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**Adolescent mothers negotiating development in the context of interpersonal violence
(IPV) and gendered narratives: A qualitative study**

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**Adolescent mothers negotiating development in the context of interpersonal violence
(IPV) and gendered narratives: A qualitative study**

by

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Dedication

For Meera Sioban Brennan

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**Adolescent mothers negotiating development in the context of
interpersonal violence (IPV) and gendered narratives: A qualitative study**

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Adolescent mothers experience interpersonal violence (IPV) at higher rates than almost any other population in our country. Within the scant body of existing research, few studies have been grounded in the lived experiences of young mothers. These emic perspectives are critical to the development of effective and culturally appropriate policies and services. Ethnographic interviews were conducted with an ethnically diverse sample of 30 adolescent mothers. Twenty-four of the 30 interviewed mothers disclosed IPV during the interview process. Interview transcriptions were thematically coded and analyzed with matrices and tables. Analyses focused on the how young mothers' important relationships were impacted by IPV. Four important themes about the impact of IPV on relationships emerged from the analysis. First, some mothers' experiences of IPV resulted in lingering depressive and traumatic symptoms. Secondly, IPV made it difficult to trust others. Thirdly, some adolescents described experiences of adultification within their families of origin. And finally, some young mothers experienced the impact

of IPV on their relationships when subsequent family estrangement left them without access to vital social support. In addition, nurturing and protective relationships with adults seemed to buffer or ameliorate the effects of IPV. Romance narratives provided a template through which many young mothers experienced their intimate partner relationships. As some mothers centered their lives around their romantic relationships, they failed to notice harbingers of their boyfriends' abuse. Sexual stereotypes colluded with romance narratives pressuring adolescent mothers to stay with their partners, bottom particularly when they were connected by children. Some young mothers eventually chose to leave boyfriends behind to focus on their own futures. A few mothers resisted traditional romance narratives and sexual stereotypes, postponing serious relationships to concentrate on their educational and career goals. Social workers encounter adolescent mothers in a variety of practice settings and need to ground their interventions in empathy and a sound knowledge base. Programs for adolescent mothers must reflect the complex and diverse needs of this population. Social workers should also advocate for policies that consider adolescent mothers' safety as they strive to become healthy, happy, and productive adults.

Table of Contents

List of Tables	xi
List of Figures	xii
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	10
Introduction.....	10
Young mothers as a vulnerable population.....	11
Prevalence of interpersonal violence (IPV) in samples of young mothers..	13
Child maltreatment	15
Witnessing domestic violence.....	17
Dating violence.....	20
Trauma and IPV	21
Adolescent development.....	24
Conclusion	26
Chapter 3: Methods	28
Research questions	28
Rationale for selection of methods	30
Overview of Methods	33
Data analysis	43
Summary	60
Chapter 4: IPV and Young Mothers' Relationships.....	62
Introduction.....	62
Depressed and traumatized	63
Struggling to trust.....	68
Adultification	75
Family estrangement.....	79
Protective Relationships.....	88

Conclusion	92
Chapter 5: Becoming immersed in romantic relationships: Romance narrative, feminine ideals, and developmental detours	94
Introduction	94
Falling in love.....	98
Let’s stay together	104
Stand by your man.....	107
Letting go of illusions.....	111
A different kind of love story.....	115
Conclusion	119
Chapter 6: Theoretical, Practice, and Research Implications	120
Theoretical implications.....	120
Practice implications.....	125
Research implications	128
Conclusion	131
Appendix 1: Interview Schedule.....	133
Appendix 2: Interview Face Sheet	138
Bibliography	140
Vita	150

List of Tables

Table 1: Respondent Demographics	4
Table 2: Intimate Partner Violence: Themes of physical aggression and coercive control	47
Table 3: Travis County population by ethnicity (Census, 2000).....	51
Table 4: Number of children per mother by ethnicity.....	55
Table 5: Relationships with mothers and IPV	86
Table 6: Relationships with fathers and IPV	86

List of Figures

Figure 1: Respondent Referral Chart.....	38
Figure 2: Coding Structure of IPV.....	45
Figure 3: Respondents by ethnicity.....	51
Figure 4: Teen births by ethnicity in Travis County (Census, 2000).....	52
Figure 5: Mother's age at time of 1 st interview by ethnicity.....	53
Figure 6: Romantic Relationship Status of Mothers.....	58
Figure 7: Overlapping experiences of IPV.....	59

Chapter 1: Introduction

Prior to my doctoral training, I worked as a program director at agency that served survivors of domestic and sexual violence. The valuable community services that the agency provided included shelter, case management, counseling, and violence prevention education. Despite the presence of this nationally recognized agency which had an exemplar reputation, our community, like most communities, had many underserved populations within it. Indeed across the nation, many individuals with violence related concerns find their efforts to seek formal services hindered by structural barriers such as language, transportation, and accessibility, and more personal barriers that include protecting an abusive partner, not defining the violence as problematic, and being overwhelmed or preoccupied by more immediate life concerns (Davies & Lyon, 1998).

In setting national health objectives for the decade, Healthy People 2010 (CDC, 2000) states that adolescent dating violence “requires national attention and prevention efforts that need to continue focusing on adolescent violence within the larger context of family violence” (p. 45). In this publication, CDC acknowledges adolescents as vulnerable to interpersonal violence (IPV) and suggests that the dynamics involved are different from intimate partner violence in adulthood. Adolescent mothers are a unique segment of the overall adolescent population, and recent research highlights their experience of IPV at much higher rates than almost any other population segment in our country (Kantor & Jasinki, 1998; Leadbeater & Way, 2001; Raphael, 2000). These high rates of IPV are especially concerning because of the psychological and environmental vulnerabilities that young women and their children already possess. Yet despite the high prevalence of violence for this vulnerable group, my own professional experience and the

anecdotal experience of others professionals suggests that adolescent mothers are often an invisible population to service providers with respect to their victimization.

Historically, issues related to adolescent motherhood and IPV have each been considered from separate literatures and disciplines. Reducing teen pregnancies and improving the outcomes of adolescent mothers and their children have long been public policy priorities. However, the potentially important role that IPV may play with regard to both of these priorities has been largely unexplored. Investigators have only recently begun to examine adolescent mothers' exposure to IPV and few have done so from the perspective of young mothers themselves. Understanding how adolescent mothers perceive IPV and how it relates to the larger context of their lives is critical for the development of effective and culturally appropriate policies and services.

In this study, young mothers talk about IPV in their lives and relationships. Over the course of one and a half years, I talked with 30 mothers who had their first child before age 18 and were currently between the ages of 18 and 22 about their lives and relationships. An ethnographic qualitative approach allowed me to view IPV as an event that was embedded in each mother's life history and current social context. By interviewing 18 to 22 year olds, I was able to explore respondents' recent experiences of late adolescence, as well as examine how they were adapting to the tasks of early adulthood. In fact, most interviewed mothers appeared to be simultaneously grappling with adolescent tasks of forming their own identities (Newman & Newman, 1997), while also struggling to achieve self-sufficiency, a task associated with emerging adulthood (Arnett, 2003; Tanner, 2003). A majority of these mothers exhibited resiliency and resourcefulness in the face of multiple adversities. Although many of the mothers experienced poverty, racism, IPV, and other forms of trauma, as a group they possessed a number of important strengths. These strengths included an enhanced future orientation

that was often associated with planning for their children's lives, an increased motivation to complete their education, and extended family support that seemed present in even the more dysfunctional family systems.

Two thirds of the mothers (20) were in fairly serious romantic or marital relationships during the study period, most often with their children's fathers (16). Six mothers reported a change in the status of their relationship during the study, by either becoming involved with a new boyfriend or breaking up with a previous one. Only four mothers were not involved in any romantic relationship during the study. At the same time that most of these mothers were engaged in significant romantic relationships, they continued to maintain strong relationships with their families of origin. In fact, more than half of the mothers (16) interviewed lived with their families at some point during the study periods. When asked, mothers identified their children, partners, and family members as the most important people in their lives.

This developmentally unique group of young mothers was also unique in its ethnic diversity (see Table 1). Twenty-four of the 30 respondents (80%) were mothers of color. Twelve mothers were Mexican or Mexican American; another 11 were African American, and one mother was Asian born. In addition, most mothers came from families that were poor or low income, although a few described middle class backgrounds. However, this group of young mothers would best be described as a mid-section of the adolescent mother population. Although interviewed mothers varied in functioning, outcomes, and resources, this study does not reflect the experiences of mothers at extreme ends of the spectrum, in terms of those mothers who were exceptionally successful or those who had fallen through the cracks.

Table 1: Respondent Demographics

	Ethnicity	Age at 1 st interview	Age at 1 st pregnancy	Number of children	Relationship Status	Living Situation
Vanessa	M	18	15	1	With child's father	I1: with parents and BF I2: with BF
Pam	A	18	16	2	With child's father	With mother
Marta	M	19	16	1	With child's father	With mother
Marie	M	19	15	1	With child's father	Own apartment
Valerie	AS	18	15	1	With child's father I1: Not involved I2: pregnant with new boyfriend's child	With BF's family With parents
Jessica	M	18	14	1*	With children's father (married)	With husband
Alyssa	M	20	15	2	I1: With child's father I2: Co-parenting only	With father
Rene	AA	18	16	1	I1: With 2 nd child's father I2: Not involved	With grandmother
Bree	AA	20	15	2	I1: Not involved I2: Has new boyfriend	I1: Residential shelter I2: with grandparents With mother
Tatum	A	20	15	1	With long-term boyfriend, not child's biological father	With mother
Loca	M	18	16	1	I1: Not involved I2: Has new boyfriend	With mother
April	M	19	15	1	Not involved	With parents
Niki	AA	20	17	1	With child's father	With mother
Ann	AA	20	16	1	With child's father (married)	With husband's family
Merrilee	M	19	16	1*	Has new boyfriend	With parents
Josie	M	21	15	1	With children's father (married)	With husband
Allison	M	22	16	3	Not involved	Own apartment
Ana	M	21	15	2	I1: Not involved I2: With new boyfriend	With parents
Sheree	AA	20	16	1	With children's father	With BF's family
LaCreasha	AA	21	15	2	With child's father	Own apartment
Callie	A	21	17	1*	Not involved	Own apartment
Mishele	AA	19	17	1	With child's father	With parents
Lynn	A	18	15	1	Not involved	With son's grandmother
Ashley	AA	19	17	1	With child's father	With BF
Eternity	A	18	15	1	With child's father	With relatives
Nicole	AA	18	15	1	With long-term boyfriend, not child's biological father	With mother
Tamera	AA	20	17	1	With child's father	With parents
Maria	M	18	16	1	With child's father	With BF
Tracey	A	20	17	1*	With long-term boyfriend, not child's biological father	With BF
Talisa	AA	21	18	1		

Table Codes

Ethnicity: M = Mexican American/ Mexican; AA = African American; A = Anglo; AS = Asian

*Pregnant during study

I1 = 1st interview; I2 = 2nd interview

BF = boyfriend

A broad research question (RQ) was selected at the outset of this project to elicit a wide range of perceptions from young mothers. The original research question, *how do adolescent mothers think and talk about life stressors in the context of their past and current life experiences*, was intended to facilitate the identification of young mothers' numerous life stressors, including IPV. An interview schedule was designed to encourage mothers' accounts of their lives. For example, mothers were asked to describe their daily routines, important events, and patterns of relating rather than about the presence or absence of specific stressors, such as IPV, family conflict, or childcare concerns. Through these accounts, it became clear that what young mothers most wanted to talk about was not their life stressors, but their personal relationships. While relationships with boyfriends, children, friends, parents, and other family members came to foreground of these young women's interviews, these relationships were anchored in personal and social contexts influenced by IPV, poverty, family dysfunction, and other life and situational stressors.

Another important aspect of the research design was the decision to interview mothers two times whenever possible. Meeting with mothers twice enriched the data in several ways. First, second interviews provided an opportunity to get new information and clarify previous information as needed. Secondly, mothers seemed to have an increased level of comfort with the interviewer and the interview process which allowed them to be more candid and forthcoming in their responses. Finally, sometimes changes occurred in mothers' lives between the first and second interviews that illuminated their life situations or developmental processes. Three mothers disclosed intimate partner violence during the second interview that they hadn't shared during the initial interview. In two cases, disclosures occurred after a relationship break-up when the mother no longer felt protective of her abusive partner. In the remaining case, the mother had

reinterpreted her experiences as abusive over the course of the study, and gave new and more detailed descriptions of her former partner's behavior.

Interview transcripts were thematically coded and relationships between themes were mapped using diagrams and tables. Relationships between themes were tested by constructing matrices and searching for disconfirming cases. Although some mothers were more articulate than others, quotations were drawn from as many mothers as possible in order to capture the diversity of experience within the respondent sample. In the few instances when explicit comparisons were drawn, numbers were used to illustrate differences between respondents' relationships with their mothers and fathers. However, overall, a conscious choice was made not to collapse the data in this way.

The interview data suggested two important analytic questions that became the basis for the study's findings. The first question asks: *what are the ways in which IPV affects young mothers' important social relationships*. These relationships emerged as critical contexts for development, as well as needed resources. Four important themes about the impact of IPV on relationships were identified from this analysis: *depressed and traumatized, struggling to trust, adultification, and family estrangement*. Some mothers developed depressive and traumatic symptoms, as they were unable to resolve traumatic experiences while living in physically and emotionally unsupportive environments. A number of mothers described the role of IPV in undermining trust in even their closest relationships. As children, those mothers raised in the midst of family violence often took on adult responsibilities that parents were unable to fulfill. These adultification experiences increased the competence and maturity of some mothers, but prevented others from completing certain tasks of childhood development. Finally, estrangement in family relationships was a frequent outcome of childhood IPV.

Unfortunately, such estrangement blocked adolescent mothers' access to associated family resources.

The second, more unexpected, set of findings addressed the question: *how do young mothers describe the course of their intimate partner relationships and how are these relationships connected with young mothers' developmental progress.* In order to answer these questions, the analytic focus shifted to examine the process by which adolescent mothers immersed themselves within romantic relationships, in many situations creating a vulnerability to IPV and often impeding their progress towards self-sufficiency. These relationships frequently began with the exciting and transformative experience of falling in love. These intense feelings persuaded some mothers to immerse themselves in their relationships and perhaps lose perspective of disconcerting and sometimes abusive relationship dynamics that were developing. Adolescent mothers seemed to experience more intense social pressures to be in committed romantic relationships, particularly with their children's fathers. When troubles, including IPV, emerged in their relationships, adolescent mothers frequently idealized or reinterpreted their partners' behaviors and remained loyal "good women". A number of mothers reached turning points where they made choices to end these costly relationships in favor of themselves and their children. Two mothers described counter-narratives that allowed them to focus on their education and careers, in lieu of committing to a serious relationship. Young mothers' journeys through their relationships are described and connected to larger theoretical constructs about gender and IPV. While these mothers' experiences are unquestionably marked by their racial, ethnic, and class positioning, surprisingly what emerged most strongly in these analyses were the universality of many of their experiences with respect to IPV and gendered narratives.

Important implications for theory, practice, and research can be drawn from the study's findings. Adolescent mothers continue to need guidance and support from caring adults, especially when they have experienced IPV. Additionally, adolescent mothers require extensive financial and material support which may make them more reliant on relationships that provide these resources even when relationships are violent. Adolescent mothers range in their maturity, abilities, and other personal resources. They also vary in their access to protective adults. Social workers must address adolescent mothers' current and past experiences of IPV. In doing so, social workers should empower youth and help them to expand their social networks. Timing these interventions to coincide with "turning points" in the lives of adolescent mothers (e.g. birth of child, first assault) can harness the naturally occurring motivations which they experience at these points. A multi-disciplinary approach that includes social workers, educators, and health care providers will be most successful in meeting the complex and varied needs of these mothers. Grounding interventions in a socio-cultural critique of gender narratives and sexual stereotypes can help adolescent mothers evaluate their relationships from a different perspective. At a macro-level, social workers can advocate for public awareness campaigns that encourage adults to intercede with adolescents who are experiencing IPV. Social workers should also promote alternative policies to existing and proposed welfare restrictions and marriage promotion initiatives whose unintended consequences may increase IPV in adolescent mothers' lives.

Findings revealed that when IPV occurred it complicated young mothers' lives by interacting with ongoing processes of adolescent development and gender socialization. These interviews also contradicted conservative contentions about the absence of traditional values, as young mothers actively struggled with the traditional feminine stereotypes and gendered expectations of their families, communities and themselves.

Ultimately, the struggles that young mothers encountered as adolescents and as mothers had important implications for both development and the experience of IPV.

Chapter 2: Literature Review

INTRODUCTION

This research study is about adolescent mothers' experiences of IPV and how these experiences are contextualized within their lives. Programs serving young mothers generally focus on their education, economic status, and parenting outcomes. These programs have not typically considered the interactions between IPV and all of these outcomes. Similarly, violence related services are not designed with the needs of adolescent mothers in mind. Domestic violence services tend to be designed for older women presenting with different resources and developmental issues than young mothers (Raphael, 2000; Saathoff & Stoffel, 1999). Adolescents who are being abused by their families may find themselves beyond the reach of child protective services since they are less likely to be reported as abused and more likely to be blamed for their victimization than younger children (Coble et al., 1993). As a result, adolescents who experience IPV are more likely to fall through the cracks of available services. Understanding how IPV fits into the lives of adolescent mothers can guide the development of enhanced prevention and intervention services for this vulnerable population.

This chapter reviews the literature that is a backdrop for this study. This literature review is not intended to be exhaustive, but to provide empirical and theoretical frameworks that will facilitate understanding of the study's data. I begin with a discussion of young mothers as a vulnerable population and one that experiences high levels of IPV. I then present some of the research that explores the most commonly identified forms of IPV in adolescence--child maltreatment, witnessing domestic violence, and dating violence. The chapter concludes by touching upon relevant theories of trauma and adolescent development that inform my analysis.

YOUNG MOTHERS AS A VULNERABLE POPULATION

Hotz and colleagues (1996) noted consensus among researchers about distressing links between teen childbearing and numerous negative social and economic outcomes. They summarized the literature by stating

one finds that women who have a baby in their teens are subsequently less likely to marry (and thus have a parenting partner), less likely to participate in the labor force, likely to earn less in their jobs, and more likely to rely on various forms of public assistance than are women who do not give birth in adolescence (p. 55).

Though initially, adolescent childbearing was perceived to be the cause of these negative outcomes, methodologically innovative research has begun to challenge this notion. Rather than conceptualizing adolescent childbearing as propelling young women into a life of poverty, Hotz and colleagues (1996) suggested that adolescent mothers' future poverty may be better explained by a multiplicity of factors that lead these young women to become pregnant in the first place. Specifically, their study which compared teens who had babies with teens who became pregnant but miscarried showed no significant differences between the groups in terms of welfare dependency and labor market activity. These high risk young women's economic opportunities appeared so bleak at the outset that the outcome of their pregnancies did not seem to substantially alter the course of their future economic lives.

Demographically, "early childbearing is clearly concentrated among the poor: 56% of births to 15 to 19-year-olds are to poor teens and 27% are to low-income teens" (Mathews & Ventura, 1997 cited in Leadbeater & Way, 2001, p. 19). Unfortunately, the overrepresentation of low-income and poor adolescent mothers has resulted in negative stereotyping of adolescent mothers as "welfare queens" and morally deviant by both policy makers and the general public (Leadbeater & Way, 2001; Sidel, 2000). While young mothers' limited prospects are heavily influenced by a myriad of social,

environmental, and structural factors, including poor quality schools, dangerous neighborhoods, and under-resourced communities, there is still an inordinate focus on the personal choices these young women make about their sexuality and childbearing.

Sawhill (2003) argues that to escape poverty individuals “must graduate from high school, defer having a baby until marriage, and obtain steady employment” (p. 81). She cites high male unemployment, welfare receipt, and lack of middle-class role models within “underclass” communities, as contributing to poor teenagers decisions to bear children. While Sawhill (2002) acknowledges that poor children begin life with many more disadvantages than higher income children, she believes rates of adolescent childbearing can be stemmed by promoting behavioral changes through public education and social incentives rather than offering more economically-based solutions. Such a conceptualization assumes that these behavioral “choices” are primarily made by ill-informed youth who presented with the alternative norms and messages about the benefits of postponing childbearing will choose to act in their own “best interest.” However, both HIV prevention and violence research have demonstrated that adolescent sexual activity and contraceptive behavior is far more complicated than this and requires a deeper analysis at the relational and socio-cultural level (Amaro & Raj, 2000; Campbell, Pugh, Campbell, & Visscher, 1995; Campbell & Soeken, 1999). In particular, significant power imbalances between male and female partners and male sexual coercion interfere with adolescent females’ success in declining unwanted sexual activities or insisting upon contraception.

Contrary to conventional wisdom that motherhood dooms young women’s futures, most adolescent mothers experienced their child’s birth as a positive event and sometimes as a critical turning point in their lives (Kirkman, Harrison, Hillier, & Pyett, 2001). In a 6-year longitudinal study, Leadbeater and Way (2001) found many

adolescent mothers became “motivated to improve their own lives because their children added meaning and purpose” (p. 26). However, IPV potentially interferes with these motivations, undermining young mothers’ ability to complete their education and move towards self-sufficiency. In particular, the negative effects of current and past IPV can impair social and psychological functioning making it difficult for young women to chart positive life courses for themselves and their children (Leadbeater, Way, & Harmon, 2001; Raphael, 2000). Youth from dysfunctional family backgrounds may also lack the “secure base” on which to found their social networks (Mackey, 2003).

PREVALENCE OF INTERPERSONAL VIOLENCE (IPV) IN SAMPLES OF YOUNG MOTHERS

The prevalence of IPV in the lives of adolescent mothers has not been conclusively established due to the lack of research that specifically looks at IPV in this population. A study of 93 urban adolescent mothers that examined relationship violence (Leadbeater & Way, 2001) indicated that 41% of their sample experienced abuse by a male partner. Other studies have focused on violence that adolescent mothers experience during pregnancy. Adolescent samples seeking prenatal care reported rates of IPV which ranged from 37% to 16% (Covington, Justason, & Wright, 2001; Curry, Perrin, & Wall, 1998; Gessner & Perham-Hester, 1998; Wiemann, Agurcia, Berenson, Volk, & Rickert, 2000). These rates exceeded the rates for comparable samples of older pregnant women, which ranged from 22% to 12% (Covington et al., 2001; Curry et al., 1998; Gessner & Perham-Hester, 1998; Wiemann et al., 2000).

The post-partum period may be an even more dangerous time for adolescent mothers than pregnancy (Gessner & Perham-Hester, 1998; Harrykisson, Rickert, & Wiemann, 2002). A study that followed 570 ethnically diverse adolescent mothers, 18 years or younger, found that 41% of the mothers reported abuse by their husbands or

boyfriends at some point during the 24 month birth post-partum period (Harrykissoon et al., 2002). Interestingly, the researchers discovered that while rates of partner violence generally declined over the 24-month period (from a high of 21% at 3 months to a low of 13% at 24 months), the prevalence of severe violence increased across the same period. For many couples, physical violence seemed to increase with the stress of caring for a newborn and then decrease as the baby became more independent. However, young women who experienced more severe physical violence from their partners found that the violence escalated over time apparently uninfluenced by situational family stressors.

With the notable exception of Leadbeater and Way (2001), psychologists who conducted a mixed methods, longitudinal study of urban adolescent mothers, IPV prevalence statistics have been gathered from the nursing and public health research. These statistics based on clinic samples represent young women who are seeking prenatal care and using public health clinics rather than the entire population of young mothers. In these studies, IPV was generally assessed by asking just a few direct questions about violence (Covington et al., 2001; Curry et al., 1998; Gessner & Perham-Hester, 1998; Harrykissoon et al., 2002). The Abuse Assessment Screen (AAS) a validated screening tool used in several of these studies measures IPV with 3 questions (Neggers, Goldenberg, Cliver, & Hauth, 2004):

1. Within the LY have you been hit, slapped, kicked, or otherwise physically hurt by someone?
2. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
3. Within the last year, has anyone forced you to have sexual activities?

Clearly, there are limitations in measuring IPV this way. First, since IPV can be a very shameful subject (Renker, 2002; Sleutel, 1998), some women will not disclose their experiences of violence when asked in this way by someone they may not know (Taket et

al., 2003). This definition of IPV is also limited by its focus on discrete physical acts of violence that fail to account for issues of power and control that have been established as central to many women's experience of abuse (Smith, Smith, & Earp, 1999). In addition, acts, such as hitting, slapping and pushing, may have a narrower range of meanings for adults than adolescents who also define roughhousing and spirited physicality using similar terms. Finally, the AAS only asks women about their IPV experiences within the past year, rather than asking about lifetime experiences which would yield higher prevalences.

Some studies (Curry et al., 1998; Gessner & Perham-Hester, 1998) did not differentiate between partner abuse and violence from other sources. Adolescents are more likely than older women to experience abuse from relatives, such as mother, father, and brother, and acquaintances such as other girls, classmates, and partners of relatives (Covington et al., 2001). When studies did include more information about perpetrators, the baby's father or romantic partner was identified as the source of the IPV from 61% (Covington et al., 2001) to 86% (Wiemann et al., 2000) of the time. Intimate partner violence was even more likely for older adolescents than younger adolescents (Coynne-Beasley, Moracco, & Casteel, 2003).

CHILD MALTREATMENT

A striking finding across several studies has been that the most vulnerable adolescents frequently experience multiple forms of IPV over their lifetimes (Banyard, Williams, & Siegel, 2001; Williams, 2003). For many youth, these experiences of IPV begin during childhood. The connections between the experience of child maltreatment and a subsequent wide range of difficulties across the lifespan have been well-established in the research literature (Banyard et al., 2001; Kasmner & McCabe, 2000; Trickett & McBride-Chang, 1995; Williams, 2003). Although most previous studies have focused

on IPV in children and adults, as researchers begin to explore the links between child maltreatment history and functioning within specific periods of development, adolescence has become an important focus of attention.

Larger scale surveys of high school students have found child maltreatment to be an important predictor of both behavioral problems and psychological distress during adolescence (O'Keefe, 1996; Wekerle & Wolfe, 1998). Trickett and McBride-Chang (1995) noted that a child maltreatment history negatively effected adolescent peer relationships, as well as school performance. A sample of 249 teenage women drawn from a longitudinal panel of urban youth indicated that young women with maltreatment histories had much higher rates of pregnancy (Smith, 1996). Some developmental theorists argue that child maltreatment and other forms of violence may be particularly damaging when the child's attachment to a parent is undermined (Wekerle & Wolfe, 1998). According to developmental theory and research, a poor attachment between child and caregiver has implications for how individuals approach and interpret future relationships with peers and partners. In turn, the quality of one's relationships has significant implications for mental health and social functioning. Children who respond to violence by acting out aggressively have difficulty developing and maintaining relationships with peers and adults. Conversely, children who cope with violence by becoming fearful and withdrawn may become more isolated and targeted for bullying. Lonely and often without protective adults, abused children are more vulnerable to further abuse by child molesters and other perpetrators (Herman, 1992).

Most researchers have defined child maltreatment broadly to include child physical abuse, neglect, child sexual abuse, and most recently child witnessing of domestic violence. The largest body of research has explored childhood sexual abuse, a uniquely devastating form of trauma. In a recently published analysis of 174 women

from a longitudinal study, Banyard and colleagues (2001) found that child sexual abuse survivors reported a “lifetime history of more exposure to various traumas and higher levels of mental health symptoms” (p. 697). While reporting strong associations between child sexual abuse and future psychological problems, authors noted that exposure to additional traumas and maltreatment increased the risk for some mental health symptoms, but not others. These findings led them to speculate some reactions to sexual abuse, like “traumatic sexualization” were specific to sexual abuse, while others, such as feelings of powerlessness and betrayal were more generalized reactions to any form of maltreatment (Banyard, 2001, p. 712). Other relevant studies have cited a relationship between childhood sexual abuse and depression, anxiety, suicidal ideation, running away, prostitution, adolescent pregnancy (Boyer & Fineman, 1992; Butler & Burton, 1990; Tyler, Hoyt, Whitbeck, & Cauce, 2001; Wolfe & Wekerle, 1997). Childhood maltreatment experiences often continue to play an active role in the dynamics of family relationships even after IPV has ended. Because many adolescent mothers are still actively engaged with their families of origin, child maltreatment experiences are likely to have stronger, more proximate effects and memories, more vivid qualities, for adolescent mothers than for adult women.

WITNESSING DOMESTIC VIOLENCE

Child abuse and domestic violence frequently co-occur in families with studies indicating that domestic violence against a mother arises in 30-70% of families that report child abuse or neglect (Osofsky, 2003). An important way in which adolescent mothers are exposed to IPV is when they witness domestic violence between their parents. Currently, there is a well-developed literature exploring the numerous and profound effects that domestic violence witnessing has on children (see for review Osofsky, 2003; Wolak & Finkelhor, 1998). Research focused on adolescents has been

less prolific, but also confirms associations between living in a home where domestic violence occurs and psychological and behavioral problems (Levendosky, Huth-Bocks, & Semel, 2002; McCloskey & Lichter, 2003; O'Keefe, 1996).

Witnessing domestic violence is defined as seeing or hearing physical, psychological, or sexual violence between parents. Children may be passive bystanders while the abuse is occurring or may be more directly involved if they are threatened or attempt to intervene with or protect their parents. Batterers may physically or psychologically abuse their children as well as their partners (Wolak & Finkelhor, 1998). As a result, these children often have poor relationships with their fathers. Batterers may actively undermine the relationship between abused mothers and their children in order to maintain greater control within the family (Bancroft & Silverman, 2002; McCloskey, 2001). The batterer may threaten to harm the children if his partner does not comply with his wishes. He may also enlist children in monitoring and reporting on their mothers' behavior. Even after mothers end relationships with their abusive partners, batterers may retaliate against their partners through custody and visitation disputes (Bancroft & Silverman, 2002).

The relative impact of domestic violence on children is dependent upon the batterer's behavior and overall home environment (Bancroft & Silverman, 2002; Wolak & Finkelhor, 1998). The effect on children is more detrimental when batterers' are extremely violent, cruel, and manipulative, when they violate sexual boundaries, and when they treat mothers with contempt (Bancroft & Silverman, 2002). Children from violent homes often learn that violence is an appropriate way to resolve conflicts, a part of family relationships, a way to control other people and that the perpetrator of violence in intimate relationships often goes unpunished (Massachusetts Coalition of Battered Women Service Groups, 1995 cited in Osofsky, 2003). Violence in the home often

affects the psychological health of children and adolescents creating feelings of anxiety, fear, and depression. These psychological issues can manifest in difficulties concentrating or getting along with peers resulting in lowered scholastic performance and achievement.

Some researchers noted gender differences in the behavioral responses to witnessing parental domestic violence with adolescent females exhibiting higher rates of internalizing behaviors and adolescent males higher rates of externalizing behaviors (Chase, Treboux, & O'Leary, 2002; Tolan, Gorman-Smith, & Henry, 2002). Internalization was reflected in measures of withdrawal, anxiety, and depression. When considering the effects of witnessing domestic violence, the variety and content of such effects varies "depending upon risk, vulnerability and structure of their environments" (Osofsky, 2003, p. 161). In her research of families living with domestic violence, Levendosky (2002) found adolescents reported higher levels of depressive and traumatic symptoms when their abused mothers reported increased psychological distress. Levendosky (2002) also discovered that children's psychological function was more affected by their mothers' experiences of domestic violence than were adolescents. She speculated that either adolescents were more able to leave violent home situations or were less emotionally and developmentally dependent upon parents than younger children. Paradoxically, many adolescent mothers become more dependent on their families in terms of their increased needs for material and financial support, at the same time that they are attempting to exert greater independence and maturity in raising their children (Davis, 2002). Thus, it is unclear whether adolescents with children would be more or less affected by their own mothers' domestic violence than other adolescents.

DATING VIOLENCE

Not all individuals who are reared in a violent home will develop violent relationships as adults. For example, only about a third of child abuse victims become abusive or neglectful parents (Oliver, 1993). However, child maltreatment and witnessing domestic violence seem to heighten the risk for experiencing dating violence in adolescence and young adulthood (Arriaga & Foshee, 2004; Chase et al., 2002; Wekerle & Wolfe, 1998). A number of explanations about the relationship between familial violence and future dating violence have been offered. Adolescents who live in violent homes may choose romantic relationships that initially provide emotional sustenance lacking from their families. At the same time, youth may consciously or unconsciously seek out partners that resemble abusive caregivers (Herman, 1992; Wekerle & Wolfe, 1998). In addition, as the level of jealousy and conflict increases in romantic relationships between middle and late adolescence, “for some youth with histories of maltreatment, this normal pressure on relationship roles and expression of intimacy is increased significantly by their abnormal expectations (e.g. for closeness or rejection) and limited problem-solving abilities” (Wolfe & Wekerle, 1997). Because many adult behavioral patterns begin to form in adolescence, researchers speculate that dating violence experiences may contribute to learning the coercive relational dynamics that characterize future domestic violence victimization and perpetration (Wekerle & Wolfe, 1999).

Similar to adult women, adolescent girls tend to conceptualize abuse in terms of physical violence (e.g. hitting, kicking, punching), while they minimize their partner’s verbal assaults, sexual coercion, and controlling behaviors (Tolman, Spencer, Rosen-Reynoso, & Porche, 2003). While the severity of dating violence seems to vary a great deal from relationship to relationship, it is by most accounts a more common occurrence

than previously thought. A statewide survey of female Massachusetts high school students found that 1 in 5 young women reported being physically or sexually abused by a dating partner (Silverman, Raj, Mucci, & Hathaway, 2001). Further they found that dating violence was associated with “an increased risk for substance use, unhealthy weight control behaviors, sexual risk behaviors, and suicidality” (p. 572). In another smaller survey of high school students, Callahan (2003) found as the level of dating violence increased so did young women’s levels of post-traumatic stress and dissociative symptoms. Although male and female adolescent dating partners often report equivalent levels of aggression towards one another, like adult women victims, adolescent female partners experience higher levels of severe violence and more physical injury and psychological distress than their male counterparts (Molidor & Tolman, 1998).

Dating violence should be differentiated from adult domestic violence since in many cases adolescent partners are more equal in terms of power (Wekerle & Wolfe, 1999). Another distinct feature of adolescent dating violence may be the greater likelihood that parents or adult relatives will intercede protectively on behalf of young female victims in violent situations. In general, families of origin play a more influential role in the lives and relationships of adolescent mothers than they do in the lives of older women. Thus, families of origin can potentially provide important resources to young mothers who are coping with dating violence.

TRAUMA AND IPV

Because IPV frequently manifests as a threat to the safety of self and others, there is considerable overlap between the experience of IPV and trauma (Kilpatrick et al., 2003). Trauma is theorized to be important in the transmission of IPV across generations and from one developmental stage to the next (McCloskey & Lichter, 2003). A clinical definition of trauma based in the *Diagnostic and Statistical Manual of Mental Disorder*,

4th edition (DSM-IV-R) has been used most extensively in research and is the basis for most study measures of post traumatic stress disorder (PTSD) in adults, adolescents, and children. DSM-IV-R defines trauma as “an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” and where “the person's response involved intense fear, helplessness, or horror” (p. 427).

Most studies examine the effects of trauma by assessing the primary symptom categories of PTSD: hyper-arousal, intrusive re-experiencing, and disassociation. In her book *Trauma and Recovery*, Herman (1992) connects each category of response to the original experience of trauma(s). “Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender” (p. 35). Some have critiqued this symptom-based approach as failing to incorporate adequate assessments of developmental disturbances that result from trauma (Pynoos, Steinberg, & Goenjian, 1996). They note that trauma can profoundly affect children’s “thoughts, emotions, behaviors, and biology” (p. 332). Perry’s neurophysiological research (1997) demonstrates the effect of early trauma and neglect experiences on the child’s developing brain, particularly the cortical and limbic regions which control affect regulation and reasoning. The effects of trauma also have spiritual and relational dimensions. Herman (1992) eloquently writes of the ways in which trauma can disconnect individuals from themselves and their communities.

Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis (p. 51).

Children and adolescents are actively engaged in the process of developing attachments, belief systems, and a sense of self. Therefore, the effects of trauma varies according to the individual's developmental stage and capacities (Pynoos et al., 1996). For example, trauma may accelerate striving for autonomy in young adolescents, or it may discourage them from separating from family members who may rely on them at home. With regard to developmental capacities, children and adolescents who have not developed a meta-cognitive framework are not always able to integrate the complex emotional experience often associated with trauma. Unable to integrate disparate feelings such as fear and love, affects may be split off from one another or from consciousness (Pynoos et al., 1996, p. 348).

Burstow (2003) offers a feminist critique of the prevailing psychiatric model of trauma which she views as both narrow and pathologizing. She advances a more political definition of trauma as “a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded” (p. 1302). With this more inclusive definition of trauma, she suggests that people can experience trauma related to living under conditions of sexism, oppression, and poverty. A broadened conceptualization of trauma has relevance for young mothers, many who live under just such conditions. IPV research has been criticized for adopting a narrow focus that compartmentalizes IPV from the larger context and issues present in women's lives (Kurz, 1998; Raphael, 2000). When research fails to integrate this larger context at the level of design and analysis, it also fails to capture the full complexity of the IPV experiences of many women. For example, researching the role of IPV in the divorce process, Kurz (1998) discovered that violence played an important role in women's decisions to divorce, as well as their decisions in custody and property negotiations. Although both divorce and domestic violence each have an established research

literature, these connections were not well articulated until they were examined together. Multiple lens and perspectives, psychological, developmental, and contextual, must be utilized concurrently in order to properly appreciate young mothers' experiences of IPV and subsequent trauma.

ADOLESCENT DEVELOPMENT

Adolescent development has been considered from a number of broad perspectives—including cognitive, social, and physical (Newman & Newman, 1997). While all are useful in illuminating specific aspects of development, this study is theoretically guided by the relational-cultural approach to adolescent development advanced by the Stone Center and other feminist theorists (Brown & Gilligan, 1992; Kaplan, Gleason, & Klein, 1991). These theorists argue that the “self is refined, enhanced, and strengthened...through inner experiences of relationships marked by mutuality and affective connection” (Kaplan et al., 1991). From this perspective, optimal development occurs within the context of safe, empathic, and authentic relationships. Gilligan and Brown (1992) suggest that a shortage of these resonant relationships may force young women to either dissociate from their authentic experience or send their true thoughts and feelings “underground” (p. 7). From this perspective, being unable to voice one’s experience authentically is thus associated with the increased depression and lowered self-esteem that occurs for many young women during adolescence. Miller (1988; Miller & Stiver, 1997) argues the absence of connection, or disconnection, places individuals’ development and psychological health at risk. While milder experiences of disconnection can be tolerated or transformed into more connective relational experiences, profound disconnection frequently leave individuals confined to an enduring state of isolation and disempowerment. According to Miller, profound disconnection occurs in the face of violence, abuse, oppression, or relational unresponsiveness. Often

these conditions are experienced simultaneously. The relational-cultural approach, in particular, emphasizes that beyond the effect that the quality of current relationships have on development and psychological health, past relationship experiences that have been internalized are also critical. These past relational images “embody what each person expects will happen in future relationships as they unfold” (Miller & Stiver, 1997, p. 40).

Adolescence is also seen as a time of increased relational possibilities. Kaplan (1991) suggests that this is due to several factors including: the increased potential for sharing one’s affective state and responding to another’s affect; emerging capacity to permit relationships to change and evolve; an enhanced ability and willingness to work through conflict while maintaining emotional connection; and a heightened sense of empowerment in response to relational connection (p. 131). Although identity formation through separation and individuation has long been identified as the primary developmental task of this adolescence, the process of identity formation is largely a relational process fed by these emerging relational capacities. Adolescents explore possible selves by experimenting with new roles and behaviors within their important relationships (Harter, 1999). Gilligan and Brown’s research with adolescent girls (1992) suggests that cultural directives are strongly reinforced during adolescence through relational experiences with adults and peers that teach adolescent girls the boundaries of acceptable adult female expression and behavior. Adolescence is seen by many as a disequibrated period that places girls at risk for substance abuse, violence, depression, eating disorders, premature sexuality, and for losing the ability to authentically voice their experience (Brown & Gilligan, 1992; Pipher, 1995). Adolescent mothers begin to negotiate identities and envision future adult selves within this context of impinging socio-cultural pressures and maturing cognitive and affective abilities. The early

motherhood poses a unique challenge to both of these processes by imposing new identities and altering future prospects.

CONCLUSION

For many adolescent mothers, poverty presents multiple disadvantages in terms of available resources and opportunities. Poor and low income adolescent mothers striving to become self-sufficient may find IPV an additional obstacle to their progress. Studies have revealed rates of IPV as high as 41% in populations of pregnant and parenting adolescents. Rates of IPV in adolescent mothers, though high, may be underestimated in the IPV literature due to methodological limitations of current studies. Child maltreatment and child witnessing of domestic violence have both been associated with future psychological and behavior concerns throughout one's lifetime. The effects of these early experiences have a profound impact on how youth approach relationships, including dating relationships. Dating violence in turn may predispose adolescents to become involved in abusive relationships as adults. Trauma is believed to be an important mechanism in explaining the relationship between these forms of IPV across the lifespan. IPV related trauma can cause psychological and physiological symptoms, reinforce destructive behavioral patterns, and interfere with healthy resolution of developmental tasks. It is critical that all of these factors be examined contextually in order to more fully understand the interrelations between different types of IPV and IPV and other life stressors.

A relational-cultural theoretical perspective can help to examine the impact of IPV on adolescent mothers' important relationships, as well as assess whether these relationships form positive contexts for continued growth and development. Young mothers struggle with the same developmental challenges as many other adolescents. In addition, many adolescent mothers are simultaneously grappling with experiences of IPV,

day to day crises of living in poverty, and new responsibilities of motherhood. While the literature has examined many of these issues separately, research that integrates these issues in the context of adolescent mothers' lives has been lacking. This study will expand on previous theory and literature to ground IPV experiences within young mothers' lives and relationships.

Chapter 3: Methods

Design decisions are critical to the success of the research project. The methods were selected for their suitability to the subject matter, questions, and goals of the study (Padgett, 1998; Rubin, 1997). This research study explores how adolescent mothers experience life stressors, including IPV, and how they view these stressors within the context of their lives and relationships. Ethnographic interviews were conducted with 30 ethnically diverse, English-speaking mothers between the ages of 18 and 22, who had their first child before age 18. The respondent sample was drawn using community agency contacts and snowball-sampling techniques. In the following sections, I will review the rationale for my selection of methods, data collection procedures, data analysis, and a descriptive account of respondents.

RESEARCH QUESTIONS

Qualitative research questions, in contrast to quantitative research questions, are intended to be open-ended and revised throughout the process of the research (Creswell, 1998; Padgett, 1998). Because all questions contain assumptions, qualitative researchers take special care in identifying and acknowledging the assumptions embedded within her research question (Creswell, 1998). The research question (RQ) that originally guided this project was: *how do adolescent mothers think and talk about life stressors in the context of their past and current life experiences*. In particular, I was listening for references to the violence in their primary relationships and how this violence was experienced within the context of other life challenges. Actual interviews revealed that respondents were much more interested in exploring their relationships and current life goals than identifying specific life stressors. Through a recursive process of data

collection and analysis, the research question narrowed to examine *how contextual factors, such as IPV and gendered narratives, affect young mothers' developmental passages.*

Although the RQ was necessarily broad and open, it contained important assumptions that should be made explicit. The RQ's first assumption is that the adolescent mothers interviewed were experiencing a variety of life stressors. This assumption was supported by a body of literature describing the complicated and stressful lives of adolescent mothers and their children (Coley & Chase-Lansdale, 1998; Harris, 1997; Hotz et al., 1996; Whitman, Borkowski, Keogh, & Weed, 2001). With regard to violence, studies of adolescent mothers reported rates of relationship violence as high as 41% (Leadbeater & Way, 2001).

The RQ's second assumption was that there was indeed a relationship between these life stressors and other past and current life experiences of the adolescent mothers--that each occurs within the context of the other. In the area of violence, this assumption was supported by research that demonstrates important relationships between issues such as domestic violence and poverty (Raphael, 2000) domestic violence and divorce (Kurz, 1998), and domestic violence and childbearing (Campbell, Oliver, & Bullock, 1998; Campbell & Soeken, 1999).

With these assumptions explicit, I approached the study striving to remain open to the possibility that these assumptions were incorrect and that the research question might need to be substantially revised if the data suggested more relevant questions. Thus, this RQ was used as the starting point and viewed as provisional, as respondents identified the study's most important questions through their responses. In fact, respondent interviews did result in a shift in the study's primary orientation from life stressors to personal relationships. Although mothers identified numerous life-stressors during the interviews,

their relationships with children, boyfriends, parents, and friends seemed to most capture their energy and imagination. They talked about their own struggles within their relationships, describing relationships that were healing and protective, as well as relationships that were painful and disempowering. Similar narratives emerged from respondents about their romantic relationships that reflected familiar gendered narratives. Thematic analyses focused on examining how these relationships and gendered narratives affected young mothers' experiences.

RATIONALE FOR SELECTION OF METHODS

Padgett (1998) recommends that qualitative methods are well-suited to research conducted “during the initial exploratory phase of inquiry”, concerned with “topic[s] of sensitivity and emotional depth”, or seeking “to capture the ‘lived experience’ from the perspectives of those who live it and create meaning from it” (pp. 7-8). IPV is a complex and deeply personal phenomenon that to date has not been extensively studied from the perspective of adolescent mothers. The complexity, emotional sensitivity, and unexplored qualities of this topic all indicate a more open-ended qualitative methodology. Ethnography, in particular, is sensitive to personal meanings and cultural context each integral to this investigation.

Definitional controversies about what constitutes IPV abound within the research literature (Johnson & Ferraro, 2000; Smith et al., 1999). Both broad and narrow definitions have been used in researching domestic violence. IPV has been defined in terms of specific acts of aggression—for example, hitting, slapping, kicking, shoving, or using weapons—between intimates and strangers. Others definitions incorporate dynamics of power and control extending the definition to encompass economic, sexual, and emotional, as well as physical abuse. Women's own definitions of domestic violence and abuse appear influenced by numerous personal and contextual factors (Sleutel, 1998;

Smith et al., 1999). Race, ethnicity, class, and family history all affect the ways in which our understanding, values, and priorities operate within intimate relationships (Johnson & Ferraro, 2000). Listening to adolescent mothers reflect on the nature of their intimate relationships will help us to discern the processes and variables that are most salient to them.

Some critics argue that focusing on the subjective experience of women rather than discrete events of physical violence allows battering to be viewed as “an enduring, traumatic, and multidimensional experience conceptually distinct from episodic assault” (Smith et al., 1999, p. 186). In this study, I solicited young mothers’ descriptions and reflections about their lives and relationships rather than posing more narrow questions about specific events that had occurred. IPV is not only a complex, but also a deeply personal phenomenon. Despite increased public knowledge and awareness about the pervasiveness of IPV, there continues to be stigma associated with disclosing incidents of intimate abuse (Renker, 2002). Talking about experiences of violence privately with a skilled and non-judgmental interviewer has been demonstrated to yield more and better information than more impersonal methods of data collection (Covington, Diehl, Wright, & Piner, 1997; Koss, 1993).

Qualitative research designs that use nonrandom sampling techniques have a particular usefulness for focusing on more marginalized groups, such as adolescent mothers, because these groups are typically more difficult to find and engage. These groups are often underrepresented when using random sampling designs. This study used a sample that was purposive because respondents were selected to represent a diversity of adolescent mother viewpoints, and accumulated through snowball sampling techniques (Padgett, 1998; Rubin, 1997). Snowball sampling techniques were utilized to ensure that the more marginalized and socially disconnected adolescent mothers were also

represented. The researcher first enlisted service providers' help in identifying initial respondents. As these respondents were interviewed they were asked if they knew of other adolescent mothers (not known to service providers) willing to participate in the study. Many adolescent mothers referred their friends and relatives who might not otherwise been identified and interviewed. Because a majority of the initial referrals were Mexican American mothers, additional emphasis was placed on recruiting African-American and Anglo mothers, in order to examine potential ethnic and cultural differences.

Since individuals from marginalized groups have experienced historic mistreatment predisposing them to be suspicious or mistrustful of authority figures, including researchers, additional time and care may be required to build trust and rapport with respondents (McRoy, 2002). For the most part, respondents seemed comfortable and open in talking about their lives. However two incidents highlighted the importance of staying attuned to the respondents' experience of the interview process. On one occasion an African American mother expressed surprise that I knew what a Section 8 certificate was. Another mother prefaced her disapproval of drug and alcohol use by stating "not to say anything against you." These comments indicate the types of the assumptions that respondents make about researchers whose social locations are different than their own. The young mothers that I interviewed wondered and drew conclusions about who I was, how I conducted myself, and what I knew. While these two young women revealed their assumptions that I knew nothing about housing subsidies and that I potentially used illicit substances, other young mothers had their own unvoiced assumptions. Throughout the interview process, I attempted to be transparent about myself and my questions. I also tried to ensure that the mothers felt I had properly understood their experience by asking questions and reflecting back what I heard.

Interviews were conducted in person, at the respondent's home or another familiar place, such as their school, in order to facilitate respondent comfort. Providing validation, attention, and respect seemed to make the interviews enjoyable for most young women. One respondent remarked that the interview questions I asked helped her "figure things out." A small \$10 honorarium was provided for each interview as financial reimbursement for their time and input.

OVERVIEW OF METHODS

Ethnographic Interviewing

Because I wanted to closely track the lived experiences of adolescent mothers, I selected an ethnographic approach. Ethnography is deeply rooted in the history of cultural anthropology (Creswell, 1998). This approach developed from the tradition of researchers spending considerable time in the field learning about culture through participant observation. The ethnographic method is unique in its' focus on understanding culture through a process of immersion (Creswell, 1998; Spradley, 1979). Ethnographic interviewing accesses cultural knowledge by focusing on the details and context of experience (Creswell, 1998; Spradley, 1979). In contrast to more structured interview approaches, ethnography allows thematic content to emerge from interviews without strongly pre-imposing researcher's definitions about what is important (Spradley, 1979). The ethnographer asks participants to assume the role of experts about their lives and relationships, while the researcher assumes a position of naivete—avoiding making assumptions about the participants' experience and personal meanings (Creswell, 1998; Spradley, 1979). In addition, conducting interviews in the field allows the ethnographer to incorporate her own observations of respondents within a more naturalistic setting

(Spradley, 1979). Using ethnographic interviewing, I was able to ground the experiences of young mothers within their cultural context.

Spradley (1979) identifies three elements that distinguish the ethnographic interview from more common social exchanges: 1) explicit purpose, 2) ethnographic explanations, and 3) ethnographic questions (pp. 59-60). Interviews began with casual, friendly questions and limited self-disclosure about my background, my interest in the interviews, and my own experiences as a mother, as rapport developed. I provided explanations of the interview and interview process. Interviews became free flowing as respondents talked about those areas of their lives that were of greatest concern to them. As needed, I asked clarifying questions, and redirected mothers to related topics in order to insure that all relevant life domains were covered.

Second interviews were conducted to gain greater depth and insight, pursue themes emerging from other interviews, and develop a more complete picture of young mothers' lives. During the second interview, I was able to ask more specific questions about mothers' experiences, including IPV that might not have been as easily discussed during an initial meeting. In fact, on at least three occasions young mothers first revealed IPV during the second interview. The second interview also provided an opportunity for the interviewer follow-up on any misunderstandings, gaps, or hunches that surfaced during or following the initial interview. The amount of time that passed between first and second interview ranged from six weeks to seven months. Second interviews were conducted with 18 mothers.

Respondents were asked to select their own pseudonyms for the purposes of reporting. In addition, pseudonyms selected by the author were used to replace the names of individuals recorded in field notes or referenced by respondents during interviews.

Entering the field

In order to recruit young mothers for the study, I developed relationships with service providers from multiple service sites. Cultivating these relationships was important identifying potential respondents. Conversations with service providers also provided valuable insight into young mothers' lives. Spending unstructured time within service agencies and talking to affiliated service providers allowed me to become more versed in the service delivery systems used by adolescent mothers.

