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EXPECTATIONS AND ASPIRATIONS OF MOTHERHOOD
FOR YOUNG WOMEN IN FOSTER CARE

by

JOANNA G. KIBEL-GAGNÉ

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirement for the degree of Doctor of Philosophy, The City University of New York

2017
EXPECTATIONS AND ASPIRATIONS OF MOTHERHOOD FOR YOUNG WOMEN IN FOSTER CARE

by

JOANNA G. KIBEL-GAGNÉ

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare to satisfy the dissertation requirement for the degree of Doctor of Philosophy

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THE CITY UNIVERSITY OF NEW YORK
ABSTRACT

Expectations and Aspirations of Motherhood for Young Women in Foster Care

Advisor: Professor Harriet Goodman

Young women in foster care are more than twice as likely to become teen mothers than their non-foster care peers. However, research regarding teen motherhood for this population is limited. Existing studies focus on risk factors and poor outcomes, which are more prevalent for foster care youth than those in the general population. Some studies have examined the experience of motherhood from the perspective of the youths revealing a complex experience that is not wholly negative. This dissertation builds on this body of knowledge by examining these young women’s expectations and realities of burgeoning motherhood from the point of pregnancy. Using Standpoint Theory, I focused on the intersection of race, gender, class, and culture within the context of foster care.

In order to bring the voices of young mothers in care into the discourse on teen motherhood, I used a qualitative research design. I recruited fourteen young mothers from four foster care agencies in the New York City area using a purposive and convenient sampling strategy. All self-identified as either partially or wholly Black or Latina. I interviewed informants using a semi-structured interview guide. I analyzed the interviews using the Listening Guide, a method of qualitative analysis designed to elevate marginalized or suppressed voices.

Findings revealed a complex experience for these young women. Emerging from childhoods filled with relational instability, chaos, and powerlessness, they expected motherhood
would transform their lives for the better. Although they expected and found challenges, most described how motherhood gave them motivation, purpose, and hope. Sadly, they found that the institutional and family supports they needed to fulfill their hopes were not forthcoming. They were frustrated by their lack of access to housing, employment, and childcare. Many were no longer in a relationship with their babies’ fathers because the young men were incarcerated or unemployed. Child welfare institutions tasked with helping them transition from care provided little assistance. Although they found emotional support from other women in their lives, these women were not able to provide tangible support.

Future research should determine how to sustain young women’s newfound motivation and determine policies and practices to support their prosocial aspirations. Policy implications include increasing access to transitional services and supports, extending the age of emancipation for similar young women to support their emerging adulthood, and developing credible messenger mentoring programs to connect them with other women from within their cultural communities.
ACKNOWLEDGEMENTS

I first want to thank the young women who participated in this project. They shared with me their heartfelt stories with openness, honesty, and humor. I felt privileged to hear their hopes and dreams for themselves and their young children. I continue to be inspired by their tremendous strength and courage.

I also want to thank the agency staff, who helped me to identify and connect with the young women. So many of these individuals recognized the need to have these young women’s voices heard, and worked hard to support this project.

I respectfully thank both of my dissertation advisors. Deb Tolman provided me with a great deal of guidance at the beginning of this study. I cannot thank Harriet Goodman enough. Not only did she give me support and guidance throughout my doctoral years, but she came to my rescue toward the end of this project. She challenged me to recognize my own biases, self-reflect, deepen my thinking, and hone my ability to write simply and effectively. I am tremendously grateful to her. Thank you, also, to my committee members, who provided me with thoughtful criticism and honest feedback.

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and joy inspire me every day. And, mostly, to my husband André: You took care of the kids, encouraged me when I felt discouraged, and always, always had faith in my ability to make this happen. Without your love and support, I could not have accomplished this work.
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CHAPTER 1: PROBLEM FORMULATION

This study is an exploration of the expectations of motherhood among young women in foster care. I used a qualitative research design to examine the rich and complex experiences of motherhood from the perspective of youths who had their first child while in foster care. This chapter provides an overview of the context and background of my research. It concludes with a statement of the research questions I examined.

Youths in foster care and those aging out of care have significantly higher rates of teen childbirth than teens in the general population. Estimates indicate that they are more than twice as likely as their peers to have a child in their teenage years (Benedict & Bercun, 2013; Boonstra, 2011; Dworsky & DeCoursey, 2009; Love, McIntosh, Rosst, & Tertzakian, 2005; Manlove, Welti, McCoy-Roth, Berger, & Malm, 2011; Pecora et al., 2003; Pryce & Samuels, 2009; Schuyler Center, 2009). Despite the high rate of teen motherhood for youths in foster care, limited research exists about this population. Most studies focus either on risk factors associated with teen pregnancy and motherhood or on negative outcomes for these young mothers and their children (Barth, Wildfire, & Green, 2006; Benedict & Bercun, 2013; Boustani et al., 2015; Courney et al., 2007; Davies, McKinnon, & Rains, 2001; Dworsky & DeCoursey, 2009; Manlove et al., 2011; Mastin, Metzger, & Golden, 2013; Maynard, 1996; Oldmixon, 2007; Schuyler Center, 2009; Schwartz, McRoy, & Downs, 2004). Only occasionally is motherhood for youths in foster care studied from the perspective of the youths themselves. Those that do identify a complex experience of motherhood that is not wholly negative (Aparicio, 2014; Aparicio, Pecukonis, & O’Neale, 2015; Love et al., 2005; Pryce & Samuels, 2009). However, these studies did not focus on how the intersection of race, class, and culture within the context
of foster care might influence foster youths’ perspectives on motherhood. The current study expands this growing body of literature by examining what expectations young women of color mothers in foster care had of motherhood and how these expectations were or were not realized.

**Teen Motherhood in the US**

Although information regarding teen motherhood for youths in foster care is limited, a plethora of commentary exists regarding teen pregnancy and motherhood in the US. The issue of teen motherhood for foster youths is situated within the context of the general discourse surrounding teen pregnancy and motherhood. Teen pregnancy and motherhood are concerns for the US public and for policy makers. Each year, almost 750,000 young women between the ages of 15 and 19 become pregnant, and the majority of these pregnancies (59%) result in a live birth (Guttmacher Institute, 2011). The National Campaign to Prevent Teen and Unplanned pregnancies (2016) estimates that 22 out of every 1,000 teenage girls between the ages of 15 and 19 give birth each year. Both Black and Latina teenagers have disproportionately high rates of teen births. Some statistics indicate that Black teenagers are twice as likely and Latina teenagers three times more likely to have children than White adolescents (Center for Disease Control, 2006; Kearney & Levine, 2012a; Labolt, 2007).

The US has a significantly higher rate of teen births than any other industrialized country. A US teenager is 2.5 times more likely to give birth than a teenager in Canada; approximately four times more likely as a teenager in Germany; and almost 10 times more likely than a teenager in Switzerland (Hillis et al., 2010; Kearney & Levine, 2012b; National Campaign to Prevent Teen and Unplanned Pregnancy, 2014). Even so, the US teen birth rate has declined steadily since the late 1950s (Hamilton & Ventura, 2012). The National Campaign to Prevent
Teen and Unplanned Pregnancy (2016) reported that the birth rate in 2014 dropped by 61% from its most recent peak in 1991 to reach an all-time low of 24 births out of 1,000 among teenage girls between the ages of 15 and 19 years old. These declines hold true across racial and ethnic group (Ventura & Hamilton, 2011). Particularly dramatic declines have occurred for Black teenagers, whose birthrates fell by 57% between 1991 and 2010 (Kearney & Levine, 2012a).

Causes for the high teen birthrate and its recent decline are under debate. Some argue that the high teen birthrate is the result of inadequate sexual education and family planning for teenagers (Finkel & Finkel, 1983; Reichelt, 1986; Santelli & Melnikas, 2010; Trudeau, 2006). These proponents argue that the recent decline in teen pregnancy resulted from increased availability of family planning services and increased contraception use by teens (Santelli & Melnikas, 2010). Others blame the high teen birthrate on liberal policies towards teen parents who are motivated not to work and rely on public welfare to support their families (Reese, 2005). They argue that recent declines in teen pregnancy resulted from reduced financial assistance and increased work requirements for those on public assistance (Fagan, 2001; Rector & Fagan, 2003; Reese, 2005).

Others argue that the high teen birthrate is linked to poverty. Teenagers who live in poor communities with limited educational and vocational opportunities are less likely to view a child as an impediment to success than teenagers from more affluent backgrounds (Kearney & Levine, 2012b; Roberts, 1997; Smithbattle, 2007; Winters & Winters, 2012). In support of this theory, Colen, Geronimus, and Phipps (2006) argued that economic booms with low unemployment, such as occurred during the 1990’s, provided increased financial opportunities for disadvantaged girls and therefore, incentives to delay childbearing. In explaining the teen birthrate for minority
youth, many assert that structural racism impedes young Black and Latina women from entering the social and economic mainstream even during times of economic prosperity. This in turn creates less incentive for these young women to delay childbearing (Burton, 1990; Geronimus, 2003; Ladner, 1972; Winters & Winters, 2012).

**Costs to Teen Mothers and their Children**

Much of the research regarding teen motherhood focuses on the social, economic, and emotional costs of teen pregnancy and parenting. Outcomes for teen mothers and their children are poor. Teen mothers are more likely to drop out of high school than women who have children at an older age, and teen parenting is associated with poor academic achievement (Boustani et al., 2015; Maynard, 1996; National Campaign to Prevent Teen Pregnancy, 2016; Sawhill, 2001). Only 64% of teen mothers graduate from high school within two years of their scheduled graduation compared to 94% of their peers (Boustani et al., 2015). Teen mothers are also more likely to become poor than women who choose to have a child at an older age. Between 60% and 80% of teen mothers support themselves and their babies with welfare payments; almost half of all public assistance expenditures go to women who had their first child as a teenager (Boustani et al., 2015; Burden & Klerman, 1984; Maynard, 1996; National Campaign to Prevent Teen and Unplanned Pregnancy, 2016; Sawhill, 2001; Wilson & Huntington, 2006).

The children of teen mothers are at greater risk for a variety of ills than children of older mothers are. Teenaged mothers are twice as likely to forego prenatal care; consequently, their children are at greater risk for premature birth, blindness, deafness, respiratory problems, delayed cognitive development, and mental health issues (Maynard, 1996; National Campaign to Prevent
Teen and Unplanned Pregnancy, 2016; Payne & Anastas, 2015; Sawhill, 2001). Children of teen mothers have increased risk of behavioral and academic problems in school and are more likely to be victims of child abuse and neglect than children of older parents (Dworsky & DeCoursey, 2009; Maynard, 1996; National Campaign to Prevent Teen and Unplanned Pregnancy, 2016; Sawhill, 2001; Smithbattle, 2016). Children born to teenage parents are more likely than other children are to enter the foster care system and to have multiple caretakers throughout childhood (Benedict & Bercun, 2013; Ng & Kaye, 2013).

Problems associated with teen pregnancy result in enormous medical, educational, and welfare costs. According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2016), the US spends approximately 9.4 billion dollars annually because of its high teen birthrate. These costs are associated with negative outcomes for teen mothers, including increased costs for health and mental health care, foster care, and incarceration. In addition to these costs, society suffers from the loss of future income that young mothers might have earned had they completed secondary or higher education and focused on a career rather than on a child.

**Teen Mothers in Foster Care**

Teen motherhood for young women in foster care is singularly prevalent. Statistics indicate that young women in foster care are two and a half times more likely to have been pregnant and almost three times more likely to give birth than their non-foster-care counterparts are (Boonstra, 2011; Love et al., 2005; Manlove et al., 2011; Mastin et al., 2013; Pryce & Samuels, 2009). Studies indicate that 48% of teenage girls in foster care become pregnant age of 19 compared to 27% of the general population (Love et al., 2005; Ng & Kaye, 2013).
Studies regarding teen mothers in foster care focus on the same issues as young mothers in the general population. Many seek to explain why the teen birthrate for youth in foster care is so high. This research reports histories of maltreatment, lack of effective parenting, lack of family planning, poverty, and structural racism place young women in foster care at greater risk for pregnancy and parenthood (Boonstra, 2011; Manlove et al., 2011; Mastin et al., 2013; Pryce & Samuels, 2010). Some studies find young women in foster care are more likely to engage in high-risk sexual behavior than their peers are, resulting in increased likelihood of pregnancy and parenthood (Boustani et al., 2015; Manlove et al., 2011).

Similar to studies of the general population, the foster care literature focuses on poor outcomes for teen mothers and their children; however, outcomes appear even bleaker for foster care youths than for their peers (Dworsky & DeCoursey, 2009; Manlove et al., 2011; Maynard, 1996; Pryce & Samuels, 2010; Sawhill, 2001; Schuyler Center, 2009; Schwartz et al., 2004). Without the benefit of family support and with the emotional burdens that the trauma of foster care place on these women, their ability to overcome the obstacles of burgeoning adulthood together with motherhood is greatly impaired. Youth aging out of foster care have higher rates of unemployment, homelessness, incarceration, and substance abuse than their non-foster care counterparts do (National Campaign to Prevent Teen and Unplanned Pregnancy, 2013; Manlove et al., 2011; Mastin et al., 2013). They also exhibit greater health and mental health problems because of histories of trauma and neglect that may have resulted in placement or from family separation (Mastin et al., 2013). In addition, their reliance on Medicaid provides both them and their children with limited coverage for these extensive behavioral health needs (Benedict &
Bercun, 2013; Manlove et al., 2011; Mastin et al., 2013; Pryce & Samuels, 2010; Schuyler Center, 2009).

Multiple placements within the foster care system may also create large gaps in their education, which limit their ability to complete high school and attain vocational and financial stability (Manlove et al., 2011; Mastin et al., 2013; Schuyler Center, 2009). Young mothers discharged from care have limited affordable housing options. They often lack employment, viable credit histories, or financial support from family to assist them in finding suitable and stable housing (Mastin et al., 2013). Emotionally, they may have poor attachment to parental figures or poor parenting role models, which diminishes their ability to nurture their own children effectively. In addition, they are greater risk for abusing their own children physically or emotionally (Manlove et al., 2011; Pryce & Samuels, 2010; Schuyler Center, 2009; Schwartz et al., 2004).

Studies that focus on risks to young mothers and their children often use quantitative methods to examine the association between teen motherhood, poor outcomes, and risk factors. They rarely examine the experiences of teen motherhood from the perspective of the teenagers, themselves. However, a growing body of literature has begun to examine teen motherhood in foster care from the youths’ perspectives (Aparicio, 2014; Aparicio et al., 2015, Love et al., 2005, Pryce & Samuels, 2010). Using qualitative methods, such as interviews and focus groups, these studies portray a complex lived experience regarding pregnancy and motherhood. Despite well-documented poor outcomes for teen mothers in care, young women in these studies identify perceived benefits to having a child. These include creating at least one meaningful relationship in their lives, becoming more responsible, demonstrating that they can be better parents than
their own mothers were, and healing from the emotional pain associated with their own filial relationships (Aparicio, 2014; Aparicio et al., 2015; Boonstra, 2011; Boustani et al., 2015; Connolly, Heifetz, & Bohr, 2012; Love et al., 2005; Pryce & Samuels, 2010; Rolfe, 2008).

**Statement of the Research**

**Context**

This study builds on similar research conducted in other locations that explored the experiences of teenaged motherhood for foster youths from their own perspectives. The context of my study is the New York City child welfare system. The New York City child welfare system serves approximately 40,000 children in foster care, preventive services, and detention services at any one time (Administration for Children’s Services, 2016). Unlike many cities, New York City contracts with private foster care agencies to provide care and case management services to all children in its programs. The City oversees compliance with these contracts through audits and other oversight operations. Children in the child welfare system can reside in a variety of settings, which include foster homes, residential treatment facilities, group homes, and maternity homes.

The New York City child welfare system serves a disproportionate number of minorities. Using data from the NYS Office of Children and Family Services, Mastin et al. (2013) found that Blacks comprised 55% and Latino’s 27% of the foster care population in New York City in 2010, while Whites comprised only 4%. Latinos represent similar rates within the general population of New York City. However, these are greater rates than in the general population of New York State (19%) and the US (17.6%) (US Census Bureau, 2016). These statistics reflect far higher rates for Blacks than in the general population of New York City (25%), New York
State (16%), and the United States (13%) (U.S. Census Bureau, 2016). This demographic distribution is different from foster care systems in other parts of the country, where Caucasians are more prominent (US Department of Health and Human Services, 2011).

The context of New York City provided an opportunity for me to compare findings from similar studies in other locations. By conducting my study in New York City, I was able to examine how young women in New York’s child welfare system might describe similar or different experiences from young women in other child welfare systems. The disproportionate number of Black and Latina youths in foster care in New York City provided an opportunity to examine how the intersection of race, class, and culture might influence these young women’s experiences.

**The Youth Perspective**

My inquiry builds on existing research that explored teen motherhood in foster care from the perspective of the young women themselves. Their perspective is critical to developing an understanding of this phenomenon in the midst of a dominant discourse that focuses on risk factors and poor outcomes. Few studies of teen motherhood in foster care examine the issue from the youths’ perspective. Exceptions include Aparicio (2014), Love et al. (2005), Rolfe (2008), and Pryce and Samuels (2009). These researchers conducted focus groups or interviews with young women in foster care or recently discharged from foster care. In this study, I used qualitative methods to elicit the voices of young mothers in foster care in order to capture the phenomenon from the perspective of young women who have lived it (Padgett, 2008).

**Expectations of Motherhood**
Finally, I sought to build on existing research by focusing my inquiry on expectations of motherhood for foster youths. I asked questions during the interview to prompt participants’ recollections at the time of first childbirth. My intent was to gain a better understanding of their expectations of motherhood at the time they became pregnant. Then, I elicited further information regarding how these expectations matched their actual experiences. The following questions guided this research:

1. What were the expectations of young women who had been in foster care about motherhood at the time of their first childbirth?

2. How were these expectations realized or not realized?

Having a greater understanding of these informant’s expectations helped expand the current discourse beyond risk factors and poor outcomes towards a deeper appreciation of the complexities of their motherhood experience. This knowledge has application for practice models that can better engage and support these young women during this critical time in their lives.
CHAPTER 2: HISTORICAL POLICY PERSPECTIVES

Although empirical studies of teen motherhood in foster care are limited, ample literature exists regarding teen motherhood in the general population. Studies on this topic reflect the dominant public and policy discourse surrounding teen pregnancy and motherhood in the US. Much of the debate and dialogue regarding teen motherhood in foster care parallels this larger discourse.

Literature regarding the history of teen motherhood supports that teen motherhood is a dynamic socially constructed problem (Schneider & Ingram, 1993; Solinger, 2000; Vinovskis, 2003). Writings from different periods reveal how perceptions of the issue have shifted over time from viewing teen motherhood as a benign phenomenon to a problem of epidemic proportions. Some scholars (Rhode, 1994; Vinovskis, 2003; Wilson & Huntington, 2006) assert these perceptions have racist and classist overtones that serve the dominant culture’s interest.

Historical accounts of teen motherhood also demonstrate how perceptions and corresponding policies vary regarding the race and socio-economic status of young mothers (Rhode, 1994; Solinger, 2000; Vinovskis, 2003). This chapter examines how the dominant public has viewed teen motherhood and policy discourse over time to provide context for the empirical literature review that follows.

Historical Views of Adolescent Parenting

In the Colonial period and early 19th century America, adolescent parenting was not viewed as a biological or social problem (Rhode, 1994; Vinovskis, 2003). The age of menarche was later than it is today. Consequently, young girls were not likely to become pregnant until the age of 17 or 18 years old (Rhode, 1994; Vinovskis, 2003). Americans also married at a younger
age than in subsequent years. Therefore, although many had children by the age of 20, they did so within the confines of marriage. Additionally, the Puritan taboo against premarital sex resulted in harsh punishments for those who broke this taboo. This reduced the incidents of premarital, teenaged pregnancy, and motherhood (Vinovskis, 2003).

During the colonial and pre-Civil War era, early pregnancy and parenting among Black women occurred within the context of slavery. During slavery, procreation and the fertility of Black women was a commodity controlled by White owners. Since children of Black women were legally the property of the slave owner, Black women and men were sold and bred in order to produce additional laborers. White owners had an incentive to maximize Black women’s fertility; they used tactics of oppression to encourage women to have children early and frequently (Roberts, 1997; Wyatt, 1997). Roberts (1997) writes that the rape of Black women by White slave owners served an economic gain for owners. Not only were children that resulted from these rapes the property of the slave owner, but the use of rape as a weapon of terror reinforced the domination of Black sexuality by White men (Roberts, 1997). This practice fortified the system of slavery in America. Black women were encouraged or forced to have children at an earlier age than freed White women were. Additionally, for freed Blacks in an agrarian economy, child labor was an economic advantage for families and early fertility a sign of increased value in women. Early parenthood for freed Blacks did not carry the same stigma it would have in the 20th century (Rhode, 1994).

Colonial Latin America produced a system of class and racial oppression for both Africans and indigenous populations. The colonization of the Americas required a labor force dominated by European economic interests. Race and racial identity were established as
instruments of social classification, which supported colonial power and provided free labor. Forms of labor control included slavery for Blacks; indigenous people had their land taken away, and they were subjected to forced labor (Kendi, 2016; Quijano, 2000). Thus, as in the US, increased fertility on the part of Black and Latina women fortified an economic structure necessary for the continued domination of European colonists within the region.

Although teen motherhood for White women did not emerge as a social problem in the mid to late 19th century, out-of-wedlock births did. The mid to late 19th century saw the development of moral reform societies, which viewed out-of-wedlock childbirth as individual pathology and stigmatized single mothers who became labeled “fallen women” (Blaikie, 1995; Rhode, 1994; Vinovskis, 2003; Wilson & Huntington, 2006). Concern for out-of-wedlock childbirth increased anxiety about young female sexuality in general. During this period, urbanization increased social and sexual autonomy for young women (Odem, 1995). Increased freedom from male control became associated with the moral degeneration of young women, and progressive reformers sought to establish laws controlling young women’s sexuality (Odem, 1995). Since out-of-wedlock births were considered deviant, policy responses during this era focused on the individual either by excluding “fallen women” from meager public subsidies or by addressing the individual pathology using friendly visitors (Rhode, 1994). At the same time, for lower class and rural Black women, early childbearing whether inside or outside of marriage, was not considered a problem but rather an economic asset to the community (Rhode, 1994). Latino immigration during the 19th century was relegated to a very small number of Mexican miners, who entered the country during the California Gold Rush (Gutierrez, 2016). Thus, the
issue of early motherhood for the Latina population was not generally considered in public discourse at this time.

**Changing Responses to Teen Pregnancy**

The 20th century saw shifts in attitudes toward early childbearing. First, adolescence became distinct from adulthood. In 1904, G. Stanley Hall published his seminal work on adolescence, which defined this period as a separate psychological developmental stage (Arnett, 2006; Hall, 1904; Muus, 1998). He described adolescence as a troubled period when individuals sought to establish themselves educationally and vocationally (Muus, 1998; Vinovskis, 2003). Early childbearing was thought to impede the developmental process of adolescence (Vinovskis, 2003). In addition, the rates of premarital sex and the subsequent increase in the teen birthrate (from 62.6 births per 1,000 in 1920 to a height of 97.3 in 1957) brought increased attention to out-of-wedlock adolescent pregnancy and parenthood (Vinovskis, 2003).

In the 1950s and early 1960s, the policy response to teen childbirth was different for White as opposed to Black illegitimate children. White unwed mothers were considered psychologically vulnerable or mentally ill. Policy responses to this population focused on rehabilitation (Solinger, 2000). Young White women were placed in maternity homes away from their families and were provided focused treatment designed for rehabilitation. Treatment centered on encouraging them to give up their babies for adoption, so that they could once again enter the marriage market. The high value of a White baby was also an economic incentive to support policies that encouraged young White women to place their babies for adoption (Solinger, 2000).
Public perception and policy responses were different for young Black women. Their single parenthood was considered the result of highly sexualized behavior that was biological in nature and not subject to rehabilitation (Solinger, 2000). Slavery had reduced Black women’s value to their reproductive capacity and consequently reinforced dehumanizing stereotypes of the Black woman as highly sexualized (Hill Collins, 1986; Roberts, 1997; Wyatt, 1997). In the 1950s, these sexual stereotypes fueled and reinforced the idea that Black women were to blame for bringing unwanted babies into the world that raised the cost of welfare and perpetuated poverty in the US (Solinger, 2000).

In 1965, the Moynihan Report (1965) labeled the Black family as a “tangle of pathology” (p. 29) that perpetuated economic and social depravity for Blacks. Moynihan blamed continued poverty in Black America on a matriarchal family structure, single motherhood, and illegitimate births (Moynihan, 1965). This further supported punitive policies for young, Black, unmarried mothers during this period; they were excluded from maternity homes and denied welfare benefits.

Aid to Families with Dependent Children (AFDC), a welfare program established under the Social Security Act of 1935, gave states discretion to determine home suitability for poor women seeking government assistance. Many states included parental morality and worthiness as part of their means test for AFDC. Even the children could be denied benefits if welfare workers found they were born out-of-wedlock or that a man living in the home was not their biological father (Lawrence-Webb, 1997; Piven & Cloward, 1971). Illegitimate pregnancies were seen as evidence of promiscuity; they fed racist stereotypes of Black women as over sexualized and reinforced policies that sought to control their sexual behavior. In 1960,
Louisiana expelled thousands of Black children from the AFDC rolls on the grounds that they were born outside of marriage (Lawrence-Webb, 1997).

After the Louisiana incident, the federal government established the Flemming Rule to correct for the abuses promulgated by AFDC home suitability requirements. The Flemming Rule declared that a state must provide both due process protections and services into homes previously determined to be “unsuitable” (Lawrence-Webb, 1997, p. 11). The rule established that a state could not deny financial assistance to a child because of parental conduct, and that service provisions must be provided to all families in need. The intent of the rule was to ensure that children were not left with unmet basic needs. Unfortunately, the Flemming Rule had unintended consequences. Instead of emphasizing morality, states began to emphasize the need to protect children from neglectful parents. Their focus continued to be on Black mothers who had children out of wedlock. Because the Flemming Rule made service interventions mandatory, needy families were required to report to the court system if they refused services. In 1961, Public Law 87-31 was passed that permitted states to remove children from unsuitable home conditions. As a result, states often opted to remove children from their homes rather than provide home-based interventions to meet service provision requirements. By 1963, 49% of Black children being served by public agencies were placed in out-of-home care. The Flemming Rule damaged the integrity of Black families, and resulted in the gross overrepresentation of Black children in the child welfare system (Lawrence-Webb, 1997).

Punitive policies toward unmarried mothers, particularly Black mothers, continued into the late 20th century. Many of these targeted teen mothers. In 1978, Jimmy Carter was the first president to claim the reduction in teen pregnancy as a high priority (Vinovskis, 2003). In his
1995 State of the Union address, President Clinton continued the theme of the “epidemic of teenage pregnancies and births” as the United States’ “most serious social problem” (Vinovskis, 2003, p. 414). The George W. Bush Administration also focused on the reduction of teen pregnancy as an impetus for abstinence-only education funding (Santelli, Ott, Lyon, Rogers, & Summits, 2006).

Ironically, these declarations of teen pregnancy as a national epidemic came when the teen birthrate had already been steadily declining (Hamilton & Ventura, 2012; Kearney & Levine, 2012a; Kearney & Levine, 2012b; Winters & Winters, 2012). Historians and sociologists account for the increased focus on teen pregnancy and parenting as a problem in several ways. First, the sexual revolution combined with an increased availability of female contraception and family planning services for adolescents began an era of increased premarital teenage sexuality. Statistics indicate that the number of teen females having sex increased from 29% in 1970, to 42% in 1980, and to 52% in 1988 (Finkel & Finkel, 1983; Vinovskis, 2003). This increased sexual activity challenged middle-class, White beliefs regarding female premarital sex and parenthood. The 1970s also saw an expansion of the federal welfare assistance programs that had begun in the Great Society of the 1960’s. The public linked these expenditures to out-of-wedlock teen births (House of Representatives, 1978; Mittelstadt, 1997; Solinger, 2000; Vinovskis, 2003).

Policy Responses to Out-of-Wedlock Teen Births

In response to public outcry, policies in the 1970s focused on pregnancy prevention through sex education and access to confidential family planning services for teenagers. In 1970, the Family Planning Services Program and Research Act funded family planning clinics for teens
and allowed dispensing contraceptives to sexually active teenagers. In 1978, the Carter Administration created the Office of Adolescent Pregnancy Programs (OAPP), which also focused on providing health and family planning centers for pregnant teenagers (Vinovskis, 2003).

In the 1980s and 1990s, concern for teen pregnancy became linked to out-of-wedlock births and the decline of marriage. The Center for Disease Control (2006) reported that out-of-wedlock births rose in 1970 from 10.4% of all live births to 35.8% of all live births in 2004. Out-of-wedlock teen births also increased during this period with approximately 75% of all teenage mothers in the late 1990s being unmarried as compared to only 15% in 1960 (Roberts, 1997; Vinovskis, 2003; Wolfe, Wilson, & Haveman, 2001).

Concern for out-of-wedlock teen births focused particularly on minority teenagers. In 1995, the Census Bureau reported that 57% of Black children and 32% of Latino children as opposed to 21% of White children were living in unmarried households (Holmes, 1994). Ironically, the focus on Black pre-marital births occurred when the birthrate for Black youths was falling at a greater rate than for most other races and ethnic groups including White teens (Hamilton & Ventura, 2012; Kearney & Levine, 2012a; Martin et al., 2011; Winters & Winters, 2012). Some (Geronimus, 2003; Roberts, 1997; Solinger, 2000; Winters & Winters, 2012) argued that the focus on the high rates of teen pregnancy for minority youths supported the dominant, White populace’s social control of minority populations. Reminiscent of AFDC and Flemming Rule policies of the 1960s, the perceived connection between single, teen motherhood and welfare dependence in the 1990s reflected stereotypical, racist images of the Black, lazy, “welfare queen” who took financial advantage of taxpayers. As in the 1960s, the result was
punitive welfare policies and practices that disproportionately affected minority women and children (Roberts, 1997; Solinger, 2000).

Increased out-of-wedlock teen births, particularly among Blacks, helped ignite conservative calls for welfare reform in the late 1990s (Vinovskis, 2003). Conservatives argued that the decline of marriage and the increase in out-of-wedlock births caused poverty, welfare dependence, and other social ills in the US (Fagan, 2001; Rector & Fagan, 2003). Existing welfare laws, such as AFDC were blamed for creating an unhealthy dependence on the State by providing financial incentives for young mothers to have children out-of-wedlock (Oliphant, 2000). Proponents of welfare reform argued that young women would be less likely to have children if their expectation for government assistance was reduced (Fagan, 2001; Oliphant, 2000; Rector & Fagan, 2003).

These arguments sparked a change in welfare policy in the 1990s. Policies required recipients to work for benefits and targeted adolescent mothers with stricter rules in order to qualify for beneficiary status. Temporary Assistance for Needy Families (TANF) enacted in 1996 required teenage parents to be enrolled in school and to be living with a parent or in an adult supervised setting in order to be eligible for benefits (Hao, Astone, & Cherlin, 2007; Hao & Cherlin, 2004; Sawhill, 2000, U.S. Department of Health and Human Services, 1999; U.S. Department of Health and Human Services, 2000). This legislation also gave states the flexibility to deny benefits to teen mothers in order to discourage teenagers from having children (Hao et al., 2007; Sawhill, 2001; Wolfe et al., 2001).

Although some argue that these new, stricter welfare rules led to declining teen birth rates (Rector, 2002; United States Government Accountability Office, 2006), research does not
support the contention that lack of welfare support influences young, single women not to have children (Acs & Koball, 2003; Kelly, 1996). Studies in the US found declining welfare benefits accounted for only a small percentage of the decline in teen childbearing between 1991 and 2010 (Kearney & Levine, 2012a). Research in Canada has supported this assertion (Jones et al., 1986). Canada continues to have a much lower teen birthrate than the US despite its more generous welfare policy (Jones et al., 1986). The fact that the teen birthrate has been on a gradual long-term decline since the late 1950’s also undermines the claim that recent strict welfare rules were the catalyst for the continued decline since the 1990s.

**Recent Policies Affecting Teen Pregnancy**

Recent conservative policies continue to dominate the teenage pregnancy and parenting agenda. Viewing the decline of marriage and the increase in single parenthood (particularly teenage parenthood) as the cause of a variety of social ills, recent policies have focused on instilling family values in the nation’s youth. Abstinence-only education, heavily funded by the George W. Bush administration, sought to teach abstinence as the only form of effective birth control. These programs promulgated the idea that teens should abstain from sexual activity until marriage to avoid a plethora of catastrophic consequences (Kearney & Levine, 2012a). These federally funded programs prohibited discussion of contraception and family planning for teenagers in the hope that they would be less likely to have sex and thus unwanted pregnancies (Kantor, Santelli, Teitler, & Balmer, 2008; Santelli, 2006; Santelli et al., 2006). Other marriage initiatives provided funding for counseling and support services only to families that remained intact in an effort to encourage the continuation of two-parent households and to support the institution of marriage (Santelli et al., 2006).
Considerable controversy exists regarding whether these policies have decreased teen pregnancy and parenthood. Some have suggested that abstinence until marriage initiatives may have affected the recent decline in both illegitimate births and the teen childbirth rate (Rector, 2002). However, there is no evidence that these programs are effective at reducing the number of teen pregnancies or births. Abstinence-only education does not provide comprehensive family planning services necessary to prevent unwanted teen pregnancy. In addition, it does not address underlying social issues such as structural racism and poverty that may influence early parenthood (Acs & Koball, 2003; Bruckner & Bearman, 2005; Hao et al., 2007; Kantor et al., 2008; Kearney & Levine, 2012a; Kearney & Levine, 2012b; Kelly, 1999; Kirby, 2008; Santelli, 2006; Santelli et al., 2006; U.S. Government Accountability Office, 2006; Winters & Winters, 2012).

Many (Lawrence-Webb, 1997; Roberts, 1997; Solinger, 2000) have argued that recent welfare reform, family values, and abstinence-only policies merely replicated a long history of racist and sexist policies. As with Flemming Rule and other earlier welfare reforms, they served to exert social control by the dominant culture; in particular, they served to control the sexual behaviors of low-income, women of color. These policies promulgated White, middle-class, and patriarchal values to delay childbirth until either marriage or financial independence. In doing so, they kept poor, minority women, and their children oppressed; they blamed and punished them for parental inadequacies that the dominant culture defined.

**Summary**

A review of public perceptions and policy responses to teen childbirth provides the context for a discussion of the empirical research regarding this phenomenon. Despite a
sustained reduction in teen pregnancy and childbirth in the US, young women who have children have become a negatively constructed group. For many scholars (Lawrence-Webb, 1997; Roberts, 1997; Solinger, 2000), the racial implications are prominent. The promulgation of negative, racist stereotypes of minority teen mothers has influenced policies and practices that further oppressed them. Many others (Acs & Koball, 2003; Fagan, 2001; Finkel & Finkel, 1983; Hao et al., 2007; Kantor et al., 2008; Kelly, 1999; Mittelstadt, 1997; Oliphant, 2000; Rector & Fagan, 2003; Santelli, 2006; Santelli et al., 2006) have continued to stress the negative consequences of teen motherhood. These voices promote policies to mitigate its prevalence. The public policy discourse surrounding teen motherhood in general has influenced the course of empirical research regarding the subject, which I present in the next chapter.
CHAPTER 3: EMPIRICAL LITERATURE

Research regarding teen motherhood in the US both reflects and responds to the public policy discourse. Similar to public policy, the empirical literature has primarily viewed teen pregnancy and motherhood as a problem. Many studies focus on risk factors and poor outcomes associated with the high rate of teen motherhood in the US (Benedict & Bercun, 2013; Blinn-Pike, Berger, Dixon, Kuschel, & Kaplan, 2002; Boyer & Fine, 1992; Corcoran, Franklin, & Bennett, 2000; Dworsky & DeCoursey, 2009; Erdsman & Black, 2008; Fergusson & Woodward, 1999; Furstenberg, 1976; Geronimus, 1991; Geronimus & Korenman, 1992; Grogger & Bronars, 1993; Hill & Jepsen, 2007; Hillis et al., 2004; Hoffman, Foster, & Furstenberg, 1993; Jacobs, 1994; Maynard, 1996; Ng & Kaye, 2013; Noll, Shenk, & Putman, 2009; Payne & Anastas, 2015; Schuyler Center, 2009; Wilson & Huntington, 2006). Generally, these studies used quantitative methods to test statistical associations between teen motherhood and specific variables, such as poverty, educational performance, incarceration rates, and health factors. Other researchers (McCarthy & Hardy, 1993; Richards, Papworth, Corbett, & Good, 2007; Shanok & Miller, 2007; Smithbattle, 2007; Zachry, 2005) employ qualitative methods to surface the experiences of teen pregnancy and motherhood. Some recent qualitative studies have identified ways in which motherhood may serve a positive function for some teenage women. Studies of teen motherhood in foster care parallel trends in research regarding the general population (Aparicio, 2014; Aparicio et al., 2015; Boustani et al., 2015; Courtney et al., 2007; Dworsky & DeCoursey, 2009; Love et al., 2005; Manlove, 2011; Mastin et al., 2013; Pryce & Samuels, 2010; Rolfe, 2008). This chapter examines how researchers have studied teen motherhood in these different ways.
Teen Motherhood in the General Population

Risk Factors Associated with Teen Motherhood

Many studies have focused on risk factors in order to identify possible causes for the high teen birthrate in the US. Studies in the fields of nursing, education, psychology, sociology, and social policy have proposed various explanations for teen pregnancy and childbirth. Inadequate sexual education, childhood maltreatment, family dysfunction, poverty, and issues related to race and ethnicity are identified as risk factors for early motherhood (Blinn-Pike et al., 2002; Boyer & Fine, 1992; Corcoran et al., 2000; Erdsman & Black, 2008; Hill & Jepsen, 2007; Hillis et al., 2004; Jacobs, 1994; Noll et al., 2009; Ryan, Franzetta, Manlove, & Holcombe, 2007; Schuyler Center, 2009).

Sex education and contraception use. Studies suggest that the high teen birthrate in the US is associated with inadequate sex education and contraception use (Abma, Martinez, Mosher, & Dawson, 2004; Darroch & Singh, 1999; Darroch, Singh, & Frost, 2001; Ryan et al., 2007; Santelli & Malnikas, 2010). Researchers have linked sex education to reductions in teen childbirths by examining the decline in the US teen birthrate since the late 1950s (Hamilton & Ventura, 2012; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2016; Ventura & Hamilton, 2011). They have found that increased sex education and contraception use associated with this decline. Santelli and Melnikas (2010) used nationally representative samples from the National Survey of Family Growth (NSFG) and the Youth Risk Behavior Survey (YRBS) to examine this association. They developed the Pregnancy Risk Index based on levels of sexual activity and contraceptive use and determined that contraceptive use was responsible for 70% of the pregnancy risk declines between 1991 and 2003 (Santelli, Lindberg,
Orr, & Diaz, 2009). They indicated that teen sexual behavior could be a mediating variable, linking poverty or other societal factors to teen pregnancy (Santelli & Melnikas, 2010). In 2012, the National Bureau of Economic Research examined federal policies that might explain the US teen birthrate decline (Kearney & Levine, 2012a). While this study did not connect the reduced teen birthrate to contraceptive usage, it found that expanded access to family planning services through Medicaid had a statistically significant impact on declining teen birthrates in the US.

**Maltreatment.** There is empirical support for an association between childhood trauma and teen motherhood. Using structured interviews and surveys, Adams and East (1999) and Stock et al. (1997) explored how maltreatment might affect sexual behavior and early pregnancy. They found that subjects with maltreatment histories were more likely to report having been pregnant than those without. Subjects who reported being either physically or sexually abused were twice as likely to report a pregnancy. Those who reported being both physically and sexually abused were four times as likely to report pregnancy (Stock et al., 1997). More recently, Hillis et al. (2004) examined adolescent pregnancy in a retrospective cohort of approximately 9,000 women from a medical clinic in California. They employed the Adverse Childhood Experience (ACE) scale developed by the Centers for Disease Controls and Prevention and the Kaiser Permanente Health Management Organization. This scale rates levels of physical abuse, sexual abuse, and verbal abuse (Felitti et al., 1998). They determined that levels of maltreatment were significantly associated with increased adolescent pregnancy (Hillis et al., 2004).

Child sexual abuse has been prominently linked to teen pregnancy. In a retrospective study of females in grades seven to twelve, Chandy, Blum, and Resnick (1996) found that
sexually abused girls were more likely to have been pregnant than those in a randomly assigned control group. Noll et al. (2009) conducted a meta-analysis of 21 studies that examined the association between childhood sexual abuse and adolescent pregnancy. They concluded that childhood sexual abuse more than doubled the odds of teen pregnancy for young women. Another study (Erdmans & Black, 2008) found that child sexual abuse victims who did not disclose their abuse were at greater risk for teen pregnancy. In order to discern mediating factors, others (Boyer & Fine, 1992; Kelly, 1996) reported that sexual abuse inhibited children from effectively moving through the sexual stages of adolescence. They found sexually abused adolescents were ill equipped to make sexual decisions that could prevent pregnancy. Other researchers (Saewye, Magree, & Pettingell, 2004; Stock et al., 1997) found that sexually abused adolescents were more likely than their peers to report sexual risk-taking behaviors; more likely to initiate sexual relations early; more likely to have more than one sexual partner; and less likely to use contraception consistently than their peers.

**Family factors.** Studies have linked family factors to teen motherhood. Poor communication between parents and daughters can increase the risk of teen parenting for young women (Corcoran et al., 2000; Jacobs, 1994; O’Sullivan et al., 2001). In their work regarding parental communication in impoverished urban America, O’Sullivan, Meyer-Bahlburg, & Watkins (2001) found that harsh economic consequences of teen parenting could lead mothers to avoid conversations about sexuality with their daughters. This avoidance precluded effective guidance regarding sexuality and pregnancy.

Other research has linked single parent households to increased chances of teen motherhood (Hill & Jepsen, 2007; Jacobs, 1994; U.S. Department of Commerce, 1997). Using
data from the *National Educational Longitudinal Survey* (NELS), Hill and Jepsen (2007) examined how parental background might influence the likelihood of early motherhood. They found being raised in a two-parent household decreased the probability. Also, Jacobs (1994) suggested that poor, single mothers might seek to control their daughter’s sexuality to protect them from the financial hardship of single motherhood. In response, their daughters might seek freedom from parental control by turning to alternate forms of attachment through sexual intimacy.

**Socioeconomic issues.** Underlying socio-economic issues are considered risk factors for teen motherhood. Young women may see few advantages to delay parenting in poverty-stricken areas, where they have limited opportunity to secure a decent income (Corcoran et al., 2000; Kearney & Levine, 2012b; Roberts, 1997; Smithbattle, 2007; Young, Turner, Denny, & Young, 2004). In examining causes of teen pregnancy, Corcoran et al. (2000) surveyed both pregnant and non-pregnant participants in a pregnancy prevention program in Texas. They compared survey responses between the two groups and found low income was a predictor of teen pregnancy. Given the cross-sectional nature of their study, they were unable to determine causal order; it was unclear from their study whether poverty caused teen pregnancy or the opposite. However, they suggested that income might influence teen pregnancy in one of two ways. First, poor teens might see few advantages to delaying parenthood in an economically constrained environment. Second, lack of access to family planning might make poor youths vulnerable to pregnancy.

Young et al. (2004) examined data from the *National Educational Longitudinal Study of 8th Graders* to determine what aspects of poverty were most predictive of later teen pregnancy.
They found that low levels of parental education were significant predictors, but that family income was less predictive. More recently, Kearney and Levine (2012b) used data from the National Survey of Family Growth (NSFG) and the United Nation’s Fertility and Family Survey to examine how socioeconomic status might influence early motherhood in different geographic locations. They found that women with low economic status who lived in locations with high levels of income inequality had a higher rate of teen childbirth than women who did not. They suggested that the prospect of low economic trajectory might have led more teenagers to carry a pregnancy to term. However, causality remained unclear.

**Structural racism and cultural factors.** Researchers have examined the effects of structural racism and poverty on teen childbirth. As early as 1972, Ladner (1972) related structural racism to Black teen motherhood. She argued that the American social structure kept young Black women at the bottom of the socio-economic ladder with no perceived ability to advance. She suggested that these young women saw little opportunity to gain status as adults through economic independence. Instead, Black girls who became pregnant redefined themselves, and their communities redefined them as individuals who had attained maturity.

Other research has supported the intersection between structural racism, poverty, and teen parenthood. In debating the causes of poor outcomes for Black teen mothers, Geronimus (2003) asserted that structural barriers of racism shaped fertility norms in the US. She demonstrated that older Black woman had significantly higher neo-natal mortality rates than White women (Geronimus, 1986). In subsequent work (Geronimus, 1992; Geronimus, 2003), she argued that many Black women were subject to poverty, economic disenfranchisement, and lack of educational and health services. These conditions resulted in deteriorating health at an earlier
age. She hypothesized that early fertility in the Black community was a “culturally rational” (Geronimus, 1992, p. 245) response to such early deterioration and argued early fertility provided the disadvantaged community a greater ability to bear healthy babies. Additionally, parents who had babies at a younger age were more likely to remain healthy and capable of caring for their children. They were also more likely to have able-bodied grandparents to assist with childcare (Geronimus, 1991; Geronimus, 1992).

Other researchers (Burton, 1990; Winters & Winters, 2012) have found evidence to support an association between teen motherhood, racism, and poverty in the Black community. Using data gathered from 1999 through 2006 from the National Center for Health Statistics, Winters and Winters (2012) found that being Black had a statistically significant effect on teen pregnancy in poor economies. These researchers argued that Black youth gave up trying to enter the economic and social mainstream because their efforts felt futile in an “environment that is unresponsive, discriminatory, or punitive” (p. 10).

Research has suggested many factors influence the high teen birthrate for Latinas in the US. Using a qualitative approach, Jacobs (1994) explored factors influencing childbirth for 45 Latina teen mothers in Denver. These young women reported that traditional values of church and family exacerbated their desire to assimilate to American life and become sexually active early. Lack of communication regarding sexuality within Latino households has also been associated with teen pregnancy and births (Ortiz, 2009). Some research (Melby, 2006) has suggested that language skills and immigrant status may be barriers to adequate family planning services, which may place Latina teens at greater risk for pregnancy and childbirth. Finally, studies have suggested that the taboo against teen childbearing may be less pronounced for
Latinas than for other ethnic groups (Driscoll, Biggs, Brindis, & Yankah, 2001; Melby, 2006). Driscoll et al. (2001) found that Latina teens were more likely to report an intended pregnancy than their White or Black counterparts did.

**Outcomes for Teen Mothers and their Children**

A large body of research has focused on poor outcomes for teen mothers and their children. Studies have found that teen mothers are more likely to drop out of school and become poor (Boustani et al., 2015; Maynard, 1996; Sawhill, 2001). Their children have more health problems, poorer school performance, and greater likelihood of foster care placement than children of older mothers have (Dworsky & DeCoursey, 2009; Ng & Kayen, 2013; Payne & Anastas, 2015; Sawhill, 2001). Although most researchers report poor outcomes for teen mothers and their children, others have argued that these poor outcomes are exaggerated or may have occurred even if young women delayed childbirth. Very limited quantitative research has identified some positive outcomes for teen parents (Geronimus & Korenman, 1992; McCarthy & Hardy, 1993).

**Teen motherhood as a predictor of poor outcomes.** Research in the 1970s aligned closely with public perceptions of teen pregnancy and motherhood as a social problem. Many researchers focused on teen motherhood as the primary cause of poor outcomes. They argued that teen parenting resulted in a variety of social pathologies, including divorce, poverty, school drop-out, and poor educational attainment (Bacon, 1974; Furstenberg, 1976; Presser, 1977; Trusell, 1976). For example, Furstenberg (1976) conducted a longitudinal study with low-income adolescents who registered at a prenatal clinic in Baltimore. He interviewed participants three times over a six-year period. Through the Baltimore Board of Education, he identified
former classmates who did not become pregnant during adolescence. These classmates were interviewed twice during the study. He determined that the adolescent mothers experienced greater educational, economic, and marital instability than their classmates did. Furstenberg (1976) and others (Bacon, 1974) acknowledged that the relationship between teen motherhood and poor outcomes were associations and not causal in nature. However, they did little to control for socioeconomic factors that may have affected the strength of the association. In addition, they did not explore other possible explanations for poor social and economic outcomes for teen mothers.

**Family background.** Researchers in the 1980s and 1990s questioned whether teen motherhood predicted poor outcomes. Chilman (1989) redefined adolescent sexuality as healthy biological and psychological development. She pointed to family and environmental issues (violence, poverty, alcoholism, parental mental health, etc.) as possible factors in unhealthy sexual development. She found that these issues could impede childrens’ cognitive and social development and, consequently, their ability to make healthy sexual decisions. She questioned whether poor outcomes for teen parents living in dysfunctional environments might have occurred even if they had remained childless.

Some researchers controlled for environmental issues when analyzing poor outcomes for teen mothers and their children (Fergusson & Woodward, 1999; Geronimus & Korenmen, 1992; Grogger & Bronars, 1993; Hoffman et al., 1993; Maynard, 1996). Results were inconsistent. Geronimus and Korenman (1992) postulated that family background might be a confounding factor for elevated poor outcomes. Using data from the *National Longitudinal Survey of Young Women* (NLSYW), they controlled for family background by sampling paired sisters, one who
had a child in her teenage years and one who did not. They then compared the long-term socio-economic outcomes of these paired sisters. Their findings indicated that previous research exaggerated the correlation between teen motherhood and negative socio-economic outcomes and provided evidence that some teen parents actually did better educationally and economically than their non-parenting or later-parenting sisters. They concluded that negative effects of teen childbearing reflected differences in family background rather than teen childbirth (Geronimus & Korenman, 1992).

Critics of Geronimus and Korenman (1992) focused on their sampling methods. Hoffman et al. (1993) argued that the sample was not representative, since it used selective inclusion of the older sisters. Only those sisters who co-resided at the time of initial survey were included. Therefore, many older and perhaps more successful sisters were not included in the sample. This could have produced biased results that minimized differences between sisters. In response, Hoffman et al. (1993) repeated the study. Using longitudinal data from the Panel Study of Income Dynamics (PSID), they also found differential outcomes for paired sisters. They used a larger sample size and chose an age range that minimized omission of potential older sisters. They found that the negative effects of teen parenthood on educational and financial outcomes were still significantly sizeable.

Neither Geronimus and Korenman (1992) nor Hoffman et al. (1993) explored what aspects of family background might affect poor outcomes for teen mothers. Using paired sisters as a method of control had limitations. The paired sisters’ method assumes that sisters have essentially identical experiences and are raised in essentially identical environments. It does not
recognize differences in how sisters develop or how their families may respond to their needs. Arguably, differences between sisters might also have resulted in differential outcomes.

**Socioeconomic factors.** As an alternative to paired sisters as controls, some researchers (Hoffman, 2008; Hotz, McElroy, & Sanders, 2005; Mullin, 2005) have used miscarriage to create natural control groups. Using data from the *National Longitudinal Survey of Youth* (NLSY), Hotz et al. (2005) were the first to use this approach. They argued that identifying teenagers who delayed childbirth due to miscarriage provided an instrumental variable that could be used to estimate the effect of delayed childbirth on socioeconomic status. They identified a cohort of young women who had children as teenagers and compared outcomes to a cohort of those who delayed childbearing due to miscarriage. They then analyzed the estimated effect of not delaying childbirth on educational attainment, family formation, labor market success, and poverty status. They found that the negative consequences of delayed childbearing were very small and short-lived. In fact, they found that teen mothers appeared to have better long-term accumulated work experience and financial well-being than the control group. They concluded that efforts to reduce poor outcomes by encouraging delayed childbearing would therefore prove ineffectual. Building on this research, Mullin (2005) used a similar methodology. Using miscarriage to identify a control group, he found that early childbearing for non-Black mothers with similar socioeconomic backgrounds actually results in better long-term outcomes for their children.

Some (Ashcraft, Fernandez-Val, & Lang, 2013) have indicated that using miscarriage to determine a comparison group is problematic, since it removes from the sample those women who may have aborted a pregnancy. These authors argued that abortion is less readily available
to disadvantaged young women. A comparison group of young women who delayed childbirth due to miscarriage may thus be drawn from a more disadvantaged cohort. Including women who delayed childbirth due to abortion might have produced different outcomes for teen mothers and those who delayed childbirth. By not including young women who had abortions in the sample, the internal validity of these experiments may have been compromised (Ashcraft et al., 2013).

Many studies (Fergusson & Woodward, 1999; Geronimus & Korenman, 1992; Hill & Jepson, 2007; Moore & Snyder, 1991; Shanok & Miller, 2007; Upchurch & McCarthy, 1990) have attempted to untangle the multitude of socioeconomic factors that might contribute to negative outcomes for teen mothers and their children. In exploring outcomes for children of teen mothers, Fergusson and Woodward (1999) explored specific confounding and intervening variables. They conducted a longitudinal study that examined the teen mother’s socioeconomic background, single vs. two-parent upbringing, ethnicity, educational level, and other childhood experiences. Intervening variables included the mother’s child rearing practices, incidence of child abuse, parental conflict, maternal mental health, and substance abuse. The study examined how these factors might influence negative outcomes related to education, juvenile offenses, substance abuse, and mental health disorders in children of young mothers. They found that controlling for confounding and intervening variables slightly reduced the association between maternal age and later outcomes.

**Education.** Regarding education, researchers have questioned whether unsupportive school policies that discourage pregnant girls from attending school are related to educational disruption and school dropout (Fergusson & Woodward, 2000; Levine & Painter, 2003; Sawhill,
Poor educational attainment for teen mothers in Fergusson and Woodward (2000) reflected family circumstances, academic ability, and social disadvantage prior to young women becoming pregnant. These researchers argued that associations between teen childbearing and school dropout rates were due in large part to factors present in a young woman’s life prior to pregnancy (Fergusson & Woodward, 2000). Levine and Painter (2003) identified students in junior high school who later became teen mothers. They matched these students with classmates from the same school who had delayed childbearing but who had similar pre-motherhood characteristics. They identified approximately 30 pre-motherhood characteristics, including family structure, ethnicity, socioeconomic status, level of cigarette smoking, and owning a library card. When controlling for these characteristics, they found that the effect of teen motherhood on school dropout rates and college entry fell significantly. They concluded that teen childbearing and low educational attainment resulted primarily from pre-existing disadvantages.

Nursing researchers McCarthy and Hardy (1993) examined low birth weight outcomes for babies of teen mothers. They controlled for factors including socioeconomic status, mother’s health history, prenatal care, and complications at delivery. They found that babies of teen mothers actually had healthier birthweight babies than those of older mothers when high quality prenatal care was available throughout pregnancy. They concluded that the availability of prenatal care rather than young maternal age was responsible for low birthweights for teen mothers (McCarthy & Hardy, 1993).
Examining the Complex Experience of Teen Motherhood

Research regarding teen motherhood has often sought to determine a correlational or causal relationship between teen motherhood and specific risk factors or outcomes. These studies employed quantitative methods and large nationally representative samples to determine whether and to what degree specific variables were related to teen motherhood. Others have used qualitative methods, such as interviews and focus groups, to explore teen motherhood from the perspective of teen mothers themselves. These studies have provided a rich description of the complexity of the motherhood experience for teenaged women.

Some of these studies have explored how teenagers’ perspectives on education changed once they became mothers. Smithbattle (2007) interviewed 41 teen mothers and their caretakers to identify if and how teen mothers’ perspectives on education changed once they became mothers. She interviewed these subjects six times from the third trimester of pregnancy to ten months postpartum. Zachry (2005) conducted a similar study, conducting in depth interviews with nine young mothers in a teen parent program in Boston. Youths in both of these studies described the challenges of being young mothers in school. In particular, young women pointed to their parent’s lack of education, competing demands of work and school, and school barriers as challenges to educational achievement. Their parent’s lack of education modeled a lack of need for educational attainment. Employers would not accommodate school schedules and vice versa. Inflexible school policies regarding home tutoring, parking privileges, and school hours also affected their educational achievement and ability to remain in school (Smithbattle, 2007).

Despite these hardships, informants understood that school was a means to decent employment, getting off welfare, and financial security. Zachry (2005) found young women
recollected their lack of interest in school prior to motherhood and their positive shift in interest in school once they became mothers. Although they initially dropped out of school after becoming pregnant, they often re-enrolled after their children were born; being in school gave them pride. Smithbattle (2007) also found teen mothers increased their academic aspirations once they became parents. In both studies, young mothers reported that their children were the primary motivation for increased school engagement (Smithbattle, 2007; Zachry, 2005).

Some qualitative studies explored the complexities in the experiences of young mothers (Afable-Munsuz, Speizer, Magnus, & Kendall, 2006; Richards et al., 2007; Shanok & Miller, 2007). In a mixed methods study, Richards et al. (2007) used focus groups of teen mothers to develop a survey to determine teen mothers’ attitudes toward various issues related to school, relationships, and family. A small group of twenty-three women participated in the survey. Researchers analyzed their responses for commonalities and differences. These women pointed to their children as an incentive to end turbulent romantic relationships and to connect with positive familial supports in their lives. They also reported motherhood provided them with the motivation to achieve. However, they did not appear to connect achievement with increased engagement in work or school (Richards et al., 2007).

In a mixed methods study, Shanok and Miller (2007) sought to understand the experience of teen motherhood. Their subjects were pregnant and newly parenting inner city teens participating in an after school group therapy program. Their data sources were clinician interviews, a self-report questionnaire, and several depression inventories. These young mothers reported disapproving and unsupportive reactions to their pregnancies by family members, guidance counselors, and social service providers. Despite this, they described positive
outcomes for themselves including decrease in violent interactions, reduced alcohol and drug use, and increased connection to positive supports in their lives (Shanok & Miller, 2007).

Research employing qualitative, exploratory methods has examined teen motherhood from the perspective of the youths themselves. In doing so, this research has surfaced the complexities of this phenomenon. Despite the hardships they may face, these studies reveal young mothers identify some positive outcomes of young motherhood.

**Teen Motherhood in Foster Care**

Young girls in foster care have extraordinarily high rates of motherhood, which is over twice the rate of their peers (Benedict & Bercun, 2013; Boonstra, 2011; Dworsky & DeCoursey, 2009; Manlove et al., 2011; Pryce & Samuels, 2009; Schuyler Center, 2009). Similar to studies of the general population, research on foster youths has focused primarily on risk factors and outcomes (Boustani et al., 2015; Carpenter, Clyman, Davidson, & Steiner, 2001; Chipunga & Bent-Goodley 2004; Courtney et al., 2007; Dworsky & DeCoursey, 2009; Harris & Hackett, 2008; Manlove et al., 2011; Mastin et al., 2013; Pecora, White, & Jackson, 2009; Schuyler Center, 2009; Schwartz et al., 2004). Most studies use quantitative methods to determine what factors and outcomes are most highly associated with teen motherhood in foster care. Evidence from these studies has supported that risk factors and poor outcomes identified in the general population are magnified in the foster care population.

**Risk Factors in Foster Care**

Inadequate family planning services, child abuse and family dysfunction, poverty, and structural racism are all highly prevalent among foster youths (Carpenter et al., 2001; Chipunga & Bent-Goodley 2004; Courtney et al., 2007; Harris & Hackett, 2008; Manlove et al., 2011;
Mastin et al., 2013; Pecora et al., 2009). In addition, research has supported that insecure attachment may also be associated with the prevalence of teen motherhood for this population (Boonstra, 2011; Schuyler Center, 2009).

**Sex education and risk-taking.** Some studies report that foster care youths receive inadequate family planning services. Sporadic schooling and inadequate health care serve as mediating factors that influence this deficiency (Child Welfare League of America, 1997; Mastin et al., 2013). Only one third of young women and one fifth of young men who leave foster care report receiving family planning counseling and services from foster care providers (Courtney et al., 2007). Separation or estrangement from parents also places foster care youths at greater risk for pregnancy and motherhood. Foster care placement separates youths from their parents, and multiple placements challenge effective communication with adult caretakers. Consequently, youths in care are not likely to be able to access parental guidance and support that can mitigate high-risk sexual behavior (Mastin et al., 2013; Schuyler Center, 2009).

Multiple studies have demonstrated that sexual risk-taking among youths in foster care is significantly higher than for non-foster care youths. Mastin et al. (2013) reported that 65% of girls with a foster care history have sexual intercourse before the age of 16 compared to 35% of their non-foster care peers. Several longitudinal and cross-sectional studies across the US found that youths in care are more likely to initiate sex earlier, have multiple sexual partners, and be paid for sex than youths in the general population. They are also less likely to use contraception than their peers are (Carpenter et al., 2001; Courtney et al., 2007).

**Maltreatment and family factors.** According to Manlove et al. (2011), risk factors commonly associated with foster care placement, such as maltreatment and family turbulence,
are also associated with high-risk sexual behavior and pregnancy. A history of child maltreatment is implicit in the experiences of many foster youths. Children are often in care because of exposure to safety risks within their homes or communities (Badeau & Gesiriech, 2003). In New York City, 85.5% of foster care children have been placed because of abuse or neglect allegations (Administration for Children’s Services, 2016). These are often traumatic separations. Foster youths who have experienced trauma can develop poor coping behaviors such as substance abuse or promiscuity. These, in turn, may result in high sexual-risk taking behaviors (Schuyler Center, 2009).

Studies consistently report that foster children develop insecure attachment styles because of dysfunctional and inconsistent relationships with multiple adult caretakers. Insecure attachment styles “are formed when the internal working models of individuals predict that it is unlikely that their needs will be met through the care of others” (McWey, 2004, p. 448). Foster youths may consider adults untrustworthy and may define themselves as unlovable. This model may inhibit their ability to develop healthy attachments (Grigsby, 1994; Marcus, 1991; McWey, 2004; Schwartz, 2004; Tucker & MacKenzie, 2012). Some (Boosntra, 2011; Love et al., 2005, Schuler Center, 2009) have suggested that unhealthy attachment can lead to high-risk sexual behavior on the part of foster youths.

**Socioeconomic factors.** Poverty is an identified risk factor for teen pregnancy that is associated with foster care. A disproportionate number of young people in foster care come from poor families (Barth et al., 2006; Manlove et al., 2011; Mastin et al., 2011; Schuyler Center, 2009). Children in care are also more likely to remain with low-income foster families throughout placement (O’Hare, 2008). Because opportunities for financial advancement may be
unavailable, foster care youths may see little economic gain by postponing parenthood (Manlove et al., 2011; Mastin et al., 2013; Miller & Moore, 1990).

**Structural racism.** The intersection of poverty and structural racism is evident among foster care youth. A disproportionately high number of families of color are in care (Chipungu & Bent-Goodley, 2004; Hill, 2004). Using data from the NYS Office of Children and Family Services, Mastin et al. (2013) found that Blacks comprised 55% and Latino’s 27% of the foster care population in New York City, while Whites comprised only 4% in 2010. Decision making processes at various stages of child welfare involvement often place more Black children than White children into foster care and keep them there longer (Chipungu & Bent-Goodley, 2004; Harris & Hackett, 2008; Hill, 2004; Neuspiel, Zingman, & Templeton, 1993). Thus, risk factors associated with the intersection of race and poverty is greater among children in placement. Young, poor, minority women in foster care may see little economic or social risk to becoming a mother (Burton, 1990; Geronimus, 2003; Ladner, 1972; Winters & Winters, 2012). Additionally, Jacobs (1994) noted the desire for autonomy from traditional and religious values might be relevant for Latina foster care youths.

**Outcomes for Teen Mothers in Foster Care Examined**

As with risk factors, studies have found poor outcomes more prevalent for children in foster care. Multiple social and psychological issues may hamper their ability to take adequate care of themselves and their own children (Barth, 1990; Blome, 1997; Courtney et al., 2007; Dworsky & DeCoursey, 2009; Mastin et al., 2013; Oldmixon, 2007; Schuyler Center, 2009). As a result, they are more likely to have poor outcomes than their non-foster care peers. Research has focused on examining the extent of these poor outcomes.
**Housing.** Housing security and homelessness are problems for teen mothers and particularly so for youths while foster care or aging out of the system. The Midwest Evaluation study (Courtney et al., 2007) found that foster youths are less likely to be living with parents (including foster parents) or relatives than youths not in care. They reported that 18% of youths participating in the study had been homeless at least once since exiting foster care. A 2011 study found that young mothers leaving Inwood House, a former shelter for pregnant and parenting foster teens in New York City, faced many housing challenges; approximately 40% went directly into homeless shelters (Center for New York City Affairs, 2011).

**Educational achievement.** Numerous studies have found that out-of-home placement poses serious challenges to educational achievement (Barth, 1990; Blome, 1997; Oldmixon, 2007). Former foster youths in the Midwest Evaluation study were twice as likely not to have a high school diploma as their non-foster care peers were (Courtney et al., 2007). Dworsky and DeCoursey (2009) examined outcomes for pregnant and parenting foster teens in a support services program in Chicago. An analysis of quantitative data collected from youths’ case records indicated that only 44% of the young mothers had obtained a high school diploma; each additional child decreased their likelihood of having a high school diploma by 45%. An inverse relationship also existed between the number of foster care placements and obtaining a high school diploma.

Others (Oldmixon, 2007; Schuyler Center, 2009) support that disrupted school histories can impede these young women’s ability to obtain a high school diploma and obtain financially viable employment. Consequently, transitioning foster youths are at risk for poverty. Sixty-three percent of the former foster youths were unemployed, and 26% had not had steady income.
since leaving care. Regarding household income, 60% had a household income of $10,000 or less, and 41% reported that they did not make enough money to cover their living expenses (Reilly, 2003).

**Child maltreatment.** Mothers who themselves were in care may be at higher risk for abusing their own children. In examining outcomes for pregnant and parenting foster youths in Chicago, Dworsky and DeCoursey (2009) found 22% of young women in their sample were investigated for some form of child abuse. Additionally, 11% of the young mothers in their study had a child placed in foster care, and each additional child increased the odds of having a child placed by 54%. Youths in the study were also more likely to have a child placed in care if they had multiple placement experiences themselves (Dworsky & DeCoursey, 2009).

**Complex Experiences for Teen Mothers in Foster Care**

Studies have found foster youths are at far greater risk for teen motherhood than youth in the general population (Boustani et al., 2015; Carpenter et al., 2001; Chipunga & Bent-Goodley 2004; Courtney et al., 2007; Harris & Hackett, 2008; Manlove et al., 2011; Mastin et al., 2013; Pecora et al., 2009), and young mothers in foster care fare worse than their non-foster care peers (Barth, 1990; Blome, 1997; Courtney et al., 2007; Dworsky & DeCoursey, 2009; Mastin et al., 2013; Oldmixon, 2007; Schuyler Center, 2009). As with the general population, research supporting these findings has often used quantitative methods to measure associations between teen motherhood and a variety of psychosocial risks and outcomes. However, some researchers (Aparicio, 2014; Love et al., 2005; Pryce & Samuels, 2008; Rolfe, 2008; Schwartz et al., 2004) have sought to understand the experience of motherhood from the perspective of foster youths themselves using qualitative or mixed methods. Findings from these studies have suggested
outcomes for teen mothers in foster care are complex; they raise questions whether motherhood might serve some positive purpose in these young women’s lives.

Using mixed methods, Schwartz et al. (2004) examined how past and present attachment patterns might influence challenges for teen mothers transitioning out of foster care. They identified 25 adolescent mothers in a transitional living program for pregnant or parenting youths. Using data mining and interviews they examined the important relationships in these young women’s lives, assessed their attachment patterns, and identified poor outcomes. They gathered data regarding outcomes using several quantitative instruments: Beck’s Depression Inventory; an Index of Self-Esteem, and the Child Abuse Potential Inventory. Participants in this study displayed a strong desire for positive attachments to family, boyfriends, and agency staff. Despite this desire, they displayed insecure attachment patterns that often produced negative outcomes for them and their children. These young mothers had histories of substance abuse, suicide, and self-harm that stemmed from insecure parental attachment. They reported insecure romantic relationships, exemplified by unsafe sexual behaviors, high rates of violence, and disrespect. In addition, these young women exhibited insecure attachment to their children, an increased risk of child maltreatment, and non-nurturing parenting styles (Schwartz et al., 2004).

Although this study reported poor outcomes for teen mothers in foster care, including negative aspects of current relationships with boyfriends and parents, it had a small sample size and lacked a comparison group. Nonetheless, this study provided insight into how the experience of foster care might influence poor outcomes for these young women. Specifically, they examined how poor parental attachment and a history in foster care might have been factors. They suggested that troubled relationships in these young women’s lives stemmed from poor
parental attachment and a history of multiple placements in foster care. In this way, they discerned some of the complex aspects of these young women’s lived experiences that may have accounted for poor outcomes for themselves and their children (Schwartz et al., 2004).

Other studies using qualitative methods (Aparacio, 2014; Boustani et al., 2015; Love et al., 2005; Pryce and Samuels, 2010; Rolfe, 2008) sought to understand the experience of motherhood from the youths’ perspectives. Love et al. (2005) conducted focus groups with foster parents and youths in Chicago to explore how foster youths make decisions about sexual behavior and pregnancy. They sought to understand the role that foster parents, birth parents, peers, and child welfare staff play in these processes. They conducted 37 focus groups with 150 informants. Participants included male and female, parenting and non-parenting teens, and foster parents. The youths were living in both kinship and traditional foster homes. The study examined both risk factors and poor outcomes for these teen parents. Several themes emerged from their examination that spoke to the complex experience of motherhood for youth in foster care.

Participants presented aspects of their foster care experiences that influenced decisions regarding sex and pregnancy. Although these study participants generally had access to contraception, they expressed a lack of knowledge regarding their uses and limitations. They also described peer and partner pressure to have sex. Unstable relationships with parents and foster parents generated a lack of guidance and communication from the adults in their lives about sex. Regarding outcomes, youth in this study described the challenges of being a teen parent. As parents, there were limitations on their ability to socialize with friends and a loss of freedom. Nonetheless, despite these issues, they stated that their children filled an emotional
void in their lives. The lack of other important relationships in their lives led them to look for meaningful, sustainable relationships with their children. In addition, their children motivated them to achieve in school and find employment. Motherhood also brought them closer to their own families. Finally, they saw parenthood as an opportunity to change family patterns by parenting their own child better than they had been parented (Love et al., 2005).

The subjects were all voluntary clients of the Teen Parenting Services Network, a program that provided counseling and services to young parents in care to break the cycle of repeat pregnancies. It did not include those unwilling to participate in the program, which may have had different experiences of motherhood. Although this study surfaced preliminary evidence that some young women in foster care might identify some benefit to having a child (Love et al., 2005), it is noteworthy that it took place within the context of a program offering support to parenting teens.

Other research (Pryce & Samuels, 2009) has taken a similar approach. As part of the Midwest Evaluation of Adult Functioning of Former Foster Youth (Courtney et al., 2007), Pryce and Samuels (2009) interviewed 15 pregnant or parenting females who were transitioning from foster care. In their interviews, the researchers asked participants to define success, adulthood, family, and maturity and to relate their own experiences as mothers to the definitions they proposed. Participants described the strains and challenges of young motherhood. They identified a loss of identity as they shifted educational and financial expectations and focused on raising a child on their own. They had resigned themselves to a life of poverty and struggle. However, in the midst of these challenges, informants reported motherhood also provided them with an emotional bond to another person. As mothers, they also found an identity as a loving
and lovable person. This, in turn, gave them a profound sense of purpose and self-worth (Pryce & Samuels, 2009).

Pryce and Samuels (2009) asserted that the experience of motherhood could be transformative for individuals whose own familial relationships had not reinforced their worth. They concluded that the meaning the young women placed on mothering helped heal the damage that their foster care experiences presented. Similar to other researchers (Love et al., 2005; Richards et al., 2007; Shanok & Miller, 2007; Smithbattle; 2007; Zachry, 2005), these authors found young mothers obtained a renewed sense of purpose when they assumed the role of mother. Motherhood conferred adult status and increased feelings of maturity, which motivated them to improve their life circumstances. As mothers, they expressed the importance of growing up, being responsible, and doing things differently from their own mothers. The researchers concluded that the concept of maturity was critically important to these teenagers.

In her dissertation, Aparicio (2014) also provided an in-depth look at the meaning of motherhood for young women in foster care. She used in-depth, semi-structured interviews and an interpretative phenomenological analysis to explore their experiences of both mothering and being mothered. Although they expressed despair, these young women felt as children that contrasted with an image of purpose and hope through motherhood. Participants described the devastating effects of substance abuse, homelessness, poverty, the breakdown of family, and maltreatment as children. The lingering effects of these childhood experiences challenged their ability to mother their own children. Because of their own limited mothering experiences, they had little guidance and support regarding parenting practices. Despite this, young women in the study spoke about how the painful experiences of their past cultivated a desire to do things
differently from their own mothers. Although motherhood was fraught with difficulty, it provided them with a sense of purpose and hope. They were motived by having someone to love and be responsible for. They also found a widening circle of support by having a child. Their boyfriends and boyfriends’ families, service providers, and their own family came forward to support, teach, and guide them (Aparicio, 2014; Aparicio et al., 2015).

Some studies have explored this phenomenon from the perspective of people who work closely with youth in care; similar themes have emerged in these studies. Examining the sexual health needs of foster youths at risk for pregnancy, Boustani et al. (2015) interviewed workers in a youth shelter that housed non-pregnant and parenting youths who were either in foster care or at risk of placement. The study focused on identifying workers’ perceptions of the costs and benefits of teen pregnancy. The risk factors they identified included dysfunctional family relationships, inadequate parental involvement, lack of knowledge regarding contraception use, emotional trauma, and peer pressure. The workers reported these were factors in pregnancy for foster youths. They found the teens unaware of the costs and difficulties of raising a child and pointed to educational, social, and financial costs for youth. However, the workers also reported that youths saw several benefits to motherhood. Youths viewed motherhood as an opportunity to establish an emotional connection with another. In addition, they noted young women saw motherhood as a means to achieve adulthood and independence. From the perspective of these workers, the need for an adult identity reflected a longing to demonstrate that they could be more responsible adults than their own parents were. Conducted within the context of a housing program for these youth, the reports of workers may have been subject to bias.
Although the findings from these exploratory, qualitative studies are only suggestive, they reveal a mixed experience with both negative and positive outcomes for the mothers. Several (Aparicio et al., 2015; Love et al., 2005; Pryce & Samuels, 2007;) have linked the experience of motherhood in foster care with renewed purpose and connection to others. Love et al. (2005) and Boustani et al. (2015) suggest that young women in foster care may expect motherhood to provide such benefits. Although these studies reported the racial and ethnic composition of their samples, they did not elaborate on how these characteristics might influence participants’ experiences of motherhood.

Summary

Most studies of teen motherhood in foster care focused on risk factors and poor outcomes, and present motherhood for foster youths as a societal problem. Many used quantitative methods to identify the risk factors and poor outcomes most associated with teen motherhood in foster care. In contrast, other (Aparicio, 2014; Aparicio et al., 2015; Love et al., 2005; Pryce & Samuels, 2009; Rolfe, 2008) have sought to uncover the complexities of this phenomenon through qualitative inquiry. Conducted from the perspective of foster youths, these studies suggest teen motherhood may not be a wholly negative experience. Some have even identified ways in which motherhood might have positive effects on these young women’s lives.

The current study also examined the complexities of burgeoning motherhood for foster youths, especially young women of color. I explored their expectations of motherhood and how these expectations may or may not have been realized from the perspective of foster-teen mothers themselves. Understanding the meaning that these young women make of motherhood
is critical to our developing further knowledge of this phenomenon. The next chapter details the methodology I employed in my study.
CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

Although numerous studies report risk factors and poor outcomes for teen mothers and their children, few empirical studies exist regarding teen motherhood for youths in foster care. Those that specifically examine foster youths rarely explore the meaning that the youths themselves make of their experience. Exceptions include Aparicio (2014), Love et al. (2005), Pryce and Samuels (2010), and Rolfe (2008). However, these did not examine how race, culture, class, or gender oppression might influence their experiences. I sought to build on this research by exploring expectations of motherhood as expressed through the voices of young mothers in care, including the particular influences of race, culture, and class. Using a qualitative design, I examined their expectations of motherhood at the time of their first pregnancy and how their expectations may or may not have been realized. This chapter presents my research methodology. It includes the research approach, sampling, recruitment, data collection methods, methods of data analysis, trustworthiness, and human subject considerations.

Qualitative Design

I chose a qualitative research design because the purpose of the study was to explore the complexities of participants’ experiences of burgeoning motherhood; I did not intend to test any associations or causalities through statistical means. Qualitative inquiry is suited to exploratory studies (Patton, 2002), where the purpose is to understand a phenomenon in depth. Rather than testing hypotheses through statistical means, qualitative inquiry explores the meaning individual’s make of their experiences (Padgett, 2008; Patton, 2002). It is an inductive process that allows new, complex concepts to surface during the data collection process (Patton, 2002).
Qualitative inquiry is also an effective way to examine an experience from the perspective of those being studied (Padgett, 2008; Patton, 2002); they are highly transactional. They place emphasis on a direct, face-to-face exchange between the researcher and participants. Patton (2002) writes that qualitative methods assume that “understanding emerges most meaningfully from an inductive analysis of open-ended, detailed, and descriptive data gathered through direct interactions and transactions. . .with participants” (p. 172). I sought to elicit participants’ perspectives of their burgeoning motherhood through face-to-face, semi-structured interviews. Using this method, I was able to pose questions in the flow of what I observed and discussed (Patton, 2002; Tolman, 2002). I was able to call on the expertise of participants to explain their experiences in their own words. In this way, I examined participants’ perspectives in greater depth to surface their expert knowledge of young motherhood.

**Standpoint Theory**

I used Standpoint Theory to guide the research process. Hartman (2000) argued that powerful people in society have control over the production of knowledge. Therefore, they can perpetuate the oppression of marginalized people by controlling knowledge about them. Consequently, knowledge is political and serves to dominate oppressed groups. Hartman (2000) called on researchers to challenge privileged truths by abandoning the expert role; instead, researchers should focus on hearing and raising the voices of oppressed people. Examining their perspective may help revise what is truth, ceding power to study informants.

Similarly, Standpoint Theory argues that knowledge is socially situated; the meanings that individuals ascribe to experiences are dictated by their social status. Those who share an oppressed social status have knowledge from a particular, marginalized standpoint. Standpoint
Theory argues that the positivist approach does not recognize this social situation of knowledge. Rather, positivism obtains most knowledge from a dominant, Western, bourgeois, hetero-normative, and White perspective (Harding, 2004; Harnois, 2010). The result is “systemic ignorance about the lives of the oppressed” (Harding, 2004, p. 6).

Hill Collins (1986) proposed that the intersection of race, gender, sexuality, and class results in particular intersectional standpoints. Poor, minority women have lived experiences that give them standpoints distinct from middle-class, White women. Her specific focus was Black women. She argued that they share important social and economic experiences as a group. Denigration and segregation have kept many Black women at the economic and social bottom of society. Black feminist literature points out that images of Black women are both highly sexualized and invisible and serve to objectify and devalue them (Hill Collins, 1986; Roberts, 1997; Rose, 2003; Solinger, 2000; Wyatt, 1997). Other stereotypes depict them as lazy mothers who irresponsibly have children in order to take money from the government (Roberts, 1997; Solinger, 2000). Such controlling images of Black women have perpetuated existing, oppressive socioeconomic, racial, and patriarchal inequities (Hill Collins, 1986; Roberts, 1997).

Latina women, while having diverse social and cultural histories, also have common experiences that oppress them. As immigrants, they or their families may have come to the US to escape poverty. They arrive with low levels of English proficiency and limited formal education, which places them at an economic disadvantage. Many have experienced discrimination based on race and ethnicity in both their countries of origin and the US. As a result they are disproportionately poor (Espin, 1984; Driscoll et al., 2001). In addition to socioeconomic disadvantages, gender norms in the Latino community may designate women as
inferior to men (Espin, 1984). Latina women have been found to “react to oppression suffered by minority men in the larger society” by subordinating their needs to men at home (Espin, 1984, p. 153). Additionally, Espin (1997) and Hurtado (2005) have suggested that Latina women are sexually oppressed; they are caught between traditional cultural and religious beliefs that limit their sexuality and the pressure to acculturate to American sexual values. They internalize this conflict, which becomes part of the fabric of their lived experience (Espin, 1997).

The experiences minority women give them a particular vantage point of the world. Understanding their perspectives can reveal knowledge hidden from a hegemonic viewpoint (Harnois, 2010; Hill Collins, 1986). According to Standpoint Theory, revealing their knowledge can permit a grounded critique of the dominant institutions and ideology that constitute capitalist, patriarchal, and White norms (Harding, 2004; Hill-Collins, 1986). Similar to Hartman (2000), standpoint theorists believe that revealing this knowledge is political in nature; it exposes and lifts oppression so that the benefits of society can be shared (Harding, 2004; Harnois, 2010; Harstock, 1983; Hill Collins, 1986).

Standpoint Theory supported the value of examining phenomena from the perspective of those being studied, in this case, Black and Latina young women who bore children while in foster care. These youths may shared a common, marginalized standpoint. The Standpoint lens enabled me to examine their experiences from their unique social location to gain greater understanding of this phenomenon within the specific context of their circumstances of young minority women.
Study Sample and Recruitment

Sampling

I used non-probability, purposive sampling to identify informants who could provide information-rich, narrative data about teen motherhood as youth in care experienced it. Non-probability sampling is appropriate for qualitative studies that seek in-depth exploration of complex phenomenon among a population of participants who share a particular experience. Consequently, the characteristics of participants take precedence over randomness as the basis of sample selection (Padgett, 2008). Purposive sampling identifies participants who meet particular criteria that can provide the richest source of information (Patton, 2002).

My sample criteria shifted over time. Initially, I sought to explore how young women in foster care decided to become mothers and attempted to identify young women who consciously chose to become pregnant. However, limiting the sample in this way compromised my ability to recruit an adequate number of informants. Nonetheless, I found during screening and data collection that the choice for motherhood was an elusive concept, so I ultimately eliminated this criterion. Consequently, criteria for inclusion in this study grew to include 1) girls who became pregnant with their first child while in foster care; 2) had their first child in their teenaged years; 3) were eighteen years old or older; and 4) whose first child was four years old or younger.

Fourteen youth met the criteria for inclusion in the study. This number provided saturation, which occurs when adding more interviews does not produce additional information (Teddle & Tashakorri, 2009). Saturation is a common approach to sampling in qualitative case studies. Other qualitative studies that have sought to understand young motherhood using
interviews have had similar sample sizes (Aparicio et al., 2015; Pryce & Samuels, 2009; Richards et al., 2007; Smithbattle, 2007).

Recruitment

I recruited the sample from four private foster care agencies in New York City. New York City contracts with private foster care agencies to provide care and case management services to all children in foster care. Participants resided in all five boroughs of New York City and lived in a variety of settings. Some were living in foster homes, or maternity or mother-child residential centers designed for foster youths, while others were no longer in foster care and lived at home with a parent.

Recruitment involved several stages. First, I sent letters of introduction to administrators of several foster care agencies asking if I could identify possible informants for my study from among their clients. I explained the purpose of the study, the methods I would use for recruitment, and what participation in the study involved. Once I secured the agreement of the agencies, I used three strategies to identify prospective participants. I posted recruitment flyers in designated locations within agency offices (See Appendix A). These flyers provided a brief description of the study and my contact information. I also organized small youth forums in collaboration with agency staff. At these forums, I told prospective participants about the study and provided them with my contact information. Casework staff also identified and reached out to potential participants for the study. They then provided me with participant contact information.

I screened interested prospective participants either by telephone or in person to ensure that they met criteria for inclusion in the sample. Once I identified a potential participant, I
either telephoned her or met her in person to provide additional information about the study, answer questions, and assess their interest in participation. If a participant expressed interest, I provided her information about what was involved in participation in the study. I discussed the approximate duration of the interview, possible locations, and compensation. I also established the limits of confidentiality for both the screening and interview processes. I had obtained a waiver of documentation of consent from the City University of New York’s HRPP office, so that I could screen potential participants over the telephone. If a prospective participant verbally consented, I proceeded to screen her for eligibility using the Telephone Screening Script and Questionnaire (See Appendices B and C).

**Data Collection**

**Informed Consent and Interview Process**

Once I screened prospective participants, I met with eligible informants to obtain informed consent and conduct the interviews. Occasionally, I screened, obtained informed consent, and conducted the interview at the same time. Informants selected the location where I conducted the interviews. In most cases, participants chose to meet at their agency, but some asked me to come to their homes. I conducted all interviews in private rooms. In most cases, they were alone during the interview, although babies were sometimes present.

I obtained informed consent from all participants prior to their interview. I provided each prospective participant with an informed consent document (See Appendix D) and a copy of the interview guide (See Appendix E). The informed consent document stated the purpose of the study, described procedures for collecting data, and identified possible discomforts, risks, and benefits involved in participation. I informed all participants that their participation in the study
was voluntary, and that they could withdraw from the study at any time without prejudice or penalty. I also informed them that they could refuse to answer particular questions without prejudice or penalty. Only one prospective participant asked to terminate the interview, although several participants declined to answer particular questions.

I also provided information during the informed consent process regarding how I would ensure confidentiality and the limits to confidentiality. I told participants that I was a mandated reporter and would be required to inform the New York State Central Registry should there be reasonable cause to suspect that a child was in danger of abuse or maltreatment. Finally, I provided participants with a copy of the interview protocol prior to signing informed consent so that they knew what questions I would ask. In this way, they could make an informed decision regarding their participation. Once I obtained informed consent, I conducted the interview.

At the interview, I compensated participants with $20 for their participation. This amount was not great enough to constitute coercion or undue pressure, but was large enough to provide some incentive for participation in the research. I provided this compensation in cash whether or not the informant completed the interview. Each interview lasted approximately one hour. I digitally recorded interviews to capture all data in each participant’s own voice. This ensured that I retained the details, tone, and expression of each participant’s narrative. I then transcribed the interviews using Express Scribe transcription software.

**Semi-Structured Interviews**

Women and girls are often reticent to talk about issues concerning sexuality (Gilligan, Spencer, Weinberg, & Bertsch, 2003; Tolman, 2002). Teen motherhood is also a sensitive topic because it is considered a societal problem (Dworsky & DeCoursey, 2009; Manlove et al., 2011;
Maynard, 1996; Rhode, 1994; Sawhill, 2001; Schuyler Center, 2009; Schwartz et al., 2004; Vinovskis, 2003; Wilson & Huntington, 2005). A semi-structured interview provided focus, while encouraging participants to share their stories freely (Padgett, 2008; Patton, 2002). I was able to build rapport with participants because of the proximity that face-to-face interviewing provides (Bogdan & Biklen, 1983; Guba & Lincoln, 1994; Patton, 2002; Schatzman & Strauss, 1973). During the interview, I expressed empathy and understanding through the tone of my voice, eye contact, and body language, encouraging participants to engage in a meaningful, open, and honest dialogue.

Interviewing is transactional in nature. Luttrell (1997) considers the interview a dialectical process in which participant and interviewer work together to explore a participant’s experience as fully as possible. During these face-to-face transactions, I used open-ended question to help participants share their own stories, in their own voices, using their own methods of expression (Patton, 2002). I used prompts and probes to encourage them to expand and deepen their narratives. I asked clarifying questions to understand better their answers. In this way, I was able to obtain a full sense of what they were conveying.

The Interview Guide

I created a semi-structured interview guide to collect data (See Appendix E). It included introductory remarks and a series of main interview questions. In the introduction, I reviewed the purpose and parameters of the study. I also reviewed confidentiality issues, and told them they could end the interview at any time or decline to answer particular questions.

I revised the questions in the Guide over time. I initially piloted the questions with two participants and found the wording of some questions confused participants. Additionally, the
questions were too broad. They elicited expansive rather than in depth responses, so I removed them. I also changed the wording of some questions when I expanded the sample to include young women who did not intentionally become pregnant. I added questions about the degree to which they intended to become pregnant. At this point, my questions sought to explore each participant’s decision-making processes prior to and during pregnancy. I therefore asked participants to reflect on how other people in their lives might have influenced their thoughts at the time of pregnancy and asked them to reflect on the material conditions of their lives, relationships with family and friends, and experiences related to their affiliated foster care agencies. I wanted them to focus on that period of their lives and consider how these experiences might have related to their decision to become a mother.

However, most participants did not state an intention to become a mother and did not describe a decision-making process. Instead, they focused on their expectations of motherhood and how their expectations may or may not have been realized. While participants were unable to link their expectations to any intention of motherhood, these discussions produced the richest information regarding their motherhood experiences. Ultimately, their expectations of motherhood became the focus of my analysis and led to changes in the guide. The most fruitful discussion with participants came from questions such as: 1) Once you were pregnant, what were your thoughts about becoming a mother? 2) How did you expect things in your life to change or not change once you became a mother? 3) Looking back from where you stand now, how did things changed or did not change for you?
Data Management and Storage

I digitally recorded all interviews and transcribed them for the purpose of analysis. I, alone, transcribed each interview. In order to protect client confidentiality, I eliminated identifying information in the transcripts. Instead, I assigned a letter code to each participant. I created an electronic and hard copy list of identifying codes and corresponding participant names should I require any follow-up interviews. I saved both audiotapes and transcripts electronically on flash drives. I kept all of this material (identifying information, audiotapes, transcripts, and flash drives) in a secure, locked location during data collection and analysis. I destroyed them upon completion of data analysis.

Data Analysis: The Listening Guide

I employed the Listening Guide (Gilligan et al., 2003), which enabled me to analyze the data through a gendered and racial lens. This method focuses on identifying and elevating marginalized or suppressed voices (Gilligan et al., 2003; Taylor, Gilligan, & Sullivan, 1995). Using a systemic method of reviewing and re-reviewing interview data, the method surfaces coded and indirect language that oppressed people may use to express themselves (Brown & Gilligan, 1992; Taylor et al., 1995; Way, 1995).

Similar to other methods of qualitative data analysis, The Listening Guide recognizes that individuals express themselves in multiple voices, which can emerge even within a single statement; it focuses on bringing these polyphonic or hidden voices to the forefront. It seeks to identify how these separate voices when articulated at the same time generate new, complex expression (Gilligan et al., 2003).
Following the Listening Guide, I read each transcript multiple times (Gilligan et al., 2003). During the first few readings, I used Listening Guide techniques to gain an overall sense of the narrative. I also generated “I Poems” to examine how the participant spoke about herself. This process involved pulling all phrases referencing the self from the text and placing them on a separate document in the order they appeared. The “I Poems” revealed information about each participant’s experience of herself in her environment, and helped me to better understand her perspective (Gilligan et al., 2003).

During the first few readings, I also identified potential themes or voices. I categorized and labelled these voices through a series of memos. I also generated verbal markers to help me recognize a particular voice when I heard it. Then, I read each transcript several times and listened for one voice at a time (Gilligan et al., 2003). I identified each voice using a different typeface: bold, highlights, underlines, or italics. After several readings, many sections of text had several or, even all, voices marked. This created a “visual map” of the different layers of voices within the text (Tolman & Szalacha, 1999, p.14). Using this map, I examined how each voice did or did not intermingle with the others. I noted which voices were louder, which voices contradicted one another, etc. In this way, I was able to uncover the complexity of each informant’s experience.

During each reading, I documented my emotional responses to the data. As with other qualitative methods, The Listening Guide stresses the importance of making the researcher’s thoughts and feelings explicit (Brown and Gilligan, 1993; Gilligan et al., 2003). Issues that might have influenced my thoughts and feelings included my social position and my work as a foster care administrator. I noted how my assumptions, views, and values affected my responses.
to informants’ narratives. Acknowledging these helped me to minimize their effects on my interpretation of the data (Gilligan et al., 2003; Woodcock, 2010).

Finally, I created a matrix to organize and examine relationships between texts. Matrices are visual displays in which data are entered into a series of lines and columns in order to facilitate the identification of patterns, themes, and other relationships (Blake, 2003; Miles & Huberman, 1994). I placed sections of text that exemplified particular voices into columns, and then cross-referenced them to particular informants. I could then examine how these voices differed or were consistent across narratives. I was able to explore how informants’ race, culture, class, and experiences in foster care all intersected to produce their similar or different expectations of motherhood. In this way, I unravelled the intricacies of these young women’s experiences in order to better understand how expectations of motherhood varied within the context of foster care.

**Trustworthiness**

In quantitative research, validity refers to the extent to which a study measures what it intends to measure and reliability refers to the consistency with which variables are measured. Guba (1981) and Lincoln and Guba (1985) argue that the concepts of reliability and validity are not appropriate for qualitative inquiry, because the researcher is not attempting to measure anything. They present an alternative strategy for assessing the rigor of qualitative studies. Specifically, they developed four constructs for assessing the “trustworthiness” of qualitative inquiry. They were credibility, dependability, confirmability, and transferability.
Credibility

Credibility establishes how well a study accurately reflects the phenomenon being studied. Scholars (Guba & Lincoln, 1989; Shenton, 2004) provide several strategies to promote credibility. In my study, I used the following:

**Site triangulation.** I used site triangulation to increase credibility. Triangulation refers to the use of multiple data sources. It provides a degree of verification through the replication of findings (Guba, 1981; Shenton, 2004). One type of triangulation is “site triangulation.” Site triangulation “may be achieved by the participation of informants within several organizations so as to reduce the effect on the study of particular local factors peculiar to one institution” (Shenton, 2004). I interviewed young women from four different foster care provider agencies and living in various types of placements. This lent greater credibility to any similar or differential findings.

**Member checks and Peer scrutiny.** Member checks test credibility by having participants read segments of transcripts to ensure that the dialogue reflects their intended communications (Guba & Lincoln, 1989). Member checking may also involve having participants verify a researcher’s emerging theories (Shenton, 2004). Unfortunately, I was unable contact any of the fourteen young women who participated in the study in order to review the analysis. However, I did ask several of my peers to review transcript excerpts and memoranda examining emerging themes to ensure congruity between the two. These colleagues had extensive experience working with young women in child welfare. Two had doctorates in psychology, each with over 25 years of experience in the field. They also had experience reviewing and understanding research processes. The third colleague was a licensed social
worker with over 20 years of experience in the field. Peer scrutiny provided an opportunity for others to review my data from a fresh perspective. Their questions and observations helped me identify assumptions that I might have made in my data collection and analytic processes. This enabled me to readjust my analysis and strengthen my arguments in response to their observations (Shenton, 2004).

Reflective commentary. Reflective commentary refers to a researcher’s ongoing documentation of the data and analysis process. This commentary should record initial interview impressions and emerging data patterns or themes (Shenton, 2004). I wrote reflective memoranda throughout the course of the research. I wrote initial impressions and themes after every interview, while I was transcribing interviews, and after I completed each reading of the transcripts as required by the Listening Guide. Writing these memoranda helped me to scrutinize my interview technique and my subsequent analytic approach. I also used reflective commentary to document my own developing ideas and constructions, which enabled me to identify themes and questions that emerged from the data. I then reviewed these to inform my findings.

Dependability

Dependability refers to the degree to which findings can be replicated in similarly designed studies (Bloomberg & Volpe, 2016; Shenton, 2004). I sought to create dependability by reporting my research processes in detail through an audit trail. Lincoln and Guba (1989) describe an audit trail as a series of documents or journals that provide a detailed description of a study’s methodology. It includes detailed descriptions of the methods of data collection and analysis. It also serves as a map of how and why a researcher makes decisions throughout the research process. In my study, I kept a series of documents and memos that detailed the research
process. These revealed how I made decisions regarding sampling, the interview guide, and shifts in the research question.

**Confirmability**

Confirmability assesses to what degree findings reflect participants’ explanations and experiences rather than researcher bias (Bloomberg & Volpe, 2016; Shenton, 2004). Objectivity is never achieved in any research (Morrow, 2005; Patton, 2002; Shenton, 2004). Qualitative researchers acknowledge that all data collection methods and analytic approaches have some degree of subjectivity. The ability to manage these biases is dependent on making them as overt and explicit as possible (Morrow, 2005). Therefore, I sought to promote confirmability in several ways.

Most notably, I consistently and actively reminded myself of my social position in relation to the young women I interviewed. Standpoint theory proposes that the dominant society controls knowledge and the production of knowledge, in this case by White, patriarchal, and Euro-centric norms (Jaggar, 2004; Quijano, 2000). My lived experiences as a White, middle-class, highly educated, woman in my forties was different from my informants. Although I shared their gender, my experiences of patriarchy did not include the intersection of race and class. Rather, I had experienced the privileges of being a White, middle-class woman in the US. My social position challenged my ability to listen effectively to their young, minority voices. I used reflexive journaling to minimize the interference of my hegemonic standpoint. Qualitative researchers make wide use of reflexive journals to ameliorate issues of bias on the part of the researcher (Ortlipp, 2008). They enabled me to identify differences between my own social position and those of participants. I actively confronted these differences and identified
them as potential barriers to informational exchange (Patton, 2002). I also used reflexive journaling to examine my own emotional and intellectual responses to the data. This helped me explore avenues of discussion rather than make assumptions based on my own experiences and responses.

Shenton (2004) recommends the audit trail described previously to record decision points in the development of my study. In emails, brief reports, and memos to my advisors and myself, I tracked changes that I made to sampling criteria, to the interview guide, and to my analytic approach. I stated the reasons for these decisions and revealed belief systems underlying them.

Finally, I reviewed my research design with my dissertation advisors. They helped me to identify areas where my bias was influencing the confirmability of the study. Through their scrutiny, I was able to identify areas where my assumptions were impacting my ability to allow the data to naturally emerge.

**Transferability**

Transferability refers to the extent that findings can be applied to other environments and contexts (Bloomberg & Volpe, 2016; Shenton, 2004). I did not intend to produce generalizable findings. The purpose of this study was to explore the individual experiences of a unique group of subjects. However, some (Bloomberg & Volpe, 2016; Lincoln & Guba, 1985; Shenton, 2004) argue that readers, themselves, can determine applicability to other contexts if enough contextual information is provided. I therefore sought to provide detailed descriptions of the context of my study. In this way, others can potentially determine whether findings may be applicable to other settings.
Protection of Human Subjects

Prior to data collection, I obtained Institutional Review Board (IRB) approval from three institutions: the Hunter College Human Research Protection Program (HRPP); the New York City Administration for Children’s Services (ACS); and the New York State Office of Children and Family Services (OCFS). For each institutional review, I described the process and methods of participant recruitment, informed consent procurement, data collection, data analyses, storage, and destruction of data. All three IRBs approved the study before any participant recruitment commenced.

Participants received no direct benefit from participating in my study. Participation in the study presented no greater risk than that encountered in daily life. However, participants were exposed to some emotional risk by discussing information regarding histories that may have been traumatic or involved complicated relationships with other people. Therefore, I provided each participant with information regarding sliding-scale counseling services within their communities and 1-800-LIFENET as resources, so they could obtain confidential counseling referrals. Another risk to participants involved my status as a mandated reporter. In order to clarify the limits of confidentiality in this study, I warned participants that I would have to call the mandated reporters hotline if they disclosed information regarding the possible maltreatment of a child.

I protected participants’ identity in several ways. First, I did not use their names or any identifiers in any written documents. Instead, I assigned a letter code for each participant. I kept the code list, audiotapes, and transcriptions in a secure, locked location. Only my dissertation
advisor and I had access to the data. I destroyed the code list, audiotapes, and interview transcriptions upon completion of data analysis.

**Participant Demographics**

I interviewed fourteen young mothers with histories of foster care placement. One of five New York City foster care agencies oversaw each of their cases. Thirteen participants were in foster care placement at the time of the interview. These informants lived either in foster homes or in group mother/child programs; one had been discharged from care. They ranged in age from 18 to 20 years old. All self-identified as partially or wholly Black or Latina. Eight self-identified as Black or African American; four as Latina, Spanish, or Hispanic; two as Black and Trinidadian; and one as mixed (Spanish, Black, and Irish). Participants’ first-born children ranged in age from 6 months to four years, and two reported having twins as their firstborn. Three had planned to become pregnant with their first child.

Regarding their experiences in foster care, informants were between two and 16 years old when they entered care. The reasons varied: six were removed because of maltreatment and five reported their parent placed them in care because of behavioral problems. One reported that she was placed when her mother was incarcerated. Two did not state the reason for their initial placement. The young mothers reported various numbers of foster care placements prior to pregnancy; two reported only one placement prior to pregnancy; seven reported between two and five placements, and four over five placements. One did not state the number of placements. Seven participants reported at least one placement in residential care. Table 1 presents this demographic information.
Table 1

Participant Demographics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Age when entered Care</th>
<th>Reason for Initial Placement</th>
<th># of Placements</th>
<th>Hx of Residential Placement</th>
<th>Age at First Birth</th>
<th>Age of First Born</th>
<th>Planned Pregnancy</th>
</tr>
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<tbody>
<tr>
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<td>19</td>
<td>Latina</td>
<td>14</td>
<td>PINS - behavior</td>
<td>2-5</td>
<td>Yes</td>
<td>18</td>
<td>1</td>
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</tr>
<tr>
<td>Erika</td>
<td>18</td>
<td>African-American</td>
<td>13</td>
<td>Mother incarcerated</td>
<td>2-5</td>
<td>No</td>
<td>17</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
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<td>African-American</td>
<td>19</td>
<td>Voluntary – behavior</td>
<td>1</td>
<td>Yes</td>
<td>18</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Hilda</td>
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<td>2</td>
<td>Neglect</td>
<td>5+</td>
<td>Yes</td>
<td>19</td>
<td>&gt;1 twins</td>
<td>No</td>
</tr>
<tr>
<td>Jessica</td>
<td>19</td>
<td>Hispanic</td>
<td>13</td>
<td>PINS - behavior</td>
<td>5+</td>
<td>Yes</td>
<td>18</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Laura</td>
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<td>African-American</td>
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<td>Uncertain</td>
<td>5+</td>
<td>Yes</td>
<td>18</td>
<td>&gt;1 twins</td>
<td>No</td>
</tr>
<tr>
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<td>14</td>
<td>Neglect</td>
<td>2-5</td>
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<td>18</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
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<td>13</td>
<td>Neglect</td>
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<td>4</td>
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</tr>
<tr>
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<td>18</td>
<td>1</td>
<td>Yes</td>
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<td>4</td>
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</tr>
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<td>2</td>
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<td>19</td>
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<td>No</td>
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<td>17</td>
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<td>1</td>
<td>No</td>
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Summary

The purpose of this study was to explore expectations of motherhood for young women in foster care. I used a qualitative methods grounded in Standpoint Theory. Through purposes sampling, I identified young women in foster care who were 18 years old or older, who had their first child as a teenager, and whose first child was four years old or younger. My sample included 14 young women who met these criteria. I used semi-structured interviews to collect data, and the Listening Guide formed the basis of my analytic approach. I used several strategies to promote credibility, dependability, confirmability, and transferability.
CHAPTER 5: CONNECTIONS AND RELATIONSHIPS

Through semi-structured interviews, I explored with young women in foster care their expectations and experiences of motherhood. Using the Listening Guide (Gilligan et al., 2003), I initially read each transcript several times to identify any emerging “repeated images” or “voices” in the narratives (Gilligan et al., 2003, p. 160). Participants’ expectations and the realities of motherhood fell into four overarching voices: Connections and Relationships; Control; Breaking the Cycle; and Purpose and Hope. The young women, themselves, used this language when describing their experiences of motherhood. Using Listening Guide procedures, I analyzed these voices in relation to the research questions. I found that they often emerged from the data simultaneously and often overlapped, creating nuances within and between participants’ stories. A complex picture of their motherhood experiences emerged.

Participants shared their varied foster care experiences, which included descriptions of childhoods filled with loss, isolation, and impermanence. They often continued to experience instability once they became parents. Despite hardships, they focused on positive expectations and realities when discussing motherhood. Their expectations focused primarily on developing closer relationships with their family and their baby’s father, growing up, and becoming independent, establishing a family of their own, raising their child differently than their mother had raised them, and becoming more motivated as a result of their new motherhood.

At the time of the interviews, informants had realized their expectations to varying degrees. My findings did not suggest how enduring these outcomes would be. Often, their expectations remained aspirations once they became mothers; they did not have the supports they needed to achieve them. Despite this, they continued to have hope for their future. I discuss
these findings in detail in the next chapters. Focusing on one voice at a time, I examine participants’ similar and different experiences. In this chapter, I discuss the voice of Connections and Relationships.

**Connections and Relationships**

Informants’ racial and cultural backgrounds effected their relationships, and influenced their expectations of motherhood. Cultural issues can affect how Black and Latino youths experience connections to others in their daily lives. Parental interactions and gender roles are often shaped by cultural norms that have developed over time; these are norms that continually evolve (Stack, 1974; Stevens, 2002; Tatum, 1997). A history of slavery, immigration, and ongoing oppression may also influence the relationships that young Black and Latino youths experience in their daily lives. Slavery often forced the separation of Black families, resulting in the need for slave women to rely on one another to care for their children (Roberts, 1997). Since slavery, ongoing poverty and the need to take on multiple, low-paying jobs has resulted in Black parents relying on kin and community to care for children (Roberts, 1997; Stack, 1974).

Additionally, US welfare policies that punished unwed parents have shaped how Black fathers participate in family life (Lawrence-Webb, 1997; Stevens, 2002). Immigration and migration practices for poor Carribeaners and Latinos seeking work in the US have also led to a reliance on extended family to raise children; this has influenced Latino children’s relationships with both parents and kin.

Foster care has also affected relationships within many Black and Latino families. Foster youths experience relational instability (Berzin, Singer, & Hokansan, 2013; Dozier et al., 2009; Golding, 2007; McWey, 2004; Moore et al., 1997; Penzerro & Lein, 1995; Schwartz et al., 2009)
and may have histories of maltreatment (Bailey, Moran, & Penderson, 2007; Crittenden, 1988; Finzi et al., 2001; McWey, 2004) that hamper their ability to form lasting, meaningful relationships. Although attachment theory has been critiqued as a Western construct (Franzblau, 1999; Smith et al., 2004), scholars of attachment (Bailey et al., 2007; Finzi et al., 2001) have found maltreated children at heightened risk for impaired social interactions. The added trauma of family separation places foster children particularly at risk for attachment vulnerabilities (Dozier et al., 2009; Penzerro & Lein, 1995; Rubin, O'Reilly, Luan, & Localio, 2007); they may develop negative, self-protective coping mechanisms because of their distrust of others. Placement instability can further compound their inability to build and maintain healthy relationships (Newton, Litrownik, Landsverk, 2000; Unrau, Seita, & Putney, 2008). In particular, children in residential institutions can have histories of multiple placements that caused fragile attachment capacity (Maier, 1987; Moore et al., 1997; Ness, 1983; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010).

Informants in the current study reflected elements of their pasts when discussing connections to family, romantic partners, and others in their lives. They used the word “connection” to describe interactions with family members, friends and associates, and their own children. In contrast, they used the terms “relationship” and “dating” to describe the romantic attachments in their lives. They also used language such as “someone I was close to,” “someone who cared” or “someone I did not trust” to describe the nature of their relationships with others in their lives. Informants described how their histories in foster care impeded their ability to trust others. Several spoke about a wall that separated them from other people.
Consistent with previous studies of foster youths, the young women I interviewed reported histories of insecure and inconsistent relationships that resulted in troubled relationships with family and caregivers. Many had experienced multiple placements. They reported moving back and forth between family, foster homes, group homes, and residential institutions. They spoke about repeated separation from parents and foster parents. Those who described placement in residential care felt abandoned by their families. Paulette’s story of foster care was similar to that of many informants. Her mother became physically abusive to her and her siblings after her parents divorced. When Paulette was three years old, her mother sent her and her siblings to live with their grandmother. Paulette’s relationship with her grandmother was problematic. Her grandmother felt she was a difficult child and placed her in foster care at the age of twelve. Paulette had bad experiences in several foster homes and spoke about the abuse that she endured. She established a relationship with one foster parent, but this individual moved out of state and did not take Paulette with her. These experiences hampered her ability to connect with other foster parents, and she ultimately requested placement in a residential program. She continued to harbor resentment towards her family for abandoning her:

I been in care most of my life. They never really been there for me like they should be. I just felt, like, I didn’t really have nobody there for me, like. I know they’re family…but they weren’t there for me like they should have been. They didn’t care…if you all cared and loved me enough, I wouldn’t be in this situation.

Similarly, Hilda had been in and out of foster care since the age of two. She described how her mother spent more time with her various boyfriends than with her children. She believed that her mother did not care about her children and ultimately, placed them in foster
care. Participants consistently described how these experiences caused them to mistrust other people. Sara reported how she stopped trusting foster parents after several negative experiences:

There’s a lot of foster parents that do it for the money and the agency knows and they don't do nothing about it. Because if a foster parent just do it…alright, you could do it for the money, but you could also do it for the youth and the young adults…could be in a better place for them to motivate themselves. Some foster parents don't even care if the youth come home or they don't. So, why have foster parents like that in the agency.

With the exception of peer relationships, participants expected that having a baby would provide them an opportunity to strengthen their connections with others. More specifically, they expected a baby to have a positive effect on their relationships with their family members and boyfriends. They also expected the baby to fill a relational void in their lives and believed that motherhood would finally provide them with a loving, sustainable relationship. Once they became mothers, they found that their connection with their children gave them heightened relational fulfillment. Their connections with others often shifted in unexpected ways. I discuss these findings in relation to family, boyfriends, peers, and children in the following sections.

**Connection with Family**

**Expectations**

These young women expected that motherhood would improve their relationships with family members. Aparicio (2014) found this was a common theme. Family members in her study became much more involved in participants’ lives once they became mothers. Informants
in the current study similarly hoped that their families would become more involved in their lives once they had children. For example, Olivia explained:

I know that…ummm…my family relationship…wasn’t all that. It…I wanted it to be better…ummm…so I wanted it to change. I wanted the baby to help it change because I wanted them to be more involved in my life. And, it looked like, when I was pregnant, that was what was making them be more a part of what I’m doing.

Olivia also expected family members to respect her more once she became a mother. She described the tenuous relationship she had with her grandmother who raised her. At first, her grandmother would hospitalize her when she misbehaved; but ultimately, she placed her in foster care. Olivia desired her grandmother’s approval and hoped that having a baby would lead her grandmother to admire her. Paulette, who planned her pregnancy, also believed having a baby would improve her familial relationships, because they would “see how responsible I can really be instead of always having something negative to say about me.”

In particular, the young women hoped that motherhood would improve their relationships with their own mothers. Many described strained relationships with their mothers, whom they described as very strict. Literature regarding motherhood in African-American and Latino cultures provides some insight into this dynamic. The legacy of slavery and subsequent social oppressions have caused poor, urban mothers to be vigilant about protecting their children from overt forms of racism and oppression, as well as the dangers of street life (Cauce et al., 1996; Jacobs, 1994; Stevens, 2002). For girls, this vigilance particularly relates to their developing sexuality. As Stevens (2002) suggested, poor African-American mothers are “painfully aware of the social consequences of early sexual initiation” (p. 77). They can respond to these fears by
exercising strictness and disciplinary control. Daughters in Stevens (2002) often responded to their mothers’ strictness with rebellion.

Stevens (2002) reported that African-American maternal disciplinary practices were sometimes different for their daughters with high academic potential as opposed to those with low achievement. A history of slavery, oppression, and poverty may have influenced this differential response. A mother with limited power to support a child may be forced to choose which of her children to protect. Slave women were unable to secure the safety for any of their children. Roberts (1997) described situations in which women would abandon a younger child in order to flee with an older one to safety. Poor African-American or Black mothers today may seek to protect their more academically promising children with stricter rule enforcement (Stevens, 2002).

Several narratives in the current study evidenced such differential responses from African-American and Black mothers. Uniqua grew up at home with her mother and three siblings. She said she was considered the good daughter in contrast to her elder sister. Her mother expected her to do well academically and to go to college. Consequently, her mother had more rules for her than for her elder sister. She expected Uniqua to come home after school instead of staying out with friends. In addition, her mothered wanted her to help her younger siblings with their homework and to do chores around the home. Uniqua described what happened as she got older and began to date boys:

I mean…my mom and me…we used to be really close…we always really close, but then, like, as I started getting older and I started dating…and I guess she, she started changing, like, she just didn’t…we weren’t as close any more…really
messed everything up...because my sister was so wild, when she was younger and she wanted me to be, like, the good one.

Uniqua described how her mother labeled her the good daughter, while her sister was the wild one that her mother never relied on. Her mother accepted her unreliable sister’s pregnancy. However, when Uniqua started to date boys, her mother became more strict and angry with her. Ultimately, Uniqua came into foster care after a physical altercation with her mother, who then locked her out of her home during this period.

Studies (Espin, 1997; Jacobs, 1994) have found similar reactions among Latina mothers who described their worries about their daughters’ sexual development. Their mothers enforced strict rules that limited their daughters’ independence (Espin, 1997; Hurtado, 2005); not only did they fear the financial consequences of pregnancy and early motherhood, but they also wanted their daughters to adhere to traditional cultural norms that limited female sexuality. While Anglo cultures emphasize independence in children, Latino cultures may stress the heightened responsibility of children to work for the family (Denner & Guzman, 2006; Tatum, 1997). This conflict may be played out over the issues of sexuality; increased acculturation to US sexual norms have the potential to place Latinas who are sexually active as deviant within their own cultures (Denner & Guzman, 2006).

In the current study, Latina informants described themselves as caught between two cultures in this way. They recounted their female caretakers’ strictness as they began to assert their independence and sexuality, which could result in conflict. Although this is a general hallmark of adolescence (Blos, 1962; Muus, 1988), their female caretakers often turned to child welfare to help them control their daughters’ independent behaviors. Carla, a self-identified
Latina, recalled how her mother would not let her “hang out” or let her friends come to the house. As a result, she ran away and moved into a friend’s home. In an effort to control her daughter, her mother took out a warrant and placed her in foster care. Sara, also self-identified as Latina, was living with her grandmother at the time of her placement in foster care. Her grandmother had raised her and her brother since she was a baby, after her mother was deported. Sara stated that her grandmother was unable to manage her problematic behavior once she began dating (e.g. staying out late; running away), and she placed her in foster care at the age of thirteen. However, her older brother remained in her grandmother’s care. Strict gender roles in Latino cultures might result in differential parental responses to sexual development. Many cultures “promote chastity among young women, but look, at least, somewhat approvingly on sexual activity among young men” (Driscoll et al., 2001, p. 288).

Many informants expected that motherhood would soothe strained relationships with their families and bring them closer to their mothers. Olivia, for example, believed that her mother would contact her more often because of her baby. She described her mother as sporadically involved in her life because of the mother’s substance abuse, consequently, her mother was an inconsistent caretaker. Olivia came into foster care at age 13 as a result. Although she did not trust her mother, she believed their relationship would improve because of her child:

I thought it would change [my relationship with my mother] where she would stay around ‘cause I thought that I was going to have him and would have brought him over a lot…I wanted her to see how it was and I wanted her to take that example ‘cause my younger brother stayed with her at home, and he needed his mother.
Similarly, other informants expected to reconnect with their own mothers through a shared mothering experience. According to Stevens (2002), sexual onset and the capacity to have babies is a signifier of adulthood for African-American girls, and they may believe this had the potential to shift their relationships with their mothers. Their relationship could become “two women, bonded in sisterhood” (Stevens, 2002, p. 81). The young women in the current study also expected that motherhood would serve to connect them to their mothers as adult women. Marie also anticipated that becoming a mother would bring her emotionally closer to her mother through their shared mothering experiences.

I had a feeling that my relationship with my mother was going to change. ‘Cause when I got pregnant, me and my mother just got that opening feeling – that feeling that I could talk to you about anything…about my child. You’re my mother, like. Before, it wasn’t really like that.

In summary, informants expected that motherhood would increase connections with their families, particularly with their mothers. Many of the young women described histories of disengaged family members and enstrangement from their own mothers. Their foster care experience was often filled with abandonment and loss. They saw motherhood as an opportunity to renew and mend familial relationships; however, the realities were mixed.

**Realities**

Participants’ expectations of reconnecting to family members were realized to a greater or lesser extent. Sometimes, biological mothers took their daughters and babies home. For example, Felicia’s mother unexpectedly took her back home after she had her baby. Felicia became pregnant in a residential treatment center and was worried where she would live and how
she would support her baby. She described the relief and joy she felt when she learned that her mother wanted her to come home. Laura also returned home. Placed in care at the age of five, she had remained in contact with her mother throughout. Nonetheless, she did not share things with her mother; they remained separated and emotionally distant from one another. However, once she became pregnant and had her child, she and her mother bonded over the baby. Her mother guided and supported her throughout the pregnancy. Along with her sisters, her mother helped her to care for the baby once it was born by taking turns with late night feedings. Laura had not expected her family to help her; however, she believed that the baby sparked this reconciliation.

Other participants found motherhood enabled them to renew past relationships, although they had not expected that to occur. Sometimes family members precipitated a reconnection; in other cases, motherhood changed the attitudes of the young women themselves. For example, Quaniqua become less angry towards her mother and reached out to her. As parents, some participants strengthened relationships with family members who also had children. Both Hilda and Uniqua’s relationships with their sisters improved once they became mothers. In these cases, sisters were able to turn to each other for support, bond over the challenges of motherhood, and share the joy of parenting.

However, not all informants described improved connections with family members once they became mothers; their relationships could be challenging. Some found family members were disappointed in them when they became pregnant. They either reduced contact with the new mothers or remained uninvolved. Although Hilda expressed improved relations with her
sisters, her mother was unable to engage with her emotionally or become involved in her baby’s life:

I would have wanted her to tell me, like, not just “good luck.” I would have wanted her to tell me how she really felt rather than…just trying to brush it off and, like, distance herself. Like, when your pregnant, you are a very emotional character and it’s, like, she wasn’t there for me. That’s how I feel, like, she really wasn’t there for me. And, then, right now, I don’t feel like she’s there for me either…pause). Honestly, I don’t really need her there for me. I just want her to have a relationship with her grandson.

Disappointment was an outcome for many informants. Uniqua expected her mother to welcome her baby as she had her sister’s baby. In contrast, her mother’s response to her pregnancy was tremendous disappointment and, ultimately, complete rejection of her and her baby. She described her disappointment in her mother’s response:

I thought that she was going to be, like, mad at me…I didn’t think she was never gonna talk to me again…I just thought she was going to be mad for a couple weeks and, as I got farther along, she would like come around to it…It’s her first granddaughter so I thought she would want to be a part of her granddaughter’s life…‘Cause that’s the same thing she do with my sister. [She would say] “I don’t want to be a part of it and everything…” Once my sister had the baby, she was, like “Ohhh” loving. So, I thought that would happen with me. I didn’t expect to be here. I expected to be with my mom, living with my mother and
sister. I didn’t expect for me to be here… I thought she would help out with the baby a lot – be in the baby’s life… that’s the only thing I didn’t expect to happen.

Again, her mother’s high expectations of Uniqua as the more promising child resulted in her ultimate rejection of her daughter when she became pregnant.

Other young women reported similar experiences. Mothers accepted the pregnancy of sisters who were less promising, but ultimately rejected those for whom they had greater aspirations. Carla also hoped to establish a connection to her mother through her baby, but her mother stopped speaking to her once she became pregnant. While pregnant, Carla sent her mother sonogram pictures of the baby in utero and wrote her letters hoping she would respond, but her mother never did.

Uniqua and Carla’s experiences reflect scholarship about poor Black and Latino families. Although parents from most cultures do not welcome the pregnancy of their adolescent daughters, the economic conditions of poor Black and Latino families make them particularly vulnerable to the consequences of early childbearing. While middle-class or wealthy White parents may see teen motherhood as an interruption in their daughter’s path to financial security through marriage or career, poor minorities may see it perpetuating a life of poverty and struggle (Burton, 1990; Corcoran et al., 2000; Jacobs & Mollborn, 2012; Stevens, 2002; Winters & Winters, 2012). Black and Latina teen mothers have often found motherhood unwelcomed by their family. Pregnancy caused strained relationships with caregivers and unanticipated autonomy for teenaged mothers in Jacobs & Mollborn (2012). Single, poor Latina mothers in Espin (1997) were also particularly reactive to their daughter’s pregnancies for fear of the financial repercussions of pregnancy and motherhood.
Fathers and father figures could also disappoint. Although Uniqua’s father reentered her life after thirteen years once she had her baby, he continued to disappoint her by not following through on his promises. He said he would attend her graduation, but he failed to appear. Erica described her grandfather as one of the most important people in her life. However, his disappointment with her pregnancy ruptured their relationship:

He was just disgusted. He said, ‘I don’t have nothing to say about it. Don’t’ ask me about it.’ That’s it. And, to this day, he don’t want to see my kids…I text him pictures. He don’t even want to look at the pictures. It makes me feel, like, wow. Like, I call you Dad. I…I don’t even call my grandfather grandpa. Dad. Like, my grandfather basically raised me. Only male figure I listened to in my life. So, I was, like, you know. That’s messed up…At least embrace them [her twins], like, what? Like, you raised me. You don’t know if I’m doing a good job or a bad job because you just so, ugh, by it. That’s not nice. I created something very beautiful. Twins is a blessing.

In contrast, some informants described renewed relationships with their fathers once they had a baby. Sara’s father was initially upset and blamed himself for not supporting Sara enough to prevent her pregnancy. However, once the baby was born, he became very involved with his grandchild and continued to be an emotional support to Sara, which she had not expected.

The young women in this study faced family disruption for reasons unrelated to their pregnancies and motherhood, which left them with a desire to renew family relationships. However, their family’s reactions to their pregnancies were varied and complex. In some circumstances, it helped repair relationships, but it could also complicate them. Although these
young women expected motherhood would help renew and strengthen existing relationships, this was often unrealized. Their hopes for improved connections with their babies’ fathers were likewise often unmet.

**Relationships with Babies’ Fathers**

**Expectations**

Cultural history and intergenerational trauma may have influenced relationships with the babies’ fathers. Slavery frequently resulted in the separation of African-American fathers from their families (Roberts, 1997). Since slavery, US policies have continued to support the separation of Black men from their families. For example, Aid to Families with Dependent Children (AFDC) systematically denied welfare benefits to unmarried women and their children when a man was living in the home (Lawrence-Webb, 1997); this made it difficult for parents to live together. Institutional and structural racism have led to high mortality rates and mass incarceration for poor, Black men; this added to the separation of men from their partners and their children (Alexander, 2012; Lopez, 2010; Roberts, 2004; Stevens, 2002; Western & Wildeman, 2009). Poverty in the Black community also disrupted sustained relationships between men and women. Although middle-class women may gain financially from marriage or long-term relationships, poor women may not see any material advantage to partnership if both partners are equally poor. This cultural history of oppression has resulted in many poor, Black women becoming single parents. According to Stevens (2002), “Poor Black women are aware of the disparity between the pragmatic psychosocial adaptations that they are compelled to make, such as non-marital childbearing and female-headed households, and more conventional family formations they desire” (p. 136).
In this study, the young women also reported a shift in their expectations for sustained relationships with their baby’s fathers. At the time of their pregnancy, many hoped that a baby would help them achieve a conventional family unit. They spoke about their boyfriend’s support of the pregnancy; some had wanted them to become pregnant. Their experiences as foster children often propelled this desire. Studies (Boustaini et al., 2015; Hacker et al., 2000) have reported the desire for increased connection to romantic partners as a prime motivation for young women in foster care to have a child. Most informants hoped that their relationship with the father would improve once they had their babies. As foster children who felt bereft of family support, they hoped to build a new family with them. However, their expectations rarely resulted in an enduring relationship.

Many informants believed that a baby would improve their emotional connection to their boyfriends. The three young women who planned their pregnancies with their baby’s father did so in order to solidify and enhance their emotional connection with the young men. They linked their own histories of inconsistent caretaking with the desire to secure their romantic relationships through parenting. Paulette explained how her disconnection from her family provided the impetus to create a new family with her boyfriend, a circumstance her boyfriend shared:

He knew…what I was going through with my family…and he has stuff that he goes through with his family as well, so…he was, like, we gonna build our own family. We be each other’s family. We be our own family. Because we just going through so much with our family, it just doesn’t feel like they’re family. Stuff that people do as your family, you’re, like, ‘Aren’t you family? Like why
are you treating me this way? Why are you doing this to me?’ That kind of thing.

We wanted to build our own family and grow…build a strong foundation, so…

we wanted to have our own family.

Participants’ often linked their expectations of romantic relationships to maturity. Many had mixed expectations regarding their boyfriends’ abilities to take on the responsibilities of parenthood and were uncertain how this might affect these relationships. Erika associated expected changes in her relationship with the need for them to mature together as parents. She explained that her boyfriend “really wanted to settle down, because he was too much in the streets.” Although she believed him, she was concerned about his antisocial behavior. She described how he was “in the street doing things that I did not want him doing… and dealing with people I didn’t want him dealing with.”

Most informants hoped that their relationships with their babys’ fathers would improve with the birth of a child. Whether or not they planned their pregnancy, they determined that motherhood was an opportunity to create the family that they had never known. However, their boyfriends’ responses varied. In the end, most had determined that they would raise their children as single mothers.

Realities

Just as participants’ expectations regarding romantic relationships were mixed, so were the realities. Subjects in Schwartz et al. (2004) also hoped their romantic relationships would deepen as young couples explored their newfound parenthood together. However, once the young women became mothers, their relationships could unravel. In the current study, the majority of informants were no longer in romantic relationships with their baby’s fathers at the
time of the interview. Several of their boyfriends were incarcerated; some had entered new relationships. Other partners simply did not take on their parenting responsibilities as the young women had expected. This could cause relationships to breakdown, and they pointed to their boyfriend’s immaturity as the reason for their separation. According to Jessica:

I didn’t want to be with him because I just felt, like, you stuck in the same place, like, I’m just trying to progress…And, I try to explain to him, like, you’re eighteen now, you’re not seventeen, sixteen. But, I told him, like, I have to worry about me and [her baby] right now. Because if I’m not worried about us and worried about you, I’m going to be stuck right here too…we had to grow up. I think he told me he’s scared to change. He’s scared of change, so, that’s why he’s stuck where he’s at. But, I’m trying to change. I’m trying to progress. Get things better for me and C-. But, if you want to stay stuck in the same place, be my guest. I’m not gonna stay stuck.

Some informants had begun to accept the “pragmatic adaptations” of single motherhood (Stevens, 2002, p. 137). Laura stated:

I was planning on doing it by myself anyway because he was not really around for me. You don’t really need two people to be happy. As long as you have you, and you are willing and able to take care of that child, then that’s all that matters.

Don’t wait on nobody.

Several of the young mothers stated they did not want to enter into subsequent romantic relationships after breaking up with the fathers. They pointed to their own mother’s inconsistent relationships; they did not want their children to experience transitory father figures. Olivia
stated that she didn’t want her son “to meet this man and that man and this man and that man…that’s my new husband, this is my fiancé, this is gonna be the next…your next siblings dad. I didn’t want that.” Olivia decided that she was going to raise her son as a single parent.

However, in some cases, informants grew emotionally closer to their boyfriends after their children were born. Several young women discussed how the necessity of caring for a child prompted the couple to interact more appropriately with one another. As an example, having a baby improved Paulette’s relationship with her boyfriend, as they became more responsible together:

    It grew us closer….made us more responsible, both of us…I was, like, not really doing much for myself…he just brought out the positive that I had in me out for people to see. I wasn’t showing it because I had all the doubt and negative and I didn’t want to. I didn’t know how to show it. He brought it out of me. He was making sure I was doing this. Making sure I was doing that. And I brought out the…more affectionate and loving in him…so we both benefitted. Having a baby brought out the best in us.

Felicia and her boyfriend separated after having their baby. Even so, their relationship improved because of parenthood. Being parents helped them communicate more effectively with each other; they learned to control their anger. Having a baby also helped Tamika and her boyfriend calm their interactions with each other:

    We gotten way better. I feel that way. Like, I always told him, like, if we have a child, I think that we’ll, we’ll be more better…Like, I feel…like how we was, we was hotheads, so…like, when we had a child, it was like, wow, we calm now –
we understand more...we don’t argue as much (laughs)...We used to have arguments. But, we don’t even, we don’t get physical like that, like. We don’t even argue, like. That’s the crazy part. We don’t argue, like, we barely argue, and if we do, it’s like, where’s her sock or, like, you had it last? Stuff like that, but...we say something to each other and we just move on, laugh about it.

Most informants hoped that having a baby could improve their connection with their boyfriends and help them build a family of their own. While a few couples grew emotionally closer, most found that they were unable to manage parenthood together. Although the young mothers matured, their boyfriends often did not. The couples rarely remained connected.

Participants’ relationships with peers were also challenged. Motherhood caused informants to mature in ways that their non-parenting peers did not.

Connection with Peers and Other Mothers

Expectations

Young women reported various levels of connection to peers prior to pregnancy. A few spoke about particular friends that they had developed over their lives. Others described groups of friends with whom they would regularly party, smoke, and drink. However, most described inconsistent and shallow relationships with peers prior to pregnancy. Many isolated themselves and did not have close friends, such as Hilda who explained why foster children often struggle to connect with peers:

I have a wall up...I don’t like to be too close, so...I didn’t make friends in foster care...A foster child...we, most of the time, we both have issues. We may clash, we may bump heads because I may say something that triggers something that
happened in your past and you may say something to me that triggers – and we
would never be real friends because we don’t know each other that well to even
be friends because most of foster children keep secrets. They don’t let people
know what happened to them. So, you might say a joke and they take that shit all
the way serious. And I don’t want to tell any of my business and I don’t want
nobody to tell me theirs.

Other narratives in this study parallel Hilda’s lack of trust in her peers. For example,
Laura expressed a lack of trust in other young women, whom she felt were too competitive.
Several needed to isolate themselves from others in the chaotic environment of residential
placements. They described these environments as filled with drama and fighting.

Perhaps because of their isolation, most participants did not expect to maintain
relationships with peers once they became mothers; they did not regret this. Love et al. (2005)
found informants did not point to a declining social life as a deterrent to early pregnancy.
Similarly, participants in this study often welcomed their shifting priorities. As Marie explained,
“When I got pregnant with my child, I was, like, I can’t do that stuff no more. I have a baby to
look after. I can’t party. I can’t smoke. I can’t drink. I can’t do what I used to do…I don’t even
want to do it no more.”

Similarly, other participants intentionally began to separate themselves from their peers
once they became pregnant, as they developed different goals from them. They began to focus
on their futures and became less concerned with maintaining the few friendships that they had.
Many began to shift their friendship ties and became more connected with other teen mothers.
Realities

As participants had expected, following pregnancy and motherhood, most peer relationships desolved. Some spoke sadly about lost friendships and blamed their friends for not spending time with them anymore. According to Olivia, “most of my friends, as soon as they found out I was pregnant, they wandered…they pushed away from me.” Uniqua sadly remarked that she had not seen any of her friends since having the baby. She believed that their parents did not want them to spend time with her. On the other hand, some intentionally distanced themselves from friends. Hilda described how she separated herself from negative people:

The negative people in my life – I cut them all off. The positive people, I try to bring my wall down with them. Because they…I realized that being with a kid. . .for my well-being…the negative people was gone – out of my life like this (snaps). If all you do is party, smoke, and drink, I…I don’t need you around me because I don’t do that, so it was, like, what am I around you for?

This experience of separation from peers parallels findings from other studies (Jacobs & Mollborn, 2012; Pryce & Samuels, 2010; Schwartz et al., 2004). Young Black and Latina women found that motherhood posed a strain on peer relationships and served to isolate them from friends (Jacobs & Mollborn, 2012)

Although informants withdrew from former peers, their friendships shifted towards other teen mothers. Many recognized that a parenting lifestyle diverged from that of their non-parenting peers. They, therefore, shifted their friendships toward peers with whom they shared motherhood. Hilda described this transition:
A lot of teenage girls is pregnant, you notice that they hang out with girls that’s moms. They don’t really hang out with girls that not moms because…they have nothing in common no more. Like, a girl that’s not a mom…they going to feel sympathy for you. Like, you can’t go to the party with me because your pregnant or you got a baby, like. You don’t want a friend like that. You want a friend that’s, like, ‘yo, let’s take the stroller to the park with the kids.’

Similarly, others found more in common with other young mothers than with their former peers. They often turned to other young mothers for support and guidance similar to a finding reported by Sherman and Greenfield (2013).

Muus (1988) wrote that adolescents find friendship through a dual process of selection and socialization. Young people select friends who share their characteristics, interests, and experiences. The socialization process occurs because of frequent mutual interaction. Given this premise, participants’ shift toward exploring friendships with other young mothers is unsurprising. Many young women in my study were replaced once they became pregnant; they were removed from a community of peers and placed with groups of other young mothers. Their common history as foster care children, their common focus as new mothers, and their living together provided ripe opportunity for growing friendships, which became a source of support to them. According to Uniqua, “when you make friends here, they understand what you’re going through because they have kids also.”

Informants in this study also found support in what Fouquier (2011) and Haight, Fine, Bamba, & Helton (2009) refer to as “othermothers” (p. 145). Because of the practice of slavery and institutional racism, African-Americans have developed a strong sense of community.
The protection of children is a matter of survival in African-American and Black communities; childcare, as in many Afro-centric cultures, is viewed as a collective responsibility (Cauce et al., 1996; Fouquier, 2011; Haight et al., 2009; Wilson & Tolson, 1990). “African-American women realize that the survival of the community’s children depends on people willing to raise them” (Cauce et al., 1996, p. 105).

New mothers in Fouquier (2011) described the communal role that African-American women play in facilitating the transition to motherhood.

The young women in this study were most likely to find support from other mothers like themselves, when their familial support systems failed them. Some found support in the mothers of their boyfriends. Quaniqua described how she found support from the mother of her baby’s father. Although her relationship with her boyfriend was fleeting, his mother took care of her. She bought her clothes, took her to church, encouraged her to return to school, and even tried to protect her from her own son. Quaniqua recounted:

She’s literally the best. She kept my…and she had no money for me ‘cause she couldn’t be my foster parent because I was dating her son. She did everything for me down to trying to get me in school and to keeping me out of trouble, keeping me in my foster home…She knew what her son was doing was wrong, so she never condoned what he was doing…So, she tried to keep me away from him. She’ll take me to get my nails done. She get my hair…like, just to keep me out the house. Take me to church. Like, she was it…I took the good energy she gave me and made it into better.
Some informants also found support from former foster mothers. Renee, who self-described as Black and Trinidadian, had not expected to remain in her foster mother’s home once she became pregnant. Consequently, she was surprised that her foster mother asked her to stay. Ultimately, this foster mother became the child’s godmother and continued to provide child care so that Renee could work and attend school. Hilda described a foster mother who had high expectations for her, but was unable to connect with her when she lived in her home. Nonetheless, when Hilda left this home, the foster parent continued to be a support to her. She provided her with money, made her dinner, and loved her. Particularly for the Black mothers in this study, when they found themselves bereft of biological family members, they turned to other Black women for support and guidance.

Many Latina informants turned to extended family for support and guidance. Many Latina cultures recognize the value of familism or the importance of extended family members as a provider of social support (Suarez-Orozco & Suarez-Orozco, 1995; Tatum, 1997). In describing the concept of familism, Tatum (1997) wrote that Latino cultures stress economic achievement as a benefit for the family rather than individual financial independence. A history of immigration and migration has also caused Latino and Carribean families to rely on extended family to care for children. Adult members of an immigrant family may come to the US to work for a period of time during the year and leave their children in the care of family in the home country (Gutierrez, 2016; Suárez-Orozco, Bang, & Kim, 2011). Parents may migrate to the US first and send for their children at a later date. More recently, US immigration policies have caused many parents to leave their children in the care of family in the US, as they are forced to return to the home country (Dreby, 2012).
La Latina and Carribean informants in the current study were often raised by various extended family members. Sara, whose family emigrated from the Dominican Republic, described how her family relied on extended supports. When her mother was deported, she gave Sara to her grandmother to raise. Sara described how her aunts and uncles in the US played a large role in her upbringing. Once she had her baby, they continued to provide her with guidance. One aunt in particular continued to provide guidance in her new mothering role.

Informants thus shifted connections away from former peers. Instead, they formed new bonds that centered on their caretaking role as mothers. They often turned to other teen mothers and other adult women in their community for guidance and support. This ability to shift connections across the lifetime is a topic in the literature on human development (Masten, 2014; Muus, 1988; Payne, 2011). Masten (2014) wrote that resilient individuals are able to shift focus from peer and romantic partnerships toward caretaking connections. Young motherhood may have influenced participants to make this shift to their benefit. The current study, however, did not examine how enduring or beneficial this shift toward positive peer or adult influences may have been. Although some found support and friendship by connecting with other mothers, all focused on their children as their primary source of relational fulfillment.

Connection with Baby

Expectations

Many studies have suggested that the child becomes a source of relational fulfillment for young women in care (Boustani et al., 2015; Love et al, 2005; Pryce & Samuels, 2009). Similarly in this study, several participants described histories of abandonment and abuse that
left them feeling both unloved and incapable of love. They expected motherhood to provide them with the potential to both love and to be loved by another.

Virtually all informants expected their babies to give them the possibility for unconditional love with another human being. As Olivia explained, “I do believe that at the time, I was seeking love. And, a baby, it was going to be unconditional love. Forever and always. No matter what. Through ups and downs…someone that I’ll be able to take care of.” Most tied their need for unconditional love to the lack of such bonding in their own lives. According to Paulette, “I felt, like, I needed more love in my life from other people. I felt like I wasn’t…I don’t have that…much affection and stuff from people that I really want it from. They not giving it to me so I felt like, if I have a baby, I’m gonna get that love and affection that I want.”

Even so, one participant, Jessica, expected she would have difficulty connecting with her child. She worried that her child would cry whenever she held her, and that her child would hate her when she was older. When asked why she felt this way, Jessica described her relationship with her own mother:

Because, like, growing up, I didn't like my mother, like, and everything I put my mom through, I didn't want to get put through with my own kid. And, they say that, like, everything you put your parents through, you get back. And, I'm, like "oh no!" And then, I was just like, I could break that cycle, you know. I can make her like me, you know, love me, like.

Jessica described her relationship with her mother when she thought about her relationship with her child. Although worried about how she might establish a connection with her child, she told
herself that she had the power to make her child love her. Jessica expected that she would be able to control her relationship with her baby better than her mother had been able to do with her. Informants often spoke about having control over one’s child and breaking a cycle. I will discuss these themes at greater length in subsequent chapters.

Regardless of her concerns, Jessica’s story reflects the intense need that these young mothers had to connect to another. Separated from family, isolated from peers, and with strained romantic relationships, they welcomed the opportunity to have an intimate bond with their child. Once they became mothers, they were not disappointed.

**Realities**

Most participants’ expectations of relational fulfillment were met. They described their relationships with their children as the most profound they had experienced and consistently spoke of the joy their children brought to their lives. Aparacio (2014) reported that the faces of young women in her study lit up when talking about their children. During my interview with Laura, I mentioned this finding. She said, “You see it? It lights up because I love my baby…my face tells it all. I love my baby.” Hilda talked about how her daughter made her heart flutter. Several described their children as “my love,” “my joy, and “my heart.” Throughout the narratives, they shared stories of moments when they became overcome with love for their children. As Paulette described:

I just be sitting here sometimes and looking at her…’cause sometimes she does stuff that reminds me of myself, and I sit there and laugh, like, “wow.” And, I…sometimes I just sit there and think, I really have a little me. I’ll be sitting there, looking at her, and she start laughing and just smiles. And, I feel like,
“wow,” like that feeling when your child looks at you and smiles, and you smile back it’s just amazing.

Informants expected and found that their relationships to their children provided intimacy that they had longed for as foster children. Many also experienced an unexpected shift regarding their general ability to connect with others.

**General Connection with Others**

As indicated earlier, participants expressed a general prior mistrust of other people; they did not have many friends and closed themselves off from other people. As Hilda said, “I have a wall up. I don't like to be too close.” This mistrust was often related to their history of multiple placements and repeated abandonment by caretakers. Renee spoke about connections in her life briefly. She seemed, at first, dismissive of these relationships. But in the end a foster mother that she lived with for four years asked Renee to stay with her after the baby was born, and she became her baby’s godmother. Renee was thankful to her. Nevertheless, when asked about their relationship, Renee stated, “I would just go there at night...She can’t say she knows me.” Renee also described a therapist at her foster care agency that she confided in. However, when asked about the agency, her cynical response was, “We have a great relationship. I leave them alone and they leave me alone.”

Despite her obvious desire to keep relationships distant, Renee said that motherhood helped her learn how to trust other people. She described how her daughter changed this for her:

I mean, she’s changed me, and she’s made me for the better…she’s taught me a lot…just love and, you know, that there are good people in this world that are, just good…A lot of pain and a lot of hurt that people have done to me, I’ve just closed
it off and…you know, people…I don’t let people into my life very easily…[and now] I realize, like, you can’t hold things that’s happened in the past on other people for the rest of your life. You can’t keep saying that everybody who’s going to come in is going to do these things…there’s a time and place where you gotta say, “you know what? Not everybody is like this.”

Other informants also found that motherhood helped them to trust others in unexpected ways. They became more willing to connect with other people. Marie indicated that motherhood caused her to reach out for assistance and guidance, which she would not have done before. Quaniqua saw how her three-year-old responded to an inconsistent, substance-abusing father with concern rather than anger. This caused her to think about her relationship with her own substance-abusing mother. She explained that her mother’s substance abuse caused her to ignore her family: “She ignored having me. She ignored giving birth to me. She ignored she held me. And, she lives life as if like we [she and her siblings] never existed. Nine kids later. You live life like you never had them.” She described how her mother was unable to take ownership of her mistakes. However, her daughter’s response toward her boyfriend taught Quaniqua to think positively about her own strained relationship with her mother. She explained, “So, if there is a chance for her Dad, there has to be a chance for my mother. So, if she [the child] can be so positive and so…willing to give somebody another chance, why can’t I?”

Informants’ histories of repeated abandonment and loss damaged their ability to turn to others for support. They spoke often of their inability to trust adults and peers alike. A few,
however, found that motherhood shifted their ability to trust others. They were able to reach out or welcome help when offered.

**Summary**

Many participants expected their relationships with family members, boyfriends, and peers to either improve or remain unchanged once they became mothers. For some, this proved to be the case. However, most found that their connections with others shifted in ways they had not anticipated. Although some relationships grew stronger, many found that their expectations of renewed relationships fell short. At the time of the interviews, most had adapted to these realities and began to either accept or renegotiate old relationships. Some reduced their expectations of others, while others shifted their connections towards people who could provide them with the support that they needed. Although they may have moved away from family, boyfriends, and former peers, they formed new bonds that centered on their new caretaking role. Some were able to reestablish connections with family members, but most often, they related to other young mothers or caring adults and even more so to their own children. Additionally, some found that they had become more trusting of others.

With histories of familial separation and loss, informants’ desire to find meaningful, sustainable relationships was evident. Participants also linked motherhood with a desire to control the relationships in their lives. Several clearly contrasted a life filled with inconsistent past relationships to the relational security of motherhood.
Numerous scholars (Evans & Giles, 1996; Grosfoquel & Georas, 2000; Lauren, 1996; Pinderhughes, 1989; Roberts, 1997; Solinger, 2000; Stephan et al., 2002; Stevens, 2002; Tatum, 1997) have linked the issue of power and control with the Black and Latino experience in the US. Pinderhughes (1989) wrote:

The status assignment based on [race] has evolved into complex social structures that promote power differential between whites and various people-of-color. These power-assigning social structures in the form of institutional racism affect the life-opportunities, life-styles, and quality of life for both Whites and people of color (p. 71).

From slavery to the present day, US policies and social structures have promoted the oppression of people of color for the economic benefit of White society. Black women, in particular, have experienced the intersection of racism and patriarchy to their detriment; policies and practices have consistently controlled their sexuality as a means of domination. Roberts (1997) argued that the sexual regulation of Black women has been central to their oppression. As slaves, their sexuality was a commodity controlled by White slave owners. Efforts to control their sexuality continued following emancipation. The eugenics movement in the 19th century resulted in the forced sterilization of thousands of Black women. Some scholars (Roberts, 1997) have argued that the advent of birth control was a double-edged sword for Black women. Although birth control provided sexual freedom for women, some viewed it as a way to control Black fertility. Welfare laws that denied benefits to poor, Black, single mothers also sought to control their reproductive freedom.
Over the years, Black women have been regarded as highly sexualized, immoral women who needed to be controlled (Roberts, 1997), and both Black and Latina adolescents have developed within the context of these controlling images. Demeaning images of Black and Latina female sexuality send a devaluing message (Tatum, 1997; Roberts, 1997). As emerging adults, they become aware of the institutional and structural barriers they face as minorities in a racist society (Tatum, 1997). They begin to understand that US social structures may limit the control they have over their futures. Foster youths, who are subject to the control of the child welfare system and its institutions, may feel an especially vivid lack of control over their lives.

Some (Roberts, 2012) have suggested that child welfare is a means of social control that “works to punish Black mothers in the service of preserving race, gender, and class inequality” (p. 1474). Certainly, US policies that dominate Black women’s lives have often resulted in the separation of mothers from their children. The Flemming Rule was enacted as a means of counteracting state welfare practices that labelled single, Black mothers as immoral and systematically denied them benefits. It shifted the focus from morality to protection in an effort to ensure that needy children would be provided for. However, rather than increasing welfare services to support children, states began removing thousands of Black children from homes that were deemed “neglectful” (Lawrence-Webb, 1997, p. 16). The disproportionate number of minority children in child welfare as a result of laws such as the Flemming Rule speaks to the lack of control that Black and Latino families have over their own lives.

Today, Black and Latino families continue to experience great powerlessness regarding the child welfare system. Research supports that structural and institutional biases perpetuate racial disproportionality in child welfare. Black and Latino children experience separation from
their families earlier and longer than White children do (Chipungu & Bent-Goodley, 2004; Harris & Hackett, 2008; Hill, 2004; Neuspiel et al, 1993). As individuals, foster youths are often helplessness regarding their ability to control important decisions in their lives, such as contact with family, removals, and replacements (Brendtro & Brokenleg, 2012; Bruskas, 2008; Harvey & Delfabbro, 2004; Masten, 2014; Newberry & Lindsay, 2000; Unrau, 2006; Wiehe, 1987).

Young women in the current study echoed these observations and expressed a lack of control over their lives. They used the terms “lack of control” and “craziness” to describe their childhoods and living environments. They reported histories of abuse and neglect, unstable home lives, and forced separation from parents, foster parents, and siblings. Some were separated from family because of immigration and deportation. Others lived with caretakers and siblings with mental illness. They described home environments in which they received inconsistent caretaking. They were often moved in and out of foster care and were subject to multiple replacements and repeated forced separations from family and loved ones. Those with histories in residential care described environments full of fighting, drama, and chaos. Other people had power over where they lived, how often they saw family members, and even what information they received. Social workers, judges, lawyers, and agency administrators all made decisions for them that had tremendous influence over their lives:

I went home, finished eighth grade and stuff. And then, boom, I went back into care. I had no choice…I got taken…Like, there was false allegations. I was too many days missing. . .it was just too much…Like, my Mom was like, she didn’t want a court order so the judge was, like, ‘we just gonna place her
voluntarily’… So, you know. I had no choice but to go. I couldn’t have said ‘no, I don’t want to go.’

Scholars suggest that an individual’s sense of mastery can be hampered by consistent experiences of helplessness. According to Rotter’s (1966) Locus of Control Theory, individuals with greater external locus of control tend to believe that outcomes in a given situation are out of their control. Studies (Geis & Ross, 1998; Lareau, 2011; Robinson, 1993) on the intersection of race, gender, and class have found that experiences of discrimination among poor Black and Latinas girls may cause feelings of “powerlessness, rage, and frustration” (Robinson, 1993, p. 50). Resilience research has supported that foster youths are more likely to experience higher external rather than internal locus of control (Brendro & Brokenleg, 2012; Bruskas, 2008; Harvey & Delfabbro, 2004; Masten, 2014; Newberry & Lindsay, 2000; Wiehe, 1987). Similar to experiences the young women in the current study reported, they believed that they have little control or mastery over their environment.

Perhaps because of their feelings of powerlessness, informants in the current study expressed the need to gain greater control in their lives, and they believed that motherhood could provide this for them. Specifically, they believed that motherhood could give them greater control over relationships, their emotions, and the ability to achieve adulthood and independence.

**Someone Who Will Never Leave Me**

**Expectations**

Participants expected motherhood to provide them with an unbreakable relationship in their lives through their babies. They expressed their lack of control over relationships in their lives. In particular, they had experienced removal and separation from their families and
communities, which fractured these relationships; they had little control over how or when they could see their family of origin. Olivia recollected how she felt when her mother did not appear for scheduled visits, “She used to care more for her boyfriend than for us…you didn’t have us since we was two and now we’re nine. You don’t know nothing about us…you don’t even know how we play. You don’t know our personalities.” Similarly, Quaniqua, shared how she was separated from her siblings, who were subsequently adopted, so that she was unable to maintain her connection to them. She described how powerless she felt about this separation and the subsequent removal of her siblings from her life:

I cannot see my brothers and sisters whenever I please…how deep I want to be in their life now. See back then, I didn’t care about anybody. Now, I want that relationships with my brothers and sisters. I want to be around them. And the fact that I have no control over what is done is drastic.

Informants had little control over whom they lived with or how often they were moved. Replacement could occur even when the young women had deep affection for their foster parents. For example, Olivia told her story of abandonment by a beloved foster family. At the age of thirteen, she was placed with a foster family that she became highly attached to. She described her experiences with this family:

We all sat down at the dinner table. We ate like family. We played games…They invited friends and they introduced us to family and friends…I…we was their daughters. It…showed me more stability than by actual…home. . .And, I wanted them to adopt me. They was going to and everything.
Olivia reported removal from her pre-adoptive parents when the agency forced them to choose between her and a foster sister. Subsequent placements resulted in her gradually losing loved objects (stuffed animals, pictures, etc.) that reminded her of this family.

Informants reported histories of relational insecurity in parallel with expectations that motherhood would provide them with a trusted, sustainable relationship. They hoped that motherhood would reconnect them with their own families. Yet, their hopes of creating a sustainable relationship often focused on their children. They anticipated that motherhood would mean having someone who would never leave them, and according to Olivia, “someone that I can, at least, call…my own.” As others (Aparicio, 2014) have reported, participants expected their children to give them an unbreakable bond for the first time in their lives. Hilda recounted the number of caretakers that she had in her childhood. She explained that her mother abandoned her several times. She was removed from her mother’s care at two years old and again at nine years old because her mother would leave her and her sister alone to be with her boyfriends. Hilda also had over five different foster parents, all of whom had her removed because they could not manage her behavior. Hilda believed that motherhood would give her control over a relationship denied to her in childhood:

I didn’t really have nobody I thought was there for me 100% to love me no matter what, so. Yeah, if you asked me, like, what made you want to be pregnant, like, a lot of girls have different reasons. My reason was, I don’t believe in abortion, one, but most importantly, I knew that he would love me unconditionally, so…it will feel better to have him.
Many saw motherhood as an opportunity to create a family of their own as a means of gaining control over their lives. Paulette described how she and her boyfriend became pregnant in order to build a family together. Similarly, Jessica stated, “I wanted my own family.” Quaniqua explained how she expected having a family would provide her with greater control over the relationships in her life:

I cannot control the world, but I can control…what I say and do to my child…When you are born into a family, you have no control over it. But, when you have your own, you choose that family. You can control what they say and what they do…you can control what goes…I can control my kids…I have control over my family. I don’t have control over the family I was born into.

As foster children, these young women came from fractured families. The instability and strain of familial ties generated a need to create their own stable family systems that they could control. They believed that a baby provided them with this opportunity.

Realities

Once they became mothers, these informants continued to experience a lack of control over important relationships in their lives. Although some did return home to family and renewed family connections, most did not. Paulette continued to feel abandoned by her family. Her plea to them was, “Let me come home. I should have been home…I shouldn’t be here.” This revealed her continued powerlessness regarding her connection to her family. Nonetheless, as expected, motherhood enabled them to have control over at least one relationship – the one with their babies. They felt an intense connection to their babies that was unalterable. They
described their love as unconditional and endless. They often spoke of their children as someone who would never leave them and who would love them no matter what.

Some informants found that motherhood unexpectedly helped them heal emotionally from past relational insecurities. Prior research (Aparicio, 2014; Boosntra, 2011; Boustani, 2015; Love et al., 2005; Pryce & Samuels, 2010) has supported this finding. Renee described how her unbreakable connection with her daughter helped her heal from the insecurity of past relationships:

People leaving, walking out of my life. One minute they’re there. The next minute they’re not. My mother and…other people. Just friends and…people, in general. People come and go. And, here is somebody that’s never going to go. She’s stuck right behind me, and she’s exactly like me…I mean, a lot of wounds were closed because here is somebody that I love…like, me and her, we have an endless bond…we’re unbreakable…we have an unbreakable bond and that’s what she taught me.

Despite the notion that their relationship with their children was unbreakable, informants were fearful of being separated from their children. They were concerned they would lose control of them. These fears may have been rooted in cultural histories of oppression. The function of child welfare to control the Black population has its roots in slavery and later policies that separated mothers and children. When slave children were born, they could be sold and removed from their mothers with little or no warning (Roberts, 1997; Wyatt, 1997; hooks, 1981). Subsequent US policies have continued to threaten the removal of minority children from their mothers. The Flemming Rule resulted in removal of thousands of Black children from
“unsuitable” homes (Lawrence-Webb, 1999, p. 11). Recent immigration laws that threaten the deportation of immigrant parents have also left Latino children vulnerable to placement (Dreby, 2012).

Although informants did not specifically relate their experiences of motherhood to former policies and practices with the US, they feared that the child welfare system would separate them from their children; they had great mistrust of their foster care agencies. They worried that their continued placement in foster care placed their own children in jeopardy of removal. Hilda explained:

…being in a place like a mother child placement…I just feel like they just watching your every move. And, if somebody doesn’t like you…somebody could really not like you as a person and they could call ACS on you just ‘cause they see you do one thing wrong without just telling you, like, “you doing this wrong.” They’ll call ACS just ‘cause they don’t like you. So, I feel like foster care for me is just a disaster now.

In fact, Olivia had her child removed from her care, and another family subsequently adopted her baby. She blamed the foster care agency for its inability to find her and her son housing together. This led her to abusing drugs and ultimately losing her legal rights to her son.

With a history of unstable and insecure relationships, these young women longed to have at least one relationship in their lives that they felt they could control. Motherhood provided informants with a level of relational fulfillment and sustainability that they had not experienced before. This was one relationship they hoped to keep from the forces that had controlled their
own lives. Another benefit of motherhood for these young women concerned their ability to control their emotions.

Managing Impulsive Behavior and Anger

Informants saw motherhood as an opportunity to gain greater control over their own emotions. They noted how their anger and depression had negatively influenced their lives and how it affected their ability to relate to others and their own emotional well-being. Becoming pregnant caused them to reflect on this and rethink how they wished to behave. They continued to aspire toward emotional self-regulation once becoming mothers.

Young Blacks and Latinas may exhibit anger and frustration in response to experiences of racial and gender discrimination (Robinson, 1993; Stevens, 2002). Stevens (2002) argued that African-American adolescent girls resort to “sassy conduct” (p. 84) and defiance as a way of self-affirmation and resistance within a racist and sexist society. She described this conduct as a central feature of Black girls’ identity development, which serves to “offset feelings of helplessness and powerlessness” (p. 84), and helps young women develop self-efficacy in the face of racial and cultural devaluation.

Youths in foster care may exhibit anger and frustration in response to the powerlessness they experience as foster children. Informants in the current study expressed anger towards their families for either placing them or leaving them in foster care. Paulette angrily stated, “They wasn’t there for me like they should have been. They didn’t care for how long…if you’all cared and loved me enough, I wouldn’t be in this situation.” Hilda questioned her mother’s statement after a failed trial discharge, “You didn’t know it was going to be overwhelming? You didn’t know it was going to be overwhelming, because you didn’t have us since we was two and now
we’re nine. You don’t know nothing about us. You only show us your sad face for visits.” The young mothers also expressed anger towards the foster care agencies for not helping them obtain needed services.

The foster care experience can have a negative influence on a child’s ability to handle intense anger and emotion. Self-regulation is a key developmental task (Calkins & Fox, 2002; McClelland & Cameron, 2012; Posner & Rothbart, 2000), and young children require co-regulation from caretakers in order to adapt effectively to their environment. Researchers (Bernier, Carlson, & Whipple, 2010; Masten, 2014; Masten & Coatsworth, 1998) have found that co-regulation of caretakers helps children develop the cognitive control processes that allow them to manage their emotions independently. Co-regulation occurs when a caretaker coaches and models emotional regulation for a child in distress. For younger children, this can involve teaching or modeling self-soothing techniques. For older children, caretakers might provide a verbal outlet for anger. Children and youths whose caretakers are unable to provide co-regulation have greater difficulty learning how to manage their emotions independently (Bernier et al., 2010; Masten & Coatworth, 1988). With histories of inconsistent caretaking, many foster youths do not have consistent caretaker co-regulation. As a result, they struggle to manage their emotions effectively (Burns et al., 2004; Chambers et al., 2010; Koob & Love, 2010; Morris, 2007; Newton et al., 2000; Sherperis et al., 2003).

Histories of trauma can compound this effect. A growing body of research reports that foster children are often subject to complex trauma. They have had multiple exposure to varying types of trauma across their lives, resulting in a range of emotional dysregulation (Cook et al., 2005; Greeson et al., 2011; Oswald, Heil, & Goldbeck, 2010; Saxe, Ellis, & Kaplow, 2007). In a
national survey in 2004, nearly half (48%) of foster children presented with clinically significant emotional or behavioral problems (Burns et al., 2004). Examining Reactive Attachment Disorder resulting from chronic placement disruptions, Sheperis, Renfro-Michel, & Doggett (2003) described symptoms including “lack of self-control, anti-social attitudes, and behaviors, aggression, and violence” (p. 79).

The young mothers in this study evidenced emotional dysfunction. They reported a lack of anger management, fighting, and impulsivity. A few also said they experienced depression. Some linked their lack of emotional management to experiences with their families. Paulette described her early family experiences as ideal. However, at the age of three, her parents divorced, which resulted in her mother becoming mentally ill. She was sent to live with her grandmother, whom she described as verbally abusive and neglectful. Paulette felt unloved by her family, and explained how this affected her emotionally.

…all that negativity…they [family] were putting it in my head… I had days where I was, like, I didn't care about nobody…nobody's feelings. I was just annoyed at the world. And, I was cursing people out and…just 'cause I was mad at one thing and I was just taking it out on everybody.

Informants expected that motherhood would help them gain control over their emotions, particularly anger. Some anticipated that this would be one of the most positive effects of motherhood. Laura, who had planned her pregnancy, recollected:

I used to just blow up and react without thinking. I was very impulsive. That was a big one that I really wanted to work on because…I know that could have an effect on not only me, but her too…I was impulsive. I would just act on nonsense
without thinking twice about it or even thinking once about it. And I needed something to calm me down. And, the baby is, like, the perfect things because with a baby, you have to be patient, you have to think about things before you do it, and you can’t act on your first thought.

Some had not anticipated this aspect of motherhood. In recalling her experiences in residential care, Felicia described herself as impulsive and out of control. She recalled that once she had her baby, she started doing “so much better…all of that stuff that I used to do was so stupid now that I look at it, like, I’d get mad or throw something or fighting with girls and… just doing a whole bunch of craziness. And now, like, I’m just trying to settle down.”

The young women frequently spoke about the importance of controlling their emotions. They recognized the influence of their emotions on their own children. Hilda described herself as a very angry young woman. She explained that motherhood motivated her to learn how to control her anger; she did not want her son to see her angry:

If I have my son and somebody comes to my face saying that they want to fight, I’m gonna tell them I don’t want to fight because that’s my son, my son, I’m not fighting you. So, you just going to have to call me…whatever you want to call me, you just gonna have to call me that because I’m not fighting…I don’t want my son to see that. I don’t want my son to see me angry. I don’t want my son to see none of that. If I didn’t have my son, I would have been all…I’d have been fighting every day. So…if I’m mad, I gotta learn how to talk about it instead of yelling and screaming and trying to throw things.
Others recognized that their inability to manage emotions might negatively affect their children. They did not want their children to see them physically fight others. They were beginning to learn how they could manage their emotions more effectively. Tamika explained:

Like, now I stop and think before I do something because its, like, I don't want to do this in front of my kids and think…they think its ok…no… I do…I do my thinking to myself…my little breathing exercise and just…walk away…I'm more of a happier camper…They bring out more…more of me - put it that way…And when I'm upset…like, my kids know, even when they was young - when I'm upset, they'll look at me and they'll try to get picked up and hold me. It's just like…they knew…and that's why I try not to be so angry and let them feel…feel what I feel 'cause I don't need that. My kids don't need that.

This finding is inconsistent with reports from earlier studies. Schwartz et al. (2004) argued that insecure attachment resulting from inconsistent caretaking in their own lives caused young mothers to display insensitivity toward their children. In contrast, many of the young mothers in the current study recognized that their ability to manage their emotions deeply influenced their relationship with their children. They appeared acutely aware of how anger or depression resulting from their own upbringing could affect their parenting; they actively sought to manage their emotions in front of their children.

Informants also acknowledged how managing their anger influenced their relationships with other people in their lives. Felicia related how she needed to gain control of her emotions in order to gain acceptance in her home, “I knew that once I had a baby, I wouldn’t argue over petty, immature stuff any more…I would have to mature. My mom accepted me back home…I
can’t just go there and argue, you know. I just knew that everything about me was gonna change.”

With so many aspects of their lives still beyond their power, managing anger was one way these young women could maintain a sense of control. Many recognized how their continued anger, impulsivity, and depression could have a negative effect on their children. Similar to Felicia, many also related their ability to manage their emotions with the need to mature. They aspired to become independent, responsible adults.

**Growing Up, Maturity, and Responsibility**

**Expectations**

Participants connected their need for control with the prospect of achieving maturity and responsibility through motherhood. They believed that motherhood would help them grow up and become women. Felicia reported that her mother responded to her differently once she became a mother. She treated Felicia as an adult and no longer as a child, which vastly improved their relationship. They argued less, and Felicia began to respect her mother’s home and did her share of the chores.

In many African-American and Latina families, the onset of sexual maturity and the capacity to bear children is a signifier of adulthood. Prior studies have suggested that motherhood could provide a passage to adulthood for young, poor, minority women (Ladner, 1972; Williams, 1991; Winters & Winters, 2012) who have limited opportunity to achieve adult status through financial independence. As adolescents, Black and Latina girls begin to become aware of the social barriers that face them as both women and people of color. Especially if they are poor, they receive devaluing messages about who they are and what they can become. They
develop a growing awareness of their systematic exclusion from full participation in American
society (Cauce et al., 1996; Tatum, 1997). At the same time, they can experience gender
devaluation within their own cultures as well as within the dominant, patriarchal society (Cauce
et al., 1996; Espin, 1997; Hurtado, 2005; Stevens, 2002; Williams, 2015). This intersection of
racism and sexism, or gendered racism, can hinder expectations for self-actualization through the
dominant culture’s value on financial independence (Hill Collins, 1997; Settles, 2006).
Consequently, they may experience motherhood as an alternate means of achieving maturity and
adult status (Ladner, 1972; Williams, 1991; Winters & Winters, 2012).

Many Latino cultures also view motherhood as the paramount role for women (Driscoll et
al., 2001). Although gender roles are constantly evolving, some (Driscoll et al., 2001) suggest
that young Latinas experience less encouragement to attend school and strive for career than
women from other cultural groups. Young Latina’s in East (1998) had lower school and career
aspirations than African-American and White girls. Driscoll et al. (2001) suggested that early
motherhood may be more readily accepted by Latino parents, even though they do not sanction
sexual activity in the first place. Latinas in Aparicio et al. (2014) were also more likely to report
a desire to become pregnant as a teen than other cultural groups. Latina informants in the current
study often reflected that they were ready to become mothers. Carla indicated that she did a lot
of babysitting and knew that she would be a good caretaker. Jessica stressed that she had
witnessed her own sisters have children, and she wanted to become a mother too.

Young mothers in foster care have also reported that motherhood provides an impetus for
them to mature and to take on the mantle of adulthood (Boustani et al., 2015; Pryce & Samuels,
2010). For example, the young women in Love et al. (2005) described how their children
motivated them to become more responsible. Youth care workers in Boustani et al. (2015) reported that having a child reflected a desire to be grown up on the part of young teens in foster care. Pryce and Samuels (2010) also found the young women in their study linked becoming a parent with adulthood.

In the current study, informants expressed a desire to grow up and leave the drama of their childhood behind. They often contrasted recollections of their powerless experiences as foster care children with statements regarding their newfound responsibility as parents. Felicia explained how motherhood would help her gain control over her life:

I just, I wanted to have a child….someone that is gonna…I just needed somebody to take me out of that, out of control, out of control, downward spiraling life…I was really, really out of control…Just misbehaving. I wasn’t going to school anyway, you know. Misbehaving. Just not listening. And, I don’t know. I just felt like it was time for me to settle down and think about the future, you know…What I was thinking was a baby would be the thing to slow me down.

Renee linked the sadness of her childhood to her need to become an adult. Her aunt and uncle in Trinidad raised her. At the age of eleven, they sent her to the US to live with her mother. Once in the US, her mother rejected her because Renee did not get along with her husband; her mother placed her into foster care. Renee described her depression because of these multiple losses. She explained that motherhood forced her to grow up and move on from these losses:

Dwelling on loss is not the best thing. So, for years, I dwelled on loss…But…it’s just like, listen, you gotta leave that stuff in the past. You have a responsibility now. You can’t dwell on that. I can’t fall through…break down and let my life
fall apart. I have her...there is a time that you have to grow up and realize that you just can’t do that anymore.

Often their own histories of abandonment and separation from caretakers drove their determination to become responsible mothers who would be able to control their lives and the lives of their children. They pointed to their obligation to keep their children out of foster care as an impetus to mature. Marie described her childhood as filled with dysfunction. She lived with her mother and grandmother, both of whom drank. She often missed school, and she was in and out of foster care as a result. She explained, “I don’t want that for me [having her child placed in foster care]. When I had her…I decided to really stop and think. Get up off your butt and do what you have to do.”

Informants expected that motherhood would help them transition to adulthood in two primary ways: maturity and financial independence. Like Renee, they associated adulthood with grown up behavior. Taking responsibility and being an adult meant making conscious decisions to change behavior. Not only were they learning to control their anger, they also stopped going out at night to party, drink, and smoke; they stopped associating with negative peers. Despite the challenges of attending and completing school while carrying out their responsibilities as mothers, they were committed to completing their educations. Marie linked changing her attitudes and behaviors at school to her responsibility to her daughter. She wanted to model adult behavior for her child:

I was always cutting school or staying home. And, I was, like, I needed to change. I want to go school. I want to become something in life. Ummm, so…I never really...I never really, umm, well, I really...always thought I would change
in a way, but not as soon. But...when I really had my daughter, she opened my eyes. She opened my eyes a whole lot, and I was, like, yeah, I have to do what have to do – to do for my child.

Other informants mirrored Maria’s growing ideas about maturity with maintaining control over their own lives. Participants indicated that having a child caused them to mature more quickly than they had anticipated and felt this changed them for the better. According to Uniqua:

If I wouldn’t have had her, I would still be doing stupid stuff. I probably would’ve been, like, as good as I am. I would never have got my GED. I wouldn’t have my job right now – my summer youth – I would just be doing stupid stuff. I don’t think I’d be doing mature, mature stuff. But, now that she’s here, she helped me – she helped me turn out for the best.

Many of the Black informants expressed their desire to become and to be seen as strong, self-reliant mothers. Paulette described throughout her interview how important it was for her family to see her as someone who could handle difficult tasks. Her grandmother, who raised her, often told her that she was irresponsible and weak. She described how she decided to become pregnant, in part, to demonstrate to her family that she was strong and responsible:

My family was making me want to have a baby more because they kept saying I wasn’t ready. I wasn’t ready. I can’t do it. I wouldn’t be able to handle it. And...I felt like they didn’t know what I was capable of. They didn’t see that in me. They didn’t believe. They felt like I...I can’t do things that’s too hard. Everything that’s easy, I could finish. But, something that’s hard, I can’t deal with it. And I didn’t like that. I didn’t like how that sounded. I didn’t like how it
made me feel. I was like “aww, I can do anything I put my mind to.” But, I want to have…if I decide to have a child…if I get pregnant and I want to have my baby, I’m gonna have my baby, and I’m gonna take care of my baby…And, that’s what I’m doing now. Now, they’re all…they’re all over this child, calling my phone 24 hours a day…Yeah, surprised that I’m doing such a good job. That makes me feel good.

Once having the baby, she felt that they viewed her differently. Now, as a teenage mother, she reported that she had to “show an image to people…now, I have somebody that’s dependent on me for their life. So, that’s a big job.”

Their desire to be strong, self-reliant mothers may reflect cultural images of womanhood in the African-American community. Scholars (Cauce et al., 1996; Ghasemi & Hajizadeh, 2012; Hill Collins, 1987; Roberts, 1997) have articulated a picture of the African-American mother as self-reliant and resourceful. Stemming from a history of slavery, Black women hold the “dual status of both producer and reproducer” (Roberts, 1997, p. 39). Often separated from their men, Black women slaves were required to care for their own children while also working in the fields or caring for their White, slave owners children. Racial oppression and poverty have continued to place Black women in situations where they must both work and care for children (Ghasemi & Hajizadeh, 2012; Hill Collins, 1987;). This has resulted in an image of the Black mother, within her own family and culture, as the epitomy of independent strength and indestructability (O’Reilly, 2004; Ghasemi & Hajizadeh, 2012).

Some informants drew on this image of independent strength. During her interview, Renee worked hard to present herself in this way. She was the only participant in the study who
had been discharged to independence. I interviewed her in her own apartment. In discussing motherhood, she said several times that the baby was her responsibility alone. She described herself as a superwoman and explained, “That’s a living, breathing thing that is relying on you. Nobody’s going to take care of your child for you.” Renee had emigrated from Trinidad at the age of 11, leaving her uncle and aunt who had raised her; she was sent to live with her mother in New Jersey. She described herself as a go getter; she worked to ensure that her baby had everything she needed before she was born. She described that did always “did what she needed to do” to care for her child.

Waters (1996) has suggested that many Carribean immigrants “believe that their status as foreign-born Blacks is higher than that of Black Americans” (p. 68). They often distance themselves from other African-Americans in the face of pressure to adhere to racial stratifications in American society. Renee did so by clearly stating how different she was from other teen mothers she knew. She stressed that she did not rely on her foster care agency for anything and spoke about her heightened independence and responsibility in relation to other teen mothers in foster care:

A lot of…people in care that I’ve seen – that I’ve observed. They don’t have a similar mentality as me. And the agency would tell you that. Because there’s been other girls in that house that had babies, and I just look at them, like, ‘you’re an idiot.’ And, there was a girl that was there when I was pregnant. She had a baby right after me, and she wasn’t doing what she had to do. And I told her, I said, ‘you gonna get that baby in care.’ And they took him right in care. Because, it’s simple. You…first of all, if you’re doing things to get yourself in
that situation, then, you have to grow up…and that’s reality. They don’t want to do it. And, it’s sad because the kids have to face it.

Most informants believed that motherhood would provide them an opportunity for financial independence and discharge from foster care. However, they had very little control over the material conditions of their lives, and they did not expect this to change markedly once they became mothers. Research indicates that young mothers transitioning from foster care face great financial and material challenges. Histories of neglect and abuse place them at greater risk for poor health and mental health along with few resources to secure the services they need. Without the support of committed family members and with institutional support lacking, they often struggle to find housing, financial support, and affordable child care (Boustani et al., 2015; Manlove et al., 2011; Mastin et al., 2013; Schuyler Center, 2009).

Similarly, in the current study, informants expected motherhood to present financial and material challenges. Many worried about how they were going to support a child; they knew babies cost money, and they were uncertain how they would manage. Quaniqua explained “what am I gonna do with a baby? How am I gonna feed this baby? How am I gonna clothe this baby? Where am I gonna take this baby? It was just like, what are you gonna do?” Many worried about where they would live. Felicia’s primary concern was housing:

I’m, like, sitting here and I’m pregnant and we made the decision [to have the baby], but where am I going to go, you know? How…and I was also scared, like, when I have the baby, where am I going to live with her? That was a big, big thing. It was just all about location, all about…am I going to be with other pregnant girls, am I going to be by myself?
Several had seen their mothers or sisters struggle to support children on their own, and they did not feel they could depend on their babies’ fathers to assist them. Others did not feel they could turn to their families. One participant, Uniqua, described how her estrangement from her mother precluded her asking for assistance:

I didn’t feel comfortable talking to her [her mother]…because I felt that she would judge me, so I didn’t really talk to her…I knew she was gonna be mad. ‘Cause it’s me. I was not…I was supposed to be the good kid. Out of all her kids, I was supposed to be the one that was…go to school, go to college, make something out of herself…They [ACS] asked her…do you want her to live with you? She was, like, no, I don’t want her living with me.

Despite expressing concerns about the material requirements they would face as new mothers, many did not let these issues dampen their aspirations for independence. Some informants thought they would remain in foster care and expected their foster care agency to find them housing and work. Marie explained, “I felt that, if I stayed here, I would get what I need and what I want…by the time I leave, I will have…a job and my own apartment and my daughter will be in school or daycare.” In contrast, others expected a quick discharge from foster care; they anticipated living in their own homes where they could begin living independent lives. According to Sara, “I thought I was going to start working right away…I would start working, get myself an apartment, and then get out of foster care.” Several participants also had planned to find housing with their boyfriends. They had hoped to begin a new chapter in their lives as independent adults with a family of their own.
For these foster youths, becoming a mature adult meant freedom from the chaos of childhood and from other people’s power. They often saw motherhood as an opportunity to develop and project to others their own strength and self-reliance. They believed that motherhood would provide opportunity for financial independence. However, at the time of the interviews, most found that their desires for independence were unmet.

**Realities**

Once becoming mothers, informants continued to aspire to mature behavior. However, they were unable to gain the financial independence that they had desired. They wanted to obtain work, housing, and financial independence. However, they had limited control over achieving those goals. The daily tasks of mothering prevented them from controlling how they spent their time; they often did not have time to re-enroll in school or find employment. Regarding independent housing, they also found great challenges. Although some had temporarily moved in with their boyfriends, these situations had not lasted. While a few returned home to family, the majority were still dependent on the foster care system for their living arrangements and financial support.

They expressed frustration about their foster care agencies’ slow responses in helping them attain independence; they complained that their foster care agencies did little to help them. Agencies did not help them find housing, re-enroll in school, or obtain childcare and employment. Research (Mastin et al., 2013) has suggested that child welfare systems are often ill equipped and lack funding to provide comprehensive services needed to assist youths aging out of care, particularly young mothers (Mastin et al., 2013). Findings from the current study also
suggest that child welfare agencies and institutions are not supporting young mothers in the ways that they need.

Housing was a major theme; they had little control over their housing stability, and they had little faith in their agency’s efforts to find them alternative housing. Laura explained:

They were going to look into a group home. And, they kept saying they working on it, they working on it. Couple months went by – nothing. Not even an interview so you couldn’t have been looking that hard…something’s not right.

Somebody is not doing their job.

All informants noted that independent housing was the most prominent requirement for achieving independence. As Hilda explained, they needed “[their] own keys, own space, and own home.” Many expressed frustration at not having their own place to live; they often remarked on the slow pace of their foster agencies to assist them in finding independent housing. A few even blamed their agency’s inability to find them housing as the cause of temporary or permanent separation from their children. Their strong desire for their own place to live underscores their experiences as foster children; they had no control over where they lived, when they moved, or whom they lived with. To many informants, having a stable home of their own represented a level of control over their living situation that they had never experienced.

Many informants expressed frustration at their inability to find work. They believed that responsible motherhood involved providing financial support for their children and wished to be financially independent. However, they had not anticipated that the responsibilities of motherhood would hamper their ability to find and maintain employment. Sara explained that she was unable to work because she needed to care for her baby, and her foster care agency told
her she could not get assistance for daycare because she was not working. Others explained they
could not work because they needed to take care of their children during the day. Paulette
expressed her frustration about the reality of single, teen parenting:

I be like…sometimes I…I be down some days if I don’t feel like I’m not doing…
like, I feel like I’m just a mom. Like, I’m not doing enough for me right now
because being that I’m not working. I don’t have a job…I’m just being a mom,
taking care, changing pampers all day, feeding her all day – doing what I need to
do as a Mom. But, I feel like I’m not doing anything for me now…I
expected….to be able to do everything. And, it’s hard. It’s hard, but at the same
time, I decided to have a baby, so I going…I’m dealing with it in the most
positive way that I can.

Informant’s frustration with their slow paths towards independence reflects their
development as emerging adults. Emerging adulthood is recently viewed as a developmental
period between adolescence and adulthood (Arnett, 2015; Berzin, Singer, & Hokanson, 2014).
Arnett (2015) argued that the transition to adulthood has become lengthier in recent decades.
Young adults today delay marriage and childbearing until later years and take longer to achieve
educational goals in an economy that values higher education. Emerging adults between 18 and
29 are in a transitional period during which they become slowly aware of what it means to be an
adult; many continue to rely on parental support during this period (Arnett, 2015).

The tasks of emerging adulthood are a particular challenge for minority, foster youths,
because they experience interpersonal and institutional discrimination (Hope, Hoggard, &
Thomas, 2015). Those transitioning from foster care, without the support of family or
institutions, may struggle during this developmental stage (Berzin et al., 2014). Informants in this study were beginning to realize the challenges of adulthood in general and the barriers that they faced as young, poor minorities. As emerging adults, many believed that housing and employment were easy to obtain. For example, Marie, who lived in a mother/child group home, stated, “By the time I leave here, I will have everything. I’ll be done with everything, which is like school and finding a job and having my own apartment. And, my daughter being in school or daycare. And stuff like that.” Their frustrations with their agencies reflected a growing awareness of the barriers they faced in their transition from care to independence. Nevertheless, as Marie’s statement indicated, they continued to express optimism, another recognized characteristic of this stage of development (Arnett, 2015; Berzin et al., 2014).

Informants believed that motherhood would help them “grow up” and give them greater control over their own lives. Their heightened need for independence from foster care reflected a desire to “move on” and leave the powerlessness of their childhood behind. They envisioned a life in which they had their own place of residence, a job, and discharge from foster care. They saw motherhood as an opportunity to demonstrate to themselves and to their families that they could be strong and self-reliant. Instead, they often found that motherhood hampered their independence. Not only were their daily lives disrupted by their caretaking responsibilities, but they were unable to obtain the daycare, employment, and housing they desired. Many blamed their foster care agencies for not providing them with the support and means to begin caring for themselves.
Summary

As foster children, these young women had experienced little control over important aspects of their lives. They told poignant stories of disrupted, chaotic childhoods in which they had no control over where they lived, how often they moved, and how often they saw their own families. They voiced a need to increase control over their lives, and saw motherhood as an opportunity to do so. Many expected and found that motherhood gave them perceived control over at least one relationship in their lives – the one with their child. These young women, who had experienced considerable separation and loss as foster children, placed great value on this relational security. Many also recognized the influence that their anger or depression might have on their children. They expected and found that motherhood gave them motivation to manage their emotions better as a result.

Informants also expected that through motherhood they would achieve maturity, independence, and adult status. Although they anticipated financial challenges, they wanted to move past the chaos and instability of their childhood by having a job, an apartment of their own, and a family of their own. However, they found it was difficult to gain independence. Only one of the participants was living independently at the time of the interview; most continued to rely on their foster care agencies for material support. They expressed great frustration that the foster care system did not give them the support they needed to become responsible adults. In discussing these issues, participants often described how their newfound responsibilities and aspirations made them different from their own mothers. They were committed to their children in ways they believed their mothers had not been committed to them. I will discuss these ideas further in the next chapter.
CHAPTER 7: BREAKING THE CYCLE

Informants wanted to break the cycle of foster care and incarceration that plagues their family histories and believed that motherhood was an opportunity to do so. Foster care and mass incarceration have served as mechanisms of social control and White domination in American society. I have discussed the connection between foster care and the intersection of race and gender several times in this document. Stemming from slavery and the control of Black women’s sexuality, US policies have resulted in the removal of Black children from their mothers (Lawrence-Webb, 1997; Roberts, 1997;). Scholars (Alexander, 2012; Clear, 2009; Roberts, 2012; Waquant, 2002) have also identified mass incarceration as a method of oppression and disenfranchisement of Black men and women and, consequently, their families. Alexander (2012) has argued that differential policies systematically targeted Black people for incarceration. Once released, these individuals are denied the right to vote, are excluded from juries, and denied benefits. As a result, they remain disenfranchised and in poverty even after they are no longer under the supervision of the criminal justice system. Despite these structural implications, the young women in this study believed that they could break the cycle of foster care and incarceration. For them, motherhood provided them with an opportunity to do so; they would be a different kind of parent to their children. Reflecting on how they would be different helped some re-evaluate their own worthiness.

A Different Kind of Mother

Informants were particularly fearful of their children being removed from their care. Other studies of foster youths have reported similar findings (Boustani et al., 2015; Pryce & Samuels, 2010). Aparicio (2014) found that motherhood gave her subjects an opportunity to
give someone the caring, love, and connection that they had not experienced from their own mothers. Youth care workers in Boustani et al. (2015) reported their observation that foster youths wanted a baby in order to prove they would be better parents. Love et al. (2005) also found youths expressed a need to be a better parent to their own children. Some studies have suggested that motherhood could provide foster youths with the opportunity to shift intergenerational legacies of poor parenting (Pryce & Samuels, 2010). Similarly, participants in the current study expected that motherhood would provide them with these opportunities.

Informants anticipated they would be more committed and connected to their children than their own mothers had been. According to Renee, “I have a chance to give her what my mother didn’t give me…my mother didn’t raise me…I wasn’t gonna do the same thing she did to me.” They often described strained relationships with parents and other family caretakers who were never there and who didn’t care or love them. They described their parents’ decisions to place them in foster care or with another relative as irresponsible but expected to behave differently toward their own children. They anticipated that they would be responsible for their children and be emotionally present in a way that their own parents were not. Erica, who planned her pregnancy, said, “A part of me wanted to [get pregnant] to…prove and show and treat someone better than how my mom treated me…She was careless. She is careless. She’s selfish and manipulative and self-oriented, like, all for herself…I just wanted to give someone something that I didn’t have, a little bit.”

Some young mothers were specific about the ways in which they felt their own mothers had failed them. Olivia thought her mother had cared more about the men in her life than her own children:
I was thinking that I didn’t want my son to meet this man and that man and this man and this man and that man and…that’s my new husband, this is my fiancée, this is gonna be the next…your next siblings dad. I didn’t want that…My mother was in and out of our lives because of guys…I didn’t want to be that type of parent for my kid ‘cause you’re going to grow up to resent me and I resent my mother until this day, and I’m twenty years old.

These young women aspired to become better parents than their own had been. Pryce and Samuels (2010) reported subjects discussed their desires to break an intergenerational cycle of poor parenting. By framing their own experiences as children with what they thought parents should not do, informants often determined what would strengthened their relationships with their children.

A signal indicator for poor parenting for these informants was foster care placement itself; several stated they would never place their child in foster care. For example, Felicia discussed her own experience as an adopted child, removed from her biological mother. Although she did not remember her biological mother, she blamed her for not raising her. She contrasted her abandonment by her mother with her own dedication to her daughter. She worked hard to ensure that her daughter would not be placed in foster care because of this experience. She said she would “never want to make somebody grow up without their mom…I wouldn’t wish that on anyone.”

Both Olivia and Hilda compared histories of maternal neglect with their desire to be different kinds of mothers. They described how their mothers placed substance use and men above their own children. Hilda was placed in foster care at the age of two because of her
mother’s neglect. She described how her mother would leave her and her older sister alone for days at a time. When the girls asked why their mother did not bring her boyfriend to their home, she replied he did not want to be around children. Hilda’s mother repeated this abandonment by not visiting or supporting her during her pregnancy. By contrasting her experiences with her own mother, she described how she was going to be a different kind of mother:

…you know that I’m there for you regardless of…I would never disappoint you, like, you know that I’m always going to be here for you, through right and wrong, I will be here for you…That’s the thing that I wanted as a child…that’s what really appealed to me. The things that I wanted as a child, I never got, so I want to give them to my child.

Some young mothers described how they hoped to be more emotionally connected to their children. For example, Paulette described her emotional connection with her daughter that differentiated her from her mother:

I have a connection with my daughter that I didn’t have with my mom, I didn’t have with my family. I have that connection, and I know that when she gets older, we gonna have that type of connection because that’s how I’m gonna be with her. I’m not gonna be the way they were to me and always doubt…and have negative things to say. If something happens like what happens to me. She decides that she wants to have a baby, I’m gonna talk to her about it and ask her the same thing your asking me right now – what made her want to make that decision…I have to give her the benefit of the doubt – not just be all negative so she not going to want to talk to me about anything.
Paulette stressed that she would be the kind of parent that communicates verbally to her child. Olivia would make sure to discuss substance use and abuse with her son, rather than simply punishing him if she finds him with drugs. These young women stressed how they would be different from their own mothers. This desire to be different suggests an acculturation process. Denner and Guzman (2006) define acculturation as the degree to which individuals or groups of individuals take on important characteristics of the dominant culture. Literature on Latino parenting practices suggests that Latina mothers often use non-verbal rather than verbal strategies to connect to their children. Contreras (2002) has suggested that acculturation into White, American culture is positively associated with verbal inquiry and praise. These young women’s differential parenting style may relate to an acculturation process.

The desire to break the cycle of incarceration was also prevalent in informants’ narratives. Many of their babies’ fathers were incarcerated or had a history of incarceration. Some of the young women themselves had histories of incarceration; two had their children while in jail. For several, a history of parental incarceration played a large part in the absence of parents from their lives. For some, it resulted in their foster care placement.

Erika was determined to break her family’s cycle of incarceration and foster care. She described how incarceration had greatly affected her childhood experiences, describing how her mother was in and out of her life due to incarceration. She never had a relationship with her father, because he was incarcerated for most of her life. As a result, Erika moved back and forth between family members, and in and out of foster care as a child. However, both Erica and her boyfriend had spent time in jail; she had her twin daughters in jail. However, she said that she would never let her daughters experience similar family disruption:
It’s a cycle…my mom and my dad went to jail. His [her boyfriend’s] mom and his dad been in jail as well. My mom, you know, did things. My father, he just insecure about whatever he did to himself. I had him in jail all my life. All my life. He went to jail when I was seven months old, like, so…Now, it’s just a cycle, you know…my thing about it. Well, me having a kid was I want to break the cycle…I’m with mines, you know. I don’t care about nothing…nobody’s going to be before them…no, nothing…nothing…there is nothing nobody can tell me about my kids, you know? Those are mine. I know everything down to their toes, the dirt in their toenails…And, it my job to know that.

These young women were motivated to be different kinds of mothers than their own had been; they believed that they could break the cycle of foster care and incarceration. In distancing themselves from their mothers in this way, they were forced to re-examine their own childhood experiences. For some, this resulted in a re-evaluation of their self-worth.

Re-evaluation of Self-Worth

Informants recollected childhoods fraught with separation, insecurity, and disconnection. Pryce and Samuels (2010) argued that motherhood has the potential to help foster youths heal from such experiences. By articulating how they would be different from their own mothers, informants revised their meaning of motherhood. In this way, they came to terms with their own childhood experiences and were able to redefine themselves as worthy of love.

Quaniqua described how her mother’s inability to care for her children led to multiple placements in foster care and Quaniqua’s separation from her siblings. She felt intense anger at her mother and reported it stemmed from her own long-held belief that she was unlovable. She
explained how the love she felt for her daughter sparked a re-examination of her childhood belief as unlovable:

Then, the fact of seeing my daughter, I realized I wasn’t you [her mother]. I can’t be you. I cannot have another baby to give to the system…I didn’t know I would love her as much as I do. I didn’t know I would do anything for anybody other than me and myself. Until seeing her. So, that takes me back to my mother. What wasn’t good enough for you? If she can mean this much to me at fourteen, why wasn’t we [she and her siblings] that for you at twenty? What was the difference? But, then again, it goes back to everybody is their own person. As much as I try to be my mother. I can’t be my mother. Because I’m me. And, that’s what makes me such a good mother. The fact that I am not her…showed me that I am worth something…me realizing…ok, there’s something wrong with you [her mother] and not me. Made a big impact…You couldn’t be our mother for your own reasons – not because of us…Not everybody loves their kids. Some love their kids for money. Some love their kids for looks. I love my daughter for her – down to everything about her. And, it’s…it’s not my mother. It’s not me. It’s her decision – her choice that she made. So, I have to get over it.

Quaniqua re-examined her own self-worth through motherhood. Her love for her daughter helped her realize that she was not to blame for her mother’s abandonment. She recognized that her narrative of being an unlovable child was inaccurate, and that she was indeed lovable. She was able to shift her image of herself when she realized it was her mother’s inability to love her that led to her feeling she was unlovable. She reflected: “having her
[daughter], made me know that I was worth something.” Motherhood helped Quaniqua reexamine her childhood through the lens of her own relationship with her daughter and redefine herself as worthy of love. In this way, she was able to see herself as both loving and lovable and was fundamentally changed by the experience: “She [daughter] gave me something…that I didn’t have in myself…It’s just like a different being in my head.”

Object Relations and Attachment Theory provide context for this finding (Bartholomew & Horowitz, 1991; George & Solomon, 1996; Priel & Besser, 2001). Object Relations Theory identifies how an individual’s concepts of self are internalized in infancy and childhood through relationships with caregivers (Goldstein, 1984; Kohut, 1971). In the development of Attachment Theory, Bowlby (1969) proposed that experiences with caretakers could generate internal working models of the self that shaped an individual’s responses to others in their environment. Describing attachment theory, Payne (2005) wrote:

Through the communication and social interactions that attachment behavior generates, children develop competence in dealing with social situations and, by experiencing the responses of others to them, gain a sense of self-worth and self-esteem. This allows them to develop working models of how the world works.

They internalize models of the self vs. others. (p. 82).

In their Positivity of the Self Model, Bartholomew and Horowitz (1991) classified four dimensions of attachment, based on the degree to which the self is defined as lovable and worthy and the other as responsive (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994).

Attachment theorists assert that early experiences of loss, abuse, or neglect can seriously hamper a child’s ability to develop healthy attachment and healthy concepts of self. Rather, they
develop internalized models of self vs. other that impede healthy interaction (Bowlby, 1969; Payne, 2005). Individuals with negative childhood experiences can also develop dysfunctional attachment styles that affect their own caretaking responsibilities (George & Solomon, 1994; Priel & Besser, 2001; Schwartz et al., 2004). Foster children are particularly at risk for developing insecure attachment styles that interfere with their ability to generate secure attachment to their own children (Schwartz et al., 2004).

However, some studies have suggested that motherhood can be a transformative experience for individuals with negative childhood experiences. Fonagy, Steele, Steele, Higgit, & Target (1994) found individuals have the capacity to shift negative internal models of self by revising their narratives of difficult childhoods. This, in turn, can enable them to shift their insecure attachment styles for the benefit of their own children (Fonagy et al., 1994; Priel & Besser, 2001). Priel and Besser (2001) also studied the transformative experiences of first-time mothers. Through the lens of Object Relations Theory, they suggested that a pregnant woman’s internal representation of her own mother had a significant impact on her emotional attachment to her unborn child. New motherhood provides for a re-examination of one’s own mothering experiences and, therefore, an opportunity to shift internal working models of self and other (Priel & Besser, 2001). In studying the experience of young women in foster care, Pryce and Samuels (2010) found that motherhood provided an opportunity for healing from one’s own mothering experiences.

Quaniqua and other young women developed some aspects of their self-identity through a history of abandonment and maltreatment by important caretakers. They consistently shared mothering experiences that caused them to identify themselves as worthless and unwanted. They
were often rejected and passed over in favor of a sibling, another foster child, a boyfriend, or a drug. While many of these incidents may have been related to the structural oppressions that poor, minority families face, the influence of these incidents on these young women was profound. Their focus on being different from their mothers suggests a re-examination of their mothering experiences in the vein of Priel and Bresser (2001) and Pryce and Samuels (2010). By articulating how they would be different kinds of mothers, they re-examined their self-worth. They were redefining their internal working models of self as both a loving and lovable individual.

**Summary**

Young women in the current study stated they would be better mothers than their own had been. Having experienced childhoods filled with strained relationships, maltreatment, and loss, they were determined to prevent that from happening to their children. At the time of the interviews, they had been mothers for only a short time. The degree to which they might meet these expectations and aspirations in the long-term is unknown. Even so, they were determined to treat their children better than others treated them, to have greater connection to their children, and to maintain responsibility for them. A few were also able to re-examine their own childhood narratives now that they had the perspective of motherhood. They were able to recognize that they were not to blame for their mother’s actions. In doing so, they could re-evaluate their own self-worth and redefine themselves as both loving and lovable individuals. Their newfound self-worth intertwined with their aspirations for connections, control, and independence to give them a greater sense of purpose and hope for the future.
CHAPTER 8: DISCUSSION AND RESEARCH, POLICY, AND PRACTICE

IMPLICATIONS

This study explored the expectations and realities of motherhood for young women in foster care. It addressed following research questions: What were the expectations of motherhood for young women who had been in foster care at the time of their first childbirth? How were these expectations realized or not realized? Through semi-structured interviews, I elicited the stories of burgeoning motherhood for fourteen youths, which revealed a complex picture of their experiences.

Informants’ experiences were influenced by the intersection of race, gender, culture, and class, within the context of foster care. They had a particular intersectional standpoint that informed their expectations and realities of motherhood. How they believed motherhood would shift their connections with others, their control over their own lives, and their hopes for the future reflected their experiences as young, minority women in foster care.

Race, Gender, Culture, and Class within the Context of Foster Care

This study explored how the intersection of race, gender, culture, and class within the context of foster care influenced expectations and experiences of motherhood. I sought to understand informants’ standpoint as young, minority women in foster care and add their voices to the discourse on teen motherhood. The majority of these young mothers described themselves as either African-American or Black; two were from Trinidad. Several described themselves as Spanish, Hispanic, or Latina. The immigration stories of both the Carribean and Latina informants surfaced varying levels of acculturation. Informants did not explicitly discuss how
their racial or cultural identities influenced their expectations or realities of motherhood. However, their narratives revealed many ways in which they did.

As young, poor, minority women in foster care, informants had a shared economic and social history that influenced their life experiences. Slavery, Jim Crow, welfare discrimination, and mass incarceration have oppressed and continue to oppress Black people in the US (Alexander, 2012; Lawrence-Webb, 1997; Roberts, 1997). Black women, in particular, have been labeled as highly sexualized, immoral, and lazy (Roberts, 1997; Solinger, 2000). These controlling images help to promulgate US policies that deny Black women and their children access to the economic and social benefits of society (Lawrence-Webb, 1999; Roberts, 1997). Colonialism in Latin America and the Caribbean also brought racial and cultural oppression; European colonists used tactics of slavery, land requisition, and forced labor to ensure their own wealth and power in these regions (Quijano, 2000). Resulting poverty and political turmoil influenced the immigration of Latino and Caribbean families to the US. Many came with few financial resources, lack of formal education, and a limited ability to speak English (Driscoll et al., 2001; Gutierrez, 2016; Quijano, 2000; Tatum, 1997). These barriers placed them and their children at risk for continued poverty. Latinos in the US are also often the subject of political oppression as a result of their ethnic and cultural distinctions (Cauce et al., 1996; Driscoll et al., 2001; Espin, 1984; Tatum, 1997).

Oppressive policies and practices towards minority families have also influenced the US foster care system. For African-Americans, slavery often led to forced separation of children from their families when sold (Roberts, 1997). Since slavery, policies and practices have continued to promote the break-up of Black families. For example, welfare policies in the early
part of the 20th century punished families for having a “man in the house” (Lawrence-Webb, 1997, p. 11). The subsequent Flemming Rule resulted in the forced removal of children from their homes, under the guise of protecting them from “neglectful” (Lawrence-Webb, 1997, p. 16) parents. Such policies have resulted in the disproportionate number of Black children in the foster care system (Lawrence-Webb, 1997). Foster care is also relevant for the immigrant population. Although the US economy has been dependent upon the supply of immigrant labor, policies have sought to limit immigration with detrimental effects on families (Dreby, 2012; Guttierez, 2016). Recent enforcement policies that stress deportation of undocumented people can result in the separation of children from their parents and foster care placement (Dreby, 2012).

Informants in the current study were transitioning into motherhood within the context of this historical oppression. As poor, minority women they were vulnerable to policies that reinforced their continued poverty and oppression; they were subject to controlling images that reinforced negative stereotypes of them and threatened their own self-worth (Roberts, 1997; Tatum, 1997). Notably, their lives as oppressed individuals also included placement in child welfare. The meaning of motherhood for these young women was informed by this history of oppression.

**Family Experiences and the Meaning of Motherhood**

Informants’ family experiences, including foster care placement, stemmed from these cultural histories of oppression. Scholars have argued that the systematic oppression has resulted in the need for Black women to depend upon one another for communal childcare (Roberts, 1997; Stack, 1974). In her research of a poor, African-American, urban community, Stack
found intergenerational caretaking; a grandmother might be the primary caretaker of a woman’s older children, while she cared for the younger. Immigration also promoted the reliance of Latina women on extended kin. Impoverished conditions in many Latin American countries, combined with the need for cheap labor in the US, resulted in the seasonal or serial migration of immigrant workers. These working mothers relied on family members to care for their children either in their home countries while working in the US, or in the US when they needed to return home (Gutierrez, 2016; Smith et al., 2004; Suárez-Orozco et al., 2011).

These patterns echo in the experiences of the young women interviewed in this study. Almost all had been cared for by aunts, uncles, grandparents, or older siblings at some point in their lives. They reported being raised by a grandparent or living in homes with intergenerational caregivers. One young mother was raised by relatives in Trinidad; she was sent to the US to join her parents at the age of 11. The immigrant parents of others were deported, and they were raised by relatives in the US.

Informants’ family relationships were also deeply influenced by their experiences in foster care. Some came into care while very young, while others entered care as teenagers. Several informants were placed in care as a result of parental abuse or neglect. The catalysts for these placements were their mother’s mental health problems, substance abuse, romantic relationships, or incarceration. Others professed having strained relationships with their mothers; they ran away from home or were voluntarily placed in care by their parents.

As foster care children, informants had little control over their own lives, beginning with involuntarily removal from their homes by the courts or placement in foster care by family members. The result was separation from beloved siblings and other family members that they
could not visit. Although some developed positive relationships with their foster parents, others reported they were unable to trust them. Many reported they were moved from foster home to foster home; sometimes they were removed from foster homes and placed in residential settings against their wishes. Lawyers, social workers, childcare staff, or parents made all decisions about the most important aspects of their lives: whom they lived with, where they lived, and how often they could visit with loved ones. Most prominently, they felt little control over relationships in their lives. Although they reported that they longed to be with their families, they were not able to achieve this. These experiences left these young women feeling isolated and hopeless about their futures.

These family experiences deeply influenced the young mothers’ expectations and aspirations for motherhood. Motherhood was foremost an expression of maturity for them. The onset of sexual development and the capacity to have children signifies a transition to adulthood for many African-American and Latina families. Poor, minority mothers in several studies (Espin, 1984; Jacobs, 1994; Stevens, 2002) recognized how vulnerable their daughters became once sexually active; sexual development signified a need to be increasingly vigilant regarding their daughter’s autonomy and independence. This had the potential to cause conflict within these families, as mothers strived to protect their daughters from the dangers of living in a racist, sexist society, and most significantly, the negative consequences of early pregnancy (Cauce et al., 1996; Espin, 1984; Stevens, 2002). Even so, informants clearly saw motherhood as a passage to adulthood with all of its responsibilities and rewards. Although they recognized the sacrifices that they would need to make and the financial challenges ahead, they were determined to grow up and become adults.
For these youths, a perceived shift to adulthood signified a new chapter in their lives. They wanted to leave the craziness of their experiences foster care behind and were eager to gain control of their own lives, most notably over their relationships. Several thought their newfound adulthood would enable them to reconnect with their families, because motherhood would make their families view them as responsible adults; they also believed that their emotional bond to their own mothers might deepen as a result of their shared, mothering experiences. Stories, such as Jessica sending sonogram pictures to her estranged mother, revealed a deep desire to bond with their mothers over their children. Others studies have reported similar findings about African-American girls who may perceive their developing sexuality as an opportunity to “bond with their mother in sisterhood” (Stevens, 2002, p. 81).

In addition to expectations they could restore connections with families, they believed that they would have endless, unbreakable relationships with their children. Having experienced painful separation from families and people coming and going in their lives, they wanted to create families of their own. Some had planned their pregnancies with their boyfriends to develop their own intimate, family unit. Others hoped that their boyfriends would find a job, and that they would move in together. Previous studies of mothers in foster care reported similar findings (Boustani et al., 2011; Love et al., 2005; Pryce & Samuels, 2010).

Notably, some informants’ strongest connections were with other teen mothers or other adult women from their own cultural communities. They explained how they connected with other teen mothers through the shared experience of parenthood. In some cases, they reported how the mothers of their baby’s fathers or former foster mothers provided them with guidance, support, and love. This was particularly true of African-American and Black informants. This
aspect of their narratives reflected the cultural reliance on fictive kin and extended family articulated in the literature (Fouquier, 2011; Stack, 1974; Suarez-Orozco & Suarez-Orozco, 1995; Tatum, 1997). The history of oppression that has perpetuated poverty and struggle within the African-American community has reinforced a collective responsibility to raise and care for children. Informants in the current study experienced this as children of the African-American community; their connection to other young mothers may also reveal their burgeoning experiences as “othermothers,” (Fouquier, 2011, p. 145) themselves.

Pregnancy and motherhood also transformed the self-perceptions of the youths, who began to see themselves as strong, self-reliant, and resourceful. As Black and Latina women, they had been subject to a variety of negative external controlling images. External stereotypes portray Black women as highly sexualized women who do not meet the dominant culture’s criteria for beauty. Politically, they have been stereotyped as lazy, welfare mothers who have many children in order to gain financial support from the government (hooks, 1981; Roberts, 1997; Rose, 2003; Solinger, 2000; Tatum, 1997; Wyatt, 1997). Latina women may be caught between pressures to adhere to traditional cultural beliefs regarding the role of women and the pressure to acculturate to American values (Espin, 1997; Hurtado, 2005). Studies (Espin, 1997; Hurtado, 2005; Stevens, 2002; Tatum, 1997) have suggested that such controlling images can negatively affect young, minority women’s feelings of self-worth and mastery. Instead, they develop feelings of emotional vulnerability and helplessness.

Informants found that pregnancy and motherhood counteracted these negative stereotypes. Instead, they began to see themselves as strong and self-reliant. Black feminist literature suggests an image of the ideal African-American mother as both a provider and a
nurturer. Faced with the dual tasks of working and protecting children, they are viewed as a source of power and respect within their families and cultural community (Dobbs, 2005; Fouquier, 2011; Ghasemi & Hajizadeh, 2012; Hill Collins, 1986). Some (Kendi, 2016) have argued that this image is a racist idea that serves to perpetuate the oppression of Black women.

Nevertheless, these young women appeared to draw on this image of the strong, undaunted mother. They often found themselves without the support of family, boyfriends, or the child welfare system, but they determined to be responsible. They were highly motivated to be independent and strong; they were willing to work hard to ensure that their babies received good care. They wanted to go to school, to get a job, and to be financially independent. They also stressed the importance of having their own housing. As foster children, these young women had experienced little control over where they lived and how often they might move. They prioritized having their own apartment; they wanted to experience the housing stability that they believed was a marker of independent adulthood.

At the same time, they wanted to be caring and nurturing mothers to their children. Motherhood helped shift their perceptions of themselves to be both lovable and loving individuals. They readjusted their sense of self-worth by comparing their experiences as mothers with their experience of being mothered. They often reported that they would be better mothers. They would have stronger connections to their children, be more patient, and be more attentive than their own mothers had been. Notably, they asserted they would be responsible for their children and never place them in foster care.

Informants found a sense of hope and purpose in motherhood. Motherhood provided them with the motivation to set higher goals for themselves and to begin working toward those
goals. Teen motherhood has been found to be a transformative experience for some adolescents. Other studies (Breen & McLean, 2010) have also found children provided young mothers with a unique source of motivation that changed their lives or young mothers in foster care found a renewed sense of purpose in their connection with their children (Aparacio, 2014; Pryce & Samuels, 2010). Because young women in foster care often see themselves as both unloved and unlovable, the bonds of motherhood may help them revise these self-concepts by providing them with a relational purpose in life (Haight et al., 2009; Pryce & Samuels, 2010). Informants in other studies have reported how motherhood provided them with “glimpses of light in the darkness” and an opportunity for “new beginnings” (Aparicio, 2014, p. 75).

Similar responses emerged in the current study. The young women’s narratives were rich with descriptions of prior hopelessness and lack of motivation. They described how separation from family and abandonment by multiple caretakers caused them to become depressed and unable to focus on their future. Similar to Breen and McLean (2010), informants in the current study claimed that their child changed their lives for the better; they suggested that motherhood helped them adapt to the adversity of their lives. Expressions of hope intertwined with the voices of “connections and relationships”, “control,” and “breaking the cycle.” Their connection with their children brought happiness and joy into their lives. They also had increased desires for self-efficacy and independence. This, in turn, gave them greater motivation and impetus to better their own lives to improve the lives of their children. Identifying how they would be different from their own mothers helped them redefine themselves as both loved and loving. These new experiences generated a sense of hope for the future that they had not previously experienced.
Although the informants were optimistic about their transformations and newfound maturity as mothers, it is not likely these assets will endure. Given numerous studies that report poor outcomes for adolescent mothers and particularly those in foster care (Boustani et al., 2015; Burden & Klerman, 1984; Dworsky & DeCoursey, 2009; Maynard, 1996; National Campaign to Prevent Teen and Unplanned Pregnancy, 2016; Payne & Anastas, 2015; Sawhill, 2001; Wilson & Huntington, 2006), it is likely their aspirations will not result in positive outcomes for themselves or for their children.

At the time of these interviews, these young women had only been mothers for a short period; most of their children were around one year old. Their relationships with their children were new; how these relationships would unfold remains uncertain, particularly as conflicts arise between them and their children during adolescence. Literature about African-American and Latina women suggests that mothers may escalate disciplinary practices as their daughters begin to exercise autonomy and become sexually active (Espin, 1997; Stevens, 2002). Ten of the fourteen participants in this study came into care as teenagers. Many recounted their own mothers’ disciplinary practices and the resulting conflict within the family. Nonetheless, they believed that their responses to their own children would be different and described how they would have better connections with their children; they reported they would react differently if their children got into trouble. It is not clear how this family dynamic might play out for these young mothers either before or when their children reach adolescence or what factors might influence more or less positive outcomes.

Their ability to be different from their own mothers or to protect their own children from the foster care system is also unknown. They were determined to remain strong and resourceful,
often remarking that only they should be responsible for their children. However, they also expressed fear that their children could easily be removed from them and placed in foster care. In fact, children born to teenage parents are more likely than other children to enter the foster care system and to have multiple caretakers throughout childhood (Benedict & Bercun, 2013; Ng & Kaye, 2013). Undoubtedly, institutional racism may also influence these young women’s capacity to keep their children in their care. Numerous studies (Chipungu & Bent-Goodley, 2004; Harris & Hackett, 2008; Hill, 2004; Neuspiel et al, 1993) report that Black and Latina children are removed from their parents more often than White children. In fact, one informant already had already lost her child to foster care. The chances that the other young women in this study would lose their children to care are significant.

Informants in the current study reported that motherhood helped them manage their emotions better. They discussed how important it was for them to develop nurturing, caring relationships with their children; they did not want their children to experience their own emotional dysregulation. However, it is not known if this new-found internal control would continue. Teen mothers report high rates of substance abuse, depression, suicide, and self-harm (Schwartz et al., 2004). Schwartz et al. (2004) suggested that insecure attachment patterns for young mothers transitioning out of foster care could result in non-nurturing parenting styles and an increased risk of physically abusing their children. Other studies (Dworsky & DeCoursey, 2009; Geiger & Shelbe, 2014; Maynard, 1996; Sawhill, 2001; Smithbattle, 2016) have reported that teen mothers with histories in foster care are at increased risk of maltreating their children. Although young mothers in the current study were motivated to be nurturing to their children, the long-term outcomes regarding emotional management is uncertain.
In fact, despite their newfound motivations, many of these young women’s expectations were not met when their children were born. Most significantly, their hopes for bonding with their mothers and their babies’ fathers rarely came to fruition. Although many of their families expressed renewed interest in them, they often continued to feel abandoned and bereft of family. Many of their mothers were unable or unwilling to have their daughters return home; they may have been experiencing their own challenges as poor, minority women in the US. Only a few informants remained in romantic relationships with their babies’ fathers. Many of the fathers were incarcerated; others did not take on the responsibilities of parenting in the way informants had hoped. Informants were starting to experience the “pragmatