers in foster care with a history of maltreatment and how these experiences influence the teens' relationships with their children. Although there is extensive research on teen pregnancy as a whole, teen mothers in foster care have received comparatively little attention. The voices and experiences of these young women have largely been unheard, despite the high rate of pregnancy of youth in foster care. Teen mothers undertake an immense task in raising their children in the midst of their own identity formation. Those teen mothers who are in foster care have the additional complication of

parenting while negotiating their own difficult, often traumatic, childhood experiences, and living away from their family of origin.

This dissertation is undertaken in an effort to inform social workers and their colleagues so they may better serve these vulnerable young families. The implications of this study span multiple disciplines including social work, medicine, nursing, public health, and education. Gaining a rich understanding of how teen mothers in foster care experience and navigate motherhood (e.g., how they construct their identity as “mother”, what motherhood means to these young women, and how such identity and meaning affect their relationships with their children) will add these women’s voices to the discourse on teen pregnancy and foster care and help improve social work practitioners’ and agencies’ ability to understand what it is like to function as a mother while living in foster care. Ultimately, understanding these mothers’ experiences will give social workers insight into how to intervene to improve the teens’ lives as well as the lives of their children.

Background and Significance

Teen parents are often referred to as “children raising children” (e.g., Gotbaum, 2005). Because of their personal trauma history, teen parents in foster care are at a particular disadvantage. Having experienced abuse may have led these teens to develop an insecure or disorganized attachment style (Cyr et al., 2010), making it difficult for them to feel secure, that their needs will be addressed within their relationships in times of crisis, and to provide a safe, secure environment for their own children. Furthermore, being separated from their families of origin at a time when they are becoming a parent may be very difficult for these teens who may need significant assistance with learning to

care for their children. Finally, the children of parents who have been abused themselves are also believed to be at risk of child maltreatment (e.g., Cort, Toth, Cerulli, & Rogosch, 2011; Kim, 2009; Pears & Capaldi, 2001), although the research on intergenerational transmission of child abuse suffers from significant design flaws (e.g., Ertem, Leventhal, & Dobbs, 2000) and a complex interplay between risk and protective factors across ecological levels is likely to be present (e.g., Valentino, Nuttall, Comas, Borkowski, & Akai, 2012).

This population poses a unique challenge to social workers across multiple settings, including child welfare agencies, schools, hospitals, and mental health clinics. There are many additional complications to working with teen mothers in foster care over and above other teen mothers. Their foster home placement could change at any time and they may have to move frequently, making it difficult for them to get to regular appointments. Furthermore, although they have been maltreated by parents or other important figures, they may truly need the support of their families or other trusted individuals as they are learning how to care for their new infant while managing all of their other responsibilities, such as school and work.

There are significant costs to society to be considered as part of this line of inquiry. Although estimates of the economic burden of teen pregnancy in foster care are not known, child maltreatment and teen pregnancy both bring heavy burdens to bear on society in addition to the immense personal costs discussed throughout Chapters one and two of this dissertation. In their examination of the cost per maltreated child in the U.S., Fang and colleagues (2012) estimate the average lifetime cost per victim of non-fatal child maltreatment is over \$200,000. This includes medical costs (\$32,648 during

childhood and \$10,530 as adults), productivity losses (\$144,360), child welfare costs (\$7,728), criminal justice expenses (\$6,747), and special education costs (\$7,999) (Fang, Brown, Florence, & Mercy). The total lifetime cost resulting from all new maltreatment cases (both fatal and non-fatal) in the United States in 2008 is conservatively estimated at upwards of \$124 billion (Fang et al.). The National Campaign to Prevent Teen and Unplanned Pregnancy (2011) reports the cost of teen childbearing in the United States to have been \$10.9 billion in 2008 alone. Most of these costs lie with negative consequences for the children of teens, including (again, in 2008 alone) \$2.3 billion in increased public healthcare costs, \$2.8 billion in increased child welfare costs, \$2.8 billion in increased incarceration costs, and \$3.2 billion in revenue that was lost due to the children of teen parents having lower education and earnings (National Campaign to Prevent Teen and Unplanned Pregnancy, 2011). Of the \$9.1 billion of teen pregnancy costs in 2004, a full \$2.3 billion was incurred through additional child welfare costs in foster care and child protection (Hoffman, 2006).

The issue of teen pregnancy and parenting in foster care is clearly a major concern for social work. Before delving into the lives of these young women, it is important to examine what is known about the prevalence of teen pregnancy in foster care as well as to have a framework for understanding the literature on the intricate web of interrelated concepts involved in the line of inquiry in this study (including factors related to teen pregnancy and foster care, child maltreatment, and attachment). The prevalence of teen pregnancy in foster care and the interrelated concepts mentioned above will be explored in turn.

Prevalence of Teen Pregnancy in Foster Care

Teen pregnancy rates in the U.S. are staggering compared to other similarly developed nations – one and a half times higher than the U.K., three times higher than Canada, and four times higher than France and Germany (United Nations Statistics Division, 2010). American teens in foster care become pregnant at rates exceeding twice the U.S. national average (Dworsky & Courtney, 2010; Pecora et al., 2006), which is 67.78 pregnancies per 1,000 girls aged 15-19 years (Kost & Henshaw, 2012). In fact, in one sample, by age 17, one third (33%) of girls in foster care had been pregnant at least once; this number jumped to half (48%) by age 19, and two thirds (71%) by age 21 (Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007). In another study using nationally representative data from the National Survey of Child and Adolescent Well-Being (NSCAW), James, Montgomery, Leslie, and Zhang (2009) found that by the time they are 15 years or older, approximately 37% of girls involved in the child welfare system have ever become pregnant as a result of consensual sex.

Factors Related to Teen Pregnancy and Foster Care

As mentioned, the prevalence of teen pregnancy in foster care has been shown to be approximately twice that of the general population in multiple jurisdictions nation-wide (Pecora et al., 2006; Shaw et al., 2010; also see Love, McIntosh, Rosst, & Tertzakian, 2005 for a review). This begs the question: “Why?”

There are a number of factors that appear to be at work increasing these teens’ risks for pregnancy, including early age of sexual initiation, early age of first conception, and engagement in risky health behaviors. Being in kinship care (one type of out of home placement) is associated with younger age at first sexual intercourse (Carpenter, Clyman,

Davidson, & Steiner, 2001). In fact, in one sample of youth in foster care, half reported having had consensual sexual intercourse, of which 40.5% were younger than 13 years old the first time they had consensual sex (James et al., 2009). Another study found that among young adults who had lived in foster care, half were under 16 years old at first intercourse compared to one third of the general population this age at first intercourse (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Being in foster care is also associated with younger age at first conception (Carpenter et al., 2001). Both being in foster care and in kinship care is associated with having an increased number of sexual partners (Carpenter et al., 2001). In their examination of health-risk behaviors in youth in foster care, Leslie and colleagues (2010) found that older age, female gender, abuse history, deviant peers, limited caregiver monitoring, and poor school engagement were all related to increased risk for engaging in a range of risky health-behaviors. Specifically, youth who had been in care had higher rates of depression, sexual intercourse at age 12-14, violence perpetration, and substance use (although different measures were used in the comparison study, making it difficult to draw clear conclusions from the substance use data) (Leslie et al., 2010).

Other factors may be important in heightening risk in this population. James and colleagues (2009) found pregnancy risk to increase for those teens in foster care that had certain risk factors, including older age, ethnicity (Hispanic), and deviant peers. Intention may play a major role: in a sample of youth in the child welfare system, 22% of women who had been pregnant by 17 or 18 and 35% of those who became pregnant between their baseline interview and age 19 had “definitely” or “probably wanted” to become pregnant (Dworsky & Courtney, 2010).

Child Maltreatment: An Overview

Child maltreatment is a complex phenomenon including childhood experience of abuse (physical, sexual, and emotional) and/or neglect (e.g., physical, educational, and emotional). It is a grave national issue: child protective services agencies around the country investigated nearly 1.8 million reports of child abuse in 2010 (U.S. Department of Health and Human Services, 2011). Of these reports, nearly a half a million were substantiated (i.e. an investigation has yielded proof of child maltreatment) and nearly a quarter million were found to be indicated (i.e. following investigation, there is a reason to suspect that child maltreatment occurred) (U.S. Department of Health and Human Services, 2011). Over the years, neglect has consistently remained the most common type of maltreatment: in 2010, CPS investigations found 78.3% of child maltreatment victims had been neglected, whereas 17.6% had been physically abused and 9.2% had been sexually abused (U.S. Department of Health and Human Services, 2011). Boys and girls are abused at similar rates, and children under the age of one year have the highest victimization rate of any age group (U.S. Department of Health and Human Services, 2011). Nearly half a million children in the U.S. were in foster care in 2009 (Child Welfare Information Gateway, 2011).

For survivors of child maltreatment, the effects can be significant. A recent meta-analysis of studies of child abuse sequelae found significant associations with a range of negative physical health effects including neurological, musculoskeletal, respiratory, gastrointestinal, and metabolic problems and disorders (Wegman & Stetler, 2009). When compared to those without a child maltreatment history, adults who have been abused and/or neglected have lower levels of education and employment as well as significantly

fewer earnings and assets – a 14% gap has been found between adults who were and were not abused (Currie & Widom, 2010). Both physical and educational neglect predict school problems (Chapple & Vaske, 2010).

Child sexual abuse survivors specifically have an increased risk for a host of psychosocial problems such as sexualized behavior as children and depression in adulthood (Putnam, 2003), as well as chronic intractable back pain (Pecukonis, 1996), post-traumatic stress disorder, suicide, sexual promiscuity, and poor academic performance (Paolucci, Genius, & Violato, 2001). One study examining twin sets wherein one twin experienced child sexual abuse and one did not found that whereas family environment had an impact on major depression, suicide attempts, conduct disorder, alcohol dependence, nicotine dependence, social anxiety, rape after 18 years old, and divorce, sexual abuse still impacted all of these outcomes once family variables were controlled for (Nelson et al., 2002). Child sexual abuse has also been linked to deleterious effects on the hypothalamic-pituitary-adrenal (HPA) axis and cortisol production, affecting the way in which abuse survivors react to stress (Putnam, 2003). A recent meta-analysis of literature on abuse and teen pregnancy found 4.5 out of 10 pregnant teens have a history of sexual abuse and that sexual abuse increases teens' odds of pregnancy 2.21-fold (Noll et al., 2008). Sexual abuse in particular appears to impact teen pregnancy, which may be due to survivors of sexual abuse perpetuating unhealthy sexual practices in their relationships.

Attachment: An Overview

Before exploring the literature on attachment and maltreatment, it is first helpful to have some background on attachment theory and attachment classifications in general. The attachment system is related to many other behavioral systems at work in human beings, including the exploratory system, the fear system, the sociable system, and the caregiving system (see Cassidy, 2008, for a discussion). Attachment is a basic, biologically-driven need to ensure an individual is attached to a person (or people) to whom she can turn in times of uncertainty or distress – this is a bond that is critical to our survival (Bowlby, 1982). Through a bi-directional process of call and response, an individual (at first, an infant, although attachment bonds can be formed across the lifespan) begins to learn whether or not he can trust another individual (at first, a parent or parental figure, who is called an *attachment figure*) to meet his needs when he is in distress or needs reassurance and calls out for help.

In addition to whether or not needs will consistently be met in times of trouble (and thus distinguishing between whether the individual will become *securely* or *insecurely* attached to the attachment figure), the *quality* of the response and the way the response is interpreted by the individual is important in terms of attachment patterns. According to attachment theory, if an attachment figure responds inconsistently to a child's calls for help when she is in distress (sometimes responding, and other times ignoring the call for help), the child will be unsure of how her calls for help will be responded to (Ainsworth, 1978). Consequently, the child is likely to develop an *insecure-ambivalent/resistant* pattern (or strategy) of attachment, which will manifest itself as the child calling out much more often and much more intensely than is needed so that she can increase the

likelihood she will be responded to and her needs will be met. On the other hand, if the attachment figure never or rarely responds to calls for help, the child will learn that he is not likely to be helped if he calls out for help, so believes that he may be more likely to be responded to overall if he simply tries not to call out. In this case, the child is likely to develop an *insecure-avoidant* pattern (or strategy) of attachment to that attachment figure, and will work to avoid reaching out to his attachment figure when distressed in the hopes that he will not frighten away his attachment figure when he is distressed.

All of these patterns of attachment (secure, insecure-ambivalent/resistant, and insecure-avoidant) are *organized* ways of relating to an attachment figure. In the case of children with severe disruptions to their relationship with their attachment figures, such as those who have been abused by an attachment figure (or if that attachment figure has failed to protect them from being abused) or who have had an attachment figure who has been wholly unavailable to meet their needs (such as a parent suffering from debilitating depression), they are at risk for not being able to develop any organized way of relating to that attachment figure during times of distress because they are uncertain how that attachment figure is likely to respond. That particular attachment figure is simultaneously the one who was supposed to be someone they could turn to in times of distress *and* the one who was causing them distress – the result is extremely confusing and disorienting. Therefore, a fourth attachment classification pattern, *disorganized*, has been developed to describe children who do not seem to have any organized way of relating to their attachment figure and display behaviors that are incoherent when distressed (Main & Solomon, 1990).

Over time, the quality of an individual's attachment bond to their attachment figure generalizes to an overall view of what to expect from both themselves and from the world through a mechanism called an *internal working model* – an individual may come to anticipate that her needs are worthwhile and will be met when she is in distress, and act accordingly. Alternatively, an individual may come to realize and believe that his needs will not be met unless he adopts a particular alternative strategy for getting attention from others. It is possible for attachment patterns to be changed (Ranson & Urichuk, 2008), but only with consistent, emotionally salient input from other attachment figures such that the individual begins to expect something different from her relationships. As an individual grows up, she develops other attachment bonds with other attachment figures and has the chance to become an attachment figure to others, whether very close friends, romantic partners, or children of her own. At this point, the way she was taken care of by her own attachment figures during times of distress has the potential to greatly impact the way she responds when her infant calls out in distress for her as it determines what she considers to be a “normal” response to a cry for help. This is why she will tend to parent the way she was parented – her whole way of understanding and organizing her experiences when distressed is based upon the way she was taken care of, and (unless she has had some very persuasive experiences otherwise) this is likely to be how she responds to her infant (e.g., Gloger-Tippelt, Gomille, Koenig, & Vetter, 2002),.

Child Maltreatment and Attachment

Due to their exposure to abuse and neglect, children who have been maltreated are at a much higher risk for developing insecure and disorganized attachment patterns than other children (Cyr et al., 2010). Child maltreatment, particularly physical or sexual

abuse, at the hands of a parent or other trusted attachment figure puts children in the position of being fearful of the very individual who should be providing them comfort in times of distress. The simultaneous activation of their fear and attachment systems related to the same individual is frightening and highly disruptive to normative relational development. Attachment security classification in parents (particularly mothers) tends to be mirrored in their children (Gloger-Tippelt et al., 2002), such that the children of these teen mothers are also at risk of developing insecure attachment patterns.

In a recent series of meta-analyses, Cyr and colleagues (2010) tested the impact of maltreatment and other risk factors on attachment security as well as attachment disorganization. Their findings confirm that child maltreatment is a powerful force in development of attachment insecurity. Maltreated children are substantially less likely to develop secure attachment (effect size $d = 2.14$) and are at greater risk for developing disorganized attachment (effect size $d = 2.20$) than those who have not been maltreated (Cyr et al.). This holds true for attachment security even if the children who have not been maltreated have a significant constellation of socio-economic risk factors (i.e. five or more risk factors) (Cyr et al.). Cyr and colleagues note that the very large effect sizes indicate a non-overlap of at least 80% of the distribution of maltreated children and the distribution of non-maltreated children; therefore, the chances for a child who has experienced maltreatment to develop a secure attachment pattern are very poor. Due to a low sample size, the authors could not explore the question of how attachment security and disorganization differs by type of maltreatment (Cyr et al.), although both attachment theory and other research on differing outcomes by maltreatment type (see Chapter Two) indicate there would be differential outcomes for a child who had, for

example, been neglected (e.g., Lounds et al., 2006) versus one who had been physically abused (e.g., Lesser et al., 2007). Cyr and colleagues similarly note that the chances for a maltreated child to be insecure versus disorganized were not significantly different, which could be due to there being differing effects by type of maltreatment. It might be expected that a child who is chronically neglected, including during times of distress, would be at risk of developing an insecure-avoidant attachment pattern such that she would seek to disengage from her attachment figure during times of trouble. In contrast, a child who had been abused (physically, sexually, or emotionally) might develop a disorganized attachment pattern, not having any organized way to respond to distress, because her attachment figure (the one to whom she should have been able to turn to in distressing times) is part of the reason she is fearful – either because that attachment figure is perpetuating the abuse or because s/he is failing to protect the child while the abuse occurs.

Attachment and Biopsychosocial Outcomes

This heightened risk for attachment insecurity among those who have experienced child maltreatment has implications across the lifespan as secure attachment serves as a protective factor against a range of problems and insecure attachment is associated with a number of poor biopsychosocial outcomes in children and adults (Ranson & Urichuk, 2008). These impacts range from social-emotional and cognitive development to physical and mental health outcomes.

There is substantial literature on the effects of attachment on social and emotional development of children in particular. Children with insecure attachment are more likely than those with secure attachment to demonstrate less peer reciprocity at two years old,

function poorly in preschool, and have poor social competence with peers and teachers (Ranson & Urichuk, 2008). Less secure children struggle with increased aggression and decreased social competency in kindergarten (Schmidt, Demulder, & Denham, 2002). Both previous and current attachment classifications predict positive social functioning in 6-year-olds children (Bohlin, Hagekull, & Rydell, 2000). Recent meta-analyses demonstrate that there is a significant effect of insecure-avoidant attachment on internalizing symptoms in children (Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012) and of insecure-avoidant, insecure-resistant, and (in particular) disorganized attachment on externalizing symptoms (Fearon, Bakermans-Kranenburg, van IJzendoorn, Lapsley, & Roisman, 2010). These studies highlight the importance of parsing out the effects of disorganized attachment and types of insecure attachment when looking at outcomes. Such significant effects on social and emotional development are likely to make an impact on how children experience much of what is salient in their lives at this point, particularly with their families, with peers, and at school.

Attachment security also has powerful effects on cognitive development in children and adolescents. This process is set in motion even before children are born, as the effects of prenatal cortisol exposure on infant development are moderated by attachment type (secure versus insecure) (Bergman, Sarkar, Glover, & O'Connor, 2010). Parents' attachment styles are also important, as preschoolers whose mothers are securely attached have higher IQ scores (Crandell & Hobson, 1999). Early attachment security in infancy to mother (but not to father) predicts scholastic skills at age 11 (Aviezer, Sagi, Resnick, & Gini, 2002). The cumulative impact of the social-emotional and cognitive effects are

likely to affect many other areas of individuals' lives, even without the additional risks experienced by those in foster care.

The effect of attachment extends to physical and mental health as well. Toddlers with failure-to-thrive syndrome are twice as likely to have anxious or disorganized attachment patterns as a secure attachment pattern (Ward, Lee, & Lipper, 2000). Adults with higher attachment anxiety produce more resting cortisol compared to participants with lower attachment anxiety, suggesting an ongoing, heightened state of stress (Jaremka et al., 2013). Women who are highly avoidant have been found to produce less estradiol (a hormone linked to attachment and caregiving processes) when presented with emotionally intimate material (Edelstein, Kean, & Chopik, 2011). Adults who are securely attached are more likely to have healthier behavior and higher self-esteem (Hutsinger & Luecken, 2004). However, insecurely attached women have higher rates of symptom reporting, more primary care visits, and higher health costs (Ciechanowski, Walker, Katon, & Russo, 2002), and insecurely attached adult patients have significantly more pain-related utilization of primary care services (Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003). Furthermore, adults with different types of attachment classifications report different types of somatic complaints (Schmidt, Strauss, & Braehler, 2002). In terms of mental health, insecure attachment is related to personality pathology in adolescents (Nakashi-Eisikovits, Dutra, & Westen, 2002) and predicts increased levels of psychopathology in both adolescents and adults (Michelson, Kessler, & Shaver, 1997). The ripple effects of these biopsychosocial problems extend into many aspects of children's and adults' lives, giving one pause for serious consideration of the importance of attachment.

The concern related to attachment and maltreatment in the current study is two-fold. First, the teen mothers involved in this study have experienced child abuse or neglect and are therefore at increased risk of having developed insecure or disorganized attachment patterns. Second, there is risk of the mother exhibiting similar patterns of interaction with her child as those in her own family of origin and, therefore, of the teen's children developing insecure or disorganized attachment patterns. Although there is a strong likelihood of transmission of attachment style from parent to child, contextual factors outside of the mother-child dyad remain important in determining whether or not this transmission will occur (e.g., Aviezer, Sagi-Schwartz, Koren-Karie, 2003; Cook & Roggman, 2010; Sagi, van IJzendoorn, Scharf, Joels, Koren-Karie et al., 1997).

Motherhood

The literature on motherhood is extensive and varied. Although motherhood historically has typically been depicted, both in art and literature, as an idealized, although expected, experience in life, recent scholarly and mainstream literature reflects an effort to illuminate the complexities of the role of mother for women in various parts of society. As with many other bodies of literature, the focus of much of the scholarly literature is on problematic conditions rather than more mainstream experiences of motherhood (Smith, 1999), such as in the case of women with severe mental illness (see Dolman, Jones, & Howard, 2013, for a review), women with substance abuse problems (e.g., Silva, Pires, Guerreiro, & Cardoso, 2013), and women in poverty (e.g., Wright, 2013). However, each of these studies have surprisingly similar themes – no matter their position in society, women as mothers struggle with competing demands, often experiencing guilt and uncertainty, yet citing motherhood as being of central importance

to their life. Simultaneously coping with while working to embrace the transition to motherhood as well as deconstructing expectations of motherhood is also explored in mainstream literature in easily-readable books with welcoming titles such as *I Was a Really Good Mom Before I Had Kids: Reinventing Modern Motherhood* (Ashworth & Nobile, 2007) and in memoirs of well-known women in entertainment, such as Tina Fey's (2011) *Bossypants*. The literature on women's experiences of motherhood, teen motherhood, and teen motherhood in foster care is explored in detail in Chapter Two.

Summary

The experiences of child maltreatment that have led teens into foster care are significant and complex, leading to a host of biopsychosocial problems. Insecure attachment, risky sexual behavior, poor school performance, and health issues all characterize this group of young women. Becoming teen mothers at a rate even higher than the general population poses additional strain for already at-risk youth. At the same time, teen mothers in foster care may have many of the same experiences as other mothers in society that are to be celebrated, nurtured, and normalized. As for any new mothers adjusting to and incorporating their changing role into their lives, it is critical to support these young women so they can provide a healthy, safe environment for their young children and develop into fully functioning adults.

Significance to Social Work

Teen parents who have been abused and/or neglected and come into foster care are a particularly vulnerable subset of maltreatment survivors. Not only are they at risk of a range of problems due to having been maltreated, they have the additional strain of the physical, emotional, and social demands of becoming pregnant (and then parenting)

during adolescence. As noted earlier, the economic costs of maltreatment and teen pregnancy are significant.

Social workers in a range of service areas are well positioned to serve this population and to potentially mitigate some of the personal and economic costs, whether working in pregnancy prevention, child welfare services, advocacy, or the mental health sector, making issues around teen pregnancy in foster care an important area of study for social work practice and research.

Micro Level

Social workers are already involved in making a significant impact on the micro level with teen mothers in foster care and on issues related to teen pregnancy with this population. An enhanced understanding of how teen mothers in foster care experience motherhood has the potential to inform a significant number of micro-level social work interventions. Social workers provide individual and family therapy to address past trauma and current individual and family functioning. Child welfare workers and group home workers provide case management services to teen mothers, helping them to access daycare so that they can attend school and complete their high school (and even higher education) degrees. These social workers are likely also to assist teen mothers to access the Women, Infants, and Children (WIC) Program to ensure nutrition for the mother and her new baby. Social workers further support teen mothers by assisting them in enrolling in public health insurance programs and assisting them with getting access to healthcare, particularly prenatal care while pregnant, well-child visits once their infant is born, and ongoing reproductive health screenings and services. All these services could be

enhanced by a deeper understanding of what the phenomenon of motherhood means to teen mothers in foster care.

Mezzo Level

Social workers also work on the mezzo level to address issues around teen pregnancy in foster care. They are instrumental in designing, implementing, and evaluating teen pregnancy prevention programs in child welfare and school-based settings. In fact, one teen pregnancy prevention program designed for youth in foster care was created in part by social workers (Becker & Barth, 2000). Social workers can also assist with tailoring existing teen pregnancy prevention programs to the communities they serve to ensure culturally competent and relevant services. Social workers provide training to groups of teachers, parents, foster parents, and other social workers on the widespread issue of teen pregnancy in foster care, particular considerations of teen pregnancy prevention and parenting support in this population, and how these groups might intervene with the teens in their lives. By understanding how teen mothers in foster care experience motherhood and using this information to inform program development and adaptation as well as trainings, the external validity of these programs will be enhanced.

Macro Level

Social workers are hard at work addressing teen pregnancy in foster care on the macro level, and understanding how teen mothers in foster care experience motherhood would be informative to social work on this level as well. Social workers help in the macro arena by advocating for social welfare policies that require family-centered placement and support. These policies might include placing mother and baby together and providing the mother support on how to provide healthy parenting to give a chance

for the child to develop a secure attachment to the mother. Although not current policy throughout child welfare systems, individual agencies such as the Casey Foundation in Baltimore have already begun to practice placement of teen and child together in specialized settings where foster parents are trained in the specific needs of these teens. Social workers can advocate for the Life Course Perspective in pregnancy and parenting, including the need to care for those children who will be mothers from the time they are in the womb (Lu & Halfon, 2003). The economic costs cited earlier point to the critical importance of intervening early and effectively to support the children of teen parents. Social workers can challenge and work to modify the structural barriers that make it difficult for teen mothers to be successful in a variety of arenas, such as finishing school and finding employment. Social workers can raise awareness around societal-level components of disparities in teen pregnancy such as the role of structural racism and discrimination in the way teens conceptualize themselves and in access to reproductive healthcare.

Theoretical Framework

This study employed an approach rooted in the theories of phenomenology and hermeneutics. This section will describe the evolution of these complimentary orientations to exploring phenomena in the world as well as their direct application to the current study. Used together, phenomenology and hermeneutics offer a rich platform from which to explore how teen mothers in foster care experience motherhood.

Phenomenology

Phenomenology is a philosophical approach concerned with a deep exploration and evaluation of a particular phenomenon. Husserl, one of the seminal writers in the

tradition of phenomenology, is often quoted for speaking of phenomenology as going back to “the things themselves” – a difficult task due to concern for order and desire to fit information into our preexisting systems of thought (Smith et al., 2009). Phenomenology is concerned with *lived* rather than *ontic* experience; that is, phenomena as directly perceived and experienced rather than “objectively” measured. Consider the experience of taking a test. There are tests where time seems to fly by – in what seems like five minutes of feverish writing, an hour has passed. The experience of the test as taking five minutes is *lived* time, whereas the literal timeframe of one hour is *ontic* time.

A number of philosophers shaped the path of phenomenology, including Husserl, Heidegger, Merleau-Ponty, and Sartre. Each is discussed briefly in the following sections.

Husserl. Edmund Husserl (1859-1938) emphasized the critical importance of going back to everyday things, with a particular interest in finding how a person would come to understand how they experience a particular phenomenon (Husserl, 1927). According to Husserl, the task of phenomenology is to distill the essential qualities of a phenomenon; such essential features are thought to transcend personal experience and shed light on others’ experience of the phenomenon as well. Husserl encouraged taking on a phenomenological attitude, which involves redirecting one’s gaze from objects in the world to an internal view, gazing inward and reflecting on one’s own experience of phenomena. He noted that this would require us to disengage from our busy lives to go back to the things taken for granted, reflecting on our experiences, thoughts, wishes, and other internal states to truly understand and appreciate a phenomenon. Thus, in the case of this study, motherhood is a phenomenon many women experience at some point in

their lives, but has profound meaning that is worth reflecting upon through the lens of personal experiences.

Husserl developed a phenomenological method for examining a phenomenon such as motherhood. He noted that in order to engage in a study of phenomena, we must first bracket what we have taken for granted about the phenomenon, setting these preconceptions aside, in order to truly focus on phenomena within the world. Husserl instructed that we must then proceed through a series of reductions designed to get to the essence of a phenomenon, each offering a lens through which to view the phenomenon. Another important concept in Husserl's writing is that our *lifeworld* (our every-day taken-for-granted world) is the basis of all science and understanding. Therefore, science is a second-order knowledge system relying ultimately on the first-order system of personal experience. Husserl believed that rigorous understanding of a phenomenon is the first step to engaging in scientific discovery related to that phenomenon. This directly applies to the current study as, in this early stage of exploring motherhood as experienced by teen mothers in foster care, a phenomenological approach is needed to gain a rich, in-depth understanding of this phenomenon. Husserl's major contributions to phenomenology in general that are of particular importance to this study include a focus on the process of reflection on our experience and the researcher's need to bracket, or at least attempt to bracket, her own experience to be present and ready to attend to the experience of participants.

Heidegger. Heidegger (1889-1976) began as a student of Husserl's and expanded the philosophy of phenomenology. In his seminal text, *Being and Time* (1962/1927), Heidegger articulated his belief that Husserl's phenomenology was too abstract and

sought to shape the evolution of phenomenology accordingly. According to Heidegger, meaning is of fundamental importance to understanding phenomena, and he questioned the possibility of any knowledge existing outside of interpretation. Heidegger introduced the concept of Dasein (literally “there-being”), which is essentially “human being.” He was concerned with the conceptual basis of existence, which involves a great degree of worldliness – an actual human, embodied actor interacting with actual objects in the world and making meaning of them via intersubjective processes. Heidegger saw phenomena as embedded within a worldly ‘person-in-context’ and intersubjectivity, a phenomenological concept referring to “the shared, overlapping, relational nature of our engagement in the world” (Smith et al., 2009, p. 17). According to Heidegger, human beings can be considered as “thrown into” the world of objects, relationships, and language (thereby a person-in-context). The intersubjective field helps us make meaning of this world of objects, relationships, and language through the perspectives we take. Our perspective is, according to Heidegger, always personal, always historically located, and always in the context of being related to something. In other words, we define both our meaning of phenomena in the context of relationships and phenomena themselves are defined in relation to other phenomena (consider our predilection for order in the form of taxonomy, organizing tables, structured interviews, and so on). Heidegger offers a critical bridge between phenomenology and hermeneutics because of the focus on interpretation in the process of understanding phenomena, which is of particular importance to this study (more discussion of this will follow in the chapter on methodology). In addition, Heidegger’s view of the need for examining phenomena in context fully supports an in-depth exploration of motherhood within a particular context: teen mothers in foster care.

Merleau-Ponty. Maurice Merleau-Ponty (1908-1961) further extended the work of Husserl and Heidegger by emphasizing the importance of considering the embodied nature of our experiences within the world and how this influences our particular perspective. In his seminal work *Phenomenology of Perception*, Merleau-Ponty (1962) notes, “All my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless” (p. ix). We are, therefore, completely dependent on our experiences of the world in order to perceive and make sense of what exists around us (i.e. to interpret it). Merleau-Ponty also held that our perceptions of the “other” develop from our own embodied experience. Although we are within the world, we are not subsumed by it and we see ourselves as separate. All perceptions we have are based upon our embodied status within the world. In a related sense, our perceptions can never be the same as another’s. Although we can work to see someone else’s point of view and empathize with them, their embodied experience of phenomena can never be ours, and thus our perceptions will always be different. Merleau-Ponty’s work encourages movement away from examining perception as a solely cognitive activity based upon consciousness to an appreciation of how the body shapes our experiences and perceptions.

Although phenomenologists place differential emphasis on the embodied nature of phenomena in their own investigations of the world, Merleau-Ponty has truly impacted phenomenology’s commitment to focus on “lived experience” of being a “body-in-the-world” through his belief that the “body shapes the fundamental character of our knowing about the world” (Smith et al., 2009, p. 19). This concept of embodied experience is of

particular importance to this research study, first by noting that the researcher cannot fully understand the experience of another. However, I as the researcher was able to get closer to understanding the lived experience of participants by not only discussing their thoughts, but their embodied experience of phenomena – in this case, motherhood as experienced while living in foster care. Motherhood has embedded within it a host of embodied experiences, from the deeply physical processes of pregnancy and giving birth, to nursing/nourishing and rocking an infant to sleep, to holding a toddler’s hands as she is learning to walk, and holding one’s breath as the adolescent walks across the stage at graduation. These are all critical to the experience of motherhood. Embodied experience also has particular meaning in this study for these teen mothers who have experienced child maltreatment, which is, indeed, first experienced by the body and then interpreted and organized by cognitive processes or schema. Child physical and sexual abuse as well as physical neglect, all have clear ties to bodily experiences such as pain or hunger. Other types of maltreatment that are not necessarily perpetrated physically (such as emotional abuse or educational neglect) are also embodied experiences because they occur and are experienced by the child within a particular physical context in the world. Furthermore, as noted in the background section of this dissertation, the physical repercussions of child maltreatment extend well beyond the initial pain of the abuse experience (e.g., Pecukonis, 1996; Putnam, 2003). For all these reasons, an appreciation for and understanding of embodied experience is particularly helpful to the current study.

Sartre. Jean-Paul Sartre (1905-1980) also contributed to the evolution of phenomenology. His particular contribution to phenomenology emphasized “existence before essence” – that human beings are in a continuous process of unfurling, becoming

themselves (Sartre, 1956/1943, p, 26). Sartre gave great attention to the concept of nothingness, theorizing that what is absent in our lives is just as important in our development as what is present. Thus, our existence, which is continually under development, is influenced not only by what is present, but what is not present in our lives. Sartre further acknowledges the role of others in this process, around whom we organize our experience. Smith and colleagues (2009) describe such an experience given by Sartre as an example: imagine entering a park and becoming aware of someone else on the grounds, “as a result, perceptually, all the features of the park shift into place around the other person, who takes center stage. The presence of the other man means that [you] cannot experience the park on its own terms and for [your]self” (p. 20).

As with his predecessors, Sartre’s concepts offer a richness to this study. His emphasis on the developmental process of the self is especially relevant in considering the timing of pregnancy for the mothers in this study, who were in such a critical developmental period during adolescence when they became mothers. Such timing may be of particular importance in understanding the way they experience motherhood, impacting both the presence and absence of experiences that mothers in other, different contexts may experience. Their history of child maltreatment and entry into the foster care system are characterized by a host of accompanying present and absent experiences and individuals, which are part of their experience of young women in the process of becoming who they are. In particular, a true sense of having a family may be absent for these young women in care. In addition to all of the adults in their lives, the birth of their child is likely to shift their perception of experiencing the world in relation to the new baby similar to the example given above of finding you are not alone in a park. Sartre’s

emphasis on understanding of the self in terms of the presence and absence of our relationships to other people supports the need for a study such as this, which seeks to understand the experience of teen mothers in foster care as situated in the midst of multiple complex relationships.

Phenomenology Summary. Phenomenology is concerned with providing a deep understanding of phenomena, and provides a rich lens through which to explore the lived experience of motherhood of teen mothers in foster care. By understanding motherhood as embedded in the context of the teen mothers' life, we have a framework for exploring their embodied experience of becoming and being mothers as related to what has been present and absent in their life due to their developmental phase, experience of maltreatment, life in foster care, and key relationships. As several of the phenomenologists discussed here noted, interpretation based on our perception is critical to our understanding of phenomena in our world. Therefore, a more detailed exploration into the role of interpretation in the current study is needed, which will be supported by a discussion of hermeneutics.

Hermeneutics

Hermeneutics is the study of the theory and practice of interpretation, and represents a “much older and entirely separate body of thought from phenomenology” (Smith et al., 2009, p. 21). However, the influence of hermeneutics is clearly seen in the writings of hermeneutic phenomenologists (most notably, Heidegger), and it provides another rich platform upon which to base the current study. Hermeneutics was originally concerned primarily with interpretation of biblical texts, but its application has now expanded to many different disciplines (Smith et al., 2009). Hermeneutics is focused on questions

such as trying to understand whether or not the author's original meaning of texts can be understood and what the relationship is between the context in which texts were written and the context in which they are being read (Smith et al., 2009). Several hermeneutic theorists including Schleiermacher, Heidegger, and Gadamer have shaped this area of inquiry and produced concepts relevant to this study.

Schleiermacher. Friedrich Schleiermacher (1768-1834) is one of the earliest contributors to hermeneutics. Schleiermacher (1998) emphasized that texts are influenced by both the individual writers' linguistic community and by the writer's use of the language she has been given. Therefore, it is very helpful to understand the individual writer when interpreting texts, which then must be considered in the broader context in which they were written. Schleiermacher also believed the analyst of a text is able to offer a perspective the original writer is not through a systematic and detailed analysis of the text. His ideas, as applied to this study, give credence to the researcher's task of careful review and additional perspective both by viewing transcripts from each individual participant as well as the larger dataset. Such oversight provides an interpretive opportunity not available to an individual participant when examining her own experience. In this way, Schleiermacher acknowledged the intersubjective quality to analysis of texts, such that understanding is co-created between original writer and analyst. The same is true in the current study.

Heidegger. As noted earlier, Heidegger believed our understanding of phenomena to be driven by our own interpretation, directly linking phenomenology to hermeneutics. Heidegger (1962/1927) wrote extensively about the nature of appearance, with some phenomena visible and others hidden, and believed an important task of phenomenology

to be examination of phenomena as they come into the light. This task is facilitated by the phenomenologist, who must grapple with the way in which the ‘thing itself’ has appeared and how to understand this appearance. Heidegger noted the role of our “fore-conception” (essentially our preconceptions) in interpretation, which is always present, but must take a backseat to the new information being presented (p. 195). As opposed to Husserl’s concept of bracketing, Heidegger’s view is that our understanding of our fore-structures is dynamic, involved explicitly with our analysis. Smith and colleagues (2009) describe “when encountering a text, I don’t necessarily know which part of my fore-structure is relevant. Having engaged with the text, I may be in a better position to know what my preconceptions were” (p. 25). Such a concept was critical to the current study in terms of the need for continual examination of my own preconceptions (which were and are somewhat of a moving target, being constantly under development) in light of my participants’ stories. Therefore, processes for reflexive pondering were included in the method for the study in order to give time and space for the interaction between the new information and my own fore-structures as the researcher.

Gadamer. Hans-Georg Gadamer (1900-2002) extended the work of his predecessors in the field of hermeneutics by emphasizing the analytic process as essentially a dialogue between past and present because we cannot fully understand the historical context within which a text has been written (Gadamer, 1990). In his seminal work *Truth and Method*, Gadamer (1990/1960) explains, “the essential nature of the historical spirit consists not in the restoration of the past but in thoughtful meditation with contemporary life” (p. 168). Smith and colleagues (2009) note that the researcher’s task is “not to relive the past but rather to learn anew from it, in the light of the present” (p. 27). Gadamer’s work is

important to the current study in its recognition of the influence of the current point in time in which the interpretation is made. In other words, my interpretation of the data was tied to my own experience within the time I am living.

The hermeneutic circle. Another concept relevant to exploration of how teen mothers in foster care experience motherhood is the hermeneutic circle. This concept is attributed to the field of hermeneutics as a whole rather than to one particular theorist (Smith et al., 2009). The hermeneutic circle involves the dynamic relationship between examination and understanding of the part and the whole, which occurs on many levels when a researcher is engaged in interpretation. Smith and colleagues (2009) note a series of examples including the single word being a part of the whole sentence within which the word is embedded; the single extract being part of the complete text; the interview being part of the whole research project; and the single episode as a part of the whole life (p. 28). The process of interpretation involves shifting back and forth between examination of the part within the context of the whole, and understanding of the whole being made up of a thorough analysis of each of the parts. This speaks to an iterative, flexible process of exploring phenomena and provides an excellent description of the task of understanding the lived experience of motherhood in foster care within the teen mothers' life as a mother, as well as understanding the experience of one participant in the context of all of the interviews conducted.

Hermeneutics summary. Hermeneutics makes explicit the task of interpretation involved in research, and provides a number of strategies for engagement to enhance understanding of the experience of participants that will guide analysis in this study. Building upon the work of the philosophers discussed here, phenomena must be

examined within participants' individual contexts, which will be facilitated by careful attention to a dynamic process of understanding of my own preconceptions. A flexible, iterative process is extremely useful to examination of complex parts within a whole; such relationships exist on multiple levels within phenomena.

The field of interpretive phenomenology is a contemporary marriage of the traditions of phenomenology and hermeneutics, offering a rich heuristic platform from which to explore phenomena. Smith, Flowers, and Larkin (2009), a group of interpretive phenomenologists, codified their method as Interpretative Phenomenological Analysis (IPA). IPA is an excellent match with the theoretical underpinnings of the current study as described in this section and was used as the methodology for this study (Smith et al., 2009). These methods are discussed in specific detail in Chapter Three.

Summary

This chapter provided evidence of the social problem of teen pregnancy in youth in foster care, the significance of this issue to social work, and a theoretical framework for understanding the experience of motherhood in teen mothers in foster care. The next chapter will explore relevant literature, articulate the gaps in our current understanding of motherhood in this population, and identify research questions for the study.

Chapter Two: Literature Review and Research Questions

The current chapter consists of a literature review, a discussion of gaps in the literature on teen mothers in foster care, and articulation of the research questions guiding the current study. The literature on teen mothers in foster care is limited compared to that on teen mothers who are not in care. However, there has been a great deal of literature published on related populations. This review will explore scholarly work on outcomes for teen parents and their children, outcomes for youth in foster care, and outcomes for teen mothers with a history of maltreatment. It will also discuss the literature on the experience of motherhood among mothers in the general population, teen mothers, and teen mothers in foster care.

Outcomes for Teen Parents and their Children

Outcomes for teen parents and their children are troubling. When compared to older mothers, teen mothers are more likely to have dropped out of high school and to be single and stay single into adulthood (Hoffman & Maynard, 2008). Rates of postpartum depression in teen mothers are two to three times higher than in the general population at 53-61% (Clare & Yeh, 2012; Logsdon, Birkimer, Simpson, & Looney, 2005). Their children are more likely to be born prematurely, have low birth weight, or experience death during infancy (Ventura, Matthews, & Hamilton, 2006). In addition, the children of teen parents are more likely to demonstrate lower cognitive proficiency and attainment scores when entering kindergarten, exhibit behavior problems, struggle with chronic medical conditions, be incarcerated as an adolescent or young adult, fail to complete high school, become a teen parent themselves, and be either unemployed or underemployed during young adulthood (Hoffman & Maynard, 2008). Approximately one half to two

thirds of all teen pregnancies are unintended (Chandra, Martinez, Mosher, Abma, & Jones, 2002, cited in Centers for Disease Control and Prevention, 2009), setting teens up for very difficult circumstances that were unexpected prior to becoming pregnant.

Despite gains in reducing teen pregnancy between 1991 and 2005, pregnancy rates are again on the rise, disproportionately affecting African American, Latino, and American Indian/Alaskan Native communities in the United States (Martin et al., 2009). In 2006, there were nearly a half a million children born to mothers 15-19 years old (Martin et al., 2009). Children of teen parents are 2.2 times more likely to have a child placed in foster care than those mothers who delay childbearing until 20 or 21 years of age (Hoffman, 2006). Of all foster care entries between 1982 and 2003, 61.5% of these were children whose mother had given birth to her first child at age 19 or younger (Goerge, Harden, & Lee, 2008).

Outcomes for Youth in Foster Care

Youth who have spent time in foster care tend to have much poorer outcomes than their peers who have not been in foster care. In a study comparing young adults who have lived in foster care and those who have not, youth who have lived in foster care are 13 times more likely to have ever lived in a group home or homeless shelter and nearly twice as likely to have been arrested before the age of 18 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Youth who have been in foster care also have a higher prevalence of dating violence than the general population (Jonson-Reid, Scott, McMillen, & Edmond, 2007). Young adults who have recently aged out of the child welfare system face significant struggles: difficulty parenting their children, high rates of unemployment, persistent mental illness or substance abuse, difficulty meeting their own basic needs, and

(frequently) involvement with the criminal justice system (Courtney & Dworsky, 2006).

All of these conditions would make providing for and parenting a young child exceedingly difficult for the most capable parent, much less one with potentially poor family and social support, education, and attachment security.

Outcomes for Teen Mothers with a History of Maltreatment

Research on sequelae and treatment of child maltreatment spans over four decades, including classic works such as Finkelhor's (1986) text on child sexual abuse and Briere's (1992) book on theory and treatment of trauma related to child abuse. Teen mothers who have been the victim of child maltreatment themselves, whether or not they have been in foster care, also have a unique set of negative outcomes. A review of the recent literature specifically related to child maltreatment perpetrated against girls who became teen mothers resulted in numerous findings that are organized here by type of maltreatment: sexual abuse, physical abuse, emotional abuse, and neglect.

Sexual Abuse in Teen Mothers

Sexual abuse appears to be positively correlated with other types of child maltreatment in teen mothers (Carothers Bert, Mironovna Guner, & Gaines Lanzi, 2009; Meyers & Battistoni, 2003). It is also related to teen mothers' substance abuse. Specifically, Meyers and Battistoni (2003) found a significant positive correlation between sexual abuse and current substance abuse, whereas Lesser and colleagues (2007) reported a significant difference between those with and without a sexual abuse history in terms of use of marijuana and alcohol during the past month as well as lifetime use of marijuana, cocaine, and methamphetamines. Those who have experienced child sexual abuse have lower self-esteem and place greater value on physical punishment (Meyers &

Battistoni, 2003). Child sexual abuse also predicts less empathy towards child's needs and parent-child role reversal (Meyers & Battistoni, 2003). Child sexual abuse has not been found to be significantly related to unprotected sex (Koniak-Griffin, Lesser, Uman, & Nyamathi, 2003), intimate parenting anxiety (Bowman, Ryberg, & Becker, 2009), or short interval between pregnancies (Patchen, Caruso, & Lanzi, 2009). There was no difference in severity of abuse found between breast and bottle feeding teen mothers who had been sexually abused (Bowman et al., 2009). In an examination comparing sexual abuse rates in first time mothers, no differences in reports were found between teen, adult high-resource (defined as more than two years of college experience), and adult low-resource (defined as less than two years of college experience) mothers (Carothers Bert et al., 2009).

Physical Abuse in Teen Mothers

Physical abuse history has been found to be positively correlated with reports of sexual abuse experienced by teen mothers (Meyers & Battistoni, 2003); of the types of abuse investigated by Carothers Bert et al. (2009), physical abuse was positively correlated with both sexual and emotional abuse, though was most highly correlated with emotional abuse. Unlike sexual abuse, mean numbers of reports of physical abuse were found to differ significantly between teen and adult high resource mothers (Carothers Bert et al., 2009). Like sexual abuse, physical abuse had a significant positive relationship with substance abuse in two studies: Meyers and Battistoni (2003) noted a correlation with current substance abuse in teen mothers who had experienced physical abuse, whereas Lesser et al. (2007) reported those teen mothers with a physical abuse history were more likely than those without such a history to have used alcohol,

marijuana, and methamphetamines in the past month, and to have used cocaine and methamphetamines in their lifetime. Physical abuse was determined not to have a significant impact on attention or behavior problems in teen mothers (Kennedy & Bennett, 2006), although those teen mothers who had been physically abused were more likely than those without an abuse history to report depressive symptoms and to have been detained or incarcerated (Lesser et al., 2007). Physical abuse was not, however, correlated with unprotected sex in teen mothers (Koniak-Griffin et al., 2006).

Physical abuse was found in a number of studies to impact relationships of teen mothers. In one study examining partner support, physical abuse affected teens differently: in those with low partner support, abuse history significantly predicted early mother-infant relationship difficulties, but it was not a predictor for those with high partner support (Milan et al., 2003). It was found to have a significant negative correlation with positive parent-adolescent relationship quality (Milan et al., 2004). Physical abuse was correlated with negative feelings about motherhood and mother-infant relationship difficulty (Milan et al., 2004), but did not significantly predict parenting attitudes (Meyers & Battistoni, 2003). Finally, a positive parent-teen relationship and negative feelings about motherhood were both found to mediate the relationship between physical maltreatment and the mother-infant relationship (Milan et al., 2004).

Emotional Abuse in Teen Mothers

As stated previously, emotional abuse has been found to be significantly correlated with sexual and physical abuse (most strongly with physical abuse) (Carothers Bert et al., 2009). Mean reports of emotional abuse differed significantly between teen and adult

high resource first-time mothers, but teen mothers' reports were not significantly different than reports by adult low-resource mothers (Carothers Bert et al., 2009). Teens with a short interval between pregnancies were not more likely than those with a longer interval to have experienced emotional abuse (Patchen et al., 2009).

Neglect in Teen Mothers

The impact of neglect in teen mothers has received the least amount of study in the past 10 years. Lounds et al. (2006) reported maternal experience of child neglect was the only variable tested that uniquely predicted neglect potential (non-significant factors examined included maternal IQ, maternal internalizing problems, maternal externalizing problems, attachment, child temperament, and child abuse potential). The study also found that teen mothers' neglect potential predicted children's adaptive behaviors as well as children's externalizing problems (Lounds et al., 2006). Furthermore, neglect potential was found to mediate the relationship between early maternal interactions and children's externalizing problems, and between early child abuse potential and children's externalizing problems (Lounds et al., 2006).

It is clear from these results that child abuse and neglect affect the lives of teen mothers across outcome type. In addition to examining how child maltreatment affects teen mothers in general, it is also important to review the state of the literature about mothers in the general population, in teens, and in foster care in particular.

Understanding the Experience of Motherhood

Whereas motherhood has historically been depicted as an expected ideal (and *teen* motherhood as anything but), women asked about their experiences describe motherhood in a much more complex and nuanced fashion. The literature on the experience of

motherhood from women's own perspectives has several themes that are particularly relevant to the current study and will be explored in this section. These themes include becoming a mother; first-time motherhood; managing perceptions; mothering in/through adversity; and experiences of African American mothers. There is also a sizeable amount of literature on the experience of motherhood among teen mothers in particular. Finally, the literature on the experience of motherhood for teen mothers in foster care will be discussed.

Becoming a Mother

The experience of becoming a mother has many common threads for women everywhere, yet the ever-important details are often dictated by context. Women may be ambivalent about whether or not to become pregnant and about the timing of pregnancy, which is related to broader societal narratives about what is expected of women within their life course and what it means to be a “good mother” (Sévon, 2005). Although there has been a trend for women to become mothers for the first time later and later, mothers who give birth later in life have referred to older motherhood as a double-edged sword – with some good and not-so-good aspects, just like any other phase in life (Shelton & Johnson, 2006).

The transition to motherhood can be truly challenging in an environment where knowledge is increasingly medicalized – women receive “expert” advice on how to be pregnant, labor, and care for themselves and their babies – yet women continue to demonstrate a trust in matriarchal wisdom (Nicolson, Fox, & Heffernan, 2010). However, some new mothers do not have many other women to turn to (or, indeed, other individuals to encourage them when they rely on their own maternal instincts);

particularly for women with limited support, becoming a mother may truly jeopardize their well-being and be experienced as a struggle (Read, Crockett, & Mason, 2012).

Women further describe the risk of social isolation amidst the intensity of new motherhood as being very high (Paris & Dubus, 2005).

First-Time Motherhood

There is a fascinating section of literature on motherhood focused on how women initially experience becoming mothers. First-time mothers must adjust to changes in their bodies and to others violating their boundaries during pregnancy (such as other people reaching out to touch their growing bellies without permission) (Johnson, Burrows, & Williamson, 2004). In their examination of the early experiences of first-time mothers, Barclay and colleagues (1997) describe a process of realizing the gravity of the change in their lives, feeling unready, drained, and alone, experiencing a sense of loss, and then – somehow – working it out through trial and error while learning to read the baby’s cues. In her longitudinal study, Miller (2007) highlights the differences between expectations and experiences of first-time mothers and how women use both dominant discourse and their own experiences to make sense of themselves as mothers.

Managing Perceptions

Women’s focus on managing perceptions spans several dimensions. The literature centers on the concept of the “good mother” and what women must do to attain such a label; for example, during motherhood, women may be less focused on what they need to do to actually maintain personal wellness than using strategies to enhance *others’* sense that all is well with them. Currie’s (2009) study describes mothers reaching out for help,

having a plan, and taking time out as strategies employed primarily to give *others* the sense that they were doing well rather than to actually meet their own needs.

Perceptions related to children may be particularly important in the narratives of mothers. Women who have children that are not “good children” may not be considered to be “good mothers,” such as mothers of children with ADHD that are “disorderly, disorganized and disruptive” (Austin & Carpenter, 2008). Although these mothers are simply serving as advocates for their children, they may themselves be viewed as troubled and troublesome (Austin & Carpenter). In another study that explored the experiences of mothers and children in playgroups through interviews and observation, Collett (2005) found that mothers actively use their well-dressed children as proof of “good mothering” in public settings. Maher and colleagues (2007) had a slightly different take, asserting there seems to be an increasing difference to be found between the way motherhood is discussed and how it is practiced, finding that practical concerns often overshadow a sense of having to be a “good mother” for those who already have children.

Mothering In/Through Adversity

There are a number of studies that describe the experiences of motherhood for women who are experiencing a range of extremely challenging circumstances, including family violence, poverty, drug addiction, and mental health problems. Each is discussed in this section.

Several studies have explored the experience of motherhood for women struggling with intimate partner violence (IPV) that offer important insights. These mothers may experience intense conflict between a sense of losing control over their mothering while simultaneously feeling a great deal of responsibility for their children (Lapierre, 2010).

Mothers parenting in the midst of IPV may also see motherhood as a chance to repair the distress they experienced as a result of experiences with their own parents (Buchbinder, 2004), as a source of strength, and/or a buffer against their current abuse (Irwin, Thorne, & Varcoe, 2002).

Experiences of other types of family violence and motherhood are reflected in the literature, as well. Schwerdtfeger and Wampler's (2009) study of the dual life experience of sexual trauma and pregnancy found while women may experience many negative repercussions as the result of the trauma, pregnancy may feel like a new beginning – an opportunity for a new relationship and new-found hope. Mothers who have their own history of sexual trauma may say they will be more protective of their children (Schwerdtfeger & Wampler); however, they may struggle with keeping their children safe. In a study with mothers who were both childhood victims of and whose children later experienced child sexual abuse, Lev-Wiesel (2006) characterized four types of mothers: the Unaware mother, the Unwitting Accomplice, the Enabler, and the Common Fate mother.

The collection of studies on the experience of motherhood in poverty depicts significant struggles. Muñoz and colleagues (2013) found that unexpected pregnancy in highly vulnerable populations may lead to a sense of hopelessness followed by resignation, without a plan for the future and in the midst of experiencing a burdensome sense of uncertainty about the present. For inner-city women, there is often a great deal of ambivalence about pregnancy, making “pregnancy intention” difficult to assess as both structural and individual factors are continually at play in women's decisions to delay pregnancy and/or use contraception (Kendall, Afable-Munsuz, Speizer, Avery, Schmidt,

& Santelli, 2005). Mothers living in poverty are likely to prioritize “making it” – a sense of getting by, surviving, meeting their children’s basic physical needs – over attaining satisfaction in their lives, particularly if they have lower expectations of themselves (Wright, 2013).

Another area of mothering in/through adversity is the dual experience of motherhood and drug addiction. Silva and colleagues (2013) found these mothers experience a great deal of guilt and ambivalence about pregnancy, motherhood, and drug addiction. Their focus on their role as mother may become focused on pragmatic concerns without much talking or play with their children, although social support may help ease their struggles (Silva, Pires, Guerreiro, & Cardoso).

Motherhood in the midst of coping with mental health issues presents an additional set of difficulties. In a study exploring experiences of motherhood while suffering from mental illness, women explained their desire for and struggle with becoming the kind of mother they wanted to be – “good enough,” fully present in caring for their child, and able to attain recognition as a mother by others (Blegen, Hummelvoll, & Severinsson, 2012). For women hospitalized on an in-patient psychiatric unit in Savvidou and colleague’s (2003) study, retaining a strong mother-child bond was critical whether or not the mothers retained custody of their children. However, these mothers suffered from oppressive societal attitudes regarding mental illness, such as a propensity for violence and incapability of mothering, and described great struggles with their partners and family members (Savvidou, Bozikas, Hatzigeleki, & Karavatos).

Motherhood: the African American Experience

Although many studies include African American women in their sample, few seem to focus explicitly on the importance of race or culture of African American communities in the experience of motherhood. Fouquier (2011) encourages a different take, stating that a consideration of the historical and cultural context for African American women is critical in developing theoretical models and analytical tools for health research with this population. Her study of three generations of African American women found motherhood to be a source of strength, meaning, satisfaction, and respect within the family and community. “Othermothers” – those women who serve as surrogate mothers – may have particular importance in African American communities as sources of social support (Fouquier).

Teen Motherhood

A number of studies have examined the experiences of motherhood of teen mothers, which span a wide range of situations. Studies on the experience of teen motherhood have explored ambivalence about, relatively positive aspects of, and challenging facets of motherhood for these young women. Bender’s (2008) study exploring issues of ambivalence and motherhood for teens offers a picture of the complexities around whether or not to continue pregnancy and how or when continuing on to motherhood may seem plausible. She found that while older teens may be more willing to explore alternatives such as abortion, younger teens may firmly hold that this is not an option; adoption seems rarely considered (Bender).

Several studies present more positive aspects of teen motherhood. Lustig’s (2004) study found that teen mothers actively construct their identities as “good mothers” by

taking (and distributing to friends and family) professional photos of their children. After discovering their pregnancy, teens may assert a strong effort to reexamine their priorities and work to excel in school, although this may be undermined by overwhelming demands (SmithBattle, 2007). In two related studies of motherhood and street gangs, teen mothers explained that motherhood offered an escape from street life (Moloney, Hunt, Joe-Laidler, & MacKenzie, 2011) and had a positive effect on reducing alcohol consumption (Hunt, Joe-Laidler, MacKenzie, 2005). Salusky's (2013) study found teen motherhood may offer a source of unconditional love and future financial support, as well as enhancing teens' sense of purpose.

Many other studies focus more heavily on difficult experiences of teens. Teen motherhood may entail a forced autonomy and a related disruption of significant attachment bonds (Jacobs & Mollborn, 2012). For teenagers experiencing intimate partner violence, the pregnancy may serve as either a catalyst for getting out of the abusive relationship (particularly for young women with parents who intervene) or – more often – as a reason for heightened abuse and oppression (Rosen, 2004). In a study of Hispanic youth in New Mexico, Osuchowski-Sanchez and colleagues (2013) found a great deal of instability in teen mothers' homes and disappointment within families and communities about the pregnancy. For teen mothers who have experienced child sexual abuse, motherhood may be a time when unresolved feelings related to the trauma come to the forefront (Erdmans & Black, 2008).

Teen Motherhood in Foster Care

Following a review of the literature, it appears that three studies have made an effort to better understand what the experience of motherhood is like for teen mothers in foster

care (see Appendix A for a summary). These include Haight, Finet, Bamba, and Helton's (2009) examination of African-American teen mothers in their transition from foster care to independent living, Pryce and Samuels' (2010) account of the dual experience of teen motherhood and aging out of the child welfare system, and Rolfe's (2008) exploration of the meaning of motherhood for socially excluded teen mothers.

In their case-based analysis of three resilient African American teen mothers aged 19-20 years in the process of transitioning from foster care to independent living, Haight and colleagues (2009) describe a number of cultural values through which resilience may be garnered for this population as well as identifying challenges faced by these young women. (Note: the term "resilient" was used to describe "individuals who are developing relatively well despite profound and ongoing stress including exposure to racism and foster care" [p. 53]). Participants noted that through tapping into the positive association with children and motherhood in the African American community, they were able to garner a sense of children being "a full blessing" that complete "the bigger hole in your life" (p. 57). Children were identified as providing a sense of purpose and belonging: "it gives me someone to love and I never had love and things like that as a child and to actually be able to give that love to another child and call that child my home is rewarding" (p. 57). Significant challenges were identified by participants to parenting in foster care, most notably financial instability, multiple obligations, stigma, and caseworker negativity. Their management of these challenges incorporated taking "an oppositional gaze," limiting the impact of negativity and oppression while drawing on strengths to survive and succeed (p. 57). A deep and unshakable fear of having their own children placed in foster care pervaded; many accounts of false or unwarranted reports to

child protective services were shared. Finally, participants identified a number of sources of support, including financial aid, personal strength, spirituality, “othermothers,” and social support. Although their foster care agency was a source of negativity and fear in many cases, the provision of financial aid was appreciated and deemed essential to survival. Participants drew heavily on their own sense of self-efficacy and personal agency to navigate difficult situations, during which time “othermothers” (women who serve as mother figures, e.g., foster mothers, aunts, grandmothers) and partners became particularly important. Participants also found great strength in their spirituality.

In their study, Pryce and Samuels (2010) offer a qualitative, interpretive study of how 15 participants’ history of being mothered as well as their other experiences of childhood influence the meaning of motherhood for teen mothers who are aging out of the child welfare system. These participants (mean age 20 years) were sampled as part of a larger mixed-method study evaluating outcomes of adults who were formerly in foster care. Emphasis in this study is placed on the relational aspects of the construction of motherhood for women who are either pregnant or parenting at the time of aging out. Pryce and Samuels group their findings into three areas: finding purpose in motherhood, influence of the mother-child relationship history on young adult motherhood, and conviction amid constraint.

In terms of finding purpose in motherhood, Pryce and Samuels (2010) note their participants reported that a period of strain and adjustment marked their experience, but that this was tempered by the sense that being a parent offered a “first-time experience of drawing a sense of value from an interpersonal relationship” (p. 213). Mothers discussed a new sense of purpose in tandem with painful remembrances of childhood loss. Half of

the mothers identified the birth of their child as marking their transition into adulthood, prompting the realization that, as one participant put it, it was time to “get down to business” (p. 214). Participants identified a newfound sense of motivation in working for “us” not just for “me.” In the next section, Pryce and Samuels note the influence of the mother-child relationship history on young adult motherhood is powerful and far-reaching. Participants reported their relationships with their mothers to serve as motivators for parenting differently, and discuss this in the context of their own sense of being devalued as children. Although having their own children offered a chance for an emotionally corrective experience, it came at the price of having to examine painful memories from the past that had been left unresolved. Finally, Pryce and Samuels explain their participants experienced a sense of conviction amid constraint – they dearly hold to the sense of wanting to be “good” mothers. A great number of risk factors complicated this dream; one participant noted that her children were removed from her care essentially because she was poor – it is very difficult to provide adequately as a teen mother.

Rolfe (2008) conducted a qualitative study with five focus groups and 28 individual interviews in England focused on exploring the meaning of motherhood for socially excluded young mothers (including those in foster and residential care). She found that mothers in her sample of young women aged 15 to 22 years spoke about motherhood in ways that were very different from how teen parenting is viewed by society. Rolfe specifically noted three main ways of speaking about their experience of motherhood: “hardship and reward,” “growing up and being responsible,” and “doing things differently” (p. 299).

In terms of the theme of “hardship and reward,” teen mothers described motherhood as encompassing both difficulties and rewards. Rolfe (2008) notes the “contradictory and ambivalent nature of their feelings” as she discusses what happened when participants were asked in a focus group to reflect on what “being a mother” meant to them (p. 304). The participants had responses ranging from “being shattered all the time!” to “being there for someone else, no matter what, you’ve gotta be there” to “never having no money,” initially expressing all of the difficult things about being a mother, then recounting positive aspects as well (p. 304). This complex set of experiences no doubt typifies the parenting role for anyone, but teen mothers have the additional strain of shouldering this responsibility without the same support other mothers may have.

The second theme in Rolfe’s (2008) work was a continual return to “growing up and being responsible.” The young women in the study noted again and again the critical importance of growing up – “I think you *have* to grow up when you’ve got a kid,” as one participant stated (p. 305). Participants who had been in foster care in particular noted a sense of needing to prove themselves as mothers, with one young woman asserting

“Through no fault of my own, I was in care. But it’s like, people automatically think, oh, because you’ve been in care, you’re gonna be a bit messed up in your head, and if you have a child, you won’t be able to cope.... From family, to friends, to the guy next *door*, you like, like, I have to prove myself, that I *am* capable” (Rolfe, 2008, p. 305).

Rolfe (2008) states that participants described this need to grow up in neutral terms, as something that is “‘just one of those things’ in which ‘you haven’t got any choice’” (p. 305). Most participants noted ability to cope with the new role of “mother”

to be a function less of chronological age and more of the degree to which someone is able to be responsible. Finally, the third theme ‘doing things differently’ pertains to being mothers in the broader context of life events unfolding in a way other than the “expected” order (p. 306). Here participants note poverty and unemployment as significant drawbacks to early mothering with comments such as “if I could’ve changed things, I would of waited until, you know, I had a good job, you know, had my own house. Waited until I was a bit older” (p. 306). Rolfe highlights the critical importance of examining the issue of teen pregnancy from the perspective of those directly experiencing it as the insider’s view may differ from that of others (particularly those in power) in society. Without understanding the insider’s view, it will be difficult to work effectively with these clients or to address the structural factors making their lives difficult.

Summary

The current literature offers a generally bleak picture of the outcomes for youth in foster care and teen mothers who have experienced child maltreatment. However, studies exploring the experience of motherhood of in the general population, for teen mothers, and for teen mothers in foster care reflect a complex picture of challenges and resilience of participants. Together, this literature comprises an excellent point of departure for delving into understanding the experience of motherhood of teen mothers in foster care.

Although literature on the relational aspects of the experience of teen motherhood among foster youth is growing (Pryce & Samuels, 2010; Rolfe, 2008), there are very few studies that focus on how these young women’s experiences within their own relationships (e.g., families of origin, foster parents, and friends) guide their interpretation of the phenomenon of motherhood. The current study helps to fill this gap by making this

(i.e. the influence of relationships) an explicit focus. Furthermore, this study is unique in examining how teens' interpretation of the experience of motherhood and the role of mother relates to their relationship with their children, which has not been a particular focus in any study except Pryce and Samuels' (2010) work with youth aging out of the foster care system. Although all three studies that have focused on the experience of motherhood of teen mothers in foster care have been qualitative as opposed to quantitative, this study is further distinguished from this previous work by its particular qualitative approach. The current study is only the second known study (after Pryce and Samuels, 2010) that specifically uses an interpretive lens for analysis, and it is the first known study that uses an interpretative phenomenological focus. This approach offers a powerful and rich platform from which to explore how teen mothers in foster care experience motherhood and is particularly well-suited to examination of this social problem/phenomenon. The importance and relevance of situating an exploration of "motherhood" within the dual traditions of phenomenology and hermeneutics will be discussed in the next chapter.

Research Questions

Previous studies on the experience of teen motherhood in foster care have focused on articulating the beliefs of African-American teen mothers in foster care related to issues relevant to child welfare research and practice, examining how childhood history and experience of being mothered impact how mothers conceptualize the meaning of motherhood, and exploring the meaning of motherhood for socially excluded groups. The current study continues this line of inquiry guided by several research questions. The primary research question is: How do teen mothers in foster care experience motherhood?

The subsidiary research questions are: (1) How do teen mothers in foster care make sense of themselves as mothers? (2) What people and systems affected them while parenting in the foster care system, and how? and (3) How do teen mothers' conceptualizations of motherhood relate to their relationship with their children? The next chapter describes the method that was used to address these questions.

Chapter Three: Method

In order to examine how teen mothers in foster care experience motherhood, the current study involved in-depth interviews of young women who experienced motherhood while in foster care. The study employed interpretative phenomenological analysis (IPA) as a method to guide the study design and data analysis (Smith, Flowers, & Larkin, 2009). This chapter examines IPA as a qualitative method and elucidates the study's setting, sample, and data collection, analysis, and management. This chapter also discusses strategies that were used for enhancing quality and trustworthiness, as well as ensuring adherence to ethical treatment of participants and ethical handling of data.

Research Design

IPA is a qualitative research methodology rooted in phenomenological and hermeneutic traditions. It is phenomenological in its focus on a rich, deep exploration of a particular phenomenon, and hermeneutic in its particular attention to the layers of interpretation involved in IPA research. IPA recognizes participants as interpreters of their world; it is through their own lenses that they interpret their experiences, which are shared with the researcher. The researcher, who is part of this process by constructing the interview questions and engaging in data analysis, at first staying very close to the data and then moving out in scope, engages in interaction with participants and with their words using the researchers' own lens. This double layer of interpretation is referred to in IPA as a "double hermeneutic" (Smith et al., 2009, p. 35). The researcher is seen as central to the process and product of the research, all of which is co-constructed by participants and researcher. IPA also recognizes the reader of the product of the research project (e.g., the dissertation, article, or presentation) as the third interpreter, such that

there is a triple hermeneutic involved at the point of research dissemination. The current study followed the steps outlined in Smith and colleagues' (2009) text on IPA, including reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, moving on to the next case, and examinations of patterns across cases. Each of these steps will be discussed later in this chapter.

Reflexive Statement

As part of the preparation for and during this study, I kept a reflexive journal, which I used as a tool for self-reflection throughout data collection and analysis. This process was intended to make me acutely aware of my own fore-structures (which, as anticipated, became clearer as a result of interaction with my participants) and how they influenced my interpretation of the data. Such reflection is critical to conducting an IPA study given the focus on interpretation. The reflexive journaling process, coupled with my peer debriefing and support sessions, were intended to help reduce researcher bias, encouraging me to remain attuned to my participants' stories and the meaning they attribute to motherhood by knowing where my experiences stop and theirs begin, where our histories overlap and where they do not, and, most importantly, where my interpretation of an experience, whether shared or unique, differs from a participant's interpretation. As a clinical social worker, such thoughtful consideration is part of my training and regular practice as there is dynamic tension between using your own experience and your self to support individuals as you are eliciting their stories while, at the same time, not letting your own history and interpretations overshadow those of the client.

My interest in teen mothers in foster care has ties to my personal and professional experience as a woman, mother, social worker, and researcher. These personal and professional selves are intimately connected, of course, as they are all part of who I am as an individual. Although I was never maltreated as a child and I never experienced teen pregnancy or teen motherhood, aspects of my life certainly relate to the current study. In preparation for conducting the research, I prepared a reflexive statement positioning myself as the researcher within the current study, some parts of which required deep, difficult reflection.

I was born into a two-parent, middle class household as the oldest of three sisters. My first personal memory related to teen pregnancy was as a 13 year old. When my family was living in Zimbabwe and had come back for a home visit, I was spending time at a friend's house when I got a call from my parents. My cousin, who lived about an hour away, had just been found. She had been killed by her ex-boyfriend, who had also shot their three year old son before killing himself. The murders and suicide occurred on the son's third birthday. My cousin had a terrible, troubled adolescence and got pregnant at 19, but had been trying to turn her life around in the years since she had the baby. I remember feeling numb, not being able to articulate anything of how I felt or what I thought while looking at their open caskets, other than how well the mortician had disguised the bullet wounds.

Other experiences were not as violent or horrific as that, but also influenced me. A few years later, as a sophomore in high school, a teenager just a bit older than me came to our health class and told us about her experience of getting pregnant and having a baby. She told us how much she loved her baby, but how hard it had been to stay in school and

take care of all of her baby's needs. I vividly remember her pulling up her shirt and showing us her stomach (this was a month or so after giving birth), the whole class gasping at her sagging skin lined with bright pink stretch marks, and her half-smile as she shook her head. "And these aren't even that bad," she said. Later that same year, I was babysitting two children and someone at the park asked if they were my kids...I wondered to myself how many girls my age really *did* have children and this much responsibility *all the time*. It was plenty for me to have for just a few hours, I thought.

When I got to college, one of the girls in my dorm got pregnant after going out one night our freshman year. We were all just 18. I do not remember who the father was, or even if she knew who he was. The news was all anyone could talk about for weeks. Although she carried the baby to term, she decided to place him for adoption. I remember her saying how much she could not wait to have that baby so she could finally have a drink. It was an open adoption, so she often brought pictures of him to share, and I remember how proud she seemed as she told us about his incredible baby-accomplishments.

Since that time, I have learned about a host of other early pregnancies and the women within my circles of friends and family who became mothers before they ever expected to. These experiences profoundly changed their lives, which I can only imagine approximates the changes in my life after the birth of my own child.

As a result of this previous exposure to teen pregnancy, I had a good helping of ambivalence towards teen motherhood when I began my first social work position at a group home for teen mothers in foster care. I learned so much from my clients there about the intensity of motherhood as a teen...what wild, varied experiences these young

women had. During those few years, I rocked infants, chased toddlers, tried to advise on parenting practices that I had never done myself. I mediated fights, ran groups, helped clients reconcile the realities of terrifying histories with a (sometimes waning) desire for survival as a woman and a mother. I made CPS reports, watched children being removed, comforted distraught young mothers. I delighted in first steps, celebrated SAT scores, cried at graduations. I called my mom frequently on the way home from work and thanked her for sticking with me through my own adolescence. “Of course!” she would say. “I’m your mother.” The young women I had the honor of serving at that agency taught me a great lesson in motherhood: there is no way of characterizing a mother based solely on her age; a million and one variables have led her to become who she is and who she will be as a woman and as a mother. Even as I write this, I can see clients in front of me telling stories of their lives. It is a commitment to giving voice to this group that has led me to choose them as the focus for this study.

Now that I am a mother myself, there are so many experiences that I have in common with these young women. Feeling subtle shifts of a growing child while pregnant; giving birth to new life; long days and short nights; endless diapers; nursing a newborn. For every experience we share in common, though, I can easily call to mind countless others that make my context so different. My excellent prenatal care with a midwife who supported my plan for a natural, un-medicated birth; giving birth at a comfortable hospital with warm, highly competent practitioners; a husband who was with me (at least by phone) for every daytime breakdown and up with me for every nighttime feeding; resources to go through as many diapers as we needed without having to worry, and to purchase a breast pump so I could work and continue to nurse. I have also had the great

benefit of having two sets of grandparents within 20 minutes from home who are always ready and willing to offer their help, support, and guidance. At the end of the day, it does come down to a dyad – a mother and child interacting with one another over days, weeks, months, and years – and my training in attachment theory has been reinforced a hundred-fold by directly experiencing the way patterns of interaction develop in children and parents. However, I have always thought that context (both in terms of historical and present factors) was critical in how a woman would experience her role as mother, and now that I am a mother myself, I especially believe our contexts to be critical in our experience of this phenomenon.

In beginning this research, I recognized that it would be possible for my experience and fore-structures to bias the research in a number of ways. Because this project was going to include time with young women in foster care without being their social worker, I anticipated that it may be difficult for me to shift roles from clinician to researcher. I found this to work out just fine, as I had previously managed this in several social work research projects as well as in the classroom, using some clinical skills, such as empathy, reflection, and attuned, focused questioning without using other clinical skills that may be more appropriate for interventions in a client session. There were times when clients told me about heartbreaking situations where it was truly difficult not to jump on the computer and look up some resources, but I was prepared for this by having my own resource sheet prepared in advance and by setting up solid channels of support through my partnering agency. Another area I had considered as needing attention was being so focused on the importance of context that I would miss shared factors across participants. I was able to successfully mitigate this risk by giving careful attention to each case as

well as devoting a great deal of time to looking for patterns across cases, and discussing my emerging findings with others. I knew it would also be possible that I could have particular difficulty hearing stories of child maltreatment now that I had my own child and, as a result, overemphasize the role those experiences might play in a participant's experience of motherhood. The stories were, indeed, very difficult to hear, and I allowed myself breaks during data analysis whenever they started to become overwhelming. As planned, I journaled about this issue and discussed it in peer debriefing meetings to ensure there was a space for me to process my own feelings and not attribute them to the participants. I believe I was successful in representing their voices without mine taking over. Finally, I recognized that my mixed feelings about teen pregnancy were and are absolutely influenced by the contemporary dominant discourse around teen pregnancy as a social problem (it has been described as such from the beginning of this dissertation, in fact) at this point in history. It was interesting to see the way this affected both my own and my participants' interpretations – some participants talked about feeling they had to do an extra good job of parenting because people were already judging them, whereas I constantly pushed myself to take the balanced view of what I was seeing in the data. This is one consideration I did not see the need to actively address, other than to be aware of the fact that I may have had a tendency to view teen motherhood as a whole more negatively than I would have if in a different cultural context. Through careful analysis of and reflection on not only the data but how I interacted with the data as the researcher, I believe a rich picture of how teen mothers in foster care experience motherhood was able to emerge.

Setting

Data were collected mainly in a community-based agency in the City of Baltimore, Maryland called the Maryland Foster Youth Resource Center (MFYRC). This is a non-profit organization that serves former foster youth who have transitioned out of the system but need additional support to connect to services such as housing, food stamps, daycare vouchers, and physical and mental health care. MFYRC, which employs a staff of mostly former foster youth, also conducts trainings for professionals who work with foster youth. At participants' requests, three interviews were conducted in the community: two in the hospital following two different participants having given birth, and one in a participants' home in Baltimore City. The remaining 15 interviewed were conducted at MFYRC.

The City of Baltimore is considered a “city of neighborhoods,” including resource-rich and devastatingly poor communities situated within blocks of one another. Baltimore struggles with significant disparities, both historically and presently, in widely varied areas such as teen pregnancy, education, health, substance abuse, poverty, and violence. The city has a history of exploitation of research participants particularly in the African American community, brought to life by stories such as that of Henrietta Lacks whose cells were collected, used, bought, and sold for scientific experimentation for decades without Ms. Lacks' knowledge or consent and without compensation to her or her family (Skloot, 2010). These practices have led to serious mistrust and avoidance of institutions. The unique history and culture of Baltimore provides an important context for understanding how teen mothers in foster care experience motherhood in an urban, low-

resource environment fraught with segregation, racism, and significant environmental stressors, particularly for women, men, and children of color in poverty.

Sample

I interviewed 6 participants. Inclusion criteria included being 18-25 years old at enrollment, having had their first child in foster care, living for at least 6 months in foster care while they were mothers, and having had their first child no more than 10 years prior to the first interview.

Participants were aged 19 to 22 years ($M = 21$ years) at the time of the study. Five of the 6 participants were homeless (i.e. without a home, but sheltered) at the time of the study. Five participants were African American; one was Latina. Three participants had one child, one participant had two children, and one participant had three children. Three participants reported at least one abortion, and one had had a miscarriage. Participants were aged 14 to 17 years ($M = 15.5$ years) at the time of their first pregnancy, and 14 to 20 years ($M = 16.6$ years) at the time of the birth of their first child. The participants had been mothers from between 1 and nearly 7 years at the time of the study. The mothers of all participants were teenagers themselves when they gave birth to their first child. Although types of maltreatment were not specifically inquired about during the course of the study, all 6 participants disclosed having experienced neglect, four had experienced physical abuse, two reported sexual abuse, and four reported witnessing domestic violence. Participants were between three and 18 years old ($M = 10.6$ years) at the time of first formal placement by the child welfare system, and had between two and 17 placements ($M = 6.8$) during their time in the foster care system. Tables 1 and 2 offer a summary of participant demographics.

Table 1

Participant Demographics

Variable	Range	Mean
Participant's Age	19-22 years	21 years
Number of Children	1-3 children	1.5 children
Age at First Pregnancy	14-17 years	15.5 years
Age at First Live Birth	14-20 years	16.6 years
Age at First Foster Care Placement	3-18 years	10.6 years
Number of Foster Care Placements	2-17 placements	6.8 placements

Table 2

Participant Demographics, continued

Variable	Number of Participants
Race	
African American	5
Hispanic	1
Homeless at time of study	5
Victim of Neglect	6
Victim of Physical Abuse	4
Victim of Sexual Abuse	2
Witness to Domestic Violence	4

Sample size. The sample size was selected based on recommendations by Smith and colleagues (2009). A sample size of 6 young women is large enough to provide an opportunity for comparison of the experience of motherhood across participants, and small enough to allow for both a deep dialogue with participants and a critical analysis of transcripts of interviews with each participant within the parameters of a doctoral dissertation.

Recruitment strategy. MFYRC staff members acted as gatekeepers, telling potential participants general information about the study, handing out flyers, and

referring interested individuals to me. Once they made contact with me by text message, email, or phone call, they had the chance by phone to hear more details about the study, ask any questions, and be screened for inclusion criteria. If they were still interested in participation and met criteria for inclusion, I set up an appointment to obtain informed consent and conduct the initial interview.

Data Collection

Prior to beginning data collection, all procedures were approved by the University of Maryland, Baltimore Institutional Review Board. Data were collected over a period of up to three and a half months. As discussed above, once a participant gave informed consent, she was interviewed using the semi-structured Interview I schedule (see Appendix B). Approximately one to two weeks later, I set a second interview for the purposes of completing the Interview II schedule (see Appendix B) as well as asking the participant to contribute any additional information she wanted to share based on the first interview. One to two weeks following this, I conducted a final interview focused on following up with any questions that had not been fully explored or whose answers were unclear based upon my reflections on the interview (see Appendix B). The participant was again asked for any additional thoughts she may have had or memories she wanted to share.

Because IPA does not require that data analysis occur between rounds of interviews, this process was repeated for each participant, who was interviewed on her own schedule as she was enrolled in the study. All interviews were audio-recorded and transcribed verbatim using hired transcriptionists. Each transcriptionist was provided with a key by which to transcribe non-verbal utterances such as laughter and significant pauses. Data

collection concluded once the 6 enrolled participants completed three interviews each. All participants completed all three interviews.

Data Analysis

Data analysis followed a 6-step process outlined in Smith and colleagues' (2009) text on IPA. These steps included: (1) reading and re-reading; (2) initial noting; (3) developing emergent themes; (4) searching for connections across emergent themes; (5) moving to the next case; and (6) looking for patterns across cases. Each step is discussed here in turn.

Step one: Reading and re-reading. During this step, taking the first interview of one participant, the transcript was read while the audio recording played. The transcript was then re-read a second time before beginning any coding. The purpose of this stage is to bring the focus onto the participant (Smith et al., 2009). It included journaling some of my own memories of the interviews and observations (which was also done following each interview) in order to bracket them off for the time being (Smith et al.).

Step two: Initial noting. In step two, the transcript was coded line by line, noting anything that was of interest to developing an understanding of that participant's phenomenology of motherhood. The goal of this step is to produce a useful set of notes and comments regarding the data that "have a clear phenomenological focus" and "stay close to the participant's explicit meaning" (Smith et al., 2009, p. 83). Smith and colleagues point to the importance of being as concerned with "the process of engaging with the transcript as with the outcome" (p. 83) during this phase of intense immersion.

Three categories of comments were made at this point. *Descriptive* comments pertained to the specific content of what was spoken (the important things that made up

the participant's world), whereas *linguistic* comments referred to the participant's specific use of language. Finally, *conceptual* comments, frequently taking the form of questions posed to the researcher about potential connections within the transcript, helped lead to an understanding of the participants' "overarching understanding" of the subject matter (Smith et al., 2009, p. 88). The purpose of conceptual comments is not to pin down meaning or find particular answers, but to open up a dialogue with the data. Deconstruction was a helpful tool at this point in data analysis. This technique involves taking small pieces of text (e.g., a paragraph) and re-reading it in smaller parts (such as reading the sentences backwards) to heighten awareness of the importance of the surrounding context within the transcript.

Step three: Developing emergent themes. Once the full transcript was coded with the initial notation, these initial notes were used to develop emergent themes. The three categories from step two within the large volume of notes were grouped into somewhat broader themes that encompassed the complexity of the initial notation, but began to allow for interconnections between the initial notes. These emergent themes reflect both the participant's words and the interpretations the researcher has made of them (Smith et al., 2009).

Step four: Searching for connections across emergent themes. The emergent themes developed in step three were then organized chronologically in terms of the order in which they came in the interview; the task of step four is to organize them into broader categories of meaning, called super-ordinate themes, in one of two ways. Some super-ordinate themes drew together emergent themes under a new super-ordinate theme (in a process called abstraction). Alternatively, some emergent themes became super-ordinate

themes themselves if they helped to pull together several related themes (in a process called subsumption). In this way, a structure began to be formed by which the participant's understanding of the phenomenon emerged. As Smith and colleagues (2009) note, not all emergent themes were used; in this study, depending on what appeared to be particularly important to the experience of the phenomenon of motherhood and to the research questions, some emergent themes were discarded at this point in the analysis. For example, some interview questions were focused on joining with the participant by discussing her current circumstances. Although some of these data were used to later describe the sample, the themes that detailed these current experiences were not focused on the women's time growing up or in foster care, so were set aside. Other techniques were used at this point to help with the process of formulating a structure of the phenomenon of motherhood for a particular participant, including polarization (looking at oppositional relationships between themes rather than similarities) and contextualization (connecting pieces of the narrative to one another that may have occurred in different places within an interview or across interviews).

Step five: Moving to the next case. Steps 1-4 were repeated with each case. In this way, each set of transcripts for each participant was read and re-read followed by a period of making initial notes. Once the notes were made, emergent themes were formed. Finally, connections across emergent themes were found and grouped around super-ordinate themes.

Step 6: Examination of patterns across cases. During this step, the super-ordinate themes and their corresponding emergent themes for each case were compared. Connections between cases were explored, including how themes in one case shed light

upon themes in other cases, where there was convergence across participants' themes, which themes appeared especially important, and where there was divergence between participants' themes. A master table of themes for the group was then developed based upon my interpretation, which formed the structure for understanding the phenomenology of motherhood as experienced by teen mothers in foster care. This structure guided the narrative presented in Article One in the next chapter.

Two sub-themes representing particularly rich pockets of data that were important to readers' understanding of participants' experiences and had significant implications for practice were further explored. These themes were reexamined across cases in light of sub-themes of their own, and formed the basis for the findings presented in Articles Two and Three in the next chapter.

Data Management

Each participant chose her own alias, allowing for data to be de-identified. As mentioned earlier, voice recordings from each interview were transcribed verbatim by hired transcriptionists using Microsoft Word. During the reading and re-reading data analysis phase, I checked the transcriptions against the recorded interview for accuracy, and then loaded de-identified transcripts into NVivo 10.0 for analysis. Journal entries noting my thoughts and reactions as well as points of decision were also logged in NVivo. Any audio-recorded journal entries were transcribed using the voice recognition program Dragon Naturally Speaking and entered into NVivo. A printed copy of each transcript and password-protected flashdrives are being kept in a locked filing cabinet. A key with each participant's alias and real name and contact information is also being kept in a locked filing cabinet separate from the transcripts (this key will be destroyed upon

completion of data analysis). All tables and figures have been kept in NVivo or Word and saved on password-protected flashdrives (one primary and one back-up).

Ensuring Quality and Trustworthiness

This study employed a number of strategies for ensuring quality and enhancing trustworthiness of the study and results. As discussed in Smith and colleague's (2009) text, Yardley (2008) offers four broad-based principles for assessment of quality in qualitative research. These are sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. The strategies for enhancing quality and trustworthiness used in this study are discussed here in the context of these principles.

In order to address the first principle, *sensitivity to context*, this study explored the lived experience of motherhood as immersed within the context of the participants. Considerable attention was given to detailing how each participant's personal, familial, and cultural context contributed to the way she experienced motherhood.

A number of strategies to enhance rigor were used in this study, including prolonged engagement, peer debriefing/support, member-checking, and an audit trail. The second principle of quality, *commitment and rigor*, was first met by use of prolonged engagement – both in meeting with participants three times, allowing ample time for their stories to unfold, and in making space for immersion in systematic analysis. Although prolonged engagement reduces the risk of reactivity and respondent bias, it can increase the risk for researcher bias (Padgett, 2008), so this was managed by using peer debriefing/support, member checking, and an audit trail. Rigor was further enhanced by peer debriefing at bi-weekly meetings with my dissertation chair and at monthly meetings with my qualitative interest group (comprised of doctoral students and faculty conducting

qualitative research). Following analysis of each case, I met with my dissertation chair and dissertation methodologist to discuss my impressions and to gain the committee members' perspective of each participant's experience of motherhood. These meetings are discussed further below. Although IPA does not typically include a period of formal member-checking, I member-checked throughout the three interviews by providing verbal summaries of what participants shared and asking them to confirm whether or not I heard and understood what they said correctly. I also attempted to set up a member checking meeting with all participants, which, unfortunately, none of the participants were able to attend either due to my inability to contact them directly or their difficulty making it to the scheduled presentation after contact was made. Study results were, however, presented to the partnering agency staff at the Maryland Foster Youth Resource Center, who praised the study's contributions and confirmed the results' alignment with what they frequently see in working directly with young mothers who had been in foster care. Finally, this study used an audit trail (discussed further below), which helped reduce risk of researcher bias. In addition to these strategies to reduce the risk of reactivity, researcher bias, and respondent bias, the study was rigorous in its adherence to the IPA methods outlined in this chapter. Other strategies to enhance rigor used in other qualitative methodologies (e.g., use of another coder or triangulation) are not typically used in IPA. Additional coders offer a "check" system that peer debriefing can also address. Because each case is analyzed line by line without development of a code book then used to code new interviews or some other strategy that would help with coordination between multiple coders, it would be difficult to formally incorporate a second coder. In terms of triangulation, because IPA is so focused on understanding the

personal meaning of a phenomenon for a particular set of participants, data triangulation (e.g., accessing a case record) would not necessarily help with this purpose in the same way it would other methods. IPA is concerned with participants' *experiences* and *interpretations* of certain "facts" (i.e. "lived" reality) not with the "facts" themselves (i.e. "ontic" reality). Observer triangulation would also not be appropriate as it may disrupt the interview to have a second person present.

The third principle of quality is *transparency and coherence*. In this study, all methodological decisions were logged in NVivo. These notations, along with my notebook with preliminary notes, and the research proposal, interview schedules, audio recordings, annotated transcripts, tables of themes, diagrams, draft reports, and the final report were used to form an audit trail. This audit trail details the path from initial research questions to the proposal to the final report, and excerpts are included in Appendix C for review. Along the way, decisions were discussed in bi-weekly meetings with the dissertation chair and monthly meetings with study methodologist to ensure coherence. The dissertation committee also served as gatekeepers to validate the proposal of the study as well as the defense of the final project. Assurance of coherence was further strengthened by use of peer debriefing during monthly qualitative interest group meetings, where I discussed my reactions to conducting the research and thoughts on emerging patterns in the data.

The final principle of quality, *impact and importance*, is evident in this study by the systematic building of a rationale for the importance of studying how teen mothers in foster care experience motherhood. It is also evident in the implications the current study has for social work practice and policy, which are outlined in chapters four and five.

Ethical Considerations

This study involved a number of steps to ensure it was conducted ethically. First, participants were admitted to the study voluntarily and could have withdrawn at any time. Participants had to reach out to contact me and were assured by the employee from the Maryland Foster Youth Resource Center that their participation would in no way impact their receipt of services at the organization, reducing the possibility of participants feeling a sense of coercion. Second, participants gave informed consent prior to entering the study, including hearing about the study in general, having the informed consent form read to them verbatim, and having the opportunity to ask any questions about the form prior to deciding whether or not to sign it. Third, participants were compensated for their time at a rate similar to two hours of minimum wage plus what was required to pay for transportation and childcare during the interview and their travel to and from the interview site. This rate was considered carefully to ensure it was fair, but not coercive. Participants were compensated with an average of \$50 per interview on a variable schedule (i.e. they received \$35 for the first interview, \$50 for the second interview, and \$65 for the third interview). Fourth, participation in this study was confidential. Participants chose their own aliases, which were used on all transcripts so that they were de-identified. The only document linking their true identities and their aliases was locked away in such a place that it could not be connected to the data. This linking document will be destroyed upon completion of analysis. Fifth, data were kept in locked files or on password protected flash drives, reducing the risk of them being seen by anyone other than me or the dissertation committee. Sixth, it was planned in advance of the study that any new cases of child maltreatment that were disclosed during the interviews would be

reported to Child Protective Services in compliance with State of Maryland requirements. The protocol upon hearing a suspected new case of child abuse or neglect for this study was to call the Baltimore City Child Abuse Hotline to inquire as to whether or not the information was reportable. Participants were notified of my obligation to report new cases of child abuse and neglect as part of the informed consent process. One participant (Quintavia) reported having been sexually abused and it was unclear to me whether or not it had been reported, so I discussed this issue with her following the interview. The participant stated that she did not know whether or not it had been reported as she was in and out of foster care at that point, but that the perpetrator was deceased. Without having any identifying details and due to the perpetrator being deceased, I elected not to make a child abuse report. Finally, it was planned that if at any time during the study a participant showed distress, they would be offered the opportunity to discontinue the interview or discontinue participation in the study. This occurred once during the interviews and the participant elected to continue. Due to the potential for distress, all participants were given a sheet of paper with mental health resources.

Summary

This chapter reviewed the method used for examination of how teen mothers in foster care experience motherhood. Details about the research design, the setting in which the research was conducted, the sample, data collection, analysis, and management, establishing quality and trustworthiness, and ethical considerations were each discussed. The next chapter presents study findings.

Chapter Four: Findings

This chapter presents the findings of the dissertation study in a three-article format. The study findings have been divided as they would be for journal publication following defense of the dissertation. Article One is titled “The Experience of Motherhood Among Teen Mothers in Foster Care” and offers a comprehensive model of participants’ phenomenology of motherhood. Article Two is “The Journey: Pathways of Motherhood of Teen Mothers in Foster Care” and explores how participants describe themselves as mothers and make meaning of their experiences of being a mother. Article Three, “‘I want to be better than you:’ Experiences of Teen Mothers Working to Break the Cycle of Child Maltreatment” offers analysis of participants’ experiences of working to break the cycle of child abuse and neglect as mothers themselves. Because the introduction, literature review, method, and discussion sections were presented elsewhere in the dissertation, these are only briefly given in each article in order to contextualize the findings. The findings sections are, however, presented in full. This chapter is followed by a final summary chapter offering a discussion and integration of the findings across the three articles herein presented.

Article One: The Experience of Motherhood Among Teen Mothers in Foster Care

Background. Teens in foster care become pregnant at a rate of two to three times that of the general population (Pecora et al., 2006), which has drawn increasing attention in recent years to the particular needs of pregnant and parenting foster youth (e.g., Geiger & Schelbe, 2014). Previous literature on both teen motherhood (e.g., Hoffman & Maynard, 2008) and foster youth (e.g., Courtney & Dworsky, 2006) is heavily focused on

negative outcomes, risk factors, and pathology. Undeniably, teen pregnancy poses significant risks to both the teen and to her child (Hoffman and Maynard, 2008), and women who have been in foster care experience many challenges related both to the repercussions of having been maltreated and having been in foster care (Courtney & Dworsky, 2006; National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Teen mothers who are in foster care may, therefore, be considered to be a particularly vulnerable group.

Despite this emphasis on studying negative outcomes, a small, but growing body of literature on the experience of motherhood of teen mothers in foster care reflects a different reality that is not simply negative – a reality that is characterized by both hardship and reward, by risk and opportunity (e.g., Haight et al., 2009; Pryce & Samuels, 2010; Rolfe, 2008). The lived experience of teen mothers in foster care is one that is complex, little-studied, and well-deserving of additional attention. This exploration will, hopefully, inform our thinking about the phenomenon of teen motherhood in foster care from these mothers’ own perspectives in order to guide intervention and support for this group that is well-attuned to the mothers’ experiences and interpretations.

The purpose of the current qualitative study is to explore the meaning and experience of motherhood of teen mothers in foster care from a holistic approach. The study employed an interpretative phenomenological approach to elicit and present a rich account of the lived experience of motherhood guided by the following research questions:

- 1) *How do teen mothers in foster care experience motherhood?*

2) *What people and systems affected them while parenting in the foster care system, and how?*

Method. All procedures for this study were reviewed by the Institutional Review Board at the University of Maryland, Baltimore prior to implementation. Six young women (19-22 years old) who became mothers while in foster care and lived for at least 6 months in care after giving birth were interviewed three times at intervals approximately one to two weeks apart about their experiences of motherhood. Participants were recruited by agency staff through a community-based agency serving former foster youth in Baltimore City and were compensated \$150 for their time over the course of the study. Each participant chose a pseudonym. During semi-structured interviews, participants were asked to reflect on the meaning of their experiences as children in their families and communities of origin, their experiences in the foster care system, and their experiences of becoming mothers while in foster care. Interviews were transcribed verbatim and analyzed using interpretative phenomenological analysis (IPA) (Smith et al., 2009), which involves a detailed case-by-case analysis yielding emergent and super-ordinate themes followed by examination and analysis of super-ordinate themes across cases. This resulted in a final set of themes and accompanying sub-themes, which formed the basis for the findings presented here in Article One. Two of the original sub-themes that were particularly rich and had significant implications for practice were further explored for their own-subthemes; these findings are presented in Articles Two and Three of the dissertation.

Findings. How teen mothers in foster care experience motherhood can be described in three themes: Darkness and Despair, Glimpses of Light in the Darkness, and New

Beginnings. The influence of people and systems on the parenting of the teens interviewed can be seen in every theme. Each theme has several facets or sub-themes (see Table 3 for a summary).

Table 3

Summary of Themes and Sub-Themes

Darkness and Despair	Glimpses of Light in the Darkness	New Beginnings
Substance Abuse	Widening the Circle of Support: Babies' Fathers and their Families	Identity as Mother
Homelessness	Lessons about Motherhood	Hopes and Dreams for the Future
Poverty	Support from Foster Care	Love for Children
Breakdown of Family Ties and Disempowerment of Communities	The Enduring Family	
Absence and Loss	Education	
Abuse and Neglect		

Theme one: Darkness and despair. Participants talked extensively about difficult experiences in their lives in relation to motherhood. These had powerful and lingering effects –on their lived experience both of being daughters and being mothers.

*Someone I loved once gave me a box full of darkness. It took me years to understand that this too, was a gift.
- Mary Oliver*

Darkness and despair: Substance abuse. Substance abuse, mainly by biological parents, had a devastating effect on the participants in this study during their childhoods. Three of the 6 participants reported both parents struggling with addiction throughout their lives, two had fathers who sold narcotics, and one routinely intervened in domestic

violence situations between her mother and her mother's boyfriend while he was drunk. Although parental substance abuse profoundly affected each participant in different ways, the most common meaning of parental substance abuse for the teens as they grew up was that their parents were simply unavailable and had seemingly chosen drugs over taking care of themselves and being present for their children. As one participant, Brittney, shared:

Right now, it's kinda hard for me to forgive my mother. How could you do that to your kids? She was in rehab, as far as I was told, when I was 11, and as soon as she got out of rehab when I was 12, she went right back to it, to the drug. So it's like, you don't want to see your children? You don't want to spend time, you don't want to, you don't want to know what the feeling is to have your own place again? To live a life not on drugs and be able to have your kids with you? I don't think she will ever understand. [...]

[I would describe my mother as] a person who just didn't...a mother who didn't...who abandoned her children. She didn't care...she cared more about her drug habit than anything, that's how I felt, [...] that's how I looked at it, as far as my mother, as far as I was told. She was selfish, stubborn [laughter] and just worried about herself and her needs, but really not herself because she didn't care about herself being on drugs, high like that. She just worried about her addiction, she did not care about the kids that she made, how many blessings God had given her, she was just worried about that drug. She'd do anything for that drug, *anything*, as far as what I was told. [...] I know she did anything for them, for some drugs, God forgive me for saying it, but it's the truth. (*Brittney*)

Brittney went on to discuss her mother having sex for drugs and her belief that the majority of her siblings were conceived this way. Brittney's experience of being mothered, and of her siblings being mothered, began and continued throughout her lifetime (by way of her mothers' absence) to be completely intertwined with her mothers' substance abuse.

This sense of the inescapability of the drug culture and drug addiction was a common thread tying participants' experiences together. Another participant, Quintavia, described

herself as a child (and as an emerging adult) struggling to understand, cope with, and maintain a relationship with her mother despite her mother's recurrent cycles of addiction:

I used to call her “elephant,” a “crackhead elephant,” growing up [...] because she was a crackhead and she's fat. [laughs] But I'm sorry, that's disrespectful. But it was just a nickname I had for her. [...] Even though I wanted her so bad, I just knew about her wrongs, and I still wanted her. I used to save my allowance from my group homes and give it to her knowing that that's what she was going to do [i.e. buy drugs]. But I wanted her to know that I loved her, and being a kid I just thought that was the good thing to do, [to] give her my money. And she took it and everything. [...] I just loved my mother so much and wanted her to be around and see her and everything. Even as an adult I was doing that – giving her hundreds of dollars, like a dummy. (*Quintavia*)

The longing for her mother's presence is palpable as Quintavia describes doing whatever she could, including giving up her allowance (quite literally, a small price to pay) as she attempted to keep her mother close.

Substance abuse was considered by the participants to be a wide-spread problem. Several participants connected their parents' substance abuse to experiences of the larger community. For example, Brittney described her parents within the context of substance abuse in Baltimore City.

My mother and my father, it's not a pretty sight. You look outside every now and then; there are a lot of people that are nodded out and it's sad, just...this is Baltimore. It's not a pretty sight. They are all nodded out on the bus and on the streets. And you see a lot of people that just give up on themselves. I refuse to give up on myself. I can't, I *cannot* give up on myself. (*Brittney*)

Parents', particularly mothers', substance abuse and subsequent lack of availability was directly related to participants' experiences of homelessness.

Darkness and despair: Homelessness. Participants commonly experienced homelessness – both a lack of a physical, stable home as well as the powerful loss of a *sense of home* rooted in separation from their parents and compounded by continual moves. For some participants, they were moved in between family members' homes who were providing care in the absence of their biological parents, whereas most participants experienced many placement disruptions during their time in foster care. All of the participants discussed a sense of not belonging, of disconnection (particularly while in care), and of longing for their parents (especially their mothers) no matter how badly their parents (especially their mothers) had hurt them. As participant, Brittney, explained:

The entire time I was in foster care, I didn't feel, feel... feel like I was normal. When I say that, I mean I see all these kids with their actual parents but I am not living with my actual parents. Who is my mom and who is my dad? I want to live with them. I want to feel actually loved by my own family. It's a terrible feeling sometimes. Foster care is great, don't get me wrong. They pay for everything you don't have to do nothing. But it's like, it's like...it's not right because you are being taken care of by somebody else's mother. Somebody else is investing their time in you, but there is *nothing* like having your own mom and dad to be able to be there for you. (*Brittney*)

This loss of home had a resonating effect on participants' experience of being mothered and on mothering while in care. For example, one participant, Melanie, described frequently moving from placement to placement meaning that she had to quickly "size up" her foster mothers to see what she could expect from them. Participants also commonly reported a strong sense of needing to provide a stable home for their children based upon their own lack of stability as children. Many participants felt that while foster care could be highly supportive, it was difficult to be in care as a mother because of being continually unsure of when a move could occur. Attaining a true sense of security and stability was further complicated by participants' sense of needing to

protect themselves and their children from being hurt within relationships formed in foster care. As another participant, Erica, explained:

I didn't want my child to grow up like how I grew up, like from place to place and people neglecting them or, you know, and things like that. I just wanted him to grow with a normal childhood like a child should. [...] I didn't want to be in care with a baby. That is why I was kinda pushing for independent living because I just had a fear of moving from place to place with my son [...] I just wanted a stable place for him. [...] I just didn't want to just get attached, or my son to get attached, to this foster parent then we have to move. (*Erica*)

Darkness and Despair: Poverty. Another facet of experiences of darkness and despair related to motherhood was poverty. Participants discussed many examples of simply not having enough income to make ends meet, both while growing up and while mothering their own children. For Quintavia, other members of the community attempted to meet these needs. This included her first grade teacher who bought her school uniforms, did her hair for her, and, ultimately, took her into her home informally for approximately one year. Other participants, particularly those with multiple children, shared experiences of being able to make ends meet while in care, but not having the resources needed to support their children even immediately after leaving the foster care system. This resulted in some participants not being able to live with their children, relying upon other family members for support. Such an experience posed a serious dilemma for participants who believed family members could provide more support for their children, but by having them live with other people, the cycle of separation of children from mothers was perpetuated.

Darkness and despair: Breakdown of family ties and community disempowerment. As described in the Poverty section above, participants explained that many families attempted to care for one another's children as surrogate caregivers, but would ultimately

be overwhelmed either by their own needs or the needs of the children they had taken in. Without adequate community and system support, the children would be placed in foster care. Participants noted experiences of abuse and neglect (discussed in a later section) that clearly point to the immense need for the foster care system in order to protect children from immediate and ongoing harm; however, the lack of adequate resources in the system and unintended disempowering consequences for communities were also clearly evident in their stories. One participant, Ja’Nae, relayed her experience following her mother’s arrest and immediate need for placement. Initially, a cousin had taken Ja’Nae in and was on the road to being approved as a kinship care provider. This plan was derailed when the judge for Ja’Nae’s case informed the cousin that she did not have enough room in her apartment for Ja’Nae. Although financial support was promised to secure a larger apartment, it was never delivered, and Ja’Nae’s cousin could not afford to take the leap and move on her own. Ja’Nae was placed in foster care as a result of this disjointed system intervention.

It is not always the case that families are so willing, yet unable, to take in children in need of care. Brittney shared a different consequence of formal systems of care: that her family would not take care of her without getting paid for it. This represents a serious disruption to normative structures of community support whereby family members may have cared for one another regardless of external or formal support. Instead of seeing her family’s unwillingness to care for her as a consequence of a system-based issue, Brittney blamed herself:

What is it about me that they...don’t you know, like, I ask them for help [and] they act like they can’t do it – “oh, not unless the state pays me, I can’t do this for you, I can’t open my doors up for you.” (*Brittney*)

Darkness and despair: Absence and loss. Participants relayed extreme stories of absence and loss related to their experiences growing up and to being mothers. One participant was abandoned in the hospital at birth; another was threatened with being kicked out of her home unless she got an abortion, but after she got one, her mother forced her to leave anyway; another participant was sent as an infant to live away from her mother for seven years, followed by her caregiver (her grandfather) passing away. Some participants did not meet one or both of their parents until later in life – in fact, one participant had never met her father at the time of the study. When mothers were absent, it was frequently a result of substance abuse. Fathers were also absent in some cases due to substance abuse, although they were not present due to other factors as well, such as conflict with the participants' mothers. As mentioned earlier, participants shared a sense of intense longing for their parents no matter what had happened in their childhood. One participant, Chloe, poignantly shared her attempts to cope with the profound sense of loss of her father:

[Crying] It just hurts because it's like, I had a baby and I really wanted him to be there, and before that, I always wanted him to be there, because that was my dad, you know, so.... I just always wanted him to be there, even though him and my mom, like, wasn't together. I just wanted to know what's going on because it hurts to know that I don't know if he's dead or alive. Like, my father could be dead and I didn't even have a chance to say goodbye to him. So, it hurts, but it's just one of those things you have to accept, and I find myself, like, being emotional and, like, dealing with stuff that I don't, I know I *shouldn't* [have to] deal with. But, you know, it's like, if you want your family, certain stuff you kinda sweep underneath the rug... (*Chloe*)

Even when their parents had been part of their lives, the quality and stability of this presence led them to feel a deep sense of disappointment and loss. For example, Erica shared:

I was disappointed a lot. My father was in and out of jail, like, that five year thing wasn't the first time he been in jail. He has been in and out of my life throughout my whole time I have been on this earth, pretty much. In and out of jail, in and out of jail. (Erica)

Darkness and Despair: Abuse and Neglect. Participants each shared heartbreaking stories of abuse and neglect at the hands of their caregivers (primarily their mothers) ranging from failing to meet basic physical needs and to protect them from sexual abuse to, in one case, attempting to kill a participant. All participants experienced multiple forms of child maltreatment and family violence. Although participants were not directly asked to disclose specific types of child maltreatment during the interviews, all 6 reported experiencing one or more types of child neglect, four reported experiencing physical abuse, and two reported being sexually abused. Additionally, three of the 6 participants had been present during and/or victims of domestic violence. Central to the meaning of these experiences was the destruction of trust within relationships that should have been the most safe and secure – those with parents and family members. For example, Quintavia described being sexually abused by a babysitter hired by her mother to care for then 8-year old Quintavia while her mother was high, and, later, when trying to tell her story, her mother being unable to understand what had happened because she was still in and out of a drug-induced stupor. Although her mother attempted to talk to Quintavia a year later after a stint in rehab, this, understandably, felt like too little, too late to Quintavia.

Theme two: Glimpses of light in the darkness. In the midst of such a breadth and depth of darkness of experience, participants talked about several Glimpses of Light in the Darkness – parts of their experience of motherhood that, while not perfect, provided

support and a sense of hope in the midst of the despair they experienced in their own childhoods.

Look at how a single candle can both defy and define the darkness.
– Anne Frank

Glimpses of light in the darkness: Widening the circle of support: fathers of the babies and their families. Participants generally discussed their children's fathers and the fathers' families in terms of their willingness to offer support. It was clear from their experiences that getting pregnant was an opportunity to extend their social networks in a permanent way. Although most teen relationships begin and end during adolescence, by creating and sharing a child, a permanent bond was established between the participants and their partners, as well as the partners' families. Overwhelmingly, these relationships began as exciting and full of love, but most of them had dwindled over the years. Many participants directly connected their experiences of absence of their own fathers as making them want to make it work for their children to have the fathers in their lives no matter what. This was frequently complicated by not being treated well by the fathers of the babies, which posed a conflict for participants – should they accept disrespectful or otherwise negative treatment from the babies' fathers without complaint in order to keep them around, but risk their children thinking this is the way men should treat women? Or should they stand up for themselves at the expense of potentially upsetting the father, leading to their children not being able to see him? Such struggles in these women's experiences of motherhood highlight the contradictions inherent in what it means to be a “good mother” and allow opportunities for the narratives of their experiences with their own mothers and fathers to be re-examined. For example, Chloe explained:

[Because of my own father not being around while I was growing up] I find myself being emotional and, like, dealing with stuff that I don't, I know I *shouldn't* [have to] deal with. But you know, it's like, if you want your family, certain stuff you kinda sweep underneath the rug, but I'm just learning with my child's father, like certain things you just don't tolerate, you know. It's either you be there or you don't be there, it's either you respect me, or you don't respect me; it's either you wanna, you know, make it the easy way or the hard way. (*Chloe*)

Regardless of the state of their relationship with the fathers, participants noted that the families of the babies' fathers were often an additional source of support, whether a home to stay in when homeless or for babysitting. These relationships had a distinctly transactional nature – participants rarely (if ever) relied on the fathers and their families for emotional support, but rather provided them time with the children in exchange for material goods or services.

Glimpses of light in the darkness: Lessons about motherhood. In the midst of so many challenging experiences, the women in the study described having many teachers about motherhood – firstly, their own mothers, who were often cited as showing participants what *not* to do. Some participants described many positive experiences early on with their mothers that they could learn from. However, many study participants described coming out of a painful place in learning how to parent, which cultivated in them an intense desire to do things differently. Fathers were frequently discussed in the same way. As Chloe explained:

I don't want [my son] to ever tell me 'you took my father away from me'...because I feel like that about my mom because I feel like my mom always picked an argument with him, and, you know...some of the things she picked an argument about, she had every right to...but you never know how a person can react. And by him reacting off that argument...you don't know how that's going to affect your child. And it affected me by not coming around because sometimes he didn't want to deal with my mother. (*Chloe*)

Trying to parent from a place of what *not* to do without new input on what *to do* was difficult for participants, who had to look outside of their immediate families for additional sources of guidance. Some participants had positive experiences with other family members or with foster parents who modeled supportive parenting practices and served the role of “othermothers”.

Glimpses of light in the darkness: Support from foster care. Although not a perfect experience by any means, participants often discussed foster care in very positive terms as being a source of material and emotional support. Several participants noted that they did not recognize how the foster care system was supporting them (or how much it was supporting them) during the time they were in care, highlighting how the meaning of having been in foster care had changed over time – particularly after becoming mothers and after leaving the foster care system. Several participants ran away from their foster care placements and willingly returned, citing returning as the best decision they could have made at the time for themselves and their child. Participants had varied experiences with many different foster homes, group homes, and kinship care placements – some foster parents struggled with trying to take over care of the infant whereas others were present alongside participants, and still others seemed to be working a great deal and not very involved. In these cases, participants had an overwhelming sense of all of the responsibility falling heavily on their shoulders. When reflecting on being a teen mother in foster care, Quintavia noted wishing she could get the support, but not having really appreciated it at the time she was in the system:

Foster care is actually a good thing. It can be a good thing for teen mothers, young mothers. It's not really that bad actually, and while y'all in there, or while they in there, take advantage of it because it's very helpful and it's, it's not like they

trying to hurt you at all. It might seem like it but foster care's good. I look at it as a good thing. I really do.[...] I'm 20 and I wish I was still in there. So you know it has to be something. Once you get mature and realize it. But that's the thing, you gotta realize it. Be mature. Understand that it's a good thing. A lot of people don't appreciate it, 'cause when I was in there, I didn't appreciate it and, sadly, I wish I was still in there. (*Quintavia*)

Glimpses of light in the darkness: The enduring family. Participants noted that some family members truly extended themselves, taking in participants for large parts of their childhood and adolescence. These relationships meant a great deal to participants, who reported calling family members fathers, mothers, or grandmothers who they felt had earned those titles. For example, Quintavia referred to her uncle as her father because he had served as a father figure for her. Despite this, participants reported a lingering sense of longing for their own parents, particularly their mothers. This was especially the case as children, but even as young adults – when asked who could have made a difference for them while they were a mother in foster care, participants most commonly cited their mothers.

Glimpses of light in the darkness: Education. Experiences of getting an education in the midst of being a mother were cited as major struggles, yet a powerful source of empowerment. A strong belief in the importance of education was present across the majority of participants, the parents of whom had rarely graduated from high school. Although many participants had dropped out of school at some point, all but one of them had returned to high school and either graduated or earned a GED. In addition, all participants expressed a desire to go to college, and five of the 6 participants were either currently enrolled in or had been enrolled at some time in a community college or four-year university. Participants noted having employed alternative ways of finishing school

that allowed them additional time at home with their young children, including night school, online courses, and summer school. Several participants noted the critical input of educators as pushing them to stay in school and to graduate. One participant shared that one principal had picked her and her brother up to bring them to school regularly when their family members had not been taking them. Another participant recounted the story of her principal sitting her down and letting her know that getting an education was no longer just about her, and that she now had her son's needs and own future education to consider. Tying her son's wellbeing to her success or failure in school served as a significant source of motivation to seriously pursue her education in order to improve both her own and her son's future prospects.

Theme three: New beginnings. Part of participants' experience of motherhood was an overwhelming sense of hope, largely borne of having become mothers themselves. There were several types of new beginnings present in these young women's lives, including their emerging identity as "mother," their love for their children, and their hopes and dreams for the future.

Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.
- Dr. Martin Luther King, Jr.

New beginnings: Identity as mother. All of the participants described multiple powerful effects of becoming a mother. First, this was an experience that frequently brought their families together. Family members (especially mothers and fathers) who had not been a regular part of the participants' lives suddenly became very interested and involved. Second, several participants talked about becoming mothers as giving them a different status, particularly with the fathers of the babies. Finally, becoming mothers

gave participants an enhanced sense of motivation and purpose. This, in particular, carried immense meaning for the young women in the study who were at such a point of feeling disconnected, hurt, and uncared for during their childhood and adolescence. As Melanie explained:

[When I became a mother] everything changed. Everything was so different. It looked, it actually looked a lot better to me. The world looked a lot...it made a little more sense... I always wondered before I had her, you know, like, why did God put me in this position [of being in foster care]... I almost felt like when my mom was sitting over top of me when I was 13 with a knife – I always think to that day. Like, I wouldn't be here, but why am I here? And having her, I felt like I had more of a reason to be here. I don't have to ask myself “why am I here.” Ever since I had her, I haven't asked myself that question. [...] Not saying that I was put here to have children but, I mean, now I feel like I have steady ground because of her. You know, I don't have to keep asking why should I even be here – I know why I am here, you know, I need to be a mom. (*Melanie*)

All of the participants readily noted the challenges of becoming a mother during adolescence, yet many expressed having no regrets or ultimately feeling there was a reason why they became parents at a young age. Brittney shared:

I was just too young, if I could have just waited longer I would have. But things happen for a reason, you know, that is all I can say. I am glad I have I was able to have the, I mean I had them for a reason. They were brought into the world for a reason...[to] teach me to be a better woman. (*Brittney*)

New beginnings: Love for the children. When asked about their children during the interviews, participants' eyes lit up and their posture changed, sitting forward in anticipation. Several participants reflected on the reciprocal nature of love, such as Melanie, who shared that when her daughter grabs her face and kisses it, she feels real, genuine love – not just for her daughter, but for herself, as well. Participants shared there being intense meaning in this relationship with their child, and as it often being the first time they had experienced unconditional love. As Quintavia noted:

He definitely showed me love, like the love I was missing. (*Quintavia*)

New beginnings: Hopes and dreams for the future. Participants noted having great hope for the future, particularly in terms of going to college, establishing a stable home, and giving their children what they had never had. This sense of wanting to do things differently than their own parents and to provide for their children had meaning both materially and emotionally for participants who recalled growing up in impoverished, dangerous Baltimore City neighborhoods and abusive homes with frequently absent caregivers. Participants were very hopeful about their prospects of being able to change things for their own children. As *Quintavia* stated:

My main thing is to, um, prove the statistics... They think all young parents not going to graduate, don't want jobs, you know, living off the government and stuff like that. [...] I'm just trying to prove that I, I don't need that, you know, I can do better for myself and my kids, basically. (*Quintavia*)

Findings summary. The women in the study described a complex set of experiences that, together, inform their overall experience and related meanings of motherhood. Although rooted in a depth of powerful experiences of Darkness and Despair, participants' experiences of motherhood were clearly marked by some Glimpses of Light in the Darkness and a rich swath of hopeful New Beginnings. Yet, in the midst of new beginnings, darkness looms and still impacts these young moms. Melanie described a sense of anxiety experienced by many parents, yet seemingly intensified by the meaning of her own experiences of motherhood during her own childhood:

I am very, I am very overprotective with my daughter... 'cause I am paranoid... Just... I get scared sometimes, that she can't talk, she is a child, [crying]. Children are annoying, so, you know, they could be putting their hands on her, and touching her and stuff like that. Like, I am afraid because I know how guys can be, so I am paranoid. But nothing... I haven't noticed anything yet. She is fine, and she is happy baby, she's too happy. I am glad. I think, I would rather have her be

hyper than be depressed and stuff. [...] But the sad part about me carrying all the stress, um, I can feel, I think that she can tell that I am stressed out. I have noticed it. She'll, um...she is not very affectionate, well, she *is* affectionate but, um, out of nowhere she will come up and start kissing me and hugging me [crying harder] – that is how I know she knows. I don't want her to know, so I try even harder to hide my stress. And then when I hide my stress it's like I forget that I am stressed and it...deep inside, I am still stressed. So I will be in my room and bust out crying – out of nowhere, sometimes. I know why I am crying, but it's, um, that's how I know just...that, like, um, I need therapy. I need to go back to the therapy.
(*Melanie*)

Discussion. The experience of motherhood of teen mothers in foster care is complex. Interpretative phenomenological analysis of how teen mothers in foster care experience motherhood and how different people and systems affected them while in the foster care system yielded a rich model with three themes: Darkness and Despair, Glimpses of Light in the Darkness, and New Beginnings. Participants' experiences of Darkness and Despair were related to substance abuse, homelessness, poverty, the breakdown of family ties and disempowerment of communities, absence and loss, and abuse and neglect. Participants described Glimpses of Light in the Darkness in their experience of motherhood as widening their circle of support with fathers of the babies and their families, learning lessons about motherhood, receiving support from foster care, experiencing an enduring family, and education. New Beginnings were experienced in participants' emerging identities as mothers, their love for their children, and their hopes and dreams for the future. Together, these experiences offer a rich and detailed model for understanding how teen mothers in foster care experience motherhood.

It is clear from these results that motherhood holds a great deal of meaning for teen mothers in foster care, echoing results reported by Haight and colleagues (2009), Pryce and Samuels (2010), and Rolfe (2008). As Pryce and Samuels (2010) noted,

becoming a mother brings a sense of hope and opportunity, a chance to parent amid constraint, while serving as a critical time of bringing up past experiences in – often – painful ways. Motherhood is, at once, an experience of being both a mother and a daughter – each mother is always already someone’s daughter, nestled in a place of duality. For this study’s participants, whose experience of being daughters was often so painful, becoming mothers themselves was immensely powerful. Becoming mothers allowed them opportunities to become someone different, to take on a new role, at a critical point of identity formation – both at the tipping point of adolescence *and* while living in a foster home away from their families and communities of origin. Motherhood gave them a sense of purpose, someone to *be*, that was *important*...someone whose responsibility it was to care for another life. Becoming a mother is likely to be a moving experience for any woman. However, for a foster child who does not often feel important, does not often feel needed by or loved by others, becoming a mother carries immense meaning and is a chance to give and receive love – as Quintavia so simply, yet articulately, says, “the love that I was missing.”

The relational opportunities involved with motherhood for these young women extended beyond the mother-child dyad to also include bringing in additional support from the fathers of the babies and their families as well as from the women’s own family members who had been estranged. Participants discussed the time of having a baby as one where family members came together, if only briefly, as they welcomed this new little life into their family. Imagine – a chance to give and receive unconditional love, to rework and do things the way you want to now within your own little family, to extend your limited social networks, and to bring together a fractured family (even if only

temporarily). Considering these relational opportunities, the reasoning for and reinforcement behind becoming a parent at an early age for foster youth comes into clear focus. It is no wonder, then, that 37% of female youth involved with the child welfare system get pregnant by age 15 (James et al., 2009) – even if these pregnancies are unplanned, teens’ choice to give birth is conscious.

There are many social work, health, law, and education policy and practice implications that flow from these results. First, motherhood fills many identity and relational needs for young women in foster care, as it does for other women. Thus, given the nature of the meaning of motherhood for youth in foster care, it is clear that their sexual health needs are complex and will not be met by simply encouraging abstinence and/or offering access to contraception. Foster youth need comprehensive sexual health services that integrate thorough explorations of their histories, their plans for the future, and their desire for children and a family with discussions about and access to family planning options. Curricula designed specifically for foster youth such as POWER Through Choices (Barth & Becker, 2000), which is currently under evaluation at multiple sites (National Institutes of Health, 2013), may provide an excellent foundation for sexual health education.

Second, for youth who are already pregnant, the time of pregnancy and early motherhood is a critical period for evaluating and expanding social networks that should be capitalized upon to build in solid support for teen mother-baby dyads. Focused family-based counseling that addresses problems in a relatively short time period, such as Brief Strategic Family Therapy (Szapocznik & Williams, 2000), may be especially helpful at this point in time. Related to this, a third implication is that the fathers of the babies play

a crucial role and need to be involved at all areas of service planning and provision. This is especially important given the meaning associated with the absence of the young women's own fathers and their struggles with involving the babies' fathers while fostering a relationship that garners the respect they deserve.

Fourth, there is clearly a need for comprehensive, effective substance abuse and mental health services for families involved in the child welfare system – both for parents of children in care and for youth who are reaching childbearing age themselves and are displaying risky substance use. The devastating effects of substance abuse were widely experienced by study participants, who lost years of time with their parents as a result of their addiction-induced absence. The ripple effects of this absence touched countless parts of the teen mothers' lives, from being unavailable to provide for their basic needs or to protect them from abuse at the hands of others, to affecting immense sadness and experiences of loss, to contributing to teens' overwhelming sense of disconnection and need for someone to give love to and receive love from. One way to enhance inpatient substance abuse services for child welfare-involved families would be to allow children the opportunity to stay with the parent while receiving services and, for parents of infants and toddlers, to receive targeted parenting support such as the Attachment and Biobehavioral Catch-up (ABC) program (Berlin, Shanahan, & Carmody, 2013). For women who have experienced trauma and struggle with substance abuse and depression, an approach such as Helping Women Recover & Beyond Trauma (HWR/BT; Covington, 2008) may be particularly well-targeted to provide trauma-informed care.

Fifth, a serious dialogue is needed about how to deliver critically needed child protection services while encouraging communities to continue informal support

structures. There is no easy answer to this dilemma provided by the results of the study, but participants' stories call into serious question the unintended consequences of child welfare intervention. Sixth, related to this, child welfare services must be provided more seamlessly to avoid unnecessary placement due to slow distribution of resources and other issues (such as in the case of Ja'Nae and her family – ready to offer placement, but unable to afford a large enough home by child welfare services' standards).

Finally, education has a critical role in offering a sense of opportunity to young women in foster care. Alternative approaches such as those mentioned by study participants, including online, night, and summer school, should be explored and supported whenever possible.

In this study, young women who had become teen mothers in foster care gave voice to their experience, which was, understandably, anything but simple and clear cut. Future research related to this population in each of the themes and subthemes is needed to elucidate how better to work with pregnant and parenting youth in foster care. In particular, how do fathers experience their role when partnered with a teen mother in foster care? An intergenerational study of grandmothers, teen mothers, and children would also add additional depth to the conversation about pregnancy and parenting issues in foster care. Other studies might explore how teen mothers in foster care experience sexual health education. Another important contribution would be to investigate the experience of foster parents, social workers, educators, and medical professionals in working with teen mothers in foster care. The results of this study also clearly point to the need to follow teen mothers and observe the effects of their experience on their relationships. For example, what is the impact on attachment security of teen mothers in

foster care and their children in the aftermath of mothers' experiences of abuse and neglect as well as immense experiences of loss? Finally, studies on substance abuse transmission patterns in child welfare involved families that include a teen mother who has been in foster care are critical to protecting both the teen and her children from the further effects of substance use. Although the women in this study did not explicitly state that they were abusing substances (nor was this explicitly asked), they are at risk of such abuse in the future due both to their experiences of trauma (McCauley et al., 1997) and having one or more parents who abused substances (van den Bree et al., 1998; Merikangas et al., 1998).

The experience of motherhood is clearly complex and profound in the lives of young women who have given birth and parented while in foster care. These young families deserve a great deal of attention, both in terms of celebrating their accomplishments in the midst of overwhelming odds and in supporting their needs.

Article Two: The Journey: Pathways of Teen Motherhood in Foster Care

Background. Although significant disparities in teen pregnancy rates in foster care have been revealed compared to non-foster youth (e.g., Shaw et al., 2010), relatively few these studies have explored the issue of teen pregnancy in foster care from the perspective of teen mothers themselves, who appear to have a markedly different perspective on motherhood than the literature would indicate. Rolfe (2008) found that teen parents who had been in foster and residential care discussed their experience of motherhood as being very different from the dominant dialogue in general society. Her participants shared a range of experiences, talking about teen pregnancy as both hardship

and reward, providing opportunities for growing up, being responsible, and doing things differently than the young women had previously. In other literature on teen motherhood in foster care, Pryce and Samuels (2010) similarly reported their participants to find a great deal of purpose in motherhood, and Haight et al. (2009) found participants reported their children to be sources of motivation, maturation, and stability. Whereas Haight et al. (2009) found teen mothers in foster care may find “othermothers” who support them in their journey, the general literature on the experience of motherhood suggests many women do not, in fact, have other women to turn to as sources of support and thereby experience motherhood as a significant struggle (Read et al. 2012) and source of social isolation (Paris & Dubus, 2005).

The current study extends the existing literature by exploring the ways in which teen mothers in foster care discuss and view themselves as mothers, and how this conceptualization relates to their relationship with their child. Understanding teen mothers’ perspective is critical to working with this population, including potential ways to understand why rates of teen pregnancy are so high in foster care and, possibly, to intervene both with youth in foster care to prevent first and subsequent teen pregnancies as well as to support these vulnerable mother-child dyads in supportive, sensitive, and attuned ways. Such an exploration will hopefully offer some language for understanding teen motherhood in foster care generated by the teens themselves in order to open discussions with other youth about their experiences. This study also presents the chance to examine the trajectory of these teen mothers’ experience of motherhood from the early days and months to several years later.

This study is guided by the following research questions:

- 1) *How do teen mothers in foster care make sense of themselves as mothers?*
- 2) *How does teen mothers' in foster care conceptualization of motherhood relate to their relationship with their child?*

Method. This study employed a qualitative design called interpretative phenomenological analysis (IPA; Smith et al., 2009). Rooted in the traditions of phenomenology and hermeneutics (the study of interpretation), this approach provides a rich analysis, description, and interpretation of participants' lived experience of a particular phenomenon (in this case, "motherhood").

All procedures were reviewed by the University's Institutional Review Board prior to beginning the study. Qualitative data were collected from 6 young women who had become mothers while in foster care, were 19-22 years old at the time of the study, lived in foster care for at least 6 months following the birth of their child, and had their first child no more than 10 years ago. Using a semi-structured interview guide and allowing for great flexibility given the participants' expression of what was important to their experience of motherhood, the researcher met with the participants for three data collection sessions. The interviews occurred in a location of the participants' choosing, with most being conducted at the community-based agency facilitating participant recruitment; other interviews were held in more intimate settings, such as participants' homes and, for two participants, in their hospital rooms following delivery of another child. Participants were compensated a total of \$150 for the three interviews. Interviews were recorded and transcribed verbatim in preparation for data analysis.

The IPA analytic process followed 6 steps, as recommended by Smith and colleagues (2009). The first step was reading and re-reading, followed by an in-depth initial noting phase examining descriptive, linguistic, and conceptual components of each transcript. The researcher then developed emergent themes and explored connections across emergent themes, called super-ordinate themes. This process was repeated for each case. The researcher then looked for patterns across cases and developed a set of themes and accompanying sub-themes. Two of the original sub-themes that were particularly rich and had significant implications for practice were further explored for their own-subthemes; one such set of themes and sub-themes is presented here in Article Two (the other is in Article Three). The findings from this study result mainly from a particular series of questions asked during the interviews. Participants were asked to give several words to describe themselves when they first became mothers and to give examples that would illustrate these descriptors. They were then asked to choose words that would describe them now (at the time of the study) with examples from their own experiences. Finally, participants were asked to describe how they got from the first set of words to the second set of words (see Appendix for full interview guide).

Findings. Three themes emerged from the data. The first is Ambivalent Beginnings, which encompasses the ways in which the young women in the study would have described themselves as mothers when they first became parents as adolescents. The second is Coming Into Our Own, which characterizes the participants' ways of describing themselves as mothers in early adulthood. The final theme is Finding Our Way, which describes the journey of the women from the time when they first became mothers as adolescents until the time of the study (as young adults). The results are summarized in

Table 4, which includes the words participants used to describe themselves when they first became mothers, the words they used to describe themselves currently, and a summary of what happened in their lives that brought them from the first set to the second set of words.

Table 4

How Teen Mothers in Foster Care Make Sense of Themselves as Mothers

Participant	How would you describe yourself when you first became a mother?	How would you describe yourself now?	How did you get from the first set of words to the second set of words?
Brittney	Happy, frustrated, nervous	Happy, blessed	Passage of time - I was a kid then, now I'm a young adult; my experiences - going through foster care has made me a strong woman, an advocate
Chloe	Amazed, different because of new role, scared	Less emotional, more passive/less angry, stronger	Experience; being more reflective on not putting myself or my child in harm's way
Erica	Caring, somewhat impatient	Passionate	Growing up; watching movies; seeing how people are with their child; wanting to be more than my parents were to me
Ja'Nae	Anxious, not very patient, didn't realize the brighter side	Greatest mother ever; not perfect, but doing a good job	Hard work; having a social network; praying for guidance; having faith from watching my mother go through hard times; having faith, knowing it could be worse and believing I can and will get through this
Melanie	Gullible, good mom, proud	More experienced, more responsible, more understanding of kids	Time; wanting to be a good mother; wanting to be better than my own mother
Quintavia	Young, independent, strong	Strong, loving	Being in the system; having support from family and friends; doing everything for my kids

Theme one: Ambivalent beginnings. The women in the study invariably began by describing themselves as being ambivalent when first becoming parents - often very excited, while also unsure and anxious. It meant a great deal to each of them to become mothers, always marking a huge transition. The words they used to describe themselves at the beginning of their parenting journey are similar to how many new mothers likely would. There were many positive words shared (e.g., “happy,” “amazed,” “caring,” “good mom,” “proud,” “independent,” “strong”), whereas others conveyed uncertainty (e.g., “nervous,” “scared”) or frustration (“frustrated,” “somewhat impatient,” “not very patient”). Few of the women felt they had support to cope with the intensity of the postpartum period and many described this as an extremely difficult time. However, these mothers all worked to do their best with their new babies while in foster care, committed above all to doing things differently than had happened in their own families. Many participants used the word "strong" to refer to themselves at various points throughout their lives, meaning overcoming adversity and remaining hopeful despite very trying, often painful circumstances.

What these ways of describing themselves meant for their relationships with their children varied. Many participants described experiences of falling deeply in love with their babies and being nearly overwhelmed by the powerful emotions of becoming a parent. Some participants had foster parents who joined with them and shared in the joy, which made it easier to come to them with concerns about their babies. There were many tumultuous times as well. Each mother was dealing with her own pain related to having been hurt by and separated from her own mother and father in the midst of shouldering the responsibility of motherhood alone. Many of the mothers in the study found

themselves being unable to cope with their current living situations and either wanting to or actually running away from their foster placements. Being homeless with their children was described as a frightening and undesirable situation; every young mother who ran away returned to care and said it was the best thing she could have done. Several mothers commented on concerns about their children being removed from their care during this time by child protective services; this and being unsure about being able to provide for their children's basic needs were cited most commonly as their reasons for returning to foster care. Some of the participants' foster parents were not entirely supportive during this early period, heightening the mothers' stress. Whereas some participants described their foster mothers as trying to take over and essentially parent their children for them, others stated that their foster mothers were rarely home or often at work, so were unable to offer much help.

Theme two: Coming into our own. At the time of the study, after several years of being a parent (ranging from one to nearly seven), the women in the study had markedly different ways of talking about themselves as mothers. They all saw themselves as being in a better place (whether literally or figuratively) than when they first became mothers.

Two women saw themselves as "strong" or "stronger," which meant different things to different participants. For Chloe, she viewed being "stronger" in the context of child development - being stronger meant being able to be clearer and firmer with her child (the example she gave was about stopping him from putting his hands in the socket). This concern for balancing being attentive to her son and not hurting him, while also ensuring his safety, was rooted in her heightened concern not to abuse her son as she was abused. For the other participant (Quintavia), "strong" referred to being able to cope with adverse

situations, and was the one word she used to describe herself both as a new mother and one who had been at it for several years.

Several participants also identified themselves as having found greater balance emotionally (“happy,” “less emotional,” “more passive/less angry”) and used words to describe themselves that conveyed having come into their own as parents in many ways (“blessed,” “passionate,” “more responsible,” “more understanding of kids”). One mother in particular (Ja’Nae) reflected on how she is now more patient with herself and understanding of the variations in the journey of parenting, saying that her son would describe her as “the greatest mother ever” whereas she would say she’s “not perfect, but doing a good job.”

In terms of how participants’ current ways of describing themselves affected their relationships with their children, participants shared situations that indicated they felt better able to meet their children’s needs, whether emotional or physical. This was extremely meaningful to a group of young women whose needs had been consistently *not* met by their own parents. Such a sense of parenting efficacy seemed beneficial to the relationship between mother and child, bringing them closer in an authentic, loving way, and led the mothers in the study in different directions in terms of having other children. Some felt as though they wanted to pour all of their time and energy into caring for their first child, which was especially the case for the two participants who had experienced abortions and miscarriages prior to the birth of their first child. Other participants felt a sense of confidence and a desire to continue to build their family. Some of the situations described were far from perfect. One participant, Brittney, had three children by the time of the study. She shared that although she felt “happy” and “blessed,” she was not able to

have her children with her – her younger two were living with relatives at the time of the study, and her third was born in the middle of the study. This child was the only one she could maintain in her own home; although she wished she could have all of them with her, it was simply not feasible to provide for each of them, and Brittney found herself having to decide between providing for her older two children’s basic needs (such as food and shelter) or having them with her.

Theme three: *Finding our way.* Although each participant had a different journey of teen motherhood, the way they came from being in a place of very mixed emotions to feeling stronger, more empowered, and more capable had some similarities. Nearly all participants identified the passage of time as being part of their journey, which simply could not be replicated any other way. The embodied experience of being mothers, practicing each day the small and big things parents do for their children, was something that could not be taught in classes and could not be learned through others. As time passed, they relaxed into their role as a mother, a role that, as Melanie describes, made them feel like “a somebody.”

Time, I think time helped, and actually wanting, actually accepting the fact that I am a mom now. That helped, actually wanting to be a good mom and wanting to be a “somebody.” (*Melanie*)

Many participants identified having been through the foster care system as being particularly impactful in their journey as mothers, being a place both of support and hardship, teaching them how to manage adversity and pain.

Especially going through a lot of the stuff that I have been through as far as foster care and everything, I have grown to be a strong woman, you know – it’s like I can be an advocate for anybody. (*Brittney*)

Having been in foster care and wanting to do things better than their own parents were particularly meaningful to these mothers - they were all determined never to mistreat their own children or to allow their children to become part of the foster care system. One participant, Erica, described how she never wanted her son to feel the sadness and disappointment of being left by a parent and placed in foster care.

I don't want to tie down on my child for anything, 'cause I know how it is to be tied down, I know how it is to be sad and I know how it is to be disappointed and stuff like that, and I never wanted to bring all that to my son. I wanted to be more than my parents was to me. That's what made me grow up and realize that I had to be super mom or, you know, silly or whatever you want to call it, but I just want the best for my son. I really do. More than what I had as a child. (*Erica*)

Several participants saw social networks and learning from what other parents do with their own children to be critical components of finding their identities as parents and parenting differently from their birth parents. Most participants did not have these helpful experiences within their own immediate families and had to look outside for support and guidance, such as from aunts and uncles. Erica, a participant who had experienced multiple kinship placements and a great deal of disappointment, noted that she would get a sense of how to parent from movies. One participant in particular was able to pull from positive experiences with her own mother, saying that the faith she had developed through seeing her mother struggle and make it through made her believe she could do the same.

[I made it through the difficult times as a mother] knowing that it could be worse; realizing that it could be worse. But also, at the same time, believing that I can get through this and I will get through this. (*Ja'Nae*)

Discussion. Interpretative phenomenological analysis of how teen mothers in foster care make sense of themselves as mothers during their journeys of motherhood and how this relates to their relationship with their child unearthed three themes that offer important extensions of the existing literature. Although the teen mothers in this study experienced great adversity, including child maltreatment and placement in foster care, these results clearly show teen mothers are parents just like any other – nervous at first, but so in love, and gaining practice, perspective, and competence each day. Their transition to motherhood runs parallel to accounts of new mothers in the general population who are initially thrown by the enormity of their new role but work through it in a process of trial and error of getting to know their babies (Barclay et al., 1997). The current study’s findings echo results reported by Rolfe (2008), who found in her study of teen mothers in foster care that the ways in which teen mothers talk about themselves differs from the way larger society views teen parenting and Miller’s (2007) study that found mothers use both dominant discourse and personal experiences to understand motherhood. Further, the ambivalence about pregnancy and early motherhood experienced by this population mirrors that of many other women, including teen mothers (Bender, 2008), older mothers (Shelton & Johnson, 2006), mothers struggling with drug addiction (Silva et al., 2013) and mothers in poverty (Kendall et al., 2005) in the general population. Thus, ambivalence about motherhood appears to be a quite common strand in the experience of becoming and being a mother. Shifting our perspective to view teen mothers as more similar to us than dissimilar (i.e. women struggling with, while simultaneously enjoying and cherishing, a shift in role to *mother*) can help create space

for changing some of the negative discourse around teen motherhood in foster care and thinking more compassionately and creatively about needed support.

As it is for any parent, the lived experience of parenting for these teen mothers in foster care was critical – it could not be taught in a class or learned from someone else, but instead had to be experienced first-hand. This is an interesting issue for foster youth because the foster care system seeks to impart a great deal of information about parenting through classes. Although classes may be useful, the mothers in this study stated again and again that *time* was critical in their journey from feeling unsure and anxious to being stronger and more knowledgeable as parents. This finding suggests a need for relationships with trusted people who can be sources of support prior to the teens beginning their parenting journey as well as throughout the process. A potential source of this could be to develop a surrogate teaching family in the community. This could be their foster family or a volunteer family interested in modeling positive parenting and healthy family interactions, as well as talking through challenges in parenting. Fouquier's (2011) and Haight and colleagues' (2009) studies suggest "othermothers" are particularly relevant in African American communities, where women have traditionally looked after one another whether or not they were mothers and daughters.

The mothers in this study report their conceptualizations of motherhood to have influenced their decisions about having additional children. The rate of rapid repeat pregnancy is very high in this population – in fact, two of the young women in this study had two or three children, though the maximum age of the participants was 22 years old. It seems imperative to nurture and support the positive feelings and changes coming out of becoming a mother while helping teens to balance this with realistic discussions about

how many children they would like to support and when in their lives they would like to have additional children.

Another issue the findings of this study bring to the surface is the vulnerability of the postpartum period. This sensitive time of motherhood is well-noted in the literature in general – among other issues, 75-80% of mothers report some experience of the “baby blues,” whereas approximately 14% of mothers suffer from postpartum depression (Wisner et al., 2013). In Barclay and colleagues’ (1997) account of the early experiences first-time motherhood, they describe a process of mothers realizing the gravity of the change in their lives, feeling unready, drained, and alone, experiencing a sense of loss, and then – somehow – working it out through a series of trial and error while learning to read the baby’s cues. The findings in this study suggest similar early struggles.

Intervention during the postpartum period may be especially important, though sensitive, for teen mothers in foster care for several reasons. First, these young women may experience intense emotions when becoming a parent related to working through being abused and neglected by their own parents. They are at once thrilled and terrified – so excited about being mothers, but afraid they will repeat the patterns of their parents. This may make them feel particularly unsettled in their new role. Second, there is great pressure to do a “good” job. Pryce and Samuels (2010) found young adult foster youth experienced a similar sense of urgency to do things right when they became parents themselves. Knowing what a “good” job means is not a given – as the participants in the current study noted, most were not able to rely on their parents as models of how to be attentive, sensitive, loving parents such that relationships outside of their families that provided positive role modeling became particularly important. This is a key area in

which to shore up support, whether role models are members of mothers' extended families, foster parents, or mentors. Haight and colleagues (2009) similarly note the role of "othermothers" – women who serve as sources of support and guidance. These individuals are critical not just for learning about how to be an attuned, supportive parent, but for nurturing of the young mother herself. Such relationships may help avoid some of the runaway incidents described by participants who felt unsupported in their foster homes.

Although teen mothers in foster care may benefit from stable, supportive, nurturing relationships that offer opportunities for being nurtured themselves and for learning about parenting, there may be several obstacles to establishing and maintaining such relationships. First, the period of adolescence is often one characterized by creating connections outside of the immediate family, testing boundaries, and experimentation (Arnett, 2010). Teen mothers may be less willing to seek direct advice from parental figures like foster parents (although they may indeed be seeking to emulate them) such that other people may become particularly helpful as resources, including, for example, older cousins or mentors who had been young mothers themselves. Another potential obstacle to these relationships is the significant potential of individuals who have been maltreated for development of insecure or disorganized attachment patterns (Cyr et al., 2010), making it potentially very difficult for these young women to form new healthy relationships. Furthermore, teen mothers in foster care may struggle with a sense of isolation cultivated by having been removed from their families (and, often, communities) of origin to be placed in foster care.

Despite potential obstacles to providing support to teen mothers in foster care, the period of time when the teens become mothers is indeed ripe with opportunity for supporting the positive aspects of this time by strengthening existing relationships and creating new connections. The ways the participants in this study conceptualized themselves as mothers are closely tied to their relationships with other people. For example, Quintavia used the word “strong” to describe herself both at the beginning of her journey of motherhood and several years into it – this same word was the one she mentioned related to her own mother several times throughout the interviews. This suggests Quintavia is identifying with her mother despite having been hurt by her throughout her life time and time again – a common theme among participants. If birth parents (and other family and community members) are willing, the tumultuous, though exciting, period of time during which a child is born may be a good opportunity to work on relationships, especially within a therapeutic context, that have been suffering between the teen mother and her family.

The findings of this study inform a number of social work and maternal and child health policy and practice implications for supporting teen mother-child dyads. First, community and social ties are very important for these young women. Ongoing, relationship-based sources of information and support related to parenting, rather than (or in addition to) a series of classes, seem critical, particularly for a population of teen mothers who may be experiencing a great deal of isolation from their birth family and community of origin. Different people may serve this informative, supportive role, whether family members or more formal supports such as foster parents or mentors, with the point being that these individuals are present for the *process* of the journey of

motherhood and can connect these young women with a larger community of mothers. Training and support for foster parents focused on how to be an active, supportive adult who is present, but does not take over, could be incorporated into foster parent training for those foster parents who have parenting youth in their homes. Second, the postpartum period is one of excitement as well as uncertainty and frustration. Intervention to nurture the teen mother, her child, and their relationship is critical during this time, and is likely to be most effective when rooted in existing relationships. This is a time when, like many mothers, these young women experienced motherhood as truly helping them to be “a somebody” – this is something to be cultivated, celebrated, and shared. Programs such as Baby FAST Groups for Young Mothers, which is a multi-family, multi-generational group approach to supporting young mothers with parenting their infants, may be particularly helpful during this time for not only improving parenting skills but increasing social support (McDonald et al., 2009). Finally, there is a careful balance to be struck regarding supporting the positive sense of identity formed through becoming a parent with honest discussions about how many children’s needs a teen mother can meet at a time. Not being able to meet additional children’s needs due to economic and social forces beyond their control (such as poverty and a lack of education and affordable housing and quality childcare) could undermine the positive effects of experiences after having their first child and put them in a situation of their children being at risk for neglect – which is absolutely not where participants reported wanting to be as a family. Social workers and their colleagues can be instrumental in having these discussions with teen mothers in foster care, or in supporting family members, foster parents, and other trusted individuals to explore this issue with the teens.

This study also points to several future research directions. Several questions flow from the findings. First, how do others who work with foster youth conceptualize teen motherhood in foster care? These individuals may include social workers and foster mothers, whose perspective was not investigated as part of this study. However, exploring this issue may help inform multi-layered intervention for this population in the context of foster care that addresses not just the teen and her child, but critical support people as well. Second, what is the experience of the children who were born to teen mothers in foster care? How do they view their childhood and how do they fare later in life? Studies investigating these questions will help provide additional perspective into the lived realities of teen motherhood in foster care.

Becoming a mother and experiencing the journey of motherhood clearly has immense meaning in the lives of teens in foster care, providing a sense of identity and competence these young women may not be experiencing elsewhere in their lives. By seeking to better understand teens' perspective and their experience of the journey of motherhood, social work researchers and practitioners can provide validation of this moving experience and take meaningful steps in supporting teen mothers in foster care and their children.

Article Three: "I Want To Be Better Than You" – Exploring How Teen Mothers in Foster Care Experience Working to Break the Cycle of Child Maltreatment

I think that was my main thing, looking at my mom, and I looked at her and I would be like, I don't want to be like you. I want to be better than you. *(Melanie)*
I do not want my kids to go through what my mother put me through. I try to make it better for them and I show them mad love – like, too much, well, ain't never too much. Like, I show them a lot of love. I do right by my kids.
(Quintavia)

Background. Children of teen parents are heavily overrepresented in the child welfare system. Children of teen parents are 2.2 times more likely to have a child placed in foster care than those mothers who delay childbearing until just 20 or 21 years of age (Hoffman, 2006). Of all foster care entries between 1982 and 2003, 61.5% of these were children whose mother had given birth to her first child at age 19 or younger (Goerge et al., 2008). It has been argued this overrepresentation may be due to overwhelming contextual factors (such as poverty, poor education, and violent neighborhoods), while others contend a higher level of visibility and oversight of teen parents naturally leads to more child protective services reports (Hoffman & Maynard, 2008). In addition to being at risk of child abuse and neglect because of being children of teen parents, the children of teen parents in foster care are at compounded risk because one or more of their parents have experienced child maltreatment (Cort et al., 2011; Kim, 2009; Pears & Capaldi, 2001).

One important line of inquiry in this area is an exploration of what is working in the lives of teen mothers who have been in foster care themselves and are now working to break the cycle of child maltreatment with their own children. Such an investigation is likely to yield ideas for how to support other pregnant and parenting youth in foster care to parent their children differently than what happened in their own families. The current study explores the experiences of young women who became mothers while in the foster care system, and is guided by the following research question:

How do teen mothers in foster care experience motherhood in terms of working to break the cycle of child abuse and neglect with their own children?

Method. Six participants who were 18-22 years old, had at least one child while in foster care, and lived in foster care for at least 6 months following the birth of their child were recruited for the study through a community-based agency serving former foster youth. The young women were interviewed three times each about their experiences as children in their families of origin and in foster care. Participants were compensated a total of \$150 for their time. The interviews were recorded and transcribed verbatim in preparation for data analysis. Using interpretative phenomenological analysis (IPA; Smith et al., 2009), each case was thoroughly analyzed and then super-ordinate themes were compared across cases. The researcher then developed a set of themes and accompanying sub-themes. Two of the original sub-themes that were particularly rich and had significant implications for practice were further explored for their own-subthemes; one such set of themes and sub-themes is presented here in Article Three (the other is in Article Two).

Findings. Interpretative phenomenological analysis (IPA) revealed two themes: 1) Treating Children Well/Parenting Differently and Avoiding the System, and 2) Reducing Isolation and Enhancing Support. A summary of strategies mentioned by each participant for working to break the cycle of child abuse and neglect is provided in Table 5.

Table 5

Participants' Strategies for Working to Break the Cycle of Child Maltreatment

Participant	Strategies for Working to Break the Cycle of Child Maltreatment
Brittney	Listening to advocates or spokespeople who have been through the program come and talk to teens; mom mentors; parenting classes
Chloe	Reaching out to others (e.g. friends, families, therapist); having an outlet and lots of options of people to talk to in order to get other options on how to deal with emotions and kids; mentors
Erica	Getting moms together in groups (get together with other teen moms you can relate to); giving moms resources; getting moms out of the house (especially right after birth); getting parents to classes; helping moms to graduate
Ja’Nae	Foster parents reaching out to kids, letting them know they are there for them; going to friends for a different perspective; mom may have to remove themselves from their family; making sure child's needs are met before your own; offering postpartum support to avoid depression; keeping lines of communication open – reaching out to someone instead of turning to drugs and alcohol; parenting classes - learn how to see when you need a break; watching out for people in the community that will make false child maltreatment reports
Melanie	Going to therapy, especially alternative types such as art therapy; individual or family therapy (but don't force kids to go to family therapy); would have liked therapy for mom and baby together
Quintavia	Getting support from others (babysitting, diapers, emotional support); staying strong and not let others influence to do bad things; telling myself I don't want my child to go through what I did

Theme one: Treating children well/parenting differently and avoiding the system.

Participants' experiences of and related recommendations to other teen mothers for breaking the cycle of child abuse were deeply rooted in their experiences with their own families and their time in foster care. All of the participants identified the importance of both treating their children well and never allowing them to enter the foster care system.

Coming from a place of wanting to do things differently was a source of strength for the mothers in the study; one participant particularly emphasized the importance of teens continually using positive self-talk – telling themselves they wanted their kids to have a different experience than they did. This embodied experience of trying to do things differently, which meant working consciously to *live each day differently* as a parent, was

extremely powerful for study participants. Doing things differently meant real sacrifices for mothers, who had to deprive themselves of many things teens enjoy having, and who had to be resourceful, as Ja’Nae explained in a matter-of-fact tone:

I have to sit up here and evaluate what we both [i.e. me and my son] need at a point in time. And I make sure that he has his needs [met] before I have mine [met]. (*Ja’Nae*)

Sometimes you have to put yourself on that back burner. Like, you may need your hair done or you may want your hair done, in some cases, really may *need* your hair done, but if your child need clothes or a pair of shoes, and I’m not talking about, like, Jordan’s, but I’m talking about actual shoes, get your child what they need first, then worry about yourself. Cause you can always probably call up somebody and be like, ‘Can I borrow so and so to get my hair done?’ Or we all know a homegirl who, she do hair. (*Ja’Nae*)

In addition to providing a different experience for their children than they had, treating children well and parenting differently seemed a way for participants to work through and attempt to heal from their own experiences of abuse and neglect. Becoming and being a mother provided unique opportunities as they reflected on these experiences in the context of their new role as *mother*. As Chloe shared during a discussion about her views on parenting:

To me, beating me as a child, I feel like it worked but it really didn’t work because I feel like it made my nerves bad. I feel like you beating me made me not do stuff because I didn’t want a beating. It does not matter if it [i.e., what I did] was wrong or not. (*Chloe*)

Furthermore, participants connected their own experiences of abuse and neglect directly to choices about parenting, including discipline. Chloe offered her perspective on this:

Certain things I won't do, like as far as when it comes to disciplining him. Even though I feel like I'm a tape recording, but I don't hit him. (*Chloe*)

Treating children well and doing things differently than the way they were raised was not simply for the sake of recognizing this as important for their children's wellbeing – many of participants' references to wanting to be a “good mom” were intertwined with the goal of avoiding their placement in foster care, such as Brittney sharing:

I don't want my kids to be labeled a foster child. I want them to have a regular life, like... I don't want them to follow behind my footsteps, truthfully, if you really want to know the truth...so it's basically influenced me to be a good Mom. (*Brittney*)

Fear of their children being removed was mentioned often – a reality rooted in participants' own experiences, as Quintavia explained:

I don't want my child in the system, that's a big no-no. Um, so I guess it is out of being scared to do right, well, I don't know, I'ma do right regardless 'cause I love them, they me. But um, yeah, just to be on my point, on my key and everything, just do what I got to do so they don't have to experience no juvenile system, foster care, none of that bad stuff, like that's how I look at it. (*Quintavia*)

Theme two: Reducing isolation and enhancing support. Participants' experiences of and thoughts about avoiding maltreating their children were intricately connected to relational needs of reducing isolation and enhancing support. Several participants emphasized the importance of teens reaching out to people they trust (whether it be a foster parent, a friend, a family member, or a therapist) to talk about what they had been through and the stress related to parenting to try to get additional perspectives on how to manage stress and challenges with their kids – and to not maltreat them.

[It's about] just making you aware of different ways to deal with stress, 'cause sometimes being a teen mom can be stressful. You know, just having an outlet. I

think my biggest thing was having an outlet, having somebody you can talk to.
(Chloe)

Although several participants identified that getting therapy or counseling would be helpful to exploring the influence of their own experiences of being mothered on their new role as *mother*, there was a great deal of hesitancy and stigma around seeking this support. Melanie explained she did not think therapy would be helpful when she was younger, although has since changed her mind:

Therapy definitely would help. Um, I personally need it, I feel like I need it. It lets a lot frustration out. At first I didn't agree with it, I felt crazy, like it was only for crazy people or something like that. I felt like they were trying to call me like crazy. But I was a child, like, I didn't understand, so...but yeah, therapy [would help]. (Melanie)

One participant, Ja'Nae, emphasized how critical open communication is to breaking the cycle of maltreatment. She cautioned that the risk of not reaching out for teen mothers in foster care is, too often, to turn to drugs and alcohol as a way of managing the pain, which is only a temporary fix. Ja'Nae explained:

I would definitely say have open communication [...]. Don't close the door. If something's going on in your life, not even, you know, let someone know. If you need, if you need a shoulder to cry on or just somebody that's just regular to talk to and maybe get a different perspective, find somebody that you can talk to and let them know. Because I notice that a lot of people, young people that's in, like, my age range, are resorting to drugs and alcohol as a way of, you know, taking their pain away. But at the end of the day, that's not taking your pain away, it's just inhibiting you from feeling and recognizing that pain for a little while. Because as soon as that drug wears off, all of that stuff still comes back to you.
(Ja'Nae)

Avoiding abusing substances in order to manage pain was particularly meaningful in the context of so many participants' mothers and fathers struggling with substance abuse,

which significantly contributed to the participants being neglected and, for many, abused as children. One participant, Quintavia, took avoidance of illicit substances one step further and avoided pills of any type for fear of getting high:

I can't take Tylenol or Motrin like that, like it's my phobia. I got to take iron pills and I be so scared to take my iron pills like 'cause I'm scared of any little thing getting me high. And that's the thing, that's my fear – I don't want to be high in no type of way. (*Quintavia*)

Participants emphasized that fostering openness of communication will require effort not just on the part of the teen, but on the part of others as well. One participant stressed the importance of foster parents really paying attention to the mood and needs of their parenting teen foster children, communicating their concern, and letting the teen know how important it is to talk with someone. The participant identified the importance of foster parents communicating their availability to talk with their foster teens or help find someone else, such as a therapist, if the teen isn't comfortable talking with the foster parent.

Another participant emphasized characteristics of a good therapist as being someone able to communicate their concern and to be genuine in their approach, and not to be mean or harsh even if the teen is this way herself:

[I had a really great therapist once.] Everybody loved him, so it wasn't just me, everybody loved his personality and how easy-going he was. He wasn't harsh, it's not like he was trying to ignore us when we were running after him to ask a question, or something like that. He was there for the kids, you could tell, and if he wasn't, he could have fooled me [laugh]. (*Melanie*)

Some therapists are mean. Because the child has an attitude, they feel like they have to be mean too. But it doesn't work that way, not with children, I don't believe, not anymore. Um, it has to be balanced, both of you can't be bumping heads, being, you know, having attitude, it's not going to work. It has to be balanced. (*Melanie*)

Several participants pointed out that the therapy they had was not particularly effective. One participant thought this may be due to needing additional therapeutic options, such as Art Therapy, which would allow teen mothers in foster care the opportunity to explore different parts of themselves that had yet remained untapped.

Melanie explained:

The type of therapy, it depends on the female, I guess. Art therapy and stuff like that...you would be surprised. I can't remember trying art therapy but I am sure it would work on some of the kids. Because a lot of these kids are very talented, I never knew I could draw until I was in foster care because of therapy and stuff like that. (*Melanie*)

Other experiences mentioned often that helped participants in working to break the cycle of child maltreatment were parenting classes and other classes to support the parenting teens. Participants in the study spoke about the meaning and experience of these types of classes as serving dual purposes of both reducing isolation and enhancing skills. Many of the participants experienced a great deal of withdrawal following the births of their children, and emphasized the importance of getting together with other teen mothers they could relate to in order to get them out of the house (particularly in the immediate postpartum period) and connect with others.

Participants benefitted from group facilitators speaking out of their own experience, further reducing a sense of isolation and stigma, and emphasizing that all parents feel overwhelmed at times. Related to this, a participant recommended that classes should include presentations from mothers who have been through the program focused on how they applied what they had learned and how it went in practice.

One message from the parenting classes the participants had taken that were particularly helpful included the importance of taking self time-outs or breaks in order to gather your composure. As Ja’Nae shared:

[It helps to] take time-outs sometimes; literally [you] have to take a self time-out where you just kind of maybe go in a different room. In most cases the only room that you might have some kind of privacy is your bathroom; so literally take just take about five minutes, gather yourself together and everything. (*Ja’Nae*)

Many of the participants benefitted from relationships with mentors. One participant in particular wished she had a "mom mentor" who could offer support for the teen and model healthy parent-child interaction within the context of an ongoing relationship.

Discussion. This study explored how teen mothers in foster care experience working to break the cycle of child abuse and neglect. Two themes emerged from interpretative phenomenological analysis: 1) Treating Children Well/Parenting Differently and Avoiding the System; and 2) Reducing Isolation and Enhancing Support. These results elucidate the profound meaning attached to participants mothering their children differently than what occurred in their own families of origin, and offer hopeful strategies that may assist other teen mothers in foster care.

Mothering differently had a dual meaning attached to it: treating children well and avoiding placement in foster care. The young women in this study were desperately afraid of their children being placed in care, a sentiment echoed in the literature by other teen mothers who had been in foster care (e.g., Haight et al., 2009). This fear may provide teen mothers who have been in foster care a sense of motivation to be a “good mom.” It is, however, extremely difficult to simply *not* do something without having a

sense of what to do instead – essentially, knowing what a “good mom” *is* and *does*. Participants’ ability to identify characteristics of a “good mother” depended upon positive experiences with their own mothers and with other parental figures (what Haight et al., 2009, refer to as “othermothers”). For example, Ja’Nae seems to understand being a “good mom” as being, in part, putting your children first, and had some strategies for deciding what her son truly needed (“actual shoes” – “not Jordans”) and how to get her own needs met (“everybody know a homegirl...who do hair”). This focus on practical concerns is somewhat different than experiences of mothers in the general population. Other studies on perceptions of “good mothers” reveal mothers feeling pressure to manage *others’* perceptions – with professional photos (Lustig, 2004), children’s appearances (Collett, 2005), and an assertion of wellness to assure others rather than a mother focusing on *actually* doing well (Currie, 2009).

The findings from this study suggest teen mothers in foster care may be working very hard to parent their children differently, and that aspects of their own negative childhood experiences may be activated by becoming mothers. As Chloe shared, being beaten as a child was not particularly effective at changing her behavior but rather served to “make [her] nerves bad,” and she does not hit her own son no matter how much she “sound[s] like a tape recording.” Other studies on the experience of motherhood among women who have experienced abuse (particularly sexual abuse) have found that although women may find pregnancy offers them a sense of a new beginning (Schwerdtfeger & Wampler, 2009), they may struggle with keeping their own children safe from abuse (Lev-Wiesel, 2006).

Another important issue revealed by this study's findings is substance abuse being used as a way of coping. The risk of succumbing to abusing substances is high: other studies have suggested that individuals whose parents abused substances are more likely to struggle with substance abuse themselves (van den Bree et al., 1998; Merikangas et al., 1998). Furthermore, individuals who have experienced trauma, as many teen mothers in foster care have, are more likely to abuse substances (McCauley et al., 1997). There may be serious consequences of substance abuse for parents in particular, as substance abuse has been found to be a mediator between a mothers' experience of child sexual abuse or physical abuse and her subsequent perpetration of child maltreatment against her own children (Berlin, Aparicio, Carmody, & Dodge, 2013). As substance abuse had devastating consequences in all of the families of this study's participants, being able to avoid drugs and alcohol was seen as particularly meaningful. Not being able to experiment with substances during adolescence is a sacrifice of being a teen mother – one they may need support for in order to achieve.

Although therapy was identified as one support that may help teen mothers in foster care to process their own experiences of abuse and neglect, and to support avoiding maltreatment of their own children, two barriers were identified: the stigma of therapy as being for people who are "crazy" and the lack of availability of alternative therapeutic approaches. Alternative expressive therapies, such as Art Therapy, as mentioned by one participant, may be beneficial. Another potential barrier to effective engagement in mental health services is the chaos of teen mothers' homes such that intensive case management support may be needed in order for therapy services to be delivered (Pinto-Folz, Logsdon, & Derrick, 2011).

Many participants emphasized that maintaining open communication with trusted individuals as an important component to managing stress and avoiding subsequently maltreating their children. It seemed particularly important for this population that foster parents were attuned to their foster teens' moods, which was likely critical to finding the right moment to intervene. This level of attunement required a great deal of investment in the relationship, which can be challenging for foster parents who often cope with some very challenging behaviors from their foster teens. However, results from this study may encourage foster parents to take the extra needed steps and remain engaged if it means the teen mothers could be less likely to be isolated and fall into parenting patterns where they abuse or neglect their children.

Several social work policy and practice implications arise from the results of this study. First, teen mothers in foster care need support in knowing *how* to parent differently. Although study participants cited being maltreated and being placed in foster care as significant deterrents to abusing or neglecting their own children, they rarely had positive experiences with their own parents or other family members to draw upon as alternatives. This is likely a critical step in being able to envision themselves parenting differently. Exposure to attuned, sensitive parenting may take the form of informal mentoring, modeling, or classes, but will likely be most effective if rooted in lasting relationships that help the teen to feel secure and supported. Discussions about parenting, particularly in classes offered by the child welfare system, would be enriched by including explicit content on how having been abused or neglected as a child creates risk for repeating these patterns with the next generation. Participants should be supported in exploring how their own experiences of being parented are affecting how they mother

their own children. An approach such as the Attachment and Biobehavioral Catch-up (ABC) program may be helpful as it involves a parenting coach giving one-on-one, in the moment support to mother-infant/toddler dyads to encourage existing positive maternal behaviors while shaping mothers' less helpful behaviors (Dozier, Lindhiem, & Ackerman, 2005). The ABC program is designed to include any family members that may be present in the home, so foster parents may benefit from being present for these sessions and providing support to the teen mother in between sessions and after the program is complete. Furthermore, the program includes two sessions on "voices from the past;" these sessions focus on identifying and addressing the ways in which mothers' own experiences in childhood influence their parenting.

Second, frank discussions about substance abuse are critical with teen mothers in foster care. These may include, as teens are ready, exploring what happened when their own family members abused substances and how this impacted them as children. Techniques such as Motivational Interviewing that have previously been used with child welfare-involved populations (Hohman & Salsbury, 2009) and that emphasize choice and the therapeutic relationship may be especially relevant for use with youth in foster care who have very often had little power and many ruptured relationships in their lives thus far. Finally, offering a variety of therapeutic options for mental health services may be beneficial. Participants mentioned having access to individual, family, and dyadic (i.e. teen mother and her child) therapy that may employ expressive, creative methods. Approaches such as Trauma-Focused Integrated Play Therapy (TFIPT; Gil, 2006), the ABC Program (Dozier et al., 2005), or Theraplay (Bennett, Shiner, & Ryan, 2006) have

been used with individuals and families that have experienced family violence and may offer helpful alternatives to traditional talk therapy.

These results also inform several future possible research directions. Longitudinal assessment of rates of abuse and neglect are needed for teen mothers in foster care to understand not just whether or not maltreatment occurs, but what the possible mechanisms may be. The young women in this study were working tirelessly to avoid maltreating their children; however, they were experiencing during the time of the study (and will likely continue to experience) extremely high levels of stress due to environmental factors. They will need continued support in their communities and, possibly, through mental health and/or substance abuse treatment in order to sustain their hard work to parent differently. Another research implication is the need to study patterns of community support for teen mothers in foster care and their children. Because these young women identified reducing isolation and enhancing support, especially within relationships, as being so critical to working to break the cycle of child maltreatment, learning more about how these processes occur could help social workers and others working with this population to learn how to facilitate such connections.

As this study illuminates, working to break the cycle of child abuse and neglect has significant meaning to the experience of motherhood of teen mothers in foster care. As social workers and other professionals work with this population, it is crucial to recognize and nurture this drive to do things differently in effort to foster safer homes for children.

Summary

This chapter presented the dissertation findings as divided into three article-style sections exploring the experience of motherhood of teen mothers in foster care, the ways

in which these mothers conceptualize themselves, and their experiences of working to break the cycle of child abuse and neglect. The next and final chapter of the dissertation offers an integrated discussion of findings across the articles and in the context of theory as well as concluding remarks.

Chapter Five: Discussion and Integration of Findings

This final chapter offers a discussion of study results across the three articles presented in Chapter Four and in the context of the original research questions. A discussion of study strengths and limitations are given, followed by implications for practice, policy, and research, and study conclusions.

Discussion of Results across Articles

Previous studies on the experience of motherhood of teen mothers in foster care have focused on articulating the beliefs of African-American teen mothers in foster care related to issues relevant to child welfare research and practice (Haight et al., 2009), examining how childhood history and experience of being mothered impact the meaning of motherhood (Pryce & Samuels, 2010), and exploring the meaning of motherhood for socially excluded groups (Rolfe, 2008). The current study continued this line of inquiry guided by several research questions. The primary research question was: How do teen mothers in foster care experience motherhood? The subsidiary research questions were: (1) How do teen mothers in foster care make sense of themselves as mothers? (2) What people and systems affected them while parenting in the foster care system, and how? and (3) How do teen mothers' conceptualizations of motherhood relate to their relationships with their children?

Teen mothers in foster care experience motherhood in a place of duality – at once, they are their mothers' daughters and their children's mothers. At the crux of this experience is an immense sense of meaning caught up in a series of widely varied experiences as young women who are both *mothering* and are *being mothered* – by their

own mothers, certainly, but also by “othermothers” – fathers, communities, and individuals representing multiple service systems. This section discusses four themes present in the results across articles represented by participant quotes, and summarizes study findings in light of the original research questions.

“I know why I am here, you know, I need to be a mom.” One of the more striking results of this study and an important extension of the existing literature on teen motherhood in foster care is just how meaningful the sense of identity attached to “mother” is for these young women. As discussed in Article Two, participants talk about becoming “a somebody” and what a sense of motivation their children are to get themselves together and “do everything for them.” This adds to our understanding of the aftermath of previously reported high rates of pregnancy intention in teen mothers in foster care – 22% of young women in care who got pregnant by 17 or 18 “probably” or “definitely” wanted to get pregnant (Courtney & Dworsky, 2010). Although this is a common thread in the literature on teen motherhood, for these young women, being a mother – and, specifically, a *better* mother than their own – may have begun as an unintended pregnancy, but it grew into something much more powerful. It grew into a chance to reinvent themselves not as a foster child whose families seemed to be too often caught up in cycles of addiction and poverty to care for them, but as someone’s *mom*. As discussed in Article One, becoming a mother truly feels, therefore, like a new beginning for teen mothers in foster care.

No matter how badly these young women had been treated by their own mothers, it never diminished the role and ideal of “mother” in their minds. This may have led to an idealized “good mother” that would be difficult to achieve, such as one that never uses

any substances, including Tylenol. The painful circumstances of their own childhoods also did not make them stop wanting their mothers to be in their lives; as discussed in Article One, participants would do anything – even give their allowance up knowing it was going for drugs – to keep their mothers close. Although they may not have had close physical proximity to their mothers, their words and actions left indelible impressions on these young women, who were caught in a sea of unresolved feelings, at once hating what they had endured at the hands of their own families, yet hating being separated from their families; wanting to be different from their own mothers and yet never being able to fully separate their own identities from those of their mothers. As noted in Article Two, many of the same words participants used to describe themselves were also used at various points to talk about their own mothers (e.g., “strong”). This is understandable as they identify parts of themselves with their mothers, but is also concerning for a group of young women who have been, in many cases, horrifically mistreated by their mothers and who not only have to make their own way in the world as adolescents, but now have children of their own. The very patterns that put the teen mothers at risk as children – substance abuse, mental health problems, poverty, breaking down of family and community helping networks, isolation – are ones that teen mothers in foster care are fighting to fend off as they creep insidiously back into their lives, not because of personal vices, but because of environmental, systemic factors beyond their control. Thus, their efforts to do things differently may be undermined by many of the same struggles as their parents and lead them to fall into similar patterns. Alternatively, these young women may defy the odds and demonstrate resiliency – time will tell.

Continuing patterns of social problems is a multilayered problem that is experienced in various ways across any home. The women discussed in this dissertation are clearly ones in need of support, yet we too often minimize their experiences by slapping on labels of “foster child” and “teen mother,” and thereby ostracize them. In part, this dissertation is a plea for social work and related systems of care to do better – a better job of mothering these young women when their own mothers need some help, and a better job of modeling what it means to authentically demonstrate positive regard and respect for another human being. If we continue to paint a picture of how “they” are so very different from “us,” we will continue to be able to keep them at arms’ length, when the truth of the matter is that when most women become mothers, they have a new sense of “why I am here” – “to be a mom.”

Loving a “crackhead elephant.” Substance abuse problems proliferate in the homes of families involved in the child welfare system (e.g., Dore, Doris, & Wright, 1995). For the young women in this study, being a child in a home where substances were abused profoundly affected their experience of motherhood as their mothers could no longer care for them – even, in some cases, from birth, such that their entire conceptualization of their mothers was tied to substance abuse. Even when their mothers (and, in some cases, fathers) would try to get help, the continuous cycles in and out of drug use wore on the children. Although a stint in rehab may be a blip in the life of an adult, it can be an eternity for a child who is growing up fast. In Article One, the experience of loving a mother who abuses substances is described, whereas in Article Three, staying clean of substances is identified as difficult as the stressors of teen motherhood deepen, and may become an even greater issue in future years. Indeed, substance abuse is a mediator

between mothers' own experience of physical abuse or sexual abuse and her perpetration of child maltreatment against her own children (Berlin et al., 2013). Substance abuse, therefore, plays an important role in the experience of motherhood of teen mothers in foster care, both as a critical part of their experiences as children and as a risk factor made especially difficult to evade due to the pressures of teen motherhood and the lingering effects of childhood trauma.

“I want to be better than you.” The results of this study elucidate how many teen mothers in foster care may see becoming mothers themselves as a chance to make things right in a world of so much wrong, at least in some small measure. As discussed in Article One, they are determined to beat the statistics and show they can make it despite what is expected of them as teen mothers (and, in large part, also as foster children). This quest for defying the odds is present across all three articles, as these young women conceptualize themselves as being up against the world with their children by their sides. Working to break the cycle of child maltreatment emerged as a particularly important facet of how teen mothers in foster care experience motherhood, which is fully explored in Article Three. Another way the study results point to teen mothers in foster care trying to “be better” is working to include the fathers of their children. This complicated task is discussed in Article One as being caught up in unresolved feelings about their own fathers' absence and, often, their mothers' roles in such an absence.

“I refuse to give up on myself. I can't, I cannot give up on myself.” Teen mothers in foster care are up against significant odds due to their combined risk of young motherhood, experience of child abuse and neglect, and time spent in foster care (Cyr et

al., 2010; Courtney & Dworsky, 2006; Hoffman & Maynard, 2008). Their neighborhoods are riddled with violence, poverty, and disconnection. Despite these challenges, these young women are often *determined* to make it, and their children often provide an extra incentive to push forward. One significant example from this study of not giving up was in terms of education, which was discussed in Article One as a part of motherhood that seems to offer a new beginning and briefly in Article Three as part of the experiences of what help teen mothers avoid child maltreatment. Education offers opportunities, and a sense of having opportunities is linked to a host of improved outcomes in general, including reduced teen pregnancy rates (e.g., Kirby, 2001). This is a particularly important issue for young women who have a high rapid repeat pregnancy rate such as those in foster care.

Findings summary.

Primary research question: How do teen mothers in foster care experience motherhood? Motherhood carries immense meaning in the lives of teen mothers in foster care. Their lived experience of motherhood is rich with a range of opportunities, including bringing together fractured families, creating connections with others in the community such as their babies' fathers and families, fostering a positive sense of identity, and offering a chance to give and receive genuine, unconditional love. The experience of motherhood of teen mothers in foster care is also fraught with pain and heartache from memories and relational ramifications of experiences of abuse, neglect, and maternal substance abuse. There is an ever-present struggle with both avoiding substance use and avoiding maltreating their own children as they grapple with the mounting strain of environmental stressors. These young women experience motherhood

as a journey just as another mother does, beginning in a place of excitement and uncertainty and continuing on to develop a sense of competence and strength, though for these young women, it is in the midst of immense internal and external stress.

Research question two: How do teen mothers in foster care make sense of themselves as mothers? Making meaning of motherhood occurs in the context of lived experiences – not of what is recorded as objective “facts,” but what it *feels like* and *means* to directly experience a host of experiences – positive, negative, and everything in between. Teen mothers in foster care make sense of themselves as mothers in light of close relationships, particularly their own families. Finally, the meaning-making task is a process that occurs in tandem with the critical experiences of growing up and out of adolescence, as well as growing up and out of the foster care system.

Research question three: What people and systems affected them while parenting in the foster care system, and how? There are a host of people who influence the way teen mothers in foster care parent, most important of whom are their own mothers and, secondarily, their fathers, whose actions and inactions profoundly affect beliefs about themselves and about parenting (especially what *not* to do). Other family members may also play a critical role, again both by how they support and when they look the other way as family members struggle. Teachers and other school personnel may be important in the process of development as a parent. The fathers of the babies influence these young women in important ways as parents. Finally, foster parents can be significant sources of support or can seem to fade into the background of the experience of teen mothers in foster care depending on how involved they choose to be. When they take on an active, but supportive role that does not take over but rather serves to experience-alongside, this

relationship can be very meaningful in terms of parenting. Finally, being in the foster care system and viewing themselves as a foster child *removed* – from their families, from normative caring processes – was critical, with the system being something to push against and, in many cases, literally run away from.

Research question four: How do teen mothers' conceptualizations of motherhood relate to their relationship with their child? Teen mothers in foster care seem to experience an intense bond with their children borne of a set of great expectations of this little life quite literally changing their future (which is clearly and certainly the case) and providing opportunities to do things differently than their parents. These young women describe prioritizing their children and viewing them as a source of unconditional love and motivation, which had differential effects of either making them want to pour all of their effort into their one child or to expand their family by having additional children.

Theory: Phenomenology, Hermeneutics, and Attachment

As described in Chapter One, the writings of many phenomenologists and those studying hermeneutics provide an excellent framework for the current study. Several of these concepts are explored in an integrated discussion below, including embodied existence, examining the taken-for-granted world, the nature of historical analysis, nothingness, technology, and the nature of care. The intersubjective process of forming internal working models and the security of the child welfare system, attachment theory concepts, are also discussed in relation to their bearing on motherhood and teen mother-child dyads.

Merleau-Ponty's (1962) focus on embodied existence is particularly relevant to this study. As participants discussed their experiences of motherhood, although these were past experiences, they re-experienced them in the present during the interviews. This experience of delving into our taken-for-granted world is at the heart of Heidegger's (1962/1927) understanding of phenomenology. For example, as Melanie discussed the abuse she had endured at the hands of her mother, which had resulted in countless physical scars, and about the healing that had been occurring such that people "couldn't tell" how badly she had been hurt, Melanie ran her hands up and down her arms feeling for old wounds. Similarly, Brittney held and stroked her nine-month-pregnant belly as she recounted the story of her mother leaving her in the hospital – a place she would be going very soon to have her own child. In another interview, Chloe suddenly burst into tears while discussing her father's absence; although our discussion began as focusing on her experiences as a child of her father being in and out of her life, the simultaneous experience of recounting her past while living the repercussions in the present and considering its bearing on her future brought her lived, embodied experience of time into seamless unison.

Related to this, Gadamer (1990/1960) notes that "the essential nature of the historical spirit consists not in the restoration of the past but in thoughtful meditation with contemporary life" (p. 168). As such, our analysis of experience is a dynamic process between past and present. This concept is illustrated throughout the current study, as participants make sense of themselves through the lens of their past/present experiences of being mothered as well as their ongoing experiences of mothering.

Based upon an intersubjective analysis of their lived experiences, the teen mothers in this study formed internal working models – cognitive schema that helped them know what to expect about themselves and others in the context of motherhood. The ways in which teen mothers in foster care conceptualize their past experiences as a guide for motherhood is critical, and shows the complexity and dynamic nature of the formation of internal working models. Although one might expect views of themselves to be a direct reflection of the negative experiences of their own mothers, the young women in this study instead described themselves in ways typical of many mothers – beginning in an unsure, frustrated, anxious place and growing into feeling stronger and competent as a parent – and as mothers trying to do things differently to improve upon the shortcomings of their own parents. This represents an important shift – and opportunity – in the minds of teen mothers in foster care who, as Brittney shared, may have never felt normal or loved being in foster care. The ways in which these young women talk about themselves as a mother and conceptualize themselves as a mother will likely impact the way they function as a mother; as such, if a young woman tells herself that she is a competent, strong mother, her decisions about parenting are likely to be greatly impacted by that narrative. The ways these mothers talked about themselves is very different from the ways in which general society talks about both teen mothers and about children in foster care. On one hand, this leads one to question how long it may take for the dominant discourse to infiltrate and take over the hopeful narratives of these young women; on the other hand, it shows how opportunities for growth and change are present in even the darkest situations.

Another important theoretical construct brought to life in this study is Sartre's (1946/1953) concept of nothingness; that absence shapes us just as much as presence. This is evident throughout the results of the study, where the absence of parents created situations rife with opportunity for neglect and for abuse, and where the absence of fathers in particular shaped the young women's views on the importance of involving the fathers of their children in their lives.

Because of parents' difficulty caring for their children, child protective services got involved and, in the case of these young women, the children were removed from their parents' homes and placed into foster care. The foster care system is designed to do just that – to serve as a foster or substitute form of care in the absence of more normative systems of care. Heidegger's (1977) concept of technology, the idea that we can cause significant albeit unintended problems by intervening, is applicable here as placement in foster care, although removing the children from immediate harm, had serious unintended consequences in the lives of the participants in this study (and, for that matter, with other foster youth) in the form of disconnection from their families and communities and a deep sense of "who am I?" This may well have served as a perfect incubator for the identity-giving decision to become a mother. Another unintended consequence of foster care shared by participants was the breaking down of systems of care within communities. This was particularly evident where Ja'Nae's extended family was willing to care for her, but their apartment was deemed too small and the promised money to upgrade was never delivered, and where Brittney's extended family told her they would only care for her if they were getting paid by the State. There is a dynamic tension between concern about unintended consequences of intervening and the often horrific

realities of abuse and neglect shared by participants that they clearly needed to be taken out of as children.

Heidegger's (1962/1927) writings on care have particular meaning in the context of this study. Heidegger noted that there are two types of offering care: *leaps in* caring, which is characterized by a sense of taking over and "doing for," and *leaps ahead* caring, in which care is offered in such a way as to go along-side and support another in an effort to build confidence and competence. After giving birth and living in foster care with their children, the teen mothers in this study described a range of quality of interactions with their foster parents in terms of mothering. Some foster parents tried to jump in and take over care of the infant; this type of leaps in caring led the young women to become frustrated and angry. Other foster parents took on the role of standing alongside the teen mothers as she cared for her own infant – always present, ready, and willing to offer assistance *if asked*. The young women in this study described these foster parents, who offered leaps ahead caring, as particularly supportive and helpful. Still other foster parents offered little help at all and were rarely home, leaving the teen mothers to feel a sense of isolation and that everything to do with their infant was their own responsibility. Being able to experience leaps ahead caring while gaining experience as a mother is critical to the experiential nature of truly learning how to be a parent as explained by participants in this study.

Heidegger's (1962/1927) concepts of *leaps in* versus *leaps ahead* caring also help to contextualize the findings of this study related to the disempowerment of families and communities. When systems take a *leaps in* approach, jumping in and taking over social problems without both accounting for the voice and ideas of the community *and* working

alongside the community to address problems such as child maltreatment and teen pregnancy, it is highly unlikely that communities will see any point in generating solutions of their own or that patterns will ever change. Similarly, in an application of attachment theory, the child welfare system as a system of care may be providing a caregiving environment for these families that is dismissing/avoidant (hands-off), anxious (clingy and micro-managing), secure (working alongside of the young family, ready to offer help when needed), or disorganized (a bureaucratic mess).

Phenomenology and hermeneutics integrated with attachment theory offer many insights into the current study. Based upon discussion of the results across articles and in the context of this theoretical framework, a series of practice, policy, and research implications are proposed in the following sections. First, a discussion of the strengths and limitations of the study is given to contextualize the implications.

Strengths and Limitations of the Study

This study has a number of notable strengths. First, it addresses a social problem that demands our attention because of the vulnerability of the individuals it affects. The study directly elicited the perspective of those individuals, giving them a voice to express their experiences. This is a critical perspective to give in the midst of the dominant discourse of teen pregnancy overall as such a social problem and teen motherhood in foster care as such a concern in particular. Second, the focus on the relational aspects of how teen mothers interpret motherhood is innovative, and has only been explored in one known study. Furthermore, how this interpretation of being a mother specifically affects these mothers' relationships with their children has not been explored in any known studies. Third, the study used a method that is very well-matched to understanding the experience

of motherhood of teen mothers in foster care. IPA allowed for a deep exploration of the interpretation of motherhood for this group of young women, yielding results useful to a wide range of professionals in their work with this group. Fourth, a number of strategies to enhance rigor were used in this study, including prolonged engagement, peer debriefing/support, member checking, and an audit trail. Finally, partnership with a community-based agency allowed for opportunities to vet the findings of the study.

Because this was a qualitative study, its results cannot be generalized to the general study population, which is a limitation. The study is also limited somewhat by its sample of young women who were over 18 and (except for one participant in an independent living placement) not currently in foster care; being currently embedded within the experience of living in foster care could certainly have offered additional richness to the participants' accounts. Finally, the child abuse reporting requirements in Maryland (that there is no statute of limitations on reporting any type of child maltreatment) could have potentially posed another limitation to the study. Participants may not have felt free to discuss incidents of maltreatment in their past or involving their own children that were critical to their experience of motherhood, but had not yet been reported. Despite these limitations, the current study offers a significant contribution to the existing literature on teen motherhood in foster care.

Practice Implications

There are many practice implications that flow from these results and relate to social work as well as partner disciplines, including medicine, nursing, law, and education. The findings of the current study encourage a reexamination of the dominant discourse about

teen motherhood in foster care. Many of the experiences of motherhood among the young women in this study mirror those of women in the general population – of many of us reading this very dissertation, in fact – and considering our shared experiences, views, and hopes for all of our children creates room for discussing the challenges of motherhood for these young women differently. Noting these common experiences does not diminish the risk and inherent difficulty of teen motherhood, particularly for young women in foster care who are removed from their normative communities of care with varying results and are struggling to find their place and role in the world. Rather, the findings of this study kindle a sense of there being a need for a more complex consideration of both the struggles and triumphs of young mothers in care.

Motherhood fills many identity and relational needs for young women in foster care, as it does for many women. Thus, given the nature of the meaning of motherhood for youth in foster care, it is clear that their sexual health needs are complex. Foster youth need comprehensive sexual health services that integrate thorough explorations of their histories, their plans for the future, and their desire for children and a family with discussions about and access to family planning options. For youth who are already pregnant, the time of pregnancy and early motherhood is a critical period for evaluating and expanding social networks that should be capitalized upon to build in solid support for teen mother-baby dyads. Family-based counseling may be especially helpful at this point in time as community and social ties are very important for these young women during and beyond their time in foster care.

Ongoing, relationship-based sources of information and support related to parenting, rather than (or, certainly, in addition to) a simple series of classes, seem critical,

particularly for a population of teen mothers that may be experiencing a great deal of isolation from their birth families and communities of origin. Different people may serve this informative, supportive role, whether family members or more formal supports such as foster parents or mentors, with the point being that these individuals are present for the *process* of the journey of motherhood and can connect these young women with a larger community of mothers. One particularly vulnerable part of the process appears to be the postpartum period, which is one of excitement as well as uncertainty and frustration. Intervention to nurture the teen mother, her child, and their relationship is critical during this time, and is likely to be most effective when rooted in existing relationships. This is a time when, like many mothers, teen mothers in foster care may experience motherhood as truly helping them to be “a somebody” – this is something to be cultivated, celebrated, and shared. Building upon this, teen mothers in foster care need support in knowing *how* to parent differently. Although study participants cited having been maltreated and being placed in foster care to be significant deterrents to abusing or neglecting their own children, they rarely had positive experiences with their own parents or other family members to draw upon as alternatives. This is likely a critical step in being able to envision themselves parenting differently. Exposure to attuned, sensitive parenting may take the form of informal mentoring, modeling, or classes, but will likely be most effective if rooted in lasting relationships that help the teen to feel secure and supported.

There is a careful balance to be struck regarding supporting the positive sense of identity formed through becoming a parent with honest discussions about how many children’s needs a teen mother can meet at a time. Difficulty meeting additional children’s needs due to economic and social forces beyond their control could undermine

the positive effects of having their first child and put them in a situation of their children being at risk for child maltreatment. Social workers and their colleagues can be instrumental in having these discussions with teen mothers in foster care, or in supporting family members, foster parents, and other trusted individuals to explore this issue with the teens.

An additional implication that flows from the study's findings is that the fathers of the babies play a crucial and ongoing role in the lives of teen mothers in foster care and their children, and therefore truly need to be involved at all areas of service planning and provision. This is especially important given the meaning associated with the absence of the young women's own fathers and their struggles with involving the babies' fathers while fostering a relationship that garners the respect they deserve.

There is clearly a need for comprehensive, effective substance abuse and mental health services for families involved in the child welfare system – both for parents of children in care and for youth who are reaching childbearing age themselves. The devastating effects of substance abuse were widely experienced by study participants, who lost years of time with their parents as a result of their addiction-induced absence. This absence seriously affected the teen mothers' lives in many ways, contributing to child maltreatment and an overwhelming sense of loss and disconnection. Frank discussions about substance abuse are critical with teen mothers in foster care. These may include, as teens are ready, exploring what happened when their own family members abused substances and how this impacted them as children. Techniques such as Motivational Interviewing that emphasize choice and the therapeutic relationship may be especially relevant for use with youth in foster care who have very often had little power

and many ruptured relationships in their lives thus far. In addition, offering a variety of therapeutic options for mental health services may be beneficial. Participants mentioned having access to individual, family, and dyadic (i.e. teen mother and her child) therapy that may employ expressive, creative methods.

Finally, a serious dialogue is needed about how to deliver critically needed child protection services while encouraging communities to continue informal support structures. There is no easy answer to this dilemma provided by the results of the study, but participants' stories call into serious question the unintended consequences of child welfare intervention. As we continue this work, child welfare services must be provided more seamlessly to avoid unnecessary placement due to slow distribution of resources and other bureaucratic issues.

Policy Implications

The results of this study have many policy implications. Teen mothers in foster care should always be placed together with their babies (unless the child has been removed from the teen's care due to maltreatment) and mothers should receive support on how to provide healthy parenting to give a chance for the child to develop a secure attachment to the mother. Foster parents should receive specialized training and support in order to address the specific needs of these teens. Independent living programs offering specific support to young mothers are critical to transitioning from traditional foster care placements into the community. Social workers should advocate for the Life Course Perspective in pregnancy and parenting, including the need to care for those children who will be mothers from the time they are in the womb (Lu & Halfon, 2003), as prenatal and

early experiences were critical to the experience of motherhood of the women in this study (especially related to substance abuse). Social workers can challenge and work to modify the structural barriers that make it difficult for teen mothers to be successful – despite their great desire to do things differently than their own parents – in a variety of arenas, such as finding employment, housing, and affordable childcare. In addition, education has a critical role in offering a sense of opportunity to young women in foster care. Alternative approaches such as those mentioned by study participants, including online, night, and summer school, should be made available to teen mothers in foster care.

Research Implications

In this study, young women who had become teen mothers in foster care gave voice to their experience of motherhood, which was, understandably, anything but simple and clear cut. Future research related to this population is needed to elucidate how better to work with pregnant and parenting youth in foster care. For example, how do fathers experience their role when partnered with a teen mother in foster care? In addition, what is the experience of the children who were born to teen mothers in foster care – how do they view their childhood and how do they fare later in life? An intergenerational study of grandmothers, teen mothers, and children would also add depth to the conversation about pregnancy and parenting issues in foster care as so many of the struggles experienced cut across generations. Studies investigating these questions will help provide additional perspective into the lived realities of teen motherhood in foster care. Another important contribution would be to investigate the experience of foster parents, social workers, educators, and medical professionals in working with teen mothers in

foster care. For example, how do others who work with foster youth conceptualize teen motherhood in foster care? Exploring this issue may help inform multi-layered intervention for this population in the context of foster care that addresses not just the teen and her child, but system-based support people as well.

Other studies might explore how teen mothers in foster care experience sexual health education as it is presently delivered. It is also important to investigate differential outcomes of various approaches to the prevention of pregnancy and sexually transmitted infections.

The results of this study clearly point to the need to follow teen mothers and observe the effects of their experience on their relationships. For example, what is the impact on attachment security of teen mothers in foster care and their children following mothers' experiences of abuse and neglect as well as immense experiences of loss? Given the risk for attachment insecurity within these families, attachment-based parenting interventions such as the ABC program could be implemented and evaluated with teen mother-child dyads to help improve the likelihood of the children developing secure attachments to their mothers.

Further, studies on substance abuse transmission patterns in child welfare-involved families that include a teen mother who has been in foster care are critical to protecting both the teen and her children from the further effects of substance use. In addition, longitudinal assessment of rates of abuse and neglect are needed for teen mothers in foster care to understand not just whether or not maltreatment occurs, but what the possible mechanisms may be, which may include substance abuse. The young women in this study were working tirelessly to avoid maltreating their children; however, they were

experiencing during the time of the study (and will likely continue to experience) extremely high levels of stress due to environmental factors such as racism, poverty, neighborhood violence, and readily available illicit substances. They will need continued support in their communities and, possibly, through mental health and/or substance abuse treatment in order to sustain their hard work to parent differently; each of these services will need to be evaluated specifically for teen mothers in foster care.

Finally, future research on patterns of community support for teen mothers in foster care and their children is critical. Because these young women identified reducing isolation and enhancing support, especially within relationships, as being so important to working to their experiences of motherhood and breaking the cycle of child maltreatment, learning more about how these processes occur could help social workers and others working with this population to learn how to facilitate such connections.

Closing Reflexive Statement

I was moved time and time again during this dissertation study. Although I had previously worked with teen mothers in foster care as a social worker, being and becoming for the second time a mother myself during these past two years while exploring the powerful stories captured here brought me to my knees at points with the sense of how my experiences of motherhood were both so very alike – and so very different from – those of my participants. On one hand, I cried as I listened to their audio talking about their dreams for their children, asserting so passionately that their children are the future, that they would do anything for their children – these mothers’ words could have been my own. (Could they have been yours?) I heard and felt very deeply their struggles in those early days of motherhood – I have been there, and felt the same

way. On the other hand, their stories heightened my awareness of my privilege, first, as a white woman coming from a well-educated and relatively resource-rich environment, and second, as growing up in circumstances where I never had to fear for my safety or well-being. Here I was, making a scholarly pursuit of exploring other mothers' pain and struggles, then retreating to my suburban Starbucks to comfortably analyze my data and ponder the meaning of their experiences – how could I possibly do such a thing? And then I realized – again – why we do this. Because there is no “us” and “them.” It is the recognition of our shared humanity that makes us attuned social workers and good social work scholars. I hope I never stop feeling my heart beat quicken and my breath catch in the precious, everyday moments of my own experiences, whether beautiful or painful or somewhere in between. My own humanity ties me to the experiences of any participant I have ever and will ever have in the future. It is my honor to re-present these women's stories so they can be heard, respected, and known as the true experts of their experiences. There is much we can all learn if we stop to listen.

Conclusion

Teen mothers in foster care experience motherhood as immensely meaningful and powerful in their lives, both in terms of opportunities for themselves and a new generation of children. Social workers hold a privileged position in being able to directly provide or influence provision of services across a variety of sectors for this vulnerable population. Although their interpretation of motherhood may be through the lens of a wide range of experiences other women may or may not have experienced, teen mothers in foster care are, ultimately, mothers like any other – doing their very best to provide a better life for their children, a time-honored tradition to be appreciated and supported.

Social workers are well-positioned to make a significant contribution towards decreasing the risk and enhancing the opportunity associated with teen motherhood in foster care while embracing the experience of motherhood as one of critical importance to teen mothers in care.

Appendix A Summary of Literature on the Experience of Motherhood of Teen

Mothers in Foster Care

Authors (date)	Research Design	Theory	Research purpose	Sample Characteristics	Findings
Haight, Finet, Bamba, & Helton (2009)	Qualitative case-based analysis Participant observation, individual interviews, writing assignments collected over seven months	None identified	Describe the beliefs of adolescent, African-American mothers in foster care in order to raise issues relevant to child welfare research and practice	N=3 -Sampled from a writers' workshop for youth transitioning out of foster care -Ages 19-20 -All mothers -African-American	Belief that children are a full blessing and a source of motivation, maturation, and stability Experience of many challenges: -finances -multiple obligations -stigma -negativity of caseworkers Reliance on a number of sources of support: -financial aid (from child welfare agency) -personal strength -spirituality -othermothers -partners
Pryce & Samuels (2010)	Qualitative interpretive analysis Individual in-depth interviews (1.5 hours each)	Theory of possible selves (Oyserman & Markus, 1990)	Examine how childhood history and the personal experience of being mothered impact the meaning attributed among young mothers aging out of the child welfare system	N=15 -Sampled as part of larger mixed-method study (Midwest Evaluation of Adult Outcomes of Former Foster Youth) -Mean age 20 years	Three major aspects: -finding purpose in motherhood -influence of mother-child relationship history on young adult motherhood

				-Either pregnant or parenting	-conviction (to parent) amid constraint
Rolfe (2008)	Qualitative (type not specified) Focus groups and individual interviews	None identified	Explore the meanings of motherhood for socially excluded young mothers, particularly those who have been in residential or foster care.	N=5 (focus groups) N=28 (individual interviews) -Participants sampled through projects run through NCH (a children's charity) -Age range 15-22 years -All mothers	Participants spoke about motherhood in three main ways: -hardship and reward -growing up and being responsible -doing things differently Subject positions available to participants: -mothering self -worker -carer

Appendix B Interview Schedules

Interview Schedule I

Thank you for taking the time to meet with me today. Now that we have gone over the consent form, we can begin the interview. As you know, this is a study about how teen mothers in foster care and how their experiences influence them as mothers. It would be great to start with a little background information just to get to know you and then we'll talk more about becoming a mom and what it was like for you to be a mom in foster care.

General Background:

1. Please tell me a little bit about how your life is going right now.
 - a. Probes: Living situation, employment, education, friends, significant other, what's going well, what struggles you have
2. What are your plans for the future?
3. I would love to hear about your child. Please tell me a little about him or her.
4. Thinking back, what were things like when your child was younger and you were still in foster care?
 - a. Probes: Living situation (group home, foster home, etc; who lived with);
Where were birth parents; Where were siblings

Circumstances of Pregnancy:

1. Please tell me a bit about your pregnancy.
2. How did you become pregnant?
3. How did you feel about it?
4. What were the reactions of people in your life to your becoming pregnant?

- a. Probes: foster parent; family members; friends
5. How did you feel about these reactions?
 6. Was this your first pregnancy? If not, please tell me a bit about your other pregnancies.

Experience of Foster Care:

1. What difference do you feel like it made for you to be in foster care at the time you had a baby?
 - a. Probes: Any particular memories
2. What were the challenges, if any, of being in care while you had a child?
 - a. Probes: Any particular memories
3. How did you manage these challenges?
 - a. Probes: Any particular memories
4. Who, if anyone, helped you, and how?
5. What were the good parts, if any, of being in care while you had a child?
6. Who, if anyone, did you share these good parts with?

Other Systems:

1. How did the other systems you were involved in make a difference in being a mother at the time you were in foster care?
 - a. Probes: School system, Medical care system, Juvenile Justice system (if applicable)

Identity as Mother:

1. If you were to use two or three words to describe yourself as a mother then (while you were in foster care), what would they be?

- a. Probe: Please tell me about a situation (or situations) where you were interacting with your child that would illustrate the words you just used.
2. What two or three words would you describe yourself as a mother with now?
 - a. Probe: Please tell me about a situation (or situations) where you were interacting with your child that would illustrate the words you just used.
3. How did you get from how you used to be (restate the 2-3 words) and how you are now (restate 2-3 words) as a mom?
4. Who has influenced you as a mother?
 - a. Probes: Family members, friends, baby's father, other teen moms, foster parent
5. How have they influenced you?
6. If you needed help with the baby while you were in care, what did you do?
7. Were there any people you turned to when you needed help with the baby?
 - a. Probes: Foster parents, birth parent(s), doctor, social worker, attorney, judge, teacher

Thank you for taking the time to meet with me today. We will set up a time to meet again in about a week. Let's schedule that time now so we can both plan on when we'll be coming back to meet.

Interview Schedule II

Follow Up/Bridge:

Thank you for meeting with me again. I'm wondering if you had any other thoughts that came up after we met last time. (Pause and give time for discussion of any thoughts that have come up.) Today we'll be talking more about your family and about the time leading up to you being in care. Then, we'll talk about how your experiences with your family and your experiences being in foster care have influenced your relationship with your child. I'll be asking you to look back and think about any particular memories associated with these experiences as we talk.

Follow-up Questions: add as appropriate based on Interview I

General Family Structure:

1. Please tell me a little about your family.
 - a. Genogram

Relationships with Parents:

1. Thinking back to the time when you were in care, what was your relationship like with your own mother at that time?
 - a. *Note: this and the following questions in this interview refer to the participant's birth mother, unless she was adopted prior to coming into foster care, in which case this would refer to her adoptive mother. If she does not remember or know her birth mother, ask about a mother figure.*
 - b. Probes: Any particular memories
2. What was your relationship like with your father?

- a. *Note: this and the following questions in this interview refer to the participant's birth father, unless she was adopted prior to coming into foster care, in which case this would refer to her adoptive father. If she does not remember or know her birth father, ask about a father figure.*
 - b. Probes: Any particular memories
3. How would you have described your childhood up to that point?
 - a. Probes: Any particular memories; negative experiences; positive experiences
4. How would you describe your mother when you were growing up?
Probes: Any particular memories; negative experiences; positive experiences
5. How would you describe your father when you were growing up?
 - a. Probes: Any particular memories; negative experiences; positive experiences
6. Do you have a history of child abuse? If so, what do you remember about when you were abused?
7. Do you have a history of child neglect? If so, what do you remember about when you were neglected?
8. Can you tell me your story of how you came into foster care?
 - a. Probes: Any particular memories; experiences of abuse or neglect; positive experiences
9. What difference, if any, did your own childhood make when you became a mother yourself?

- a. Probes: Any particular memories; experiences of abuse or neglect;
positive experiences

10. What difference, if any, do you think your experiences of your own mother made when you became a mother yourself?

- a. Probes: Any particular memories; experiences of abuse or neglect;
positive experiences

11. What difference, if any, do you think your experiences of your own father made when you became a mother?

- a. Probes: Any particular memories; experiences of abuse or neglect;
positive experiences

Influence on Relationship with Child:

1. You're the one right in the middle between your own experiences in the past, with your family and the systems we've discussed during these past two interviews, and your child. How do you feel like your childhood has influenced your relationship with your child, if at all?

- a. Probes: Any particular examples

2. How have your views about your own mother influenced your relationship with your child, if at all?

- a. Probes: Any particular examples

3. How have your views about your own father influenced your relationship with your child, if at all?

- a. Probes: Any particular examples

4. How has your time in foster care influenced your relationship with your child, if at all?
 - a. Probes: Any particular examples
5. Do you have any other children? If so, how do you relate to the child(ren) you had in foster care versus the one(s) you had outside of foster care?

Thank you for taking the time to meet with me today. We will set up a time to meet again in about a week for our last interview. Let's schedule that time now so we can both plan on when we'll be coming back to meet.

Interview Schedule III

Follow-up/Bridge

Thank you for meeting with me today. This is our final interview. Since our first two interviews, have you thought about anything you'd like to add? (Pause and give time for sharing anything she would like to add.) Today's interview will be focused on following up from our previous conversations and on your thoughts about how to improve the situation for teen moms who are in foster care and their children.

Follow-up Questions: add as appropriate based on Interview I and II

Future Directions

1. If you could change things for young moms in foster care, what changes would you make?
2. What do you think is the best way of helping moms do things differently than the hurtful things that happened to them in their own families?
3. What would have gotten through to you and helped you at that time (when you were in foster care)?
4. Who would have gotten through to you and helped you at that time (when you were in foster care)?
5. Is there anything else you would like to say?

Appendix C: Excerpts from Reflexive Journal

January 15, 2013

It's hard to believe I finally have my first transcript cleaned and entered in NVivo, and have begun coding - so exciting! It's been quite a journey up to this point and I'll be thrilled to get to a place of being able to finally analyze my very own data.

This project feels very much like an extension of me, like something I have truly been living and breathing for more than a year (perhaps even since the beginning of the PhD program). It's truly the culmination of everything I've been working for over the past 3.5 years, bringing together so many of my interests in a powerful, meaningful way. I've had to wear my "PI hat" so much that it's finally feeling comfortable, like I can really do this. Not only can I do this, but I actually **am** doing it - amazing!

Everyone has things that motivate them to get moving on their dissertations. Ironically, as this study is all about motherhood, it's my own experience of motherhood that is driving me at this moment. For me, this little one on the way is a major kick in the pants because I know I have about three solid months of productive work before things get questionable. That is a VERY quick period of time for in-depth analysis of 6 cases, but that's what I'm shooting for! About 1.5-2 weeks per case, meeting regularly with Ed or Debbie to ensure I'm keeping up. Dr. Bennett has asked me to come and speak in her class about phenomenology, and I was chosen to conduct qualitative interviews/focus groups for my GRA....what an honor to be recognized as someone with some expertise in a particular methodological area.

Well, it's time to get back to it.

And...time for a break. Wow, this is a powerful story. I am going to leave myself some time to sit back and have a good cry every once in a while. Brittney has some truly amazing, articulate things to say about what it meant to be without her mother, and I feel like I'm right there with her.

February 20, 2013

I've been playing with different quotes on darkness and light, which seems such an important metaphor for what participants have been experiencing and what reactions their stories have elicited in me. Some considerations...

“Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.”

— Martin Luther King, Jr., *A Testament of Hope: The Essential Writings and Speeches*

“Someone I loved once gave me a box full of darkness. It took me years to understand that this too, was a gift.”

— Mary Oliver

“Look at how a single candle can both defy and define the darkness.”

— Anne Frank

“Darkness does not leave us easily as we would hope.”

— Margaret Stohl

“What hurts you, blesses you. Darkness is your candle.”

— Rumi

Appendix D: Excerpts from Process and Analytical Decision Journal

Brittney:

- Listened to all three interviews and corrected transcripts (#3 also sent back to transcriptionist for corrections). (Jan 1-8, 2013)

1. Completed initial noting for Interviews 1, 2, and 3 (in order). (Jan 4-8, 2013)
2. Examined initial notes for emergent themes. (Jan 8, 2013)
3. Examined emergent themes for connections (Jan 9, 2013):

Subsumed super-ordinate themes:

Being Mothered

- a. Experiences of Biological Mother
- b. Experiences of Foster Mothers

Experiences of Pregnancy and Parenting

- a. General
- b. Experiences of Parenting in Foster Care
- c. The Journey (note: refers to journey from teen mother to present)

Community-Based Support

- a. Disconnection from Family
- b. Support from Baby's Fathers and Families

Keeping Guard (note: renamed from need to keep guard up)

- a. Trust (note: added to help organize trust-related content)

System-Based Support

- a. Support from the Medical System
- b. Not involved with Juvenile Justice
- c. Lack of Support from School
- d. Impermanence of Agency or System Support (note: comment here about dilemma of FC - necessary but breaks down natural systems of care within families)

e. Support from Foster Care and Lessons Learned (note: collapsed depression here and under experiences of foster mother)

Abstracted super-ordinate themes:

Plans for Life

- a. Current Living Situation
- b. Dreams for Children
- c. Plans for Self (note: added to help organize plans)

Stopping the Cycle of Abuse

Devastation of Drug Abuse

Chloe:

- Listened to all three interviews and corrected transcripts. (Jan 17-31, 2013)
- Initial noting. (Jan 31-Feb 8, 2013)
- Emerging themes (Feb 8, 2013 - Feb 12, 2013)
- Super-ordinate themes (Feb 12, 2013)

Quintavia:

- Listened to all three interviews and corrected transcripts (Feb 13-19, 2013)
- Initial noting (Feb 19-20, 2013)
- Emerging themes (Feb 21-22, 2013)
- Super-ordinate themes (Feb 22, 2013)

Melanie:

- Listened to all three interviews and corrected transcripts (March 5-15, 2013)
- Initial noting (March 16-21, 2013)
- Emergent themes (March 21-22, 2013)
- Super-ordinate themes (March 22, 2013)

*Revised model (see memo for changes)

Erica:

- Listened to all three interviews and corrected transcripts (March 22, 2013)
- Initial noting (March 23-27, 2013)
- Emergent themes (March 28, 2013)
- Super-ordinate themes (March 28, 2013)

Ja'nae:

- Read and corrected all three interviews (March 29-30, 2013)
- Initial noting (March 31, 2013)
- Emergent themes (April 1, 2013)
- Super-ordinate themes (April 1, 2013)

Analysis across all participants (March and April, 2013)

Exploration of different models (March and April, 2013)

Model One: How Teen Mothers in Foster Care Experience Motherhood (the phenomenology of motherhood)

Model Two: The Journey: Pathways of Motherhood (how participants describe themselves as mothers and how this relates to their relationships with their children)

Decision to shift from Model 3 (thematic analysis of recommendations for supporting pregnant and parenting foster youth) to Model 4 (exploration of the meaning of breaking the cycle of child maltreatment for teen mothers in foster care) (April) (presented to Debbie 4/16/13)

- Model 4 based upon IPA analysis; better fit with the other two models

Presented to community partner (Maryland Foster Youth Resource Center)

- staff said it was an excellent presentation that fit well with their experiences both as former foster youth as well as with their experiences working with former foster youth teen moms

- encouraged emphasis on the sexual health implications - feel that no one is really talking about this, and this study has a great deal to offer in order to better understand sexual health needs

Debriefing meetings:

1/11/13 Debbie Gioia: Brittney

1/15/13 Ed Pecukonis: Brittney

2/1/13 Qualitative interest group: Data collection process; Brittney

2/6/13 Ed Pecukonis: Chloe; case comparison Chloe and Brittney

2/8/13 Debbie Gioia: Chloe; case comparison Chloe and Brittney

2/22/13 Debbie Gioia: Quintavia; case comparison Quintavia, Chloe, and Brittney

3/6/13 Qualitative interest group: first 4 cases

3/7/13 Ed Pecukonis: Quintavia; case comparison Quintavia, Chloe, and Brittney

4/3/13 Ed Pecukonis and Debbie Gioia: all cases; emerging models

(email contact April – July, 2013; sent draft of findings chapter to Ed and Debbie 7/18/13)

*Note: Ed Pecukonis: Dissertation Chair; Debbie Gioia: Dissertation Methodologist)

2/12/2013

I've completed Chloe's case and have begun conceptualizing an overall model for presenting the findings, which seems to be working well thus far with the two cases. I also met with Debbie and Ed regarding Chloe's case.

Notes on Chloe's Case:

- The absence of her father is truly marked. She identifies this as the reason why she puts up with so much poor treatment from her baby's father/boyfriend, especially since she wants him to have a relationship with their son. A discussion about her father was the only point at which she was brought to tears, specifically reflecting on why he wasn't there and stating "he should have been there."

- She has significant experience with the justice system and discusses one domestic violence charge (against her) in detail. It seems critical to consider links between types of family violence.

- Chloe's breakdown of her relationship with her mother impacted her greatly. She lost her baby and her mother at the time of her abortion.

- She uses the same word to describe how her mother is/used to be and how Chloe is now as a mother - "strong." This shows some identification with her mother despite their strained relationship.

- What would have happened to Chloe had she had the baby at 16? At 20, she dropped out of college - it would have been high school with her first pregnancy, and her life may have been markedly different.

- Having to work so much is impacting her availability to her son - exactly what happened with her own mother.

- Baby's father has some similar qualities to her own father - disloyal, threatens abandonment.

- Connections with Brittney:

- Absence of parents: Chloe had her mom much longer; Chloe seems able to pull from positive points of her childhood whereas Brittney is not.

- Chloe seems to have more of a sense of identity; Brittney had a strong sense of "who am I? Who is my family" when her foster parent died...still seems to have this issue now"

From meeting with Debbie:

- check out "All our Kin" by Carol Stack 1974 (ethnography looking at swapping in AA community, transactions, father's family)

- Chloe was agonizing over her decision to have the abortion; waited a long time

- Would be helpful to begin bulleting out points of convergence and divergence.

2/20/2013

After completing Quintavia's case, I have mixed feelings. I am feeling so fantastic for being "done" with half of the analysis (feels more comfortable somehow to keep done in quotations because it never really feels done). I also am feeling very drawn towards presenting the data in the "darkness and despair" - "points of light" - "a new day" - format, which is, I think, because there was just so very much darkness in her story. Between her sexual abuse, mother's drug use, absence of her father and her mother (who was there but not really present), she had a really rough childhood. The birth of her son was both a blessing and a complication to this already complex situation. She didn't have the experience of her first baby's father and his family being an additional support, unlike Brittney and Chloe, although feels like the father of her second baby is a very important support, even considering him part of her family.

Hearing Quintavia's story has made me reflect a great deal on the respective influences of light and darkness (see quotes memo). One particularly illuminating quote is Anne Frank's note that "look how a single candle can both defy and define the darkness." This is so true. Quintavia's (and the other participants) have had some experiences of loving mothering (although that rarely came from their biological mother), which draws into very sharp contrast their other, less healthy experiences (usually with their biological mother). For Quintavia, she saw kindness in her teacher, friend in foster care, group home worker, and receives/d a great deal of love and affection from her uncle. Her early experiences with her mother are, in a way, another candle - she remembers them getting along well, even though her mother was high and not taking care of her.

I am also touched by Dr. Martin Luther King Jr.'s words "darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." This is particularly related to Quintavia's assertion that you just have to set your mind to doing things differently than your own parents. But how can this happen without the input of light, of love? Does light come from coming to terms with or a resolution of sorts of the trauma experienced in childhood? It seems like such a hard road to just say "I'm going to do things differently" without knowing what *to do*. Quintavia had some positive input from her uncle and aunt about how to parent, which she draws upon as an influence, but what a challenge...it's like standing up to a wave crashing in and asserting that you will simply be strong enough.

That's another thing - the use of the word "strong," which is clear throughout these interviews. Note to self to do a word search on "strong" "strength" and "stronger" once these interviews are complete. This seems to be a great value of these young women.

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