Since most researchers are outsiders, agency contacts are extremely useful in facilitating introductions and helping establish credibility and trust with respondents, wary or guarded about talking to an unknown person about intimate topics (Padgett, 1998). This credibility and trust is necessary in order to get beneath the more concrete explanations and superficial narratives that they tell about their lives (Creswell, 1998; Padgett, 1998). I entered the field by approaching high school day cares, GED programs, adolescent health clinics, and other programs where young mothers received services. I also attended meetings of provider networks to make short presentations about the study and distribute flyers. My field notes describe an initial meeting at a high school day care center.

I went to High School X this morning. It is one of the smaller high schools in the district but serves 1300 students, most of them of color. I met with one of the school counseling interns Janelle, a striking, mixed race young woman who is working towards her professional license. She took me down to the daycare where I also talked to the daycare director Belinda, and the parent child educator, Mary. Belinda is in her 30s, a former math teacher at the high school. She likes her current job much better. She pads around in her socks having taken her muddy shoes off outside. The portable where the daycare is housed is spartan, but the walls are covered with colorful posters and it has a warm, relaxed, comfortable feeling. We met in the front office of the daycare. Children are playing in the large room of the portable behind us and singing to a Barney tape. Belinda and Mary each have a 3 yr old child enrolled in the daycare. Belinda states that her son has been with her at work since he was 1-1/2 years old. They are animated as they talk about the girls that they work with and update each other

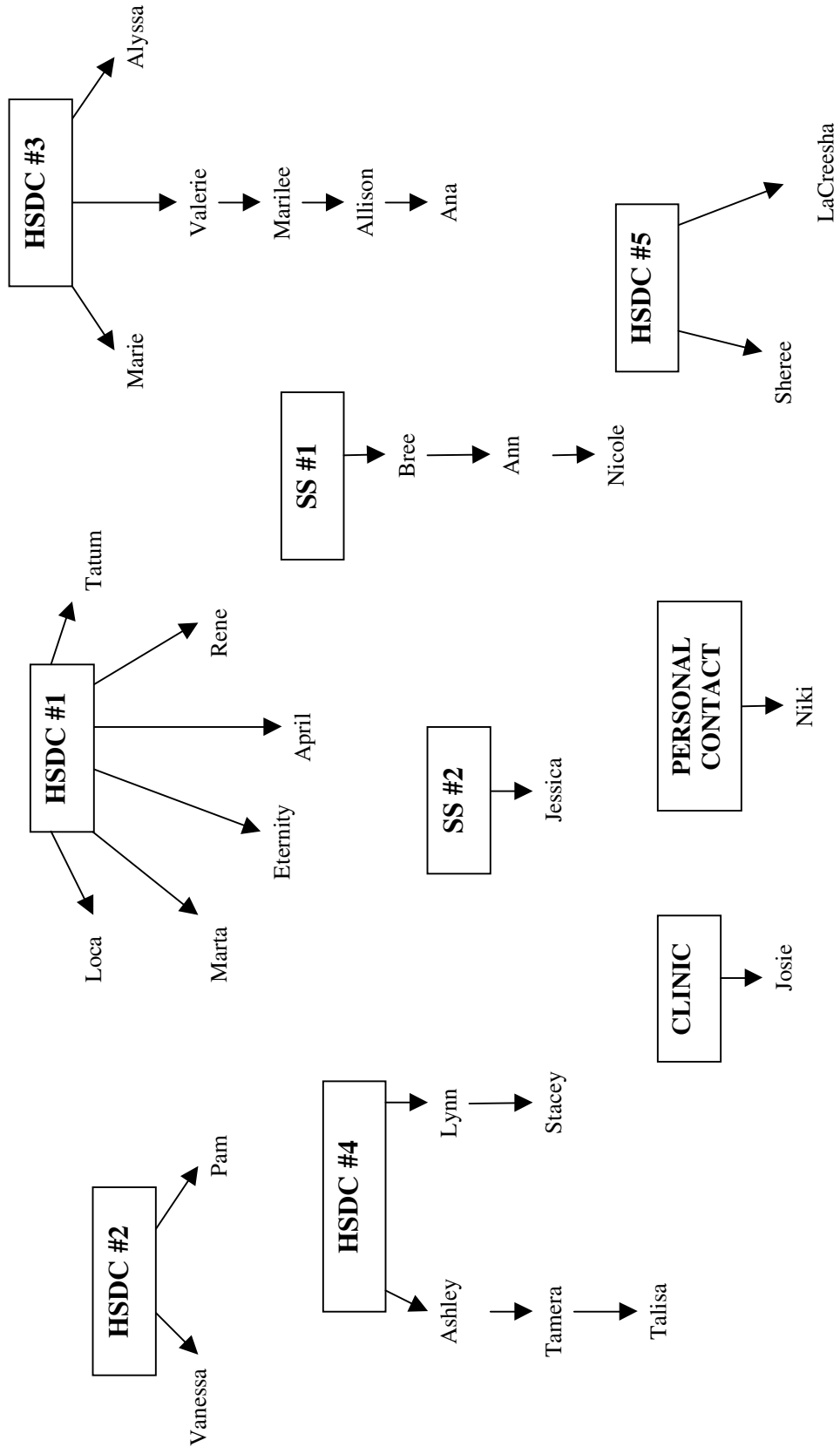
with pride about their students' progress and with patience and realism about the new crises other girls are facing. They see themselves as outsiders within the high school. Belinda states that some teachers see them as encouraging pregnancy at the school. They introduce me to Irene, a 19 year old recent program graduate who works in the office as well. They suggest she would be a good person to interview.

I spoke with Irene that day and although she was interested in participating, we were never able to coordinate our schedules between her work, school and family obligations. However, Belinda and Mary referred six additional young mothers who were interviewed as part of the study. On one occasion, I visited a group of mothers before they began their weekly parenting support group. Mary arranged for the smaller group of mothers who were over 18 to talk with me separately. As we sat around the table of what appeared to be a home economics classroom, I told them about myself, my interest in the study, and what their commitment would be if they decided to participate. When a mother expressed interest, we talked alone about where she would feel most comfortable being interviewed and agreed upon a time. Some mothers preferred to be interviewed at the school, and often we met in empty lounges or unused offices. I was also able to observe the home environments of those mothers who allowed me to interview them in their homes. Fortunately, service providers were usually interested in the research and very receptive to identifying potential respondents. They saw the \$10 compensation, as a nice opportunity for their clients. Service providers contacted young mothers on their caseloads that met study criteria and asked their clients' permission for me to follow-up with them about study participation.

As part of the snowball sampling design, interviewed mothers were asked to refer friends and relatives who might be interested in participating in the study. Interviewed mothers often facilitated these introductions through a phone call or on a few occasions in person. This sampling strategy was successful in producing a respondent sample that was

ethnically diverse and drawn from multiple sources, rather than tapping into a limited number of social networks (See Figure 1). Fifteen mothers were recruited from five high school childcare centers. Nine mothers referred by participating mothers. Five mothers were recruited from social service agencies. And one mother was referred by a personal contact of the researcher.

Figure 1: Respondent Referral Chart



HSDC (High School Day Care Center)
 SS (Social Service Agency)

Development of research instruments

Interview Schedule

The interview schedule (Appendix A) was designed to elicit mothers' accounts of their lives and relationships in their own words. Asking open-ended questions, incorporating the mother's own language into the interviewer's questions, and encouraging mothers' to tell stories rather than translate and analyze their experiences for the interviewer's benefit are all strategies that strengthen the quality of the data (Spradley, 1979). The initial interview schedule was comprised of seven sections covering various domains of the mother's life and history. They were:

1. Daily life, relationships and routines
2. Family history
3. History of romantic relationships
4. Motherhood in the context of other life responsibilities
5. Description of current or most recent relationship
6. Relationship expectations and values
7. Questions about basic needs

Each section contained several questions and probes to help the mothers describe in detail their feelings, thoughts, and experiences. The interview schedule was used as a guide. When respondents were more reticent, the schedule was relied on more extensively. The interviews with more expressive respondents had their own internal logic. Domains identified in the schedule were covered as they came up in conversation.

Face Sheet

The researcher completed a face sheet (Appendix B) for each completed interview, as well as recorded notes about the interview process. These notes included brief descriptions of the interview location, the mothers' demeanor and non-verbal responses, the interviewer's feelings and reactions, and unusual or remarkable events that took place during the interview. The interviewer also recorded analytic hunches or new questions that developed from the interview.

Data Collection Procedures

Conducting the interviews

The study received approval from the University of Texas at Austin Human Subjects Review Board. Informed consent was required of all respondents prior to interviews using the following procedures. Mothers were approached by known service providers or other participating mothers. Potential respondents were asked to contact the researcher either by phone or at the service agency if they were interested in participating in the study. During the initial contact, the researcher introduced herself and provided a brief description of the interview process, confirmed the mother's eligibility and interest and asked if she has any questions. If the mother was agreeable, the researcher and mother arranged a time and place for the interview to take place.

When meeting for the actual interview, the researcher reviewed the informed consent form, discussed the benefits and risks of participation, and asked if the mother wished to go forward, if she would like to refuse, or if she needed more time to decide. If she was comfortable, the mother was asked to sign the informed consent form. The researcher emphasized that at any point in the research the mother could change her consent without fear of a negative outcome. Specifically, the mother was told of her right

to stop the interview, turn off the tape recorder, or revoke or discontinue her participation at any time.

The interviews took place at a location of the mother's choosing. Interviews were conducted at the mother's home, at a familiar social service agency, or at a mutually agreed upon location that was safe, comfortable and private. The interviewer then paid the respondent with \$10 gift certificate to a local grocery store chain. All mothers were asked to select their own pseudonym for reporting purposes. The researcher provided coloring books or games to entertain respondents' children during the interviews and usually brought a light snack or lunch for mother and children to eat.

Interviews were conducted using the semi-structured interview schedule as a guide. Interviews were tape-recorded. The shortest interview was 35 minutes, the longest interview lasted slightly over 2 hours. All interviews were transcribed verbatim either by the interviewer or a research assistant. Demographic data was entered on a face sheet. The researcher also created memos of field observations during the recruitment phase of data collection. All transcriptions and other text documents were then entered into NU*DIST 4 to be analyzed. The researcher exercised reflexivity by journaling on several occasions during the data collection and analysis phases of the project to capture and reflect on personal feelings and biases.

Addressing potential risks

Since adolescent mothers are understood to be a vulnerable group sometimes living in precarious or potentially unsafe situations, great care was taken not to exacerbate any problems that may have existed for them. Mothers were asked in advance whether it was appropriate to call them at home. They were allowed to choose when and where they wanted to meet for the interview. In addition, mothers were not initially

approached in the presence of their boyfriends or husbands, in order to protect them from possible retaliation from a violent partner.

The interviewer reviewed the exceptions to confidentiality with each mother who was interviewed. Since information about abuse of a child or disabled individual could potentially be revealed, the circumstances necessitating mandatory reporting to state protective authorities were discussed with mothers at the outset of the interview process. Since the interviewer was an experienced clinician, she possessed skills for anticipating and managing abuse disclosures. If a respondent had appeared likely to make a disclosure during the course of the interview, the interviewer would have reminded her of the limits of confidentiality and asked if she would like to proceed. If a reportable instance of abuse was disclosed, the interviewer was prepared to discuss the steps she will take to make the report and let the mother know likely next steps. No suspicions of reportable abuse were raised during any of the interviews.

In preparation of a respondent becoming upset or remembering unpleasant experiences due to the interview, referrals for counseling and other social service resources were available for mothers who became distressed, identified unmet needs or concerns that could benefit from formal helping, or requested such referrals. If appropriate, the researcher was prepared to make referrals or provide advocacy with the mother's permission, while maintaining clear boundaries about her role as a researcher. The resources that the interviewer kept available included phone numbers for domestic violence and rape crisis hotlines, counseling and mental health services, and legal services. No mothers required advocacy or intervention by the researchers. While a few mothers were actively in crisis, these mothers were also aware of or already connected with needed resources.

Following the interviews, the researcher removed all identifying information from tapes, transcripts, and computer files that were stored in the researcher's locked office. The researcher and her academic supervisors were the only people who viewed the raw data. Everyone who had access to the data understood and maintained confidentiality standards. Respondents were not expected to accrue any specific benefits as a result of participating in the research process. However, most young mothers seemed to enjoy the process of being interviewed.

DATA ANALYSIS

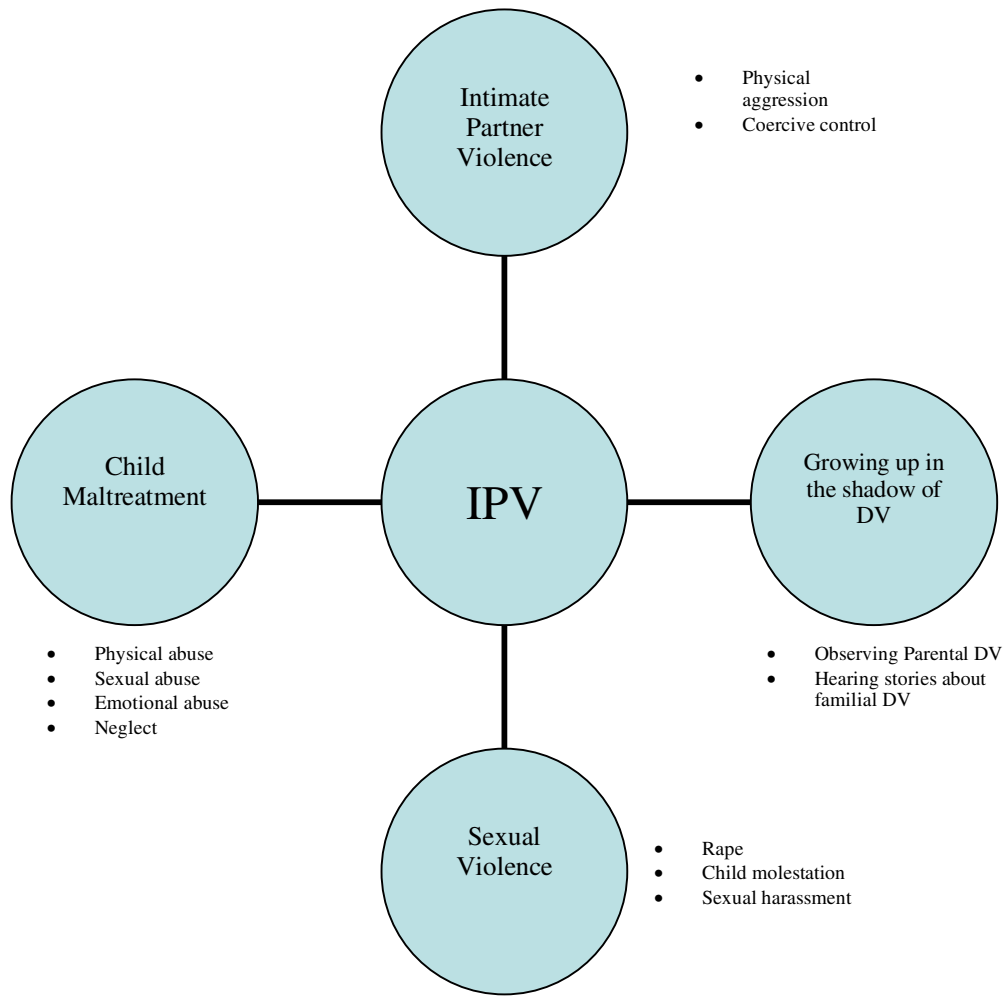
Audio-taped interviews were transcribed verbatim by the interviewer or a transcription assistant. When interviews were transcribed by a transcription assistant, the interviewer checked and corrected the transcription against the audio-taped interview for accuracy. On three occasions, tape recorder malfunctions meant interviews were not audio-taped. The interviewer made extensive notes from these interviews that were later typed and filed.

QSR NUD*IST, a qualitative software package, was used to manage the study data. NUD*IST allows the researcher to “explore documents, [by] creating categories and coding texts (p. 2).” Although NUD*IST also is also designed to assist in the developing and testing of theory by detecting patterns in coding and constructing matrices, the researcher did this more subtle analysis manually. NUD*IST was primarily used to store transcribed interviews and memos and to produce reports of coded data that were then analyzed in greater depth by the researcher. All corrected interview transcriptions, memos, and interview notes were saved as text documents within the NUD*IST.

After reading each transcription several times to develop an overview of the data, a provisional thematic coding scheme was developed. This coding scheme was

elaborated and refined as more interviews were coded. Thematic categories were structured as groups of themes emerged as conceptually similar. To illustrate, IPV emerged as an important thematic category, as it was referenced by 24 of the 30 interviewed mothers. The various forms of IPV mentioned during the interviews composed 3 subcategories: intimate partner violence, child maltreatment, and witnessing domestic violence (see Figure 2). Each of these subcategories was expressed through a variety of themes. Intimate partner violence included coded descriptions of physical aggression and separately coded descriptions of coercive control. Similarly, child maltreatment encompassed coded descriptions of childhood physical, sexual, and emotional abuse, as well as childhood neglect.

Figure 2: Coding Structure of IPV



Throughout the data collection and analysis phase, coding structures were altered to better represent the data and the relationships between themes. For example, initially *domestic violence witnessing* was a separate thematic category. Many mothers described observing their mothers or other female relatives being physically abused. However, unexpectedly, other mothers discussed how familial domestic violence though not

actually witnessed affected them secondarily as they heard detailed stories of violence from others in the family. Twenty year old Mishele described a domestic violence incident between her parents that took place before she was born.

I don't remember any of it, but she (mother) just told me one story where he (father) was mad. 'Cause she was young when she met him too. I'm 20 now and she's like 38, so she had me when she was like 18. She said that one time he came home mad because his dinner wasn't ready and that. I don't even know if she was pregnant with me yet at the time, but she said early that day he had a gun, and she took all the bullets out of it and when he got so mad about the food not being ready or whatever, he pulled the gun out on her, he said, 'you know if you don't do it, I'll kill you.' And she told him, do what he got to do, and she said he actually pulled the trigger, but she had taken the bullets out and she said when he pulled the trigger and it didn't 'cause he had it up to her head and it didn't go off. She said she found a hammer from somewhere and she beat him bloody. She beat him from the living room wherever that was, I don't even know where we were staying, to the bathtub and he, after that he never hit on her again. So I mean, I guess it took that she said cause Shakira (sister) was sitting right there when he pulled the trigger and she would have been dead right there in front of her baby.

Because of the conceptual similarity to the descriptions of *domestic violence witnessing*, interview material initially coded *hearing stories of violence* was merged with the *domestic violence witnessing* theme into a larger more inclusive thematic category: *growing up in the shadow of abuse*.

Coding is one step in what Miles and Huberman (1994) call data reduction. Data reduction "sharpens, sorts, focuses, discards, and organizes data in a way that 'final' conclusions can be drawn and verified" (p. 9). The sheer magnitude of data produced by qualitative research makes it is necessary to reduce the data in order to begin seeing patterns and relationships. With each interviewed mother treated as a single case, coding was analyzed within cases and across multiple cases. Coding for each case was collapsed into summaries. Summaries were then incorporated into matrices so that relationships could be more easily explored. For example (Table 2), a table was constructed containing summaries of all coded references to physical aggression and coercive control from young mothers' interviews.

Table 2: Intimate Partner Violence: Themes of physical aggression and coercive control

	Physical aggression	Coercive control
Marta	BF is abusive when he drinks, Describes threatening behavior; feels scared of him He is unremorseful after incidents of violence Violence stopped after police came to her house and She set limits on him being around her when he drinks;	BF seems to take advantage of power differential related to her developmental disability and lack of knowledge—she trusts him to not get her pregnant, thinks MD would have told her if she had STDs;
Valerie	Disclosed abuse during 2 nd interview after she had more decisively broken up with him; He gave her a black eye in worst incident—police came and Filed report he later was jailed on other charges	Says he was obsessive with her, especially after baby came “He loves me too much”; Ripped up her clothes so they had to keep them in the garage; Their 1 st sexual experience was non-consensual; Says she was naïve and vulnerable to him;
Jessica	During a fight about their daughter, XBF grabbed her arm as she started to walk away from him	She was afraid of him because of his angry outbursts; He expected sexual privilege after she got pregnant with his child; Did everything to please him—afraid to tell him no about sex—didn’t do it till she had support;
Alyssa	Husband has choked her and hit her on head; police have come 3X—he was arrested after she blacked out during a choking episode; She fought back and said she even tried to provoke him she feels more anger than fear	When she wasn’t scared of him it made him more angry; Didn’t care what she did—wouldn’t get jealous (although suspects he might have been)—withheld affection—as ways of hurting her feelings?; Since he lost job—he has to ask her for \$;
Bree		Says BF tried to make her feel like she needed him—told her she was fat and that no one would want her; Now that she doesn’t need him financially or materially—makes him more angry and possessive; (came out in 2 nd interview)
Tatum	Had argument with BF over housework—she defiantly dared him to hit her—he ‘jawed’ her and she hit him with a bat; uncle intervened	Baby’s father jealous of her guy friends—tells her she’s not pretty enough to get another guy; XBF of 2 weeks (he later killed his GF) didn’t want her to wear certain clothes or hang out with her guy friends;
April	Single incident: XBF pushed her against wall during an argument over another guy when She was pregnant; Had him arrested for it	
Ann	Hits her boyfriend in play but also to show him how much he hurts her emotionally; knows he won’t hit her back.	She feels emotional abuse is more forgivable than physical abuse

Merrilee	XBF moved in with her family; bit, pushed, hit her—she covered up her injuries; started hitting back after awhile; uncles would have beaten him Sister and brother-in-law intervened;	At first scared to hit back—but over time got more angry; BF didn't like clothes she wore—too sexy; didn't want her to go to school since boys were there; threatened suicide when they broke up; his friends couldn't say hi to her Brought girl to her clinic for STD tx; Threatened suicide;
Josie	They had a physical fight and she was arrested and he was not; she had Gone to juvenile for a previous fight; covered up the abuse when they lived with her family;	
Ana	Husband beat her 2X—once when he came home drunk and angry; 2 nd time was moving out—he kicked her till she blacked out—his sister and brother-in-law observed and intervened—he was later remorseful	Cheated on her for not sleeping with him;
LaCreasha	Hits BF but he doesn't hit her back; sometimes hits in play—other times he deserves it—leaves when she is really angry	
Callie	BF choked her in front of baby; was so angry thought she could have stabbed him; went to the women's shelter but didn't think his behavior was as bad as other women's abuse.	Meeting BF changed her whole life—in positive ways—BF got her away from bad crowd; he expected to be bowed down to—got physical with her because she challenged him—didn't happen with other GF; Always watching sports with friends while she stayed in the bedroom (afraid of friends?); She felt in control in the beginning of their relationship—changed when she quit her job and moved in with him—stopped hanging out with her friends—didn't want to lose him after she fell in love;

This table was then used for cross case analyses to explore the similarities and differences of young mothers' experiences of physical aggression in intimate partner relationships. For example, 18 year old Marta described an incident of abuse with her boyfriend where he beat her and dragged her by her hair around the apartment. In contrast, Jessica described by grabbed by the arm when she walked away from her baby's father during a fight. He dropped her arm when Jessica's father came out of the house. Although the level of physical violence described in each case was markedly different for each mother, both described a similar patterns of coercive control by their partners that

included coercive sexual encounters and emotional abuse that included infidelities and denying paternity.

The same table was used for a within-case analysis to explore the relationship between physical aggression and coercive control for individual mothers. For example, Jessica tolerated extensive emotional and sexual abuse by her boyfriend as she tried to make the relationship work for her daughter's sake, but quickly ended their relationship when he grabbed her arm—a seemingly mild act of physical aggression. At the other end of the continuum, even after being physically terrorized on a number of occasions by her boyfriend, Marta hoped to work things out with him and barely noticed the other forms of control in the relationship.

Actual decisions about coding sections of the interview transcript were intuitive in the beginning. Sections of the transcripts were coded to correspond with the initial coding structure. New codes were created and affixed to interview material that did not fit into designated codes. These new codes might be incorporated into the coding structure or they might remain free-standing. Reports of all coded interview material were then generated through NUD*IST 4. These reports were reviewed to insure that codes were distinctive and that interview material was appropriately coded.

Data and coding schemes were presented for feedback, perspectives, and additional insights to academic supervisors in the analysis process. Analytic work continued through the dissertation writing process as advisors advocated for more extensive analyses. These analyses included developing interpretations and theoretical elements from descriptive material, as well as comparing findings with previously identified variables and associations found in the literature.

Typically, good qualitative accounts balance their use of description, analysis, and interpretation in varying degrees (Wolcott, 1994). Grounded in descriptive detail,

findings were also connected with relevant published literature. My most important consideration was to not to reach for interpretations and conclusions that my data would not support. In this regard searching for disconfirming evidence and outlier cases was important for enhancing the validity of the analysis and interpretation. For example, when I analyzed the relationship themes that emerged for young mothers who had been exposed to IPV, I looked closely at the cases of mothers that had not been exposed to IPV to search for similar themes. Finding similar themes in mothers not exposed to IPV may have indicated that some other aspects of development were at play. In comparing these two groups of mothers, I was also to be cognizant of other differences that existed between them besides IPV that might have been associated with emergent themes.

Respondents

The sampling strategy produced an ethnically diverse respondent sample (Figure 2) that reflected the overrepresentation of adolescent mothers of color in the local population (Figure 3). Although the local population is predominately Anglo (57%) with a substantial Hispanic minority (29%) (Table), almost nine of 10 teen births (88%) in the county are Hispanic or African American (Figure 4).

Figure 3: Respondents by ethnicity

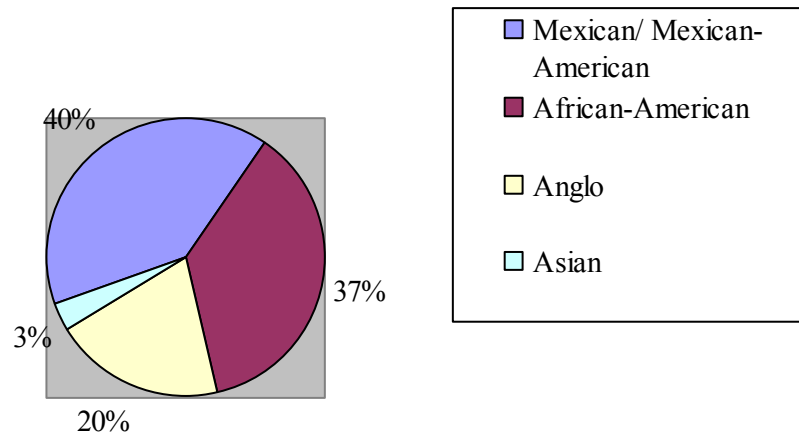
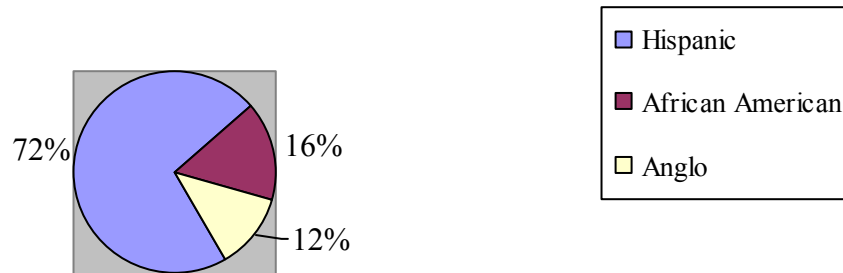


Table 3: Travis County population by ethnicity (Census, 2000)

Ethnicity	%
Anglo	57
Hispanic	29
African-American	9
Asian	5
Total	100

Figure 4: Teen births by ethnicity in Travis County (Census, 2000)



In this study, 12 of the respondents (40%) were Mexican or Mexican-American. One was born in Mexico and immigrated at age 3, the rest were born in the United States. Several of these mothers were children of first generation immigrants. Most were fairly acculturated, as well as bi-lingual. Eleven of the mothers (37%) were African American. Six mothers were Anglo (20%), and one mother (3%) was Asian. Mothers ranged in age between 18 and 22 years old at the time of the first interview (see Figure 5). A third of the sample was 18 years old. Six mothers were 19. Eight were 20. Five were 21, and one mother was 22. Mothers were between 14 and 17 years when they had their first child (see Figure 6).

Figure 5: Mother's age at time of 1st interview by ethnicity

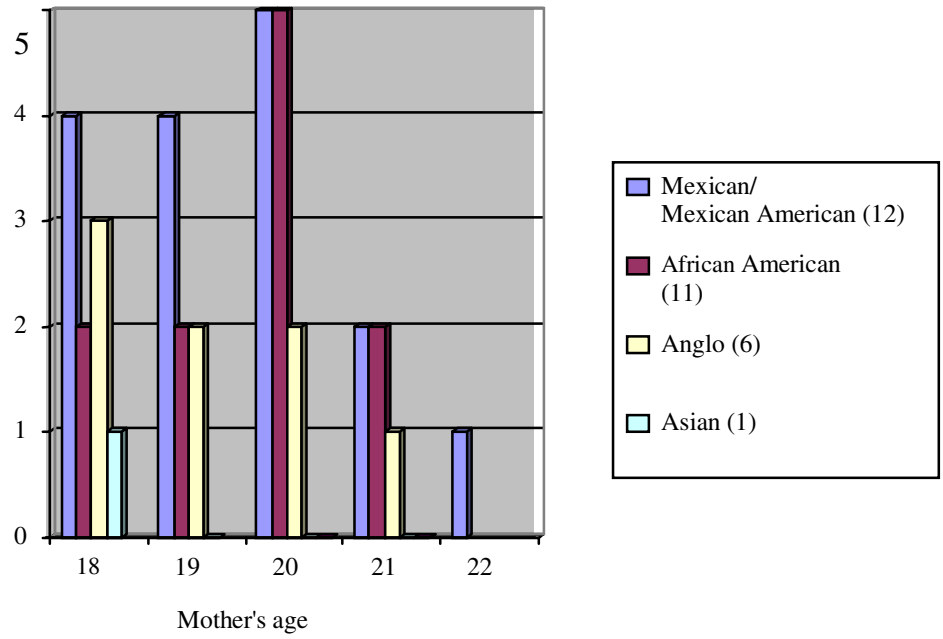
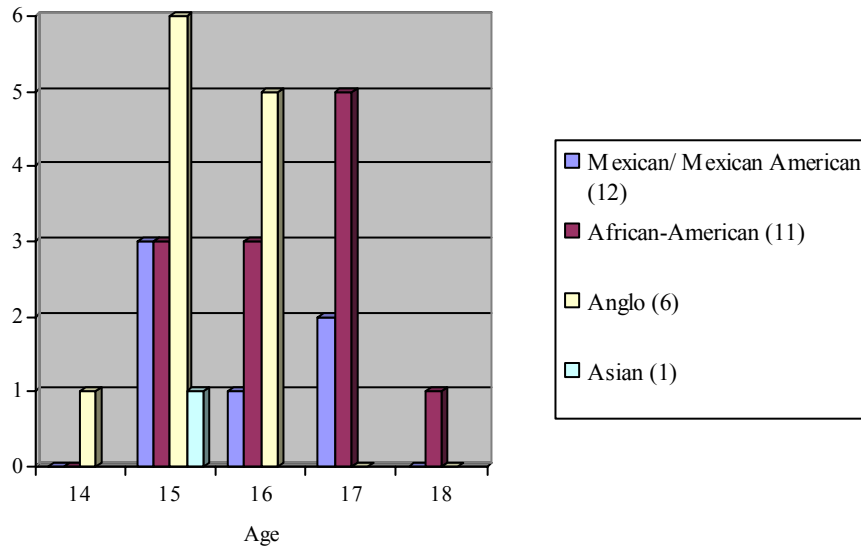


Figure 6: Age at First Pregnancy by Ethnicity



Thirteen of the mothers were 15 years old when they had their first child. Nine were 16. Six were 17. One mother was 14 and another was 18. Nationally, research suggests that a majority of adolescent mothers become pregnant between the ages of 18 and 19, about half of that number become pregnant between 15 and 17, and only 1.3 per 1000 girls 10 to 14 become pregnant (Coley & Chase-Lansdale, 1998). Therefore the mothers in this sample are the midrange—younger than most “teen mothers,” but not representative of the very youngest group of mothers. Generally, it appeared that African American mothers in this sample were older when they had their first child. The modal age for Mexican women to have their babies was 15 years, while for African American women it was 17. Rapid repeat pregnancy seemed to be an issue for many mothers (Harrykissoon et al., 2002). One third of the sample (10) had two or more children, or were expecting another child by the time of the second interview (see Table 4).

Table 4: Number of children per mother by ethnicity

Ethnicity	1 child	Pregnant with 2nd Child	2 children	3 children
Mexican American/ Mexican	7	2	2	1
African American	9	0	2	0
Anglo	3	2	1	0
Asian	1	0	0	0
Total Sample	20	4	5	1

At the time of second interviews, 17 of the 30 mothers had received a high school diploma or equivalency. Eight mothers were regularly attending high school. Five mothers were attending college or a post-high school technical program. And finally another five mothers had not completed and were not attending high school. It was striking that a majority (72%) of these young women were able to complete their high school degree, at the same time that they were adjusting to the additional pressures and responsibilities associated with childbearing. Although most mothers had completed high school or obtained an equivalency, their educational achievement varied considerably in terms of whether they had attended school continuously and whether they were enrolled in post-secondary education or training.

Despite the fact that all of the mothers were legal adults, only seven mothers lived in independent households during the interview period. Another two mothers had formed households with their partners that included extended families. In Allison's case, her father-in-law and his wife moved into the apartment she shared with her husband and children. Merrilee, her husband, and son moved into a two bedroom apartment with her

mother-in-law and brother-in-law. It would be inaccurate to view 'moving out on one's own', as a static or one-time event. Rather, for many, it appeared that establishing an independent household was a protracted process that included periods of living independently and periods of living in the household of another. For the mothers in this study, there seemed two primary routes to moving into independent living situations. The first route involved forming a household with their partner and children. For the most part, these households required two incomes to succeed. Since small, pre-school aged children were also part of the household, elaborate and creative strategies for childcare and transportation were also necessary. The other route for establishing an independent household involved obtaining some form of housing subsidy that allowed mothers and their children to live in their own apartments. Three mothers had established their own households in this manner. Sometimes a subsidy was obtained after the mother advanced from the bottom of a long waiting list. Other times, mothers accessed a subsidy after residing in a shelter program for several months.

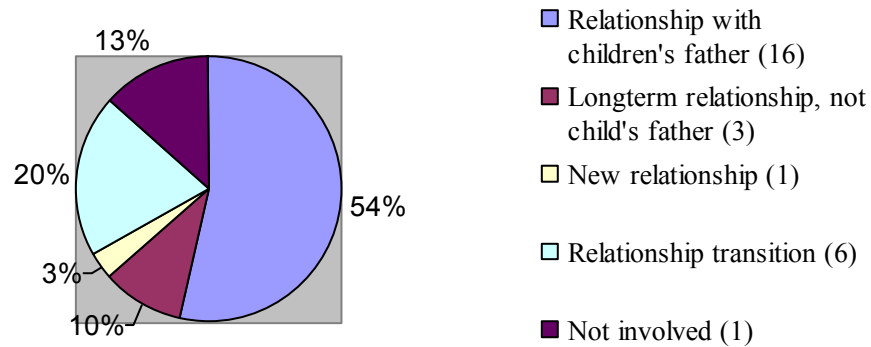
Eight mothers were transitioning between households during the interview period. Four mothers had received their notices for public housing and were making plans for moving into their own apartments. Unfortunately, getting into public housing did not always translate into a more independent living situation. Without additional financial and material supports, mothers had difficulty maintaining independent households even with housing subsidies. Eighteen year old Pam explained why she and her two daughters moved back in with her mother from her public housing apartment.

Well, see I have my own house. I have public housing and I live in (name of complex) but I stay at my mom's cause I don't have a ride and I stay with my mom cause she brings me to and from school...So we just been without a car, so and then I was going to move back and then my electric's cutoff, so now I have to find like a church or something to pay my electric. And then I'll be back in the house.

The tenuousness of many of the mothers living situations is highlighted among the several mothers whose living situations changed during the course of the interview period. For example, when I called to set up my second interview with 18 year old Loca, the man who answered the phone told me that she didn't live there and hung up on me. When I called back, he hung up on me again. Later when I reached Loca's mother, she told me that Loca had moved in with her boyfriend and didn't have a phone. Similarly, Ana was evicted from her apartment after our first interview. I tried to locate Ana through one of her closest friends, a mother who had referred her to me, but she too had lost touch with Ana commenting she heard that Ana and her kids had moved in with her sister-in-law. For many of the young mothers, establishing a separate household was not a viable option anytime in the near future. They were simply not financially equipped to consider living on their own. As a result, more than a third of the sample (13) still lived in their parent's households throughout the study period. Two mothers lived with the family of their child's father. And one mother lived in a household with her cousins.

Two thirds of the mothers (20) reported being in serious romantic relationships throughout the study period (Figure 6). More than half of the mothers (16) were in relationships with their children's fathers. Three mothers were involved in long-term relationships with boyfriends and described their partners as taking a paternal role with their children. One mother was in a fairly new relationship and was struggling to manage her son's conflicted feelings about her new boyfriend. Another six mothers described changes in their relationship status between first and second interviews that included breaking up with boyfriends and starting new relationships. The remaining four mothers reported that they were not in relationships during the study period.

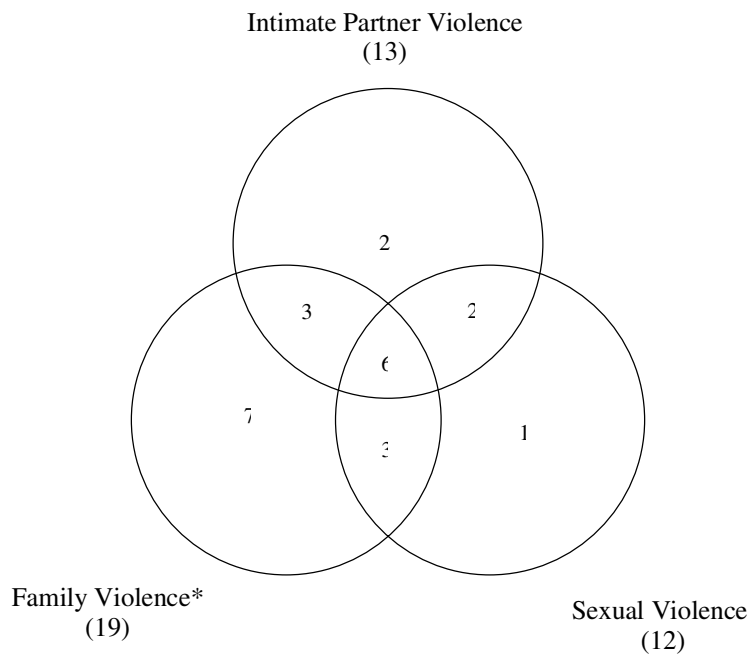
Figure 6: Romantic Relationship Status of Mothers



Accounts of IPV emerged throughout the interviews. Thirteen mothers disclosed experiences of intimate partner violence. Intimate partner violence was defined either in terms of discrete acts of physical aggression or a larger pattern of coercive control that occurred within a romantic relationship. These experiences ranged from potentially lethal assaults to isolated and/ or relatively minor incidents of aggression. For all but three of the 13 mothers, violence occurred within a relationship that was characterized by a pattern of power and control. Nineteen mothers disclosed experiences of violence within their family of origin. These accounts emerged from questions about their experiences growing up, and in some cases, more direct questions about violence. Mothers talked about experiencing abuse in their families, as well as witnessing or hearing stories about the abuse of their mothers or other relatives. Twelve mothers described having experienced some form of sexual violence. Sexual violence experiences ranged from sexual abuse perpetrated by a parent to date rape to sexual harassment on the job. A few mothers reported multiple experiences of sexual violence, and others reported only one experience.

An overwhelming majority (80%) or 24 of the 30 mothers disclosed IPV either in the form of intimate partner, family, or sexual violence (Figure 7).

Figure 7: Overlapping experiences of IPV



*includes: Child Maltreatment and Growing up in the Shadow of Abuse

Strikingly, 14 of these 24 or almost 60%, of these women reported experiencing multiple types of IPV, with a quarter of them reporting that they had experienced relationship, family, and sexual violence at varying levels over the course of their young lives. For example, 20 year old Tatum's alcoholic father was physically and verbally abusive to her throughout her childhood. Tatum also observed her father beating her mother, brother, and sister and on one occasion observed her father threatening to kill her mother at gunpoint. Tatum reported a single occasion of intimate partner violence when she and her baby's father came to blows during an argument about housework. With

respect to sexual violence, Tatum reported being sexually harassed and quitting her job after her manager started spreading rumors that they were having sex. She also reported being drugged and raped by a friend of her fiancé during the past year. Overall, young mothers in the study who experienced higher levels of IPV seemed to be struggling more in their lives and research suggests that they are likely to have future psychological concerns (Banyard et al., 2001). The influence of IPV on relationships is theorized to be a primary mechanism for these trauma-related concerns and will be explored more fully in the following chapter.

SUMMARY

This project was developed to explore how adolescent mothers experience IPV in the context of their primary relationships and other life challenges. In order to closely track the lived experiences of adolescent mothers, an ethnographic approach was selected. Ethnographic interviews were conducted with 30 adolescent mothers using a semi-structured interview schedule as a guide. Snowball sampling techniques were used to successfully reach adolescent mothers who were not connected with formal services. Initial referrals were made by service providers, and then interviewed mothers referred additional adolescent mothers interested in participating. Mothers were provided a small reimbursement for their participation. Most mothers were interviewed on a second occasion to increase the depth and quality of the data. Interview transcriptions were thematically coded and then analyzed through use of matrices and tables between and within cases. Findings were tested by making cross case comparisons between mothers who had experienced IPV and those who had not. Three forms of IPV emerged from thematic analysis: intimate partner violence, childhood maltreatment, and growing up in the shadow of abuse.

The respondent sample was ethnically diverse and reflected the over-representation of adolescent mothers of color within the county. Most mothers had completed or were attending high school, although there was considerable variation in their levels of educational achievement. Most adolescent mothers were living with their families. However, establishing an independent household for themselves and their children was the primary goal for many mothers. Eighty percent of mothers reported experiencing some form of IPV. Almost half of the sample (14) reported experiencing episodes of intimate partner, family, and sexual violence reflecting the likely interrelations between various forms of IPV.

Chapter 4: IPV and Young Mothers' Relationships

INTRODUCTION

At the heart of this investigation was the assumption that young mothers had an unvoiced perspective to offer—that their experiences would be distinct from older women, as well as from younger women who were not mothers. In addition, young mothers' unique positioning at the crossroads between adolescence and young adulthood was believed to provide insight into how these transitions are navigated in the face of numerous stressors, including IPV.

In this chapter, I explore the social relationships that were central in young mothers' lives and examine how those relationships were affected by IPV. These important relationships formed a context for young women's psychological and social development. Family relationships are theorized to be more salient during childhood with intimate partner relationships increasing in importance during young adulthood. In fact, developmental theorists contend "development of romantic interests is inherently linked to the task of separation and individuation from the family (Nieder & Seiffge-Krenke, 2001, p. 298)." As would be expected, young women were extremely invested in their relationships with mothers, fathers, close relatives, friends, and intimate partners. Because the young women in the study also had children, they were particularly engaged in balancing their attachments between their families of origin and their children and romantic partners.

Young mothers gave rich, complicated accounts of their relationships and lives. Intense and often ambivalent feelings expressed about their parents and other close relatives underscored the active relationships most of these young women continued to have with their families of origin. Additionally, these young mothers struggled to

understand the dynamics within their intimate partner relationships, including IPV, even as they were discovering who they were and what they wanted for their futures. They often expressed conflicting desires for freedom and structure, responsibility and nurturance. Many young mothers wanted to live as adults yet lacked the economical, social, and personal means to do so.

For a number of young mothers, trauma appeared to be the mechanism by which IPV negatively influenced the relationships critical to their emotional and psychological development. Young mothers who grew up primarily observing abusive and violent interactions had limited exposure to models for healthier relationships. In addition, the fearful environments in which they lived often restricted opportunities for safe resolution of conflict and expression of feelings, as well as constrained the types of relationships available to them. Four important themes about the impact of IPV on relationships emerged from the analysis. First, IPV was found to result in lingering depressive and traumatic symptoms that impaired young mother's abilities to form and maintain relationships. Secondly, IPV challenged young mother's capacities and inclinations to risk trusting others within relationships. Thirdly, young mothers raised in families weakened and disorganized by IPV at times found themselves prematurely taking on adult roles and responsibilities. And finally, some young mothers experienced the impact of IPV on their relationships when subsequent family estrangement left them without access to vital social support. In addition, relationships with adults that young mothers found nurturing and protective seemed to buffer or ameliorate the effects of IPV.

DEPRESSED AND TRAUMATIZED

Nineteen year old April, dressed in sweat pants and a tee-shirt, sat perched on the edge of a mattress placed in the middle of the living room where her brothers slept. In a husky, tired voice, she described her psychological struggles with multiple forms of IPV.

She counted two psychiatric hospitalizations in her short life. April believed her depression could be traced to two formative traumatic events--her father leaving when she was three, and a rape by a neighborhood boy that occurred at 11. April was also troubled by her relationship with her mother, Elsa, who had been physically abusive to her throughout childhood and adolescence and later blamed April for the sexual assault.

Like several of the young mothers who described depression, April's depressed mood and lethargy interfered with her school attendance, contributed to substance abuse, and often created conflict in her peer and family relationships. A key feature of April's story, repeated in other young women's narratives, was the enmeshment of IPV with related issues of substance abuse, mental illness, family dysfunction, and poverty. For many youth, the effects of trauma and IPV are ameliorated by the love and support of caring adults. However, young mothers who lacked such social support were far more vulnerable to developing lingering depressive and traumatic symptoms.

April exhibited psychological and behavioral problems throughout her early and middle adolescence. She ran away from home, skipped school, got drunk and smoked pot, and had sex with "a lot of guys." April felt her adolescent acting out was strongly linked to the physical and sexual abuse suffered as a child. In particular, she believed the childhood rape had caused her to seek out sex in almost a compulsive manner. Although April initially labeled her promiscuity, a 'sexual addiction,' her ensuing descriptions revealed strongly felt needs for attention and fears of abandonment. April explained how intense feelings related to her IPV history lead her to behave self-destructively, as she engaged in unprotected sexual intercourse with multiple partners, self-mutilating behavior, and suicidal gestures.

April: Because there's a lot of facts that have been proven that a teen becomes sexually active person either they've been raped or you know they for some reason they get pressured to have it. And if they have it at a certain age, it's an addiction.

SK: Is that what it's like for you?

April: Kind of. And lately I've kind of--it doesn't feel like an addiction to me any more probably because I'm growing and I understand more things. I've honestly been, I've gone wrong with a whole bunch of guys and...[she trails off]

SK: What is it that feels addictive to you?

April: Probably the attention and I guess for the attention I guess I feel that you got to. I guess you got to have attention. If you want attention from the guy then you got to mess around with him, so I slept with a lot of guys. Just recently, the last 2 days I was going out with this guy and we broke up and I was depressed and I got up and I started cutting myself, and then I was like it ain't worth it especially over a guy and now why are you going to do away with yourself you have your daughter and you got to think about that.

Hypersexuality has been noted as one possible sequelae of childhood sexual abuse (Noll, Trickett, & Putnam, 2003). Although April grew up living in a home with her mother, grandparents, aunts, uncles, and siblings, she felt lonely and unloved within her large family. Frequently singled out among her siblings for physical abuse, April was convinced that her mother and her grandparents loved her older sister more than her. While her sexual activities seemed to provide temporary feelings of being special, April often experienced rejection from the young males with whom she had sex. During the study period, April was sexually assaulted a second time. She was drugged and gang-raped while visiting family in Mexico. Several weeks later discovering that she was pregnant from the assault, April decided to have an abortion. Even as she struggled not to blame herself, April worried that something must be wrong with her to have been sexually victimized twice.

I was like it wasn't the middle of the night and I don't think that it was my fault. I didn't provoke the guys, and I wasn't wearing anything short, I was wearing pants and they were not even stuck to me. So there was no way that they could say, 'she provoked me.'...The guy that I go with now, I feel weird because you know I told him, 'you know that I don't feel that I'm valuable as a woman.' He's like, 'why?' I'm like cause, 'it's like the second time it's happened to me like the first time I was 11, and now I don't feel the same, like I have a daughter and I feel dirty

inside.’ And he’s like, ‘but it wasn’t your fault.’ I’m like, ‘I know it wasn’t my fault.’

From my perspective, April’s struggle with self-blame seemed at least partially informed by her mother, Elsa’s lack of support in the face of these experiences. Although she was still living with her mother, April chose not to tell Elsa about the recent rape or abortion. April’s choice reported that her choice was based on Elsa’s angry, judgmental response to April’s childhood rape. Fearful of a negative reaction, April didn’t tell her mother about the earlier rape voluntarily. Rather a trusted teacher to whom April had made a disclosure arranged a meeting at the school.

I’m like no, ‘I can’t tell her because she’s going to hit me’...they’re like, ‘but you got to tell her.’ And they’re like, ‘why don’t we do a meeting with the principal, counselor, teachers and you and your mom.’ And I’m like, ‘I guess.’ So we did it. I didn’t tell her anything, I wrote it all in a letter and she started crying. And what I didn’t like about her, is that she does drama. Because after we left the school, she was going to go take me to northeast clinic, and she started hitting me in the head. I felt really bad because I was like, I totally made my mom look at me bad, and I did something wrong and my mom is all mad at me, and I felt so, so guilty

While support in the face of trauma is necessary for all people, it is even more critical for children and youth who are still developing (Herman, 1992; Pynoos et al., 1996; Trickett & McBride-Chang, 1995). Children’s need for their parents is great. When they are blamed for abuse by their caregivers, children are more likely to blame themselves than question caregivers’ judgments, something deeply threatening to children’s sense of security (Freyd, 1998). Because her mother responded with blame and anger, April appeared to learn that she was somehow responsible for her own victimization. Although her teacher made an effort to reach out to her, the lack of supportive response from her extended family was pronounced and taught her that her pain was unimportant. This knowledge internalized revealed itself in her expressed feelings of shame and worthlessness. Externalized, April expected others to see and to respond to her in the same way as her mother. While April may have struggled with the effects of sexual

trauma under the best of conditions, April's emotionally barren home environment did little to ameliorate this trauma, and thus the IPV affected her relationship with herself and with others in profound ways.

Twenty year old Mexican-born mother Ana gave each of her sons a slice of pizza before sitting down to be interviewed. She was calm, almost stoic, as she recounted the details of her life story. Ana's extensive history of IPV included childhood physical and sexual abuse, as well as witnessing her mother's domestic violence. Like April, Ana had experienced IPV and related traumas from a very young age and her childhood bore the indelible imprint of multiple traumas and experiences of IPV. However Ana's most obvious psychological problems emerged later and in connection to an abusive relationship with the father of her children. Ana's father was killed in an industrial accident when she was four. Her mother, Adela, was devastated without her husband and subsequently entered into a series of relationships with several violent men, one of whom sexually molested Ana and her sister. For several years during Ana's childhood, Adela, unable to function, left her children in the care of her brother. Ana and her sister Rose were physically abused and neglected by their uncle and aunt during those years. Given her history of child maltreatment and witnessing domestic violence, Ana would have clearly been identified as an adolescent who was at high risk for dating violence (McCloskey & Lichter, 2003; Williams, 2003). Indeed, a shy and lonely 15 year old, Ana moved in with her 19 year old boyfriend Gerald. Within a year, the relationship had become violent.

Ana vividly described the day that her boyfriend, Gerald "kicked me in the face, until I blacked out." His anger was in response to being asked to move out of the apartment by Ana after he cheated on her. This incident was the worst of several beatings that occurred over the course of their relationship. Several months later, feeling

lonely, scared and depressed Ana reconciled with Gerald after learning she was pregnant with their second son. Within a short time, Ana again felt neglected and suspected that Gerald cheated on her throughout her pregnancy. At one point during the pregnancy she became so despondent that she attempted suicide by taking “Tylenols and choking” herself. She claimed the attempt was a “cry for help” and attention in response to her tremendous emotional pain. According to Ana, her attempted suicide did get the attention of her boyfriend and family and for a short time, her life seemed to improve. However, these improvements were short-lived. Ana unhappy, but stronger and more resolute than in the past, ended her relationship with Gerald when her younger son was 6 months old.

While IPV was clearly implicated in young women’s mental health problems in these illustrations, it is often not the sole reason for young women’s depressive and traumatic symptoms. Rather an accumulation and confluence of factors that included various types of IPV (childhood abuse, witnessing domestic violence, intimate partner violence), as well as factors not related to IPV (early parental loss, absence of emotional support, poverty) interacted with each other. Together these forces created physically and emotionally impoverished environments that that left young women extremely vulnerable to developing depression and traumatic reactions in response to their experiences of IPV.

STRUGGLING TO TRUST

Several mothers who had been exposed to IPV, especially those whose own mothers had been abused, verbalized their fears about ending up in violent relationships. Establishing trusting relationships with anyone, but particularly with romantic partners was extremely challenging. They described themselves as vigilant to the signs of abuse, ready to flee potentially dangerous relationships. Twenty year old Tatum connected her

difficulties being “faithful” and “settling down with one guy” with recognizing the qualities of her abusive father in her boyfriends. Seeing these qualities, Tatum got “threatened by it, cause I don’t want to see my son raised up like that.”

Eighteen year old Mexican-American mother, Loca made jokes as she ate her lunch in the school lounge. In particular, she thought my questions asking her to speculate about the past and the future were amusing. Despite her lighthearted demeanor, Loca still had vivid childhood memories of watching her mother being beaten by her first and second husbands. While Loca herself had never been in an abusive relationship with a boyfriend, she worried that any man, even her mild mannered boyfriend George, might become violent under the wrong conditions. Loca described being careful not to provoke her partner into rage.

There’s one thing I watch for with George, not to piss him off too much you know...they may be nice to you and they may act sane, but there’s some of them, they might just snap and that’s what scares me...that’s why you supposed to pick your battles.

Picking your battles refers to being strategic in using your influence and energies to avoid being in constant conflict. Loca used this phrase to refer to a strategy about staying physically safe, because if you make your partner mad one too many times you could be inviting violence. In *Trauma and Recovery*, Herman (1992) describes hyperarousal as being one of the hallmarks of post-traumatic stress syndrome. Traumatized individuals who experience hyperarousal constantly scan their environments, alert to all threats real and imagined. Hyperarousal has both behavioral and physiological manifestations.

Eighteen year old Mexican-American mother Jessica sat across from me at her kitchen table. Wearing sweatpants and a tee shirt with her long dark hair pulled into a loose ponytail, Jessica could have been five years younger than her age. She and her 2-1/2 year old daughter’s father, Michael, had ended their relationship almost a year ago. After a subsequent failed relationship, she had been wary about getting involved

romantically again. However several months later, during our second interview, Jessica was telling me about her new boyfriend, Albert, a gentle young man whom she cared for a great deal. Although he was thoughtful and had earned her trust over previous years of friendship, Jessica was extremely sensitive to Albert's behavior and statements that sometimes elicited strong defensive reactions (Herman, 1992).

I just yell because I'm scared and I don't even know what to say, sometimes I'll just yell and I start and I don't even know what I'm saying things just come out completely wrong. When I'm scared to get too close and it's like it's weird because I know I can trust him, but I'm scared to completely trust him.

A generalized distrust of men was a lesson learned from the domestic violence experiences of Jessica's mother and older sister. For as long as she could recall, Jessica knew about her mother, Margarita's abusive first husband. This violence was ever present in the family's life, with Margarita constantly cautioning her about violence and abusive men. According to Jessica, "my mom was like 'you better be careful with all these guys that you meet--you better be careful, you never know what they are going to do.'" Margarita's fears had been realized when her oldest daughter, Nora, married a violent man. When Nora left him and moved home with her parents, her husband continued to stalk her, threatened her at gunpoint, and shot her father when he attempted to intercede. Jessica, then a toddler, stayed in the car with her mother and her niece, while neighbors called for help. These early IPV experiences caused Jessica to be fearful about trusting men. When Jessica became involved with a guy, she vigilantly monitored his actions for the first signs of violence—"like the first thing I saw, like if I saw something mean in him or something, I'd just leave it alone."

With Michael, her baby's father, it had not been so easy to "leave it alone." While Michael never physically hit Jessica, his behavior was often threatening and their sexual relationship was coercive more often than not. Jessica described her misgivings during the relationship.

I was scared of her (daughter's) dad, like he wasn't a violent person, but he could be. And I didn't want to see him, like I've seen him get that way with other people, and I didn't want to see him get that way with me. So I would try to do everything that I could to make him happy.

When asked about their sexual relationship, Jessica replied:

He used to play around before like he would get on top of me and hold me down. And I just, I was like, and in my head I was like, 'he's playing, he's playing.' But I was scared cause I didn't think he was playing but he was like, 'I was just playing. I wouldn't do that.'

Just as striking as Michael's thinly veiled coercion is Jessica's minimization of his behavior. Talking about events that happened over a year ago, Jessica had reinterpreted the violence and control within the relationship that at the time may have been too frightening for her to acknowledge. Jessica ended her relationship with Michael when he grabbed her arm during a heated argument. This incident of physical violence pierced through her coping mechanisms, so that she was no longer able to deny the abuse that was occurring in her relationship. After this incident, concerns about potential physical and sexual violence along with the Michael's continued lack of financial and emotional support convinced Jessica that it was better to raise her daughter on her own.

Reflecting back on this relationship, Jessica felt worried about current and future relationships. Jessica questioned her own ability to recognize the signs of abuse once she was emotionally invested in the relationship. "I'm just scared that I'm gonna get too close, and I'm not going to see something, and you know that it's going to happen to me all over again and I don't want that." Although Albert seemed a gentle and responsible partner, Jessica still felt scared and worried that he might lose control with her.

LaCreasha was a twenty one year old African American mother, tall with dark unblemished skin and a shy smile. She lived in a small house with her two children, her boyfriend, and his parents and younger sister. Although a serious student and a competitive athlete in high school, LaCreasha's home life was deeply troubled. During

our interviews, she shared one the most extensive IPV histories of any mother in the study. LaCreasha's mother, Marlene, lost custody of her children when LaCreasha was seven years old. After the death of her infant son, Marlene "had a bad breakdown, she started doing drugs." LaCreasha reported that she and her two sisters were placed in the foster-care system and that her mother "never did get us back." The three sisters spent the next 10 years cycling between foster care placements and living with relatives. When I asked LaCreasha her feelings about these placements, she compared the isolation of living with familiar, but abusive caregivers with the loneliness of living with strangers who seemed to treat her more kindly.

Somewhat it was better in the foster care and some ways better with my uncle, cause I was with my sisters then and I was around people that I knew. But in the foster care it was better cause they didn't, they were strict, but they wasn't as strict--there was some like leeway and I could talk to somebody or whatever. With my uncle I didn't really talk to nobody. I was like, I isolated myself from my family, I would like stay in my room all the time, and I didn't talk to nobody. He was either fussing or somebody was talking about somebody and I was like it's better to just sit by myself.

The environment with LaCreasha's guardian uncle was especially violent and controlling—she received whoopings for the slightest infractions of his rules, her uncle had people watching her while she was at school, and when she was 17 and pregnant with a second child he forced her to have an abortion. LaCreasha's strategy to cope with this abuse was to withdraw and become compliant.

Now 21 years old with two small children, LaCreasha lived with her boyfriend and his parents. Although she struggled, LaCreasha worked hard to give herself and her children a better life. She had just completed high school and was preparing for studies at a community college, in addition to moving into her own public housing apartment. Despite her apparent successes, the continual disappointments from her family left LaCreasha feeling isolated and mistrustful of others. These feelings seemed to

discourage her from accessing needed emotional and material support. LaCreasha had recently begun talking to a social worker about some of her concerns.

I got to the point where I can't trust nobody and family's not really around so problems I keep to myself and there's this one lady [social worker] I'm working with now and she's like, 'you have a lot of problems.' But it seem like there's nobody to talk to.

With the social worker's encouragement, LaCreasha started asking for more help with her children. LaCreasha was taking tentative steps in trusting others as she began to confide her feelings to her social worker and ask her boyfriend's family for more help with childcare. Asking for help was very difficult for LaCreasha and she was extremely sensitive about how others responded to her requests.

Talking, I think it's kind of helping, then again it doesn't cause I really don't, still don't ask for help or whatever, but like when I do it's like people I do ask seems like they still get a little bit of attitude and it get back to the point where I go back to the old ways and not asking anybody.

LaCreasha's difficulties trusting others recalled the disadvantages that many young mothers with a history of IPV faced as they move forward with their lives. In Leadbeater and Way's study (2001), young mothers who had successfully ended violent relationships appeared to do so at a cost. Concerns about what others might expect in return for providing help lead these young women "to separate themselves emotionally and physically from potential supports (p. 132)." The authors comment that young mother's attempts to reassert "self-control" by regulating their emotions and attempting to be extremely self-reliant were at times expressed with a perpetrator's harshness (p. 128). While not all young mothers in the study presented in this manner, several mothers, including LaCreasha, had pushed themselves to the limit, as they tried to do it all. For these young women, there was little self-compassion for any failure to live up to these expectations.

LaCreasha's most trusting relationship was her five year relationship with her boyfriend Darnell, the father of her two children. Although she loved Darnell and felt he had been devoted to her, trust did not come easily. The lack of safety LaCreasha felt even with Darnell was most striking in their sexual relationship which at the time of the first interview had ceased altogether.

'cause with sex I got to a point where I don't want to have sex because I had, I been molested by like people in my family. And I was raped by my oldest sister's baby daddy. So now it's like I can't trust nobody, so I really don't want to have sex with nobody and he understands cause when I got raped, I was pregnant with my little boy, 8-1/2 months pregnant.

Sexual assault is among the most profound violations an individual can endure. When this violation is perpetrated by someone close to you, the ability to trust others and one's own judgment is deeply damaged. The physical violation is accompanied by a deeper violation that can destroy one's feelings of safety in the world, in relationship, and in the body (Herman, 1992).

Twenty year old African American mother Ashley was temporarily living with her baby's grandmother. The living room where we met was spotlessly clean, but filled with the clutter of a household in transition. An end table beside the rented leather sofa was covered by her son's asthma medications and breathing apparatus. Ashley had been sexually abused by her father when she was seven. The abuse happened twice and Ashley's mother had responded protectively, immediately ending the visitations with her father. Many years later, Ashley's experiences with her father interfered with her ability to trust any man.

It still hurts me sometimes, cause that guy talking to me now, and could have done it to me in the past. And all the guys, people I have talked to they could have been the one who raped me and stuff like that, and ever since my dad done that it's kind of like, I don't like being around certain guys. You know? When I tell guys no, I be scared they are gonna do this, this and that to me, do what my father did to me, they might just be like him or try and do something crazy to me. I think that is probably the main reason why I talk to a lot of guys right now,

because...I get real good and even with certain people and I like to do that...like if a guy tried to mess with me, they will beat up on him, they'd do whatever or try and stop whatever's gonna happen.

Burstow (2003) makes a noteworthy point about whether traumatized individuals actually see the world more or less accurately than non-traumatized people. She suggests that most people employ a “certain cloak of invulnerability” in order to live their daily lives within a violent society (p. 1298). Trauma removes the comforting illusions that protect us from the reality of our actual vulnerability. Interestingly, Ashley saw the men in her life as sources of protection, as well as potential danger. Her experiences with IPV and her father have taught her that people are not always as they present themselves. In response, Ashley found it impossible to let her guard down with any man in her life.

ADULTIFICATION

Discussing adolescent development in high risk and violent environments, Burton (2001) defines adultification, as

the downward extension of adult responsibilities to children and teens. These responsibilities may include a child or teen: (1) taking on a parental role vis-à-vis younger siblings and possibly the parent as well; (2) being a parent's confidant; and (3) supporting the family financially (p. 152).

In this study, IPV, particularly the form of parental domestic violence, disorganized some young mothers' family-of-origins, at times placing children in the unfortunate position of assuming adult responsibilities parents were unable to fulfill. The young women in this sample described having to care for younger siblings, contribute financially, and at times to act protectively towards their mothers. When their own mothers were victims of IPV, the mother-daughter relationship was especially disrupted. Burton (2001) suggests that adultification represents an alternate developmental trajectory for adolescents who live in contexts that require that they assume adult roles and responsibilities and can in fact be viewed as a rational response within a family system under stress. There were numerous

accounts of adultification from young women in the study. Young mothers reported caring for younger siblings, contributing to the household with their own wages, and at times being called on to meet the emotional needs of their parents.

Eighteen year old Anglo mother Eternity lived in a 2 bedroom apartment with her boyfriend, Marco and their 18 month old son. Fearful of being taken into state custody, she and Marco decided to have a baby when child protective services was investigating Eternity's mother, Carla for child neglect. They reasoned that having a baby would keep Eternity out of foster-care. Looking back, Eternity felt that it was a naïve decision that has made her life more difficult, but she loves her son immensely. Still in high school, Eternity and Marco both worked full-time in order to support their family. In addition, the couple received considerable assistance from Marco's family whom Eternity viewed as extremely supportive. In contrast, Eternity's mother, Carla was "more like my friend rather than my mom, and like we would fight a lot and we just didn't get along a lot of the times." This relationship was clearly complicated by Carla's repeated exposures to IPV.

Carla had married at a young age. She and Joe, Eternity's father, had an abusive relationship with loud and frequent arguments. Joe drank heavily and suffered from depression. When Carla threatened to divorce him and take their two daughters, he attempted suicide by driving his car into a tree. Joe survived the accident with a head injury, partial paralysis, and in great physical pain. Carla stayed in the marriage and became Joe's primary caregiver, but their always difficult relationship now became violent. The head injury left Joe prone to violent fits of rage and he developed an addiction to prescription pain killers. After several years of physical and verbal abuse, Carla left her husband and applied for public assistance. Although she was no longer in an abusive marriage, Carla continued to struggle with depression, addiction, and troubled

relationships with other men. When I asked Eternity if there had been times that she'd wanted her mom to be more like her mom, than a friend, she responded by telling me about financial and emotional responsibilities she assumed.

Yeah, I wish like there were sometimes when she would be like, 'oh here goes the money to go shopping.' It really was like more I was working cause she didn't work, she was on welfare, and all that kind of stuff and she didn't work, I would work. I would help her pay the bills, or give her money or anything like that. And sometimes like um, she would be drunk and stuff like that and I would be like, 'I wish you weren't drunk.' But she was always like depressed and stuff cause she did have a boyfriend and he disappeared and she didn't know where he was and so she got into like a lot of problems.

Dodson (1999) described how family breakdowns due to domestic violence, parental substance abuse, or a mother's physical or mental incapacity tend not to arouse the sympathies of extended families and communities. With no adults willing to intercede with these stigmatized families, burdensome responsibilities of "holding the family together" often fall to the children (p. 29). While the isolation that many families with domestic violence experience was not often directly referenced, there were also few references to the intervention of protective adults. Although some young women spent time with other relatives when the violence was very bad, it was more often that violence in the home was something to be coped with on a day to day basis.

Even after domestic violence had ceased, children were not always able to assume their child status within the family. Tatum's father, Dan, a violent alcoholic, physically and emotionally abused his wife and children for almost fourteen years. As the oldest of three children, Tatum found herself acting as mother to her younger brother and sister. It was Tatum who called the police when Dan placed a gun to Sheila's head and threatened to kill her. Sheila separated from Dan when Tatum was 15. Tatum described the chaotic family situation that emerged once the family was free from Dan's control and how "all hell broke loose."

I went on rampages, 'cause I had never been a little kid. Basically I had always been raised up as an adult. So once I was on my own, I never came home, like I was always at a friend's house. And then like I was just basically out for me and my little sister, I had a job by the time I was 14 and anything my sister wanted she got, anything I wanted I got.

Unfortunately, Sheila never seemed to be able to establish her authority as a parent with her children.

Sheila was also limited in the amount of material and financial support she could provide to Tatum once Tatum's son Tyler was born. While Sheila helped Tatum with childcare and on occasion finances, she was struggling herself and had little to give. During our first interview, Tatum had just been accepted into a residential program for homeless young mothers. Sheila had decided to move home with her own parents in order to save money leaving Tatum and her brother to assume the apartment lease. When Tatum's brother lost his job, Tatum convinced her social worker to help her gain entry to a shelter for homeless adolescent mothers. Tatum's difficulties with authority were evident in her interactions with her social worker and with the staff at the residential program. Tatum was evicted from the shelter for not following program rules. Tatum's school social worker felt "burned" and "lied to" by Tatum. Although ultimately self-defeating, Tatum's alleged manipulations might be seen as an adaptive response to getting what she needed in an environment where adults were not honest or trustworthy.

Twenty-one year old African American mother, Talisa saw her mother as one of her primary supports. This close relationship emerged from history of IPV that affected both mother and daughter. Talisa remembered being taken by her mother to her drug dealer's home at age five. Her mother, Rhonda was using and selling drugs when Talisa was very young. At times, her mother's lifestyle placed Talisa in very dangerous situations. Rhonda's boyfriend tied Talisa to a chair when he was babysitting her. Talisa watched her mother's dealer point a gun at her during an argument. While these

incidents were obviously upsetting for Talisa to talk about many years later, she maintained what appeared to be a close and supportive relationship with her mother.

After being arrested and almost sent to jail, Rhonda was “scared straight.” She stopped doing drugs, got remarried, and managed to get her life back in order. Talisa lived with her father during most of her adolescence, but felt her mother’s continued involvement and concern. While Talisa described their relationship as peer-like, nevertheless her relationship with Rhonda seemed essential to her well-being.

My mom, me and my mom we are like sisters basically. She had me when she was 21 and you know, so she is kind of young in my opinion and I feel like I can talk to her about anything and she doesn’t judge me. And I know that she will do anything for me and I will do anything for her. And no matter what decision I have made she has always been there to support me. Even when I was messing up in school and everything she was asking me what I wanted to do. If I wanted to get my GED let her know cause she doesn’t want to see me make the same mistakes she had made.

The literature is fairly equivocal on the long term psychological and social effects of adultification (Barnett & Parker, 1998; Earley & Cushway, 2002). While Burton (2001) has argued that adultification can constitute a viable though non-traditional pathway of development, Stephens (1999) views adultification as a damaging relational pattern that parents, consciously or unconsciously, inflict upon their children. The stories of young mothers in this study suggest that both cases may be true. For some young women, adultification seemed to result in increased maturity and competence. For others, it seemed to result in a lack of trust that others would be there for them, as well as confusion in identifying basic needs.

FAMILY ESTRANGEMENT

Adolescent development is believed to be optimum when it occurs in an environment of strong family support (Lerner & Galambos, 1998). Although responsible for children of their own, the young women in this analysis continued need care and

support from the adults in their lives in important ways. In addition to needing guidance, these young women also expressed needs for concrete support, such as shelter, childcare, health insurance, financial assistance, and other material supports. Without these supports in place, young mothers' progress towards completing their education and establishing independent households was severely hampered. Family support was thus critical to young women's development and success.

IPV often strained family relationships making it difficult for young women to access essential support as they struggled for self-sufficiency. Tatum described her attempts to negotiate a relationship with her father, Dan, after her parents' divorce. Despite his long history of violence, Tatum was open to a relationship with Dan. However in the end, it was Dan's failure to maintain contact or pay child support that caused Tatum to "give up on him."

After we moved out when I was 14, he tried for a little bit and I tried to accept that maybe he's changing cause he quit drinking and he settled down and he tried to show us a good time, but then he quit paying child support for 6 years. We didn't hear from him for 4 years and I just after that I couldn't forgive him, cause I saw what my mom went through trying to raise me and my brother and my sister by herself and I saw how we had to live and what she had to go through and all this other stuff. And I was like there's no possible way I could forgive him.

Sheila struggled to support her three children alone on her meager nurse's aide salary. Without regular child support, Sheila was in a state of constant financial insecurity and her older children were expected to contribute financially. The issue of child support nonpayment transcended IPV, since a number of young mothers noted the lack of economic and material support that was available to them from their fathers after a separation or divorce. However when domestic violence contributed to the dissolution of the parents' relationship, it was very rare for young women to maintain strong economic or emotional ties with their fathers.

Twenty year old Asian born mother Valerie spoke of the estrangement she felt with her father after he left her mother, Sarah, for another woman and then failed to make child support payments. While estrangement in the father-daughter relationship was not caused by IPV, subsequent lack of support became more significant when Sarah moved to another city and Valerie moved in with her abusive boyfriend's family. Valerie kept the abuse secret from her mother because she didn't want her to worry, and appealing to her father for help didn't seem to be an option.

In general, young mothers relied on their own mothers for a variety of supports and typically received help from their mothers even when relationships were very conflicted. Regardless of their IPV exposure, when asked the question "who helps you the most?" young mothers most often identified their mothers. Even young mothers, like LaCreasha, who felt failed by their mothers described them as also seeking out relationships with their grandchildren.

Young mothers reporting higher levels of IPV were overwhelmingly more likely than other mothers to report estrangement and conflict in their relationships with their mothers. In fact, six of the seven mothers who reported conflicted relationships with their mothers also reported high levels of IPV. Conflict in mother-daughter relationships was complicated since conflict did not preclude supportiveness. Frequently, grandmothers were providing some level of practical assistance to their daughters. Although grandmothers did provide some material supports, young mothers often criticized this support as being unreliable or not given in an emotionally supportive manner.

Nineteen year old Anglo mother, Pam was deeply affected by her father's violent behavior even though she grew up without him. When Pam's mother Jane was eight months pregnant with Pam, she left her husband after enduring years of domestic

violence. Pam's story of her mother's escape had been constructed from what family members have told her.

Pam: I mean it's a trip...he had beat my mom and I guess sexually abused her too cause that's why she had so many kids. Cause he just like, well I guess rape I don't know. Cause he would do it, use forcefully. Yeah and, Susan (older sister) ran away cause she was getting beat all the time.

SK: And she was being molested too?

Pam: Yeah, and the cops found her and the cops called my mom and dad's house...and they asked my dad if had a daughter named Susan, and he said, 'no.' So they called my mom the next day while my dad was at work, you know they said, 'if you don't leave then we're going to take all your kids from you'...they were like, 'you need to...just walk out the door, don't take nothing, don't take no clothes or nothing, just get up and go, we already got all your kids out of school and everything, we called all the schools and got the kids out.' So she got up and [left].

Even though Pam's contact with her father was virtually non-existent, she was acutely aware that his abuse had long-term effects on the rest of the family. Jane worked "24-7" to support her eight children living in a new city, far from extended family. Although her mother spent a lot of her time working, Pam also remembered how her mother and older sisters "got wild" and "partied all the time." Because of the work and 'partying,' Pam felt Jane was fairly absent from her life between the ages of 3 and 10. Insightfully, Pam understood this behavior as the family's reaction to being forced to live under the control of her father for so many years—"cause before they were like prisoners in their own home or whatever."

According to Pam, she and her mother don't have the "typical mother-daughter relationship." Pam talked about her mother with an attitude of indifference, tinged with anger. Although Pam described Jane's efforts to help her stay in high school by letting her move back home when her electricity was disconnected and driving her to school every day, Pam focused on the emotional distance in their relationship and characterized Jane's role as purely financial.

She's been like the money, like the money giver or whatever, but she's never been there like you know like a mom or something. I don't know how to explain it. We're just not close. Like when I had my kids she wanted to come in the room and I was like it didn't feel right. I was like 'no.' My sister was in there and me and my boyfriend.

A majority of the young mothers who had experienced high levels of IPV described their relationships with their own mothers as either conflicted, unsupportive, or absent. In contrast, these troubled mother-daughter relationships were the exception for mothers with minimal or no IPV exposure.

Among the varied reasons for these poor relationships, IPV was an important, if sometimes indirect factor. A few young mothers, such as April and Ana, were physically abused by their mothers during childhood. For April, physical violence continued to be an issue with her mother into adolescence when she became violent with her mother.

me and her (mother) get into arguments and I get really mad so what I do is I already hit her. I kicked her 'cause of the same fact that she used to hit me and I couldn't defend myself and now I can't even do it cause if I do--that's physical aggression, that's aggression against your own parents and you can't do that.

While the links between IPV and April's estrangement from her family are fairly obvious, in many cases the association between IPV and family estrangement was deeply embedded in familial dynamics. Adolescent mothers described their relationships with their own mothers in stories that conveyed their feelings of anger, resentment, disappointment, and disillusionment. The fact that many of these young women's mothers had extensive abuse histories alluded to the possibility that IPV compromised their ability to positively relate to their daughters (Riger, Raja, & Camacho, 2002). Like Pam, Jessica acknowledged her mother's violent past which included a series of abusive relationships. However, she expressed hurt and anger with her mother for "not really being there for her." Margarita's constant threats to move out and get her own apartment left Jessica feeling abandoned. Even when Margarita was ostensibly being supportive,

Jessica, sensing her mother's self-absorption, questioned the motivations behind her comments. When Margarita encouraged Jessica to finish high school, Jessica experienced her mother as being preoccupied with her own educational regrets.

My mom would be like, 'you don't want to end up like me, I don't even have a high school diploma.'...and it's all she would talk about her(self), about how her life could be different if she had a diploma. But she didn't say anything, it wasn't talking about me, you know.

While speculations about relational breakdowns between mothers and daughters and IPV could be drawn from some stories, other mother-daughter estrangements were more perplexing. Eighteen year old Rene described her relationship with her biological mother as virtually non-existent while she was growing up.

I think I am not supposed to hold a grudge against my real mother for leaving when I was three. So, ever since then I just really didn't have trust for people. And I was mad that she left, that she cheated on my dad, and it was why she left. 'Cause she cheated on my dad and got pregnant. She had to leave or whatever, so I was just real mad at that and so I just didn't trust nobody 'cause I was like my mom- if she can do that, anybody can hurt me or whatever, so I just didn't get close to nobody.

Rene knew little about her biological mother and what had motivated her to leave her husband and two children. Rene couldn't tell me if her mother had a history of IPV, substance abuse, or mental illness. Though her mother had recently reached out to her children after 14 years of separation, she offered Rene no explanations for her past behavior. Eighteen year old Nicole's estrangement from her mother was equally difficult to explain. Although it had always been strained, Nicole's relationship with her mother was even further damaged when her mother's boyfriend made racist comments about her.

And he told my mom that he don't like me cause of my color and my mom told me that. What really made me change on my momma and look at her another way is when he told me that and she didn't do nothing about it. She didn't like, 'you know well this is my daughter and if I am gonna be with you, you have got to accept her color' or whatever. She didn't do all that, she just said, 'he never said it.'

Nicole's confusion about her mother's choice to tell her about this comment rather than protect her from it was strong. Nicole's vulnerability was also palpable as she voiced the longing for an adult to stand up for her. Although emotionally and financially estranged, Nicole continued to make attempts at fostering a relationship with her mother, while still attempting to be true to herself. Notably like Rene and many other young mothers, Nicole knew little about her mother's past. She denied that her mother had active problems with substance abuse or mental illness, but the question of IPV history remained an open one.

In order to make a more direct comparison between respondents' relationships with their mothers and their fathers, cases were coded for three categories of IPV (relationship violence, family violence, and sexual violence). A three point severity index was used to rate experiences in each category (for example: sexual harassment on the job was rated as one; sexual abuse by father was rated as three). Category ratings were summed and each received a composite IPV index that ranged between zero and nine. Cases with a composite IPV score of three or higher were classified as having high level of IPV. This category would then include mothers who had been exposed to a fairly severe single incident of IPV or several less severe incidents of IPV. All other cases were coded as having low levels of IPV or no IPV. Respondents' relationships with their mothers and fathers were then assessed as either: "supportive", "partially supportive, but conflicted", or "unsupportive or absent" (see Tables 5 and 6).

Table 5: Relationships with mothers and IPV

	Supportive relationship	Partially supportive, but conflicted relationship	Unsupportive or absent relationship	Total
High IPV group*	7	6	4	17
(Pam, Alyssa, Loca, Talisa, Josie, Allison, Eternity, Valerie, Marilee, Jessica, Ashley, LaCreesha, Marta, April, Tatum, Ana, Callie)	(Allison, Ashley, Marta, Valerie, Josie, Loca, Talisa)	(Marilee, Callie, Alyssa, Ana, Pam, Eternity)	(Tatum, Jessica, April, LaCreesha)	
Low IPV group*	5	0	2	7
(Nicole, Ann, Tamera, Sheree, Marie, Bree, Mishele)	(Ann, Tamera, Sheree, Marie, Mishele)		(Nicole, Bree)	
No IPV group*	5	0	1	6
(Vanessa, Rene, Niki, Lynn, Maria, Stacey)	(Vanessa, Niki, Stacey, Maria, Lynn)		(Rene)	
Total	17	6	7	30

Table 6: Relationships with fathers and IPV

	Supportive relationship	Partially supportive, but conflicted relationship	Unsupportive or absent relationship	Total
High IPV group*	7	2	8	17
(Pam, Alyssa, Loca, Talisa, Josie, Allison, Eternity, Valerie, Marilee, Jessica, Ashley, LaCreesha, Marta, April, Tatum, Ana, Callie)	(Allison, Ashley, Marta, Valerie, Josie, Loca, Talisa)	(Valerie, April)	(LaCreesha, Eternity, Loca, Ana, Marta, Pam, Callie, Tatum)	
Low IPV group*	1	1	5	7
(Nicole, Ann, Tamera, Sheree, Marie, Bree, Mishele)	(Sheree)	(Ann)	(Marie, Tamera, Bree, Mishele, Nicole)	
No IPV group*	6	0	0	6
(Vanessa, Rene, Niki, Lynn, Maria, Stacey)	(Rene primary relationship with her dad; Involved fathers in the home: Vanessa, Niki, Lynn, Maria, Stacey)			
Total	14	3	13	30

Overall, quite a few respondents reported supportive relationships with their mothers (17) and with their fathers (13). In addition, relationships with both mothers and fathers seemed to be negatively impacted by IPV especially for respondents reporting the highest levels of IPV. Strikingly, 10 of 17 respondents (58.8%) reporting high levels of IPV, also reported either “supportive, but conflicted” or “unsupportive or absent” relationships with their mothers. In contrast, only 3 of 13 (23%) low level or no IPV respondents reported “supportive, but conflicted” or “unsupportive or absent” relationships with their mothers. Similarly, 10 of 17 respondents (58.8%) reporting high levels of IPV, also reported either “supportive, but conflicted” or “unsupportive or absent” relationships with their fathers as compared with 6 of 13 low level or no IPV respondents (46%).

Although respondents with high levels of IPV tend to report difficulties in relationships with both mothers and fathers, respondents with low level IPV reported more positive relationships with their mothers (5) than their fathers (1). Additionally young mothers who experienced high levels of IPV were twice as likely to describe their fathers (8) as absent from their lives as their mothers (4). Interestingly unlike the conflicted relationships young mothers reported with their mothers that were frequently supportive as well as conflict-laden, conflictual relationships with fathers did not seem entail material or financial support. Reasons for the absence or lack of support from fathers were varied, but encompassed violence, substance abuse, death, and physical abandonment. When fathers were absent or relationships with fathers strained, IPV was much more likely to be implicated as the case than with mothers. In six cases, respondents’ fathers had been responsible for IPV against their mothers. Respondents’ mothers may have protectively limited their former batterers’ access to their children. In addition after the marriage or romantic relationship between respondents’ parents ended,

fathers did not always appear motivated to develop separate relationships with their children. Pam's father maintained relationships with some of his children, but did not "claim" Pam as his biological child. Although the lower level of involvement by respondents' fathers suggested weaker attachments between these fathers and their children, cultural norms about the relative roles of mothers and fathers in their children's lives also seem to be at play.

PROTECTIVE RELATIONSHIPS

While important relationships were clearly affected by IPV, young mothers also described relationships that were sustaining and protective in the face of IPV. These relationships provided young mothers with needed support and refuge within environments that were at times unpredictable, harsh, and violent.

Callie's mother, Sue, was diagnosed with a life-threatening cancer during Callie's childhood and early adolescence. Unable to care for her children while she was sick, Sue sent them to live with their biological father, an abusive drug addict. Callie and her brother were abused physically and verbally and forced to use drugs and drink with their father. When their mother was unmoved by their pleas to be taken out of their father's home, they appealed to their maternal grandparents who responded protectively.

Yeah, I called my mom to let her know, look he's over here hitting us, beating us because we won't drink or smoke with him. My mom was like I don't care and hang up. We would call our grandmother and our grandmother would be what do you mean, he's hitting you, I'm coming over there, and I'm going to kill him...so but our grandma finally got us out of that situation.

Callie described her relationship with her grandparents as "pretty much they were my parents, I looked at my grandmother as my mother and my grandpa as my dad." Callie understood what she needed and wasn't able to get from her father, a violent alcoholic, and her mother, a parent who failed to protect her from him. Having two stable adults step into the protective role was critical for Callie's physical and psychological survival.

Relationships were critical not only when they enhanced young mothers' physical safety, but also when they provided young mothers with emotional safety. Because IPV most often occurred in the context of an ongoing relationship, the physical violence was only a single aspect and sometimes the least painful aspect of a pattern of psychologically controlling and abusive behaviors. Many mothers described feeling lonely and neglected within these family environments.

Loca was an eighteen year old young mother with spirited and engaging persona. When asked what she thought might happen in the future, she often replied, 'well we don't know, we ain't all Miss Cleos (TV psychic).' Her humor was candid and yet, seemed to mask the painfulness of a life-story, etched by family violence, parental substance abuse, and poverty. Loca recalled her mother, Alma, being beaten so badly by Loca's father that she miscarried. Her father served a 15 year sentence for physically assaulting Alma and having sex with a thirteen year old girl. The violence in the home continued even after Loca's father was imprisoned. According to Loca, "my youngest brother's dad, that guy, he was abusive too." When her mother was being beaten, Loca knew she could always call her grandfather and that he would "come pick me up."

The effects of observing the violence between her mother and stepfather could be seen in Loca's behavior, as a quiet child and then a rebellious adolescent. Her rebellious behavior—back-talking, staying out late, and skipping school—seemed to communicate all the anger, pain and frustration of a young girl with few outlets for her feelings. Loca learned early on from her family to keep these feelings to herself.

Loca: I used to tell my mom what I was thinking and I don't know she was drunk or something and she said, 'go tell the tree.' And I was little, so I went out and told the tree my problems.

SK: Does that make you sad?

Loca: No, you know that just made me like know better next time.

In this regard, Loca's grandfather was the exception. Loca sensed his authenticity and respected that he was the only adult who listened enough to disagree with her.

Loca: He was always told me, like he was straight. He was like, 'well, you better watch cause you know.' ...he doesn't like you know tell somebody like your problems...he'll just disagree with you. Well, he doesn't always disagree with me, he gives me his opinion, too.

SK: So other people...

Loca: They just agree you know...

SK: So you don't really know what they think?

Loca: Right. Like they just agree just to end the conversation. You know they don't want to hear it. So I just keep it in.

Loca's relationship with her grandfather seemed to provide her with emotional and physical haven in the midst of violent childhood. The trusting and confiding nature of their relationship appeared to have provided the partial inspiration for her to finish her high school degree and "turn her life around." While the rest of Loca's family predicted that she would have "the baby and drop out and end [her] life right then" just like her mother, her grandfather believed she could accomplish more. She trusted his straightforward advice to straighten up "'cause you don't bullshit around."

Twenty-one year old Josie and her five year old son, Mikey, lived with her parents and younger siblings in a well-maintained home in a middle class neighborhood. The family's comfortable standard of living was made possible by the hard work of Josie's Mexican immigrant parents. Josie's father worked nearly seven days a week in construction and landscaping and her mother worked two jobs as a housekeeper. Josie sometimes felt guilty about the sacrifices that her parents made for her and believed that they did not expect enough from their children in terms of financial and material contributions. Still, Josie wished for her parents to be more involved in her daily life.

He works as a laborer and he works as a subcontractor for another company and he's probably like 54 or 55 and...I just don't see how they are at that age and just keep going every day and my dad just wakes up at 5 o'clock in the morning and he's running around and my mom does the same thing. She wakes up at 6:30 and she goes to bed at 2 in the morning, and does it all over again. They are hard workers and I look up to them, but then again why are you are you going to do that to your kids when you have no--I just think, they want to give you the best as far as money but they don't show up like, 'how was your day or how were you doing.' They don't ask my sister how she's doing in school, they don't do any of that, and I wish they were more those kind of parents instead of 'here's this money go and buy what you want to buy, go buy your books.' They don't go buy books with us or go do things with us.

As immigrants, Josie felt her parents didn't really understand "the ways things are here." When Josie became pregnant at age 15, her parents encouraged her to leave their home to start a family with her boyfriend, Michael. Because she was raised to "listen to my parents," Josie moved in with Michael's family. Even when the relationship with Michael became more troubled and eventually violent, Josie's parents pressured her to marry the father of her child. Within the family, only Josie's brother, Jay, objected that Josie was too young for marriage and encouraged her to move back home. Josie described feeling caught between her parents and her older brother and their differing ideas about her relationship with Michael.

My older brother, he would tell me to leave him. When I first moved out and moved in with Michael, and my brother and I never really hung out and he called Chris's house and talked to me, he asked, 'what are you doing over there? You have no business over there.' And I said Mom and Dad told me come live with him since I'm pregnant. And he says, 'who cares if you're pregnant, you don't need to be over there, you need to be at home with your parents. You're only fifteen years old...you can't start your life yet, you know who cares. If they can help you with the baby, you don't need to have a man.' And he was kind of like the person that I would look up to and then if he told me one thing, I came back home that night I talked to my brother, I got here and my Mom and Dad goes, 'what are you doing here?' And I was just like, 'well I talked to Jay and he wants me to come back home.' And my Dad was like, 'what does he have to say in this? He doesn't have to say anything.'

Although Josie's parents loved her and supported her financially and materially, Jay helped her develop a sense of agency in dealing with her problems. Living with

Michael, Josie soon became depressed by his infidelities, abuse, and manipulations. Her brother also named her emotional malaise, depression, and helped her to see a psychiatrist. Josie stayed with Michael for almost five years before their final break-up. During those years, she was deeply torn about whether she should stay or leave her son's father. Without her brother's intervention and encouragement for her to have a better life, it may have taken much longer for Josie to leave. Although Josie occasionally wished that she and her son's father were together, at the time of our last interview, she was involved in a serious relationship with a caring young man who drew out her feelings and was preparing to move with her son into a supportive housing program.

Brown and Gilligan (1992) write: "connection and responsive relationships are essential for psychological development and underlie women's knowing...yet women often silence themselves in relationships rather than risk open conflict or disagreement that might lead to isolation or to violence (p. 3)." As Loca and Callie poignantly described, many young mothers found adults in their lives to be preoccupied and unconcerned with their feelings and experiences, even when those experiences included IPV. Protective relationships provided young mothers, especially those experiencing IPV, with safe spaces where they could express and explore their feelings and thoughts, and eventually act from this self-knowledge. The protective actions of these adults were grounded in empathetic concern and understanding for these young mothers. Importantly, young mothers saw these adults as confidants as well as protectors.

CONCLUSION

Young mothers' relationships were essential to them in terms of material, economic, and emotional support. These relationships also provided critical developmental contexts from which adolescents could effectively launch themselves into adulthood. The effect of IPV on these relationships was varied. Adolescent mothers were

vulnerable to developing a range of depressive and traumatic symptoms when they experienced IPV within contexts that lacked caring adult support and included additional risk factors, such as poverty, parental substance abuse or mental illness, or other traumas. Difficulties in trusting interfered with mothers' sense of safety, closeness, and comfort with others. For some mothers, mistrust seemed specific to partners or males in general. For other mothers, lack of trust made it difficult to ask for help or rely on their closest friends and family members. Many mothers who had experienced IPV in childhood also experienced a certain degree of adultification within their families and had assumed responsibilities their parents were unable to fill. Taking on adult roles seemed to facilitate the maturity and competence of some adolescent mothers, while it appeared to impede the development of others.

Family estrangement was frequently an issue for adolescent mothers who had experienced high levels of IPV. Overall, IPV seemed to have different effects on relationships between adolescent mothers and their own mothers than relationships between adolescent mothers and their fathers. Although adolescent mothers' relationships with their mothers were more conflicted, the grandmothers usually seemed to be providing some level of financial or material support. In contrast, many adolescent mothers had no relationship of any kind with their father, particularly when he had been a perpetrator of violence. Protective relationships with caring adults seemed to have a buffering effect for adolescent mothers who had experienced IPV. These relationships provided emotional and physical refuge during times of family and personal crises.

Chapter 5: Becoming immersed in romantic relationships: Romance narrative, feminine ideals, and developmental detours

INTRODUCTION

Adolescence is the time period where identities are negotiated and the envisioning of future adult selves begins. Motherhood during adolescence poses a unique challenge to both of these processes, as it imposes new identities and alters future prospects. Adolescence has been conceptualized as a crisis for young women within our culture, as they “encounter new social pressures, confront their sexuality, and find themselves placing value on femininity (Kaplan, et.al., 2001, p. 142).” Gilligan (1991) suggested that during adolescence, girls squelch their authentic voice as they are pressured to conform with adult woman stereotypes of femininity. Good mothers are expected to be patient, nurturing, and self-sacrificing. These same qualities are seemingly at odds with the determination, agency, and self-focus necessary for young mothers to access educational and career opportunities that will result in self-sufficiency for themselves and their children.

Initially, I wondered how IPV impacted young women’s developmental outcomes. I hypothesized that IPV would interfere with young women’s educational attainment and hinder their ability to establish independent households. While I found some evidence that IPV negatively influenced developmental outcomes, my analyses suggested a much stronger connection between the level young women’s immersion in their romantic relationships and their progress towards self-sufficiency. Young women who found themselves preoccupied by non-mutual romantic relationships seemed to do so to the detriment of their own development.

IPV was also related to the tendency to immerse in intimate relationships. At times young women exposed to IPV were depressed, traumatized, isolated, or just lonely.

These vulnerabilities sometimes drew them into other exploitive relationships. Partners offered promises of love and care, and sometimes expected a high price for such affection in terms of young mothers' submission and loyalty. Young mothers who were heavily invested in non-mutual romantic relationships and had less energy to devote towards their own development. While supporting the growth and development of other people is a worthy contribution, as well as a psychological strength, when young women defer or forfeit their educational and labor force development they potentially risk dire consequences for their own future poverty. Alternately, young women exposed to IPV might reject feminine role models as overly weak or vulnerable. These young women seemed skeptical of the premise that partners could be relied on as providers or caregivers.

At a time of unprecedented educational and economic opportunities for young women, media and popular culture continue to market and reinforce femininity as a desired goal. Kaplan and colleagues (2001) found in their focus groups of adolescent girls that femininity, beauty, and male attention were primary goals across race or class. At the center of these feminine stereotypes is the romance narrative which greatly influences the development of young women's conceptions of love and sexuality. The romance narrative is epitomized by notions that romantic love is blind, transformative, intensely passionate, and happily ever after (Lloyd & Emery, 2000). Young girls are socialized to be objects within this narrative as they learn their roles from fairy tales of rescuing princes, cautionary tales of fallen women, and observations of courtship rituals that emphasize male agency and female passivity. Rosen (1996) identifies the plot lines of traditional fairy tales, such as Cinderella, within young women's narratives of violent relationships. These stories make sense of aspects of young women's relationships that might otherwise be troubling or confusing (Wood, 2001). For example, extreme jealousy

might be interpreted as an expression of intense love rather than possessiveness or control. Additionally, the promise of *happily ever after* relationships held unmistakable appeal especially for young women who had led difficult lives.

Most young mothers had been socialized by their families and cultures towards fairly traditional feminine roles. They had logged many afternoons and evenings babysitting younger siblings and cousins. They were responsible for helping their mothers, sisters, and female cousins clean house and prepare meals. Further, as at least one young mother noted different rules applied to male and female children, with girls having less “freedom” and more “curfews.” Consistent with other research about the lives of low income adolescent girls, these young women spent significant time doing what Dodson (1999) calls *girls’ work*. This *girls’ work* included not only “time-consuming housework and child care,” but emotionally demanding relational caregiving involving “the offering of oneself personally and intensely, siphoning off strength which might have been devoted elsewhere” (Dodson, 1999, p. 15).

In *Toward a new psychology of women*, Miller (1986) describes the effect of traditional socialization on women’s sense of themselves and their lives.

Women have been lead to feel that they can integrate and use all their attributes if they use them for others, but not for themselves. They have developed the sense that their lives should be guided by the constant need to attune themselves to the wishes, desires, and needs of others. The others are the important ones and the guides to action (p. 62).

Although Miller’s theories have been critiqued by some as reflecting a middle-class cultural bias (Jordan, 1997; Rich, 1983), comparable elements can be found in the concept of ‘marianismo’ or traditional values that regulate Latinas’ feminine identity. Among the rules of appropriate marianismo behavior, Gil and Vazquez (1996) include proscriptions against forgetting “a women’s place,” being “single, self-supporting, or independent-minded,” knowing that “sex is for making babies—not for pleasure,” and

being “unhappy with our man or critic[izing] him for infidelity, gambling, verbal and physical abuse, alcohol or drug abuse (p. 8).” These cultural directives are reinforced by family and church, the primary socialization agents within the Latina community. Socialization begins in infancy, extends through adolescence and over the lifetime. During adolescence, familial pressure may be particularly strong as it attempts to regulate young Latina women’s sexuality. Latina adolescents are often discouraged from going on dates “before they are 15” or “while they are living at home” and extolled for preserving their virginity until marriage (Raffaelli & Ontai, 2001).

African American women struggle with a different set of gendered and racist stereotypes of womanhood. In their reading of both historical and contemporary African American sexual stereotypes, Stephens and Phillips (2003) argue persuasively that “the good innocent virginal girl continues to be an idealized image of womanhood associated with white females, but unattainable for African American females” (p. 4). The authors believe that African-American young women efforts to construct positive identities as women are constrained by racist stereotypes, particularly with regard to their sexuality. African American young mothers must contend with images that portray their sexuality as exploitive, as in ‘Jezebel’ and welfare queen stereotypes, or non-existent, as in ‘Mammy’ and matriarch stereotypes. These rival stereotypes are but one manifestation of the good woman (virginal, chaste, feminine)/ bad woman (promiscuous, aggressive) dichotomy that finds expression within and across various ethnic groups. Adrienne Rich’s concept of compulsory heterosexuality (Rich, 1983 cited in Tolman, 2002) describes how these stereotypes are part of the

seemingly discrete social processes [that] actually work synergistically to oppress women, including the socialization of women and men to feel that male sexual “drive” amounts to a right, the denial and denigration of female sexual pleasure or agency, and the objectification of women (Tolman, 2002, p.16).

This theory emphasizes the control of female sexuality, as a means towards preserving traditional androcentric power—limiting women’s options to more freely exercise choice about and within their intimate relationships.

By extension, I contend that care-giving socialization, in collusion with traditional sexual stereotypes and romance narratives, prepared adolescent mothers to direct their energies to finding appropriate romantic partners, and maintaining these romantic relationships. This chapter delineates the process of relationship immersion that surfaced from the interviews. Through their narratives, young mothers charted their romantic relationships—from falling in love, making commitments to stay together, insisting relationships would prevail despite hardships (stand by your man), and then for some letting go of illusions and adopting more realistic appraisals of their partners and relationships. I close this chapter by looking at the exceptional girls who charted alternative romantic courses and authored different, more empowering love stories for themselves. While these young mothers’ experiences were unquestionably shaped by their race, ethnicity, and class positioning, this chapter focuses on the striking commonalities across narratives that seemed to transcend group differences. Further research and deeper analysis through the lens of race, ethnicity, and class can begin to explore these group differences.

FALLING IN LOVE

Blonde haired, blue-eyed Tatum was an effervescent 20 year old Anglo mother. She and her 20 month old son were temporarily living in her grandparents’ home while they waited for their public housing apartment to be ready. During our interviews, Tatum was never more animated than when talking about her romantic relationships. As if recounting the plot of a romance novel, she spoke enthusiastically about falling in love, enduring the pain of a partner’s disappointment, and moving on to love again. In

contrast, her family history was relayed with resignation, punctuated with drama, but without the hopefulness of her romantic life. Her romances provided some respite from the estrangement and despair she felt with her family. It is not entirely surprising that Tatum would find her outlet in the form of a boyfriend. She claimed to have had her first boyfriend at the age of two. Now 20 years old, Tatum had already been engaged four times. Although she had known her current boyfriend only six weeks, she described in detail their wedding plans and future life together.

While falling in love was an exciting and enjoyable diversion from Tatum's more serious life concerns, other mothers described falling in love as an intense and transformative experience. Twenty one year old Callie's dark blonde hair was pulled up in a clip at the back of her neck revealing her long freckled neck. When we first met, she was six months pregnant with her second child and trying to make her rent. While we talked about her life, she fielded calls from her caseworker, her boyfriend, and one of her uncles. She and her children's father, David, were in an "on-again" phase of their very 'on-again, off-again' relationship. Although, they had tried to break up in the past, Callie felt that they "loved each other too much" to be apart for very long.

More than once, Callie mentioned that meeting her baby's father, David, changed her life. With David, she felt cared for and protected in a way that she had not previously experienced. Callie recalled the beginning of their relationship "when he was protective, I never had that before, somebody that cared so much about me, what happens to me, I liked it." Callie's early experiences with men which included being raped at 16, closely resembled the many neglectful and hurtful experiences that occurred in her family. In addition to being physically and emotionally abused by their father, Callie and her brother were also physically abused by a series of their mother's boyfriends. David was direct in telling her that he wanted a relationship with her and not just sex.

I don't want to sound nasty or anything, but usually when I get with a guy they want one thing, and whenever I met his father I was 17 and his father sat down and told me, 'look I understand what kind of lifestyle you have every guy you been with they only wanted one thing from you, but I'm not those kind of guys.'

Rosen (1996) wrote about how popular fairy tales can entrap young women as they become invested in romantic fantasies about their own relationships. Her version of the Cinderella fantasy has particular relevance for Callie and other vulnerable young mothers.

The Cinderella fantasy refers to the illusion that a man can transform a woman's life, erase her insecurities, protect her from her fears, or save her from her problems or all four. When a woman's boyfriend appealed to, addressed, or seemed to mend a woman's unique vulnerability, she became seduced by what we call the Cinderella fantasy. The reality aspect of this fantasy is that a sensitive, caring partner can positively influence a woman's feelings about herself, her approach to life, or her ability to cope with stressful life events. This realistic potential for healing, however, became a delusion when women placed too high an expectation on how much their partner could rescue them from or when they held on to the image of their boyfriend as Prince Charming despite his behavior reflecting the opposite (p. 61).

Callie's romance narrative cast David, as the hero who rescues and transforms Callie into a respectable woman. This story was seductive to Callie on an emotional and material level, as she struggled to improve her life circumstance. When Callie told the story of her first night with David, she described feeling overwhelmed at his kind and respectful treatment.

I woke up to him kissing me on my cheek saying, 'sweetie, you need to wake up, it's time for you to go to work.' Personally, I never had a guy that did that. Never, it's always, 'hey you need to get the hell out of my house,' or you know, it was surprising. It touched me real bad...and I was like I got to get ready to go to work...he's like 'here take the keys to my truck.' 'What do you mean take the keys to my truck? It's just right around the corner. I can walk.' And he's like 'No, I want you to drive my truck.' And I'm like, 'you trust me?' And he goes, 'yes I trust you.' And I started crying 'no, you can't do this, you can't be like this'...and he gave me the keys to his truck...he never let anybody else drive his truck.

Although such a simple gesture may have had less impact on another young woman, Callie says that David's affectionate kiss and the keys to his truck "changed my life."

Ironically, Callie stated that one of the reasons she “fell in love with David so much” was because although she was 17, he was 25, she “told him how it was going to be.” This short-lived sense of being in control became one of the processes that “entrapped” her in the relationship (Rosen, 1996). Soon Callie had quit her job. Later David convinced her to stop going to high school because the campus was “too dangerous” and to stop hanging out with her friends because they were “taking her nowhere.”

I mean I stopped talking to all my friends which that was a good thing in my book...it was a good thing that I met his dad. I mean, I met an older guy who, he didn't have his stuff together, but as far as anything I looked up to him and my whole life was always filled with him...and finally, I was like you know what, this dude comes into my life and he's controlling me, but he's not really controlling me, he's trying to tell me 'look this person is bad.'

The boundaries between love and control had begun to blur in Callie's relationship with David. Their relationship was not one of equals but reflected a growing power imbalance that allowed David to make important decisions about Callie's life. Ultimately, David attempted to control Callie using violence.

Twenty-two year old Allison talked while her three year old daughter, Lisa, slept in her lap and the older two boys played video games in the bedroom. Lisa was a miniaturized version of her mother, a petite Latina with large dark eyes and long dark brown hair. Allison had been married to her children's father for almost seven years. Their relationship had been rocky, but according to Allison was improving.

Allison remembered being swept off her feet by her future husband when she was just 14. At 20, Miguel was worldly and sophisticated to Allison still a junior high student.

He was like, 'I'm going to take care of you. I'm going to buy you clothes. I'm going to do this. We're going to have our own place,' and stuff like that. And when I was little and they (parents) had to support so many of us, we didn't really get to get the shoes we wanted, we didn't get the clothes that we wanted, we just

had to get what we had. And he made all these promises, 'I'm going to buy you new clothes, I'm going to buy you new shoes.' So that's like how I thought about it. He used to take me shopping, I used to get clothes. I started wearing makeup and fixing my hair.

Young Allison was also captivated by the Cinderella story, feeling marriage to Miguel would give her a happily ever after ending. He was the prince offering her luxuries that her parents couldn't afford to give her. As if by fairy godmother, falling in love with Miguel had awakened Allison's femininity, as she began to wear makeup and style her hair. Although Allison had been more interested in school than boys prior to meeting Miguel, being with him began to consume all of her energy. She skipped school with her friends to spend time with him and defied her parents when they forbade her from seeing him. Her parents' opposition only heightened the passions that typically surround lovers kept apart by external obstacles (Rosen, 1996). Convinced that he was "the only guy for her," Allison was desperate to marry Miguel. She begged her parents, even threatening suicide, until they relented and gave their permission for her to marry at the age of 15.

Even young women wary of love were not immune from the spell of the falling in love. Nicole was cautious of being hurt or used by men after years of watching her aunts in abusive relationships. Knowing the dangers and pleasures of such relationships made them both fearful and tempting to her. She identified herself as the "type if I was to go with somebody I would just like stop messing with them, because I felt like would fall in love with them and I wouldn't want them to do me wrong." Darius, her baby's father, was different because he provided a level of comfort and compassion missing from her family. Nicole and Darius grew closer as they confided their painful pasts, something Nicole had not felt safe to do with other men.

I felt comfortable when I could talk to him about my mom and stuff cause he was in a foster home or whatever, cause his mom was on drugs and he had no dad. So, I could sort of like relate to him and stuff and he would tell me, you know talk to me and stuff like that. So, it was just like I needed the comfort, you know.

Nicole's faith in Darius was confirmed when he stayed with her after she became pregnant with her daughter. She believed that her relationship with Darius would transform past hurts and that together they would have a better life.

In contrast to Nicole's feelings of safety and comfort, Marta's feelings for her boyfriend, Juan, were intense and consuming from their first meeting. Eighteen year old Marta spoke in a quiet voice as she ate her lunch in the school lounge. She met her baby's father Juan when she was 15. At the time, Marta was feeling very lonely.

When I was like 15, I felt lonely because I used to see my mom have her boyfriend and I used to see my sister have her boyfriend so I felt lonely because they have a boyfriend and not me. And I used to cry cause I wanted to do the same things I saw them doing.

Marta told Juan she "wanted to have a kid." However, Juan was emphatic that he "didn't want to have a kid with [her]." Marta lied about taking her "sister's pills" in order to get pregnant. When their son was born, Marta's hopes of Juan becoming more loving and family oriented were quickly dashed. She recalled "when my son was born, he [Juan] never told me well, I love you, I love you very much I want to be with you." Although Juan emotionally rejected Marta and on many occasions denied the paternity of their son, Marta continued to hope that she, Juan, and the baby would become a family.

Rosen (1996) uses the term romantic fusion to describe relationships characterized by these feelings. This feeling of not being able to live without the loved one was central to Marta's experience. Marta would vow to stay away from Juan, only to track him down by calling all of his friends the following day. Even as Juan's behavior became more menacing and controlling, Marta could scarcely stand to be apart from him.

I couldn't leave him, oh my god, oh my god. I used to spend the night at his apartment then go home the next day. And then we started having a relationship. And then after that he started, I don't know what changed. He started drinking and then he started like hitting me for no reason.

While Marta understood Juan's behavior as unacceptable, the intensity of her love compelled her to stay with him hoping his behavior would improve. Marta's intense focus on Juan left her with little time or emotional energy for additional pursuits, including her studies or developing friendships. She worried if they broke up she would be "too lonely," her life empty without him.

The intensity of falling in love was largely pleasurable for young mothers. Their lives began to resemble fairy tales, as they entered the world of womanhood through the discovery of love and sexuality. Unfortunately, the romantic fantasies activated for some young mothers slowly began to erase more self-grounded visions of their lives.

LET'S STAY TOGETHER

Young mothers experienced significant social pressure from a variety of sources to stay with their babies' fathers. Women, in general, and young women in particular, are subject to moral judgment as they navigate their romantic and sexual relationships (Tolman, 2002). Indeed, young, unwed mothers are doubly sanctioned for breaking rules about appropriate female sexual behavior and society's preference for traditional family formation (Luker, 1996). For some young mothers, these internalized stigmas were expressed in negative comments about other young mothers who had multiple sexual partners or children by more than one man. While their childless peers might easily fall in and out of love and relationships, young mothers had a far greater stake in staying with their baby's fathers.

Twenty year old Alyssa breastfed her six month old daughter, as her two year son ate his breakfast in front of his favorite cartoon show. Alyssa had been unhappily married for three years to Joe, her children's father. Alyssa's parents had pressured 15 year old Alyssa to marry Joe when she became pregnant with her son. Alyssa's conservative parents' believed it was sinful for her to have a baby out-of-wedlock.

Alyssa's parents had the financial and material resources to help Alyssa, but these resources appeared contingent upon her marriage to the baby's father, Joe. Because she and Joe had only been together for a few months and Alyssa was still in love with her ex-boyfriend, she initially resisted the pressure to marry him. However, only 15, her need for her parents' support outweighed her reservations about marrying Joe.

I wanted to either move in with him, and get our own place or I wanted him to move in with us and then my mom said 'well, he can only stay with us for a week until the baby is a week old and then he has to move out or y'all have to move out. And the only way he can stay is if y'all get married,' is what she did and so like I thought 'golly, I want him there but you know it's like,' and we ended up (married) within two weeks.

Almost four years into the marriage, Alyssa deeply regretted her decision. Their relationship had been marked by violence, infidelity, and two separations. Alyssa did not feel desired or loved by her husband. She believed her life would have taken a different, more positive trajectory, if she had not married Joe.

Although he was a devout Catholic, Allison's father encouraged her to leave her abusive husband, have an abortion and go back to school when she became pregnant at the age of 17. Unfortunately, this message to focus on her education conflicted with previous messages about the importance of monogamy.

I went to church a lot and my mom and my dad used to tell me, 'Don't have sex if you're not going to be with that person, you don't want to have a bad reputation, you don't want to sleeping with a bunch of guys just to find the right one. If you're going to be with this guy that should be the guy you should be with.' So that's what I did.

Understandably, young mothers feel less judged when they are in exclusive or committed relationships, whether or not that relationship is healthy for them. Allison had been taught by church and parents that losing your virginity to someone narrows your choices to staying with that person or risking a bad reputation.

Having a bad reputation affects the development and self-image of adolescent girls in far-reaching and enduring ways (Simmons, 2002; Tanenbaum, 2000). Girls with bad reputations are treated poorly by their male and female peers, adults, and the larger society. More than one young woman referenced the television talk shows that featured teen mothers getting on-air paternity tests to see who fathered their children. These shows depicted young mothers as promiscuous and manipulative and subjected them to the studio audience's judgment and ridicule. Perhaps too young to view this media from a critical perspective, young women tended to accept the negative images of teen mothers at the same time they tried to distance themselves from these images. Loca talked with disdain about shows that entertain "America with other people's misery." She watched them but doesn't "get a kick out them."

Yeah, I see all these little 15 year olds running in hoochie clothes, and back talking to their moms. And I just look at them 'cause I know I was like that, then I see Maury and I see all these paternity tests and everything. All these girls who don't know who their baby's father is. They have nine different guys on there. I couldn't do that.

Twenty one year old LaCreasha became pregnant with her son during her sophomore year of high school. Although she had only one sexual partner, LaCreasha's reputation at school changed after the birth of her son. When sexually propositioned by a neighborhood boy, she responded with shame about not being a virgin rather than outrage. As she told it, LaCreasha seemed almost defeated by the question.

LaCreasha: I had a boy who was liking me or whatever...once they found out I had a baby it was like, they would ask me 'can I have sex with you?' And I was like 'no.' And they were like, 'you got a baby.' I was like, 'so that doesn't make it seem like I would just have sex with anybody and everybody because I have a baby'...

SK: How did it make you feel?

LaCreasha: Uh made me feel like I shouldn't have had that baby, I shouldn't have gotten pregnant or had sex in the first place. And maybe they wouldn't ask me that question.

LaCreasha's tacit acceptance of being sexually propositioned by this neighborhood boy was telling. Although she challenged him by saying that just because she has a baby doesn't mean she has "sex with anybody and everybody," she also held herself responsible for being asked the question having "had sex in the first place."

STAND BY YOUR MAN

Young mothers often remained committed to their partners in the face of infidelity, emotional neglect, economic hardship, and violence. Mostly the reasons given for staying in unsatisfying relationships related to loving their partners and wanting to keep the fathers of their children involved. The tenacity of young mothers' attachments to their partners was often remarkable.

Twenty year old Ann lay on the living room couch with the TV muted during our interview. The muscle pain in her left side was beginning to subside as the pain medication that she was given in the emergency room the previous night began to take effect. In front of the screen, 21 month old, Tyreke, unaffected by his mother's incapacity, was pulling objects from his toy box and squealing with delight at finding a favorite toy. Ann asked her 22 year old cousin, Malika, to take him into one of three bedrooms where she was minding her own children and talking on the phone. Ann was fiercely loyal to her boyfriend and baby's father, Keith. However Ann admitted since Keith moved into her mother's apartment they argued a lot and "don't get along like we used to." Most of the fights were about the nights that Keith didn't come home. Ann worried that he may have had a seizure or gotten arrested or worst of all that "he's messing with other females." Although she expressed concerns about Keith's past behavior, Ann believed their relationship would prevail. When asked if she thought they would stay together, Ann explained why she believed that they would: "I'm the only

female that stuck by his side this long and really been there with him through everything and really cared for him and been there and helped him.”

When family and friends questioned her devotion to him, Ann’s feelings of romantic attachment only grew stronger, as she pushed aside whatever doubts she herself might have had.

They don’t understand what I done been through with him...we’ve been through everything, everything...and if I stop messing with him, he ain’t got nobody else...and I don’t got nobody else, that’s for real...that’s like the only friend I’ve got.

In her research on couple violence, Rosen (1996) referred to this type of attachment as the “Romeo and Juliet effect” where the couple adopts a “you and me against the world” stance (p. 171). While emotional and material needs certainly contributed to Ann’s decision to remain in this relationship, in the end it was the strength of her romantic convictions that kept her fully committed to Keith.

Eighteen year mixed race mother, Nicole, voiced similar loyalties towards her baby’s father, Darius. Nicole and her daughter, 18 month old Aisha, lived in an apartment with a number of relatives. It took some questions and time to determine who actually lived there. Three of Nicole’s cousins, one of the cousin’s boyfriends, and Nicole and Aisha all shared a small two bedroom apartment. Throughout our interview, people came in and out of the apartment and in and out of bedrooms--looking for someone, slamming doors, always apologetic for interrupting us. Sometimes Nicole kept talking and sometimes she waited till others had left the room to tell me the details of her life.

Darius was going to be released from jail soon and Nicole was determined not to “just give up on him...like other people do.” She had already forgiven him for cheating on her, believing it was a one-time thing. She hoped that he would keep his promises to get a job and stay out of jail, and she “pray(ed) that he don’t leave” her. As Nicole

related the qualities of a good girlfriend, she emphasized the importance of a woman's sexual fidelity.

I mean if it don't work out...I don't know a reason why, 'cause if I am going to be with somebody, I ain't gonna cheat on them or nothing like that...And he sees that. He knows I ain't out there like that. He knows I ain't one of them type of girls that just uses him or do anything to him like that. So that is the way he feels about me.

Nicole reassured herself about a future that seemed largely out of her control. Rather than being directed by her dreams and desires, her future seemed more influenced by her boyfriend's actions—if he chose to stay faithful or not, to get a job or not, to leave her or not. Her only identified agency was aspiring to be the kind of partner Darius needed and wanted.

Like many of the young mothers, Nicole's thinking about relationships was clearly informed by traditional gender and sexual stereotypes about being a good woman. She protected herself from Darius's potential abandonment by being a loyal, faithful girlfriend. Interestingly, Nicole believed that the most valuable thing she had to offer the relationship was her passivity—she won't cheat on him, use him, or stop believing in him. However, she was largely silent about what she did have to offer the relationship. Darius even commented to her about her silence as he expressed his desire to know how she felt.

He was the only person that would just come to me and let me know that you need to talk to people to let your feelings go. 'cause to me he knows that I got a lot of stuff built in and he wants to know how I feel and wants me to talk to him that way.

Young mothers often chose to remain in unsatisfying and emotionally depleting relationships as they attempted to perform the expected duties of a good partner/ wife/ mother demonstrating their value as good women. Because pregnant adolescents are unable to conceal the fact of their sexual activity, they are particularly vulnerable to

community judgment and stigma (Luker, 1996; Nathanson, 1991). One African American mother described how teen mothers were asked apologize for their pregnancies in front of the entire church congregation. Tolman (2002) noted that both sides of the good woman-bad woman dichotomy must be present in order for the stereotype to effectively enforce the patriarchal structure. In other words, the need to be a good woman would not be nearly so powerful if the fear of being judged a bad woman did not exist. Many young mothers lived on the edge of being labeled immoral or bad women. Their subsequent need to refute this labeling was even stronger than for most women. Rather than challenging the dichotomy, young mothers worked hard to demonstrate their attributes as good women.

Allison embraced the good woman stereotype as she contrasted her quiet conformity with her sister-in-laws' aggression. When faced with their husbands' drinking, infidelities, and physical abuse, the sister-in-laws responded by "doing scenes yelling, breaking the windows to their cars." Allison's response to her own husband's behavior was more tolerant—more like that of a good wife.

So I just put up with it. I put up with him neglecting me, abusing me, always. It was horrible. I throw it in his face all the time, I said, 'you're lucky, I'm still with you.' A lot of people tell him that he's got a good wife and I am. I do everything I'm supposed to do. I don't go to the clubs, I don't have very many friends. I don't drink. I don't do anything, I stay at home, I cook, I clean. I take good care of my kids, I work.

Allison made explicit the duties of a good wife—she stays at home, puts the needs of her family first. Implicit in her definition of a good wife is the toleration of her husband's abuse and neglect. The sister-in-laws were cast as the opposing female archetype—the passionate sexual women swept away by their emotions, out-of-control in her actions. In contrast, Allison, the good wife, seemed devoid of these passions. She was patient, quietly, and sometimes bitterly suffering, her entire existence devoted to her children and her husband.

Twenty year old Valerie's hair and clothes were still damp after coming in from squirting her daughter, Kylie with the garden hose. Valerie, a striking Asian young woman, sat on the couch wrapped in beach towel, knees at her chin. The house was her boyfriend, Alejandro's mother's house. Valerie and Kylie had been living with her for almost eighteen months. Alejandro stayed there with them when he was not in jail or living somewhere else. Valerie spoke with great sympathy about her boyfriend, Alejandro's troubled childhood. He had been neglected and abused by both parents. She understood the way his past still haunted him and caused him to mistreat her. In the almost five years they had been together, Alejandro had been violent, unfaithful, and refused to get a job that would allow the young family to move out on their own. Yet, Valerie continued to believe her love would help Alejandro overcome his demons. Valerie struggled to stay with her baby's father in the face of emerging reservations that their life together would not improve.

I still love him and I'm always going to love him, because...he's Kylie's daddy. We had good times but...lately I been having...I'm just having higher expectations...I need more and she needs way more, so...I don't know if it can work anymore. I'm starting to realize right off the bat we will never have a really great relationship...But I know his struggles and...I've always wanted to help him overcome it and I realize a couple months ago...no matter how many times I try to help him...he's going to have to help himself first. And with me I'll always be there. I've always told him that, but he's never showed me that he wants to change the way he's hurting me...I'm giving him time...I told him, 'I'm not even going to ask you what you did today, each day is yours, whatever you choose to do, it's your decision, I won't even ask about it, I just hope you make the right decision.'

LETTING GO OF ILLUSIONS

Several mothers reached the point of seeing a clear choice between their current romantic partners and their futures. Most young women found their priorities changed by the birth of their first child. Many found themselves balancing the responsibilities of child-care, housework, school, and at times employment. When also charged with the

emotional demands of maintaining difficult relationships, partners became a burdens rather than assets.

Talisa, a 21 year old African American mother, was interviewed at her workplace. A tall, athletic young woman dressed in blue scrubs, Talisa sipped her soda and talked to me as the group home residents ate their dinner in the room behind us. Talisa was employed full-time as a group home attendant while also attending a demanding training program for X-ray technicians. Most days, her boyfriend, Ray, took care of her 2 year old daughter. Although the childcare Ray provided was a critical support for Talisa, she preferred for Ray to work and for her daughter to be in formal daycare. Talisa expressed resentment, as she saw herself working harder than her boyfriend.

It is real tight. I have to ask my parents for help quite a bit. And I am also a section 8 and I only pay a hundred dollars a month. So if I was, I mean if both of us had income that would be a whole lot better cause we basically live check to check and I feel like I am taking care of two people.

While Talisa didn't rule out marriage to Ray in the future, she felt he would need to become more "stable" and increase his contribution to the household. She wondered whether she would stay with him, if she didn't need his help with childcare and felt that their relationship might naturally end once she completed her training program and got a better paying job.

When her baby's father, Alejandro, was sentenced to several months in jail, Valerie noticed that her life was easier and more peaceful during their separation. Ultimately this event helped her to realize that the relationship was negatively affecting her parenting.

He makes me so stressed out and...when [he was in jail] my life was just fine. To where, I care about him a lot, I want him in Kylie's life, no problem, but I don't want him to have control over my feelings to where he can make me so mad that I wouldn't be able to focus. I would be thinking about what he's doing and I wouldn't be able to just sit down and be with Kylie. You know like when you get

mad, and your daughter just does the same thing she does every day, and it makes you more mad just cause you're mad at someone else.

Pam, an 18 year old Anglo mother, slumped in the chair opposite me, her hands resting on the table in front of her. Just outside the window, we could hear the noisy, happy sounds of Pam's two daughters and other children at play in the high school daycare center playground. Like Talisa and Valerie, Pam was reaching her limit with her boyfriend, Jeff. Her hopes for him to change dwindled with his unexplained absences, continued drug use, lack of helpfulness with the children, and erratic periods of employment. As Pam's threats to leave him became more serious, Jeff had been trying to be more helpful at home and with the kids.

He knows and it's cause I go out now by myself and I'm like I have friends, and I'm going to do my own thing and whatever. And before I never used to....I would just stay home and wait for him to come home. I was like all stupid then. But now he knows I'll leave him...cause before I'd be like, 'I'm leaving you,' and I really wouldn't leave, cause like I loved him and all. I didn't want to leave him, I wanted to be with him and now I'm like, I don't really care.

Pam's feelings had changed over time "because I finally opened my eyes and realized...that I can go out and do stuff too, not just him, even though I got kids." Other young women reported the same feelings of confidence and freedom that came from realizing that early childbearing had not closed off all of their options and that they did not need to stay with their partners in order to be successful.

With this emerging recognition, young women struggled developmentally with their competing desires for autonomy and care. Tatum's struggle seemed typical of young women whose lack of resources, maturity, and confidence kept full independence just out of reach. Tatum expressed her desire for a more independent life, while still belying a strong longing to be taken care just beneath the surface. Tatum recounted a conversation with her boyfriend, Jake, where she rejected his offers to support her financially.

So I told him, 'I'm going back to school.' And he says, 'I'm going to pay for your school' and I say 'No, I'm getting financial aid. He says 'No, I can pay for you to go back to school, I can pay for your apartment.' And I say, 'No, I'm working.' And he says, 'Why?' I say, 'Cause I'll get bored.' 'Still, I'll pay for you to go to school, and I'll pay for your apartment, that way all you have to do is study.' 'Whatever, I'm still working.'

Aside from Jake's dubious ability to support Tatum and her son financially, I suspected that Tatum's presentation contained more than a bit of false bravado. Tatum shielded her vulnerability by talking tough, espousing her independence, and playing hard to get. However asked her about role models, she did not answer with examples of strong and independent women, but instead stated that she'd "love to be like my son" because two year old, Brandon "don't have to do nothing, he gets pampered all the time."

Psychologists theorize that important cognitive shifts in development occur during late adolescence that allow for new ways of thinking and responding. Recent research suggests that actual changes within the neurological structure of the brain are responsible for these cognitive shifts that include "the ability to think abstractly, consider the hypothetical, as well as the real, engage in more sophisticated and elaborate information-processing strategies, consider multiple dimensions of a problem at once, and reflect on oneself and on complicated problems (Eccles, Wigfield, & Byrnes, 2003, p. 325.)" In addition to increasing young women's abilities to control impulsivity and make better decisions, these cognitive advances allow for more mature and complex understandings of self and others (Harter, 1999).

Josie, a 21 year old Mexican origin mother, demonstrated this in her growing ability to reflect on the dynamic between herself and her baby's father, Michael, and to imagine where their relationship might be in the future. Josie and Michael had broken up and reconciled many times before their final breakup ten months ago. This breakup occurred after Josie was arrested and spent the night in jail, following a mutually violent incident. Josie emotionally described the realizations she had during her night in jail.

After that I lost a lot of respect for him. I just kind of put him on ice while I was in jail. You know he doesn't love me, and I don't think my love for him was that strong, if I was going to start hitting him and make a fool out of both of us and after that we never got back together. And I think back it just made me realize all the pain and all the trouble I got into--paying all the court fees and I had to do that on my own--getting put on probation. This guy's not worth it, it was like a big waste of time. I wish it had happened earlier, he's not going to--if he did this now, he's going to do it again. If I hit him now, I'm probably going to hit him again.

Josie spoke with clarity that was striking in contrast to her previous ambivalence about the relationship. While in the past Josie felt torn between her obligations for her son to grow up with his father and her obligation to provide a safe relationship for herself. The bleakness of her night in jail forced Josie to conclude that she was better off on her own than to continue in a relationship that pulled her down.

A DIFFERENT KIND OF LOVE STORY

While some young women were beginning to form their own challenges to the traditional romance narrative, a few mothers' families supported alternative narratives. These alternative narratives tended to be more pragmatic than idealized, and importantly recognized young mothers as developing adolescents rather than adult women. Young mothers whose families espoused these alternative narratives appeared particularly resilient in their ability to forge relationships that did not involve the sacrifice of their own personal growth. Rene, an 18 year old African American mother, was in her first semester of college. Rene liked her college classes, but complained about the difficulties of finding her way around the large, spread-out campus. While we talked, she occasionally swooped down to pry choking hazards out of her newly mobile daughter's hands.

Rene's parents cautioned her not to become too serious about her high school boyfriend, not because they feared for her reputation, but because they wanted her to be free to meet and date other men as she got older and went to college.

Rene: I had been with him (boyfriend) for like three, three and a half years. You know that is my first serious boyfriend. And so...when I was serious, like within that first year, they told me to watch it. Be careful 'cause when I get in college I am going to want everybody in college.

SK: And why do you think they told you that?

Rene: Because I probably will...I guess 'cause he is the first person that I really liked...But they reminded me when I get in college there will be tons of boys and tons of people that I like and then I will be like, 'why am I with him?'...Yeah, they wanted me to date more.

Twenty year old Anglo mother, Stacey's chin length light brown hair was pulled back with a bandana. Draped in a loose tee-shirt and cut-offs, Stacey revealed to me during our first interview that she was three months pregnant. Like Rene, Stacey received messages from her parents that clashed with the traditional romance narrative. Stacey's mother, a nurse, had open conversations with her about sex from a young age. She recalled that her mother never presented sex as "a you must wait till marriage thing." Perhaps as a result, Stacey has a more non-traditional orientation towards sex and relationships with the opposite sex.

And I never said that I have to be in love to do it, because I knew that I didn't really know what love is...And you might be able to say, 'oh I am in love with this person,' and then you break up with them three months later and you are like, 'oh no I wasn't.' So I never said that I had to be in love, 'cause I didn't know what love was.

In this statement, Stacey expressed her willingness to separate her feelings about sex from her feelings about love. While conservatives would argue that such attitudes inevitably lead to promiscuous behavior, Stacey revealed a developing sexual agency and the ability to postpone her sexual initiation until she felt ready. She resisted the sexual pressure of her first serious boyfriend, because "he was very pushy" and she "was definitely not ready." Stacey's description of losing her virginity placed this event in the context of caring and egalitarian relationship, rather than a passionate romance.

We had been together about seven or eight months...He never was the typical guy...he was very sensitive, and very concerned to how I was feeling and everything ...it felt a lot more true than just wanting sex. Of course he is just a teenage guy I am sure that is what he was thinking, but the way that he acted and the fact that he always did, just relax and let it off and not push for anything and then we could mess around without even having to worry about getting to that stage, it made me a lot more comfortable with him and trusting of him.

Significantly, both Rene and Tracey's families gave them non-traditional messages about sex and relationships at the same time that they maintained high expectations about educational achievement. Rather than encourage marriage in the face of their daughters pregnancies, these parents encouraged them to go to college. Rene tearfully described her father and stepmother's reaction to her pregnancy.

...on TV they show these girls then after they have their babies then they show them and they're not going to school. Then my parents told me, 'even though you had a child, like you are still going to college.' I was like, 'well...I'm still going to go to college no matter what,'... they told me that they owed me for all the time I been taking care of my brothers and sisters.

Rene's parents prepared to make the material and financial sacrifices for her to go to college. According to Rene, her parents were clear in their preference that she not marry her boyfriend.

Stacey's mother, Dana, was shocked to hear that her daughter was having a baby. Initially, Dana imagined Stacey's future of college and career to be lost.

On the way home she said 'Stacey, this is going to ruin your life.' And she wasn't saying in a bad way she was saying it in you know sort of a shocked way. And I go, 'no, it is not going to ruin my life it is just going to change it.' And she goes, 'no it is going to ruin you life.' And I said, 'no mom it is just going to change it, things are just going to be a little different.' So we are driving and a little farther she goes, 'you're right it is just going to change your life, it is not going to ruin it.' And she was thinking more about me and how my life was going to change, but that was kind of a funny--I used to hold her to that.

Stacey invited her mother to imagine a different future for her and her mother joined her in planning that future. Stacey made clear that this future which involved a child did not necessarily involve marriage.

My dad asked me, 'well are y'all going to get married?' And I said 'no, at this point I wouldn't be marrying Doug if we didn't have a baby together, so I am not going to marry him right now...I will get married to Doug when I feel like I want to marry him. I am not going to marry him just because I have a baby.' Cause the likelihood of the divorce rate is outstanding when you get married so young. And I wasn't just going to jump into it and they were both okay with that. They didn't ask us to get married at all.

Notably, both of these young women came from middle class families and had educated parents with financial resources. Stacey's mother recognized that if Stacey was forced to move out on her own prematurely that her education might suffer.

She said 'no, you can't move out.' And I said, 'what do you mean I can't move out.' And she said, 'if you move out you are going to have to work...you are going to be going to school and you're going to have a child and the first thing you are going to drop is going to school'...She was very adamant that no she didn't want me to move out, that I was going to drop out of school and that I might as well stay here in the house where I didn't have to pay anything...then this house went up for sale, and I made a joke to my mom and I said, 'well mom you could buy the house next door and I'll rent it out from you.'

Stacey's parents did buy the house next door and now Stacey, her boyfriend, and her young son rent it from them. This arrangement provided Stacey and her young family a great deal of material support, as well as a sense of privacy and autonomy that made the relationship with her parents easier. Such an arrangement was out of reach for most if not all of the other young women's families. Nor would such an arrangement be ideal for all of the mothers, as not all mothers perceived their families as supportive or helpful. However, strong material and financial support seemed necessary for young women and their families to keep moving forward. Such a finding suggests the need to develop public supports for the many young mothers who for a variety of reasons, lack adequate family support.

"Do you want to get married?" I asked 20 year old April. She replied thoughtfully, "If I find the right person, yeah, if I find a Prince Charming...I've been struggling a lot with that--I guess it's true what my teacher said...I don't need to think

about or depend on a boyfriend for my main goal,” replied April. This exchange encapsulated how young women in the study struggled with the competing goals of wanting a partner and trying to make progress in their lives. Involved adults such as April’s teacher sometimes introduced the possibility of choosing a different path, one that might involve not being so focused on having a boyfriend.

CONCLUSION

Romance narratives provided a template through which many young mothers experienced their intimate partner relationships. These relationships often began with the experience of falling head over heels in love. Young mothers described this phase of the relationship as exciting and transformative. These intense feelings in combination with romantic ideals caused some mothers to begin to center their lives around their relationships, sometimes failing to notice harbingers of their boyfriends’ controlling behaviors and abuse. Sexual stereotypes colluded with romance narratives to create greater pressure for adolescent mothers to stay with their partners, particularly when they were connected by children. When relationships grew troubled, many young mothers reverted to romantic explanations of their partners’ behavior and some recommitted themselves to being the heroines whose steadfast love would change their partners into princes. Some young mothers began to see an unavoidable choice between their partners and a positive future for themselves and their children. Revelations about the unlikelihood of improvement in their relationships allowed them to let go of romantic illusions and ideals. A few mothers resisted traditional romance narratives and sexual stereotypes to postpone entering into serious relationships or marriage and focus on their educational and career goals. These mothers had more consistently received parental messages that countered the romance narrative and were supported by their families to pursue greater independence and more egalitarian relationships.

Chapter 6: Theoretical, Practice, and Research Implications

Social workers encounter adolescent mothers in a variety of practice settings, such as schools, social service agencies, welfare offices, and shelters. It is important that social workers come to these settings prepared with an understanding of young mothers' lives and relationships that is grounded in empathy and sound knowledge base. Programs for adolescent mothers must reflect the complex and diverse needs of this population. These programs should draw on the strengths and differing expertise of multiple disciplines, such as medicine, nursing, and education. Professionals and paraprofessionals working together can provide more continuous and comprehensive care for young mothers and their children than any single discipline delivering a discrete set of services. Social workers should also advocate for policies that consider adolescent mothers' safety as they strive to become healthy, happy, and productive adults.

THEORETICAL IMPLICATIONS

The narratives in this study revealed that issues of adolescent development are very much intertwined with young mothers' experiences of IPV. The developmental stages of many young mothers were reflected in their needs, abilities, and the resources that were available to them. For a number of the mothers, IPV, as well as non-mutual romantic relationships, did seem to impede progress towards identity development and achieving self-sufficiency. As late adolescents and emerging adults, the young mothers in this analysis continued to require care and support from the adults in their lives in a number of important ways even as they assumed responsibility for children of their own. These findings underscore the fact that adult guidance, material support, and safe haven are critical for adolescent mothers in order to maintain safety within their relationships.

This was true for young mothers who were experiencing ongoing IPV, as well as for those who were no longer experiencing IPV.

The desire for adult protection and guidance was most compelling as young women described the importance of those adults who served as emotional lifelines. These relationships proved to be a major source of resiliency and reinforce relational-cultural theoretical claims about the primacy of these relationships for optimal development (Brown & Gilligan, 1992; Kaplan et al., 1991). Trauma theory also identifies loving and empathetic relationships as a healing force for victims of violence and abuse (Herman, 1992). While family relationships were often conflicted and challenging, adolescent mothers were still heavily invested in these relationships—their social networks less developed than those of many older women. Social workers can help these adolescent mothers identify limitations and maximize strengths in their relationships with their families of origin, as well as develop additional sources of formal and informal support.

In addition to needs for guidance and emotional support, these young women also expressed concrete needs for shelter and material support, such as child care, transportation. Since most young mothers had limited education and work experience, they were unable to obtain jobs or wages that would allow them to be self-supporting. Typically their similarly aged and educated partners could provide only limited economic support. Thus, most young mothers continued to rely on their families for financial help. When families failed to provide for these basic needs, some adolescent mothers found themselves more vulnerable to IPV. For example, when April was 15, her mother kicked her out of the house. On the streets with nowhere to go, she ended up living and having a sexual relationship with a man she met that same day. Several months later, April's boyfriend became violent with her while she was pregnant with his child. Similarly,

Alyssa's parents insisted that she marry her baby's father, Joe, or leave the family's home. Their son was one week old and they needed additional financial, emotional, and material support. Yielding to family pressures, Alyssa and Joe married within a few weeks of her parents' ultimatum. Talking with me years later, now with two children, Alyssa felt trapped in an unhappy and violent marriage. Understanding the interconnections between poverty and IPV allows for interventions that can address economic and safety needs at the same time. Programs that provide financial and material assistance to adolescent mothers are essential for these young women to create viable alternatives to entering into ill-conceived marriages that increase their vulnerability to IPV. Social workers must continue to advocate for the preservation and expansion of these benefits in a conservative political climate where such programs are at risk.

Finally, and perhaps most obviously, young mothers expressed the need to feel safe within their own homes. Tatum left a stable, but high conflict, living situation with her family to live in a trailer with her boyfriend, Brooks who was eventually violent with her. Tatum still stated she would prefer to be homeless than to live with her family. At 14, Marilee became less safe in her family home after her father was arrested and sent to prison. With her father gone and her newly single mother often out at night, no adult seemed to notice or object when Marilee's abusive boyfriend moved in to the family's home. While women of all ages end up in violent relationships, adolescent mothers often had less direct access to the range of financial, material, and emotional resources that many older women possess. These types of resources allow women in violent relationships to cope in difficult situations, and assist them when they chose to leave (Cook, Woolard, & Russell, in press; Raphael, 2000; Sleutel, 1998).

At the same time, adolescent mothers may possess resources that older women do not. Specifically, adult family members and friends may be more willing to intercede protectively with adolescents in violent situations than with adult women. In Tatum's case, a family member whom she didn't live with made frequent visits to check up on her after she left his home. Tatum's maternal uncle made a 7-mile trip from his home in town to the trailer where Tatum had moved in with her boyfriend, Brooks, more than once. He came to see if she needed anything and to try to persuade her to move back home. On one occasion, he arrived to interrupt a violent exchange between Tatum and Brooks. After an escalating argument about housework, Brooks 'jawed' Tatum, and she responded by reaching for her baseball bat and hitting him with it.

...so I got my baseball bat and I hit him with it. And by then my uncle drove up right after I hit him...and he said 'don't touch her, you don't touch him'...he goes 'what happened.' And he (boyfriend) explained and my uncle rolled his eyes at us...he said 'Tatum, let's go before anything else happens and one of y'all ends up killing the other'...and after that is when I moved out.

Public awareness campaigns now encourage adults to act on the concerns they have about youth drug and alcohol use by reaching out to youth. Similar campaigns can increase awareness of IPV as an adolescent issue that requires the intervention of caring adults.

Social workers must consider IPV from a developmental perspective in their own interventions (Pynoos et al., 1996; Williams, 2003). Adolescent mothers' experiences of IPV are inseparable from the developmental processes in which they are actively engaged. Reflections of mothers' cognitive and emotional development were deeply, but unmistakably embedded within their strivings for self-sufficiency. Over the course of adolescence, young women increased their ability to control impulsivity and make better decisions, as well as form more mature and complex understandings of self and others (Harter, 1999). Twenty year old Josie revealed her growing ability to reflect on the dynamic between herself and her boyfriend following a mutually violent incident. After

spending a night in jail, Josie envisioned their future, generated new insights, and as a consequence decided to leave her son's father for good. She determined her boyfriend's previous infidelity, violence, and emotional neglect were likely to continue, and also recognized her violent response to him was likely to repeat. Josie's maturing self-reflection can be contrasted with the dreamy adolescent manner with which Tatum talked about her boyfriend of six weeks.

What these contrasts imply is that young mothers exhibit varying degrees of cognitive and relational development. An adolescent mother's level of maturity and cognitive sophistication informed her construction of reality, identity, as well as her evaluation of important life choices. Cultural narratives are often utilized to make complex and confusing experiences comprehensive (Wood, 2001). Young women whose cognitive functions are still developing may thus be more susceptible to defining their intimate relationships using traditional romance narratives and sexual stereotypes. The uncritical application of these narratives leads adolescent mothers away from developing more complicated personal narratives that allow for more empowering personal choices. Cognitively, thoughtful critical analysis becomes more possible during adolescence, and thus seems an ideal time to help youth examine the influence of gendered messages on their lives and self-perceptions. In encouraging such critiques, social workers must be aware that new ways of thinking can also create value conflicts between young women and their families, friends, and communities. Helping adolescents manage these relational conflicts when they arise must be within the social worker's role in delivering these interventions. Within our society, childbearing is viewed as a rite of passage into adulthood. Adolescent mothers are expected to assume adult roles and responsibilities. Yet, these examples also suggest that young women do not consistently have the capacity to relate and function in an adult manner, as these abilities are still evolving.

PRACTICE IMPLICATIONS

Effective strategies to positively intervene with adolescent mothers must be comprehensive and multi-leveled. This study suggests that adolescent mothers have a diversity of personal histories, resources, and needs that indicate different approaches, including education and skill-building, strengthening social support networks, and advocating for social policies based on research rather than ideology. Direct practice should address past experiences of IPV, in addition to situations that are currently violent. Interventions must also account for the variations that exist between young mothers in terms of their emotional, social, and cognitive development. Finally, interventions must move beyond individual solutions and address the broader gender issues implicit in the young mothers' narratives about their relationships.

This research among others in the literature suggests that supportive and empowering relationships are critical to the success of adolescent mothers (Hess, Papas, & Black, 2002; Klaw, Rhodes, & Fitzgerald, 2003; Osborne & Rhodes, 2001). These relationships, whether with family members or natural mentors, are associated with better parenting outcomes, mental health, and increased focus on education and career development. Interventions that encourage and enhance such relationships can improve young mothers' outcomes. These relationships can provide refuge for adolescent mothers dealing with IPV, help them to access resources to cope with or escape IPV, and offer alternative non-coercive models of relationship. Educational and therapeutic interventions that strengthen existing relationships, particularly between young mothers and their own mothers, could be developed within agencies that serve pregnant and parenting adolescents (Hess et al., 2002). Family interventions with battered women and their children have also been used to help families restore a sense of order and stability when women leave their abusers and may be a useful model to address on-going issues in

these relationships (Rabenstein & Lehmann, 2000). Professional mentor programs have also been shown to provide some of the same benefits of natural mentoring relationships and could be expanded to meet the needs of more adolescent mothers (Spencer, 2002; Zippay, 1995).

Although social support appears to positively impact psychological health and reduce stress, there are apparent limits to its' protective effects. Specifically, Osborne and Rhodes (2001) found that social support reduced depression and anxiety of minority pregnant and parenting youth who had been sexually victimized at low levels of stress, but "provided no protection against depression and anxiety at average or high levels of stress (p. 833)." On one hand, young mothers who are traumatized by IPV may find that their subjective experience of stress is heightened while their ability to make use of social support has been reduced (Glodich, 1998; Herman, 1992). Indeed several of the adolescent mothers reported serious and enduring symptoms of depression and post-traumatic stress. Young mothers who are traumatized may require more extensive clinical interventions. Affordable mental health care to resolve the impact of past and current trauma is an essential response to their needs.

In their strengths based approach to domestic violence practice, Cook and colleagues (in press) recommend that interventions be timed to coincide with "turning points" in women's lives and relationships (p. 9). Adolescent mothers in this study identified some of their own turning points as the birth of a child, graduating from school, getting a good-paying job, the first physical assault, and the arrest of self or partner. This critical junctures allowed mothers to re-evaluate their perceptions and priorities and make important changes in their personal relationships and future plans. These events may trigger adolescent mothers to seek help or may make them more receptive to help when it is offered. Programs that meet adolescent mothers at these critical junctures may be able

to harness newly experienced ambivalences and motivations. In addition, social work practitioners must become more effective and informed advocates in addressing policies that may increase risks for young mothers who experience or are at risk of experiencing IPV. Welfare policies that require under-aged mothers to live with their families in order to receive benefits may have unintended and dangerous consequences for young mothers from violent homes (Kennedy, 2003). Similarly, marriage promotion policies may encourage young mothers to immerse themselves in unhealthy romantic relationships (Fagan, 2001).

Violence prevention efforts for this population should be comprehensive enough to address these developmental needs. While services designed for adolescent females are more likely to assess these specific areas, domestic violence services should be aware that their younger clients will bring such developmental concerns and adapt their services accordingly. Developing relational skills and expectations are a task of adolescence (Richards & Reed, 1989). These nascent skills seemed unduly tested in situations fraught with intense feelings of jealousy and betrayal. Issues surrounding paternity, fidelity, and level of commitment are particularly challenging for these young couples to navigate and they are often unable to do so effectively. Particularly when alcohol or drugs were involved, several of the young women described how these intense interactions deteriorated into violence. Programs that address substance use and relationship skills may be helpful for some young people. However these solutions are likely to be incomplete without attention to the socio-political gender issues that are also at play.

The relationships between these adolescent mothers and their partners arise during adolescence, a time when gender differences are intensified (Richards & Reed, 1989). Feminist researchers have noted that it is during this time that adolescents are apt to receive a lot pressure from peers, family, and culture to conform to traditional gender

stereotypes (Thompson, 1995; Tolman, 2002). The sexual double standard encourages males to play the field and gain sexual experience. At the same time, young women are socialized to be the objects of male desire, rather than the subjects of their own (Tolman, 2000). Many interviewees spoke of the dangers of a girl getting a bad reputation, illustrating how the good (chaste, virginal) girl/ bad (promiscuous, slutty) girl dichotomy is enforced in their social circles. A number of young mothers' situations illustrated how family and church enforcement of these gender expectations can serve to keep girls in destructive relationships when leaving would endanger their reputations in their communities. This research suggests that the romance narrative is a powerful influence on the development of young women's visions of relationships. Some researchers believe that the traditional masculine and feminine stereotypes embodied in romance narratives are dangerous for the women who subscribe to them (Lloyd & Emery, 2000; Tolman, 2000; Tolman, 2002). They suggest that violent relationships may be a logical and unfortunate extension of just such stereotypes. While the appeal of a rescuing prince may be seductive, particularly for economically deprived young women how much these stereotypes are embraced and enacted within their relationships requires deeper exploration. Social workers should commit to delivering interventions that help young women to examine their relationships from a critical gender perspective to help diminish the restrictive influence of these traditional stereotypes and narratives.

RESEARCH IMPLICATIONS

IPV affects people at many points in the life course. Because individuals' contexts, life situations, and relationships all vary across the lifespan, the dynamic of violence also varies across developmental periods (Williams, 2003). Child abuse dynamics have always been conceptualized separately from the dynamics of IPV during adulthood. Similarly, elder abuse is now conceived as a separate category, suggesting

that IPV may be understood and experienced differently within different stages of adulthood. For the most part, adolescence has not been differentiated and examined separately from adulthood in the study of IPV (Kantor & Jasinski, 1998). Future research must continue to explore the developmental distinctiveness that young mothers bring to their experiences of IPV. This research study reaffirms that IPV during adolescence and early adulthood cannot be fully understood without taking into account earlier experiences of child maltreatment, sexual abuse, and exposure to parental domestic violence (CDC, 2000).

Some researchers are pressing for a more nuanced and integrative theoretical framework for understanding domestic violence (Heise, 1998; Jasinski, 2001; Raphael, 2000). Constructing such a framework will necessarily involve incorporation of the experiences of previously excluded groups, such as adolescent mothers. Adolescents are generally less likely to seek formal helping services or to present in legal or medical settings where much research on IPV is still conducted (Raviv, Sills, & Wilansky, 2000; Wilson & Deane, 2001). With few exceptions (Leadbeater & Way, 2001) researchers conducting studies of adolescent mothers and their children have not examined the role of IPV in their lives, instead focusing on other psychological, developmental, and economic outcomes (Coley & Chase-Lansdale, 1998; Musick, 1993; Whitman et al., 2001). In this way, adolescent mothers have remained invisible as a population in need of intervention for IPV. Investigations of adolescent mothers and their children must incorporate IPV as one of many variables that complicates these young women's lives. Understanding IPV from the perspective of mothers themselves is even more critical if findings are to be translated into effective interventions. The findings of this study suggest that young mothers' relationships with their partners meet important social needs that include providing them with strong emotional attachments and helping to shield them from the

stigmas associated with adolescent female sexuality and childbearing. The insights from young mothers can lead us to more nuanced conceptualizations that acknowledge both the costs and rewards of their romantic relationships. Further research might help us to understand the other half of this story by exploring how adolescent mothers' romantic partners experience their relationships and what role masculine ideals play in informing their choices.

This research raises other important questions about how young mothers' experiences and perspectives about IPV change as they and their children continue to develop. Longitudinal studies will be key in exploring how individuals experience IPV over the life course (Williams, 2003). There are also interesting questions to be asked about IPV and the experience of motherhood. What are the reasons that mothers seem more likely to maintain relationships with their daughters in spite of IPV experiences when fathers seem more likely to disappear? How different are the IPV and relationship experiences for adolescent females and young women who don't have children? And finally more exploration is needed about the ways in which factors of race, ethnicity, and class affect adolescent mothers' choices within their relationships.

What we know about rates of IPV for adolescent mothers suggests that they are too high. However, surprisingly little is known about how adolescent mothers navigate and manage the current and historic violence within their relationships. Such knowledge is necessary to effectively develop programs that assist teen mothers in creating violence-free environments for themselves and their children. Adolescent mothers' experiences of IPV are shaped to a considerable degree by the conditions of poverty in which many live. With limited resources, low-income and poor mothers often report that the IPV is a low priority, falling behind concerns about money, shelter, transportation, and childcare (Lein, Cole et al., 2001; Lein, Jacquet, Lewis, Cole, & Williams, 2001; Raphael, 2000).

Additionally, child protective service policies that automatically remove children who have witnessed domestic violence may serve as an additional deterrent for adolescent mothers seeking or considering formal assistance (Raphael, 2000). Programs that serve adolescent mothers can conduct interviews and focus groups to better assess their service needs, preferences, and priorities. Researchers must also concentrate on reaching those adolescent mothers who are not connected with formal services and understanding the barriers to service that may exist for them.

CONCLUSION

Adolescent mothers' complex developmental, situational, and relational needs and resources must be considered as we attempt to address IPV in their lives. Social workers can provide thoughtful and coherent responses to their plight at programmatic, policy, and research levels. Developing more comprehensive programming that addresses IPV as one of many concrete needs, carefully evaluates family and social networks, and provides access to appropriate mental health services when needed are all fruitful directions for the future. Violence prevention programs in particular can more explicitly address the power of romance narratives and sexual stereotypes in defining adolescent relationships. Finally, social welfare policies, particularly welfare reform, abstinence only sexual education and marriage initiative efforts, all have potentially dire consequences for adolescent mothers who are trying to maintain safety in their intimate relationships. Social workers should be at the forefront in developing more beneficial alternative policies.

The stories of young mothers situated at the crossroads of adolescence and adulthood provide a window into their unique experiences of IPV. While some stories contain echoes of familiar narratives of adult women, there are also distinctive, subtle, and unexpected elements that require us to forgo our assumptions about IPV in this

population. Qualitative methods are a critical tool in developing this knowledge for historically underserved populations. These approaches allow us to explore issues more deeply with our respondents, create more accurate categories and definitions that are more salient for their relationships, and to contextualize these experiences within the greater totalities of their lives. We need to listen attentively to what these young mothers actually want and need in their paths towards adulthood. Research that gives voice to these young women is necessary, in order to develop good and practical solutions that address the effects of violence in their relationships.

Appendix 1: Interview Schedule

My name is (blank) and I am a researcher at the School of Social Work working on a project about young mothers. I'm interested in what it's like to be a young mother from your perspective. I want to know about how you live your life and handle problems, including problems in your relationship if you are in one. I hope that my research will help service providers to do a better job in providing the services that young mothers actually need.

Before we get started I'll need you to sign some paperwork explaining the project and what your rights are as a participant. Can we go over that now? (Review informed consent form and obtain signatures. Give respondent the interview payment.)

I am going to be asking you questions about different areas of your life. Remember you don't have to answer any question that makes you uncomfortable. If you want to stop the interview or turn off the tape recorder just let me know. Also if a question does make sense to you the way I ask it just say so and I'll try to ask you a different way.

I am going to start by asking some general questions about your life and then ask you some more specific questions. Do you have any questions or can we go ahead and get started.

Daily life, relationships and routines

1. Tell me about what your day is like. For example, what kinds of things do you do from the time that you get up in the morning until you go to bed.

Probes: What about yesterday?

- Are there days you don't go to school/ work/ stay at home? What's happening on those days?
- Who helps with your children?

2. Who is important to you in your life? (ask for each person named)

- Tell me about your friends.
How would you describe your relationship with (blank)?
How do you feel about your relationship with (blank)?
Has it changed since you've become a mother?
- Tell me about your family.
How do you feel about your relationship with mother/ father/ grandparent/ sister/etc.?
How would you describe your relationship with (blank)?
Has it changed since you had you've become a mother?
- Is there anyone else who is important to you? (i.e. teacher, counselor, boss, etc.)
How would you describe your relationship with (blank)?
How do you feel about your relationship with (blank)?
Has it changed since you had your baby?

3. Tell me about your children.

- What do you like about being a mom?
- What things are hard about being a mom?

- Do you think being a mom has changed you? If, yes—how?

Family History

4. Tell me what it was like for you growing up.
 - Who was in your family?
 - Who did you feel close to you?
 - How did your family get along?
 - What did people do in your family do when they disagreed?

History of romantic relationships

5. Can you tell me about your first crush?
 - How old were you?
 - When did you first get interested in boys?
6. Tell me about your relationship.
 - How old were you? How old was he?
 - What was he like?
 - How did you two get along?
 - How did you feel in this relationship?
 - How did the relationship end?
7. Tell me about your next boyfriend. (Repeat for subsequent relationships)
 - How old were you? How old was he?
 - What was he like?
 - How did you two get along?
 - How did you feel in this relationship?
 - How did the relationship end?

History of Pregnancy and Birth

8. Tell me about when you first suspected that you were pregnant.
 - What were you thinking?
 - What were you feeling?
 - Did you tell anyone (if yes, who)?

9. When did you know for sure that you were pregnant?
 - What happened then?
 - Where did you live?
 - Who helped you?

10. Are you still involved with your baby's (children's) father?
 - Does he help you out? (with money, child support, childcare, etc.)
 - How do you see him as a parent?

History of Current Relationship

11. Are you in a relationship now? If no, ask about most recent relationship.
 - What attracted you to (partner)?
 - Is that usually what you look for in a partner or was this different?
 - How would you describe that relationship?
 - What do (or did) you like about your relationship?
 - What do you wish that you could change about your relationship?

Relationship expectations/ values

12. What do you think makes a good boyfriend/ husband/ father?

13. What do you think makes a good girlfriend/ wife/ mother?

14. Where do you expect to be in your relationship in 6 months?

- What about further down the road?

15. What was your parents' relationship like?

- Were there things that you liked about their relationship?
- Were there things you wished were different about their relationship?

16. What are your plans/ dreams for the future?

- What do you wish for yourself?
- What do you wish for your child (children)?
- How do you think you will get there?
- What stands in your way of achieving your dreams?

Basic needs

17. Questions about basic needs

- Can you tell me who lives with you?
- How is the rent paid?
- How do you buy food?
- How do you get medical care?
- Who can you turn to in an emergency?
- How do you get around (transportation)?
- Do you get any benefits (TANF, food stamps, WIC, child support)?

Appendix 2: Interview Face Sheet

Respondent #:	# of children:	
Mother's age:	First child's sex: M/F	Second child's sex: M/F
Mother's ethnicity:	First child's age:	Second child's age:
Comments:		
INTERVIEW #1		
Date of Interview:		
Location of Interview:		
Observations:		
Analytic Comments:		

INTERVIEW # 2	
Date of Interview:	
Location of Interview:	
Observations:	
Analytic Comments:	

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Vita

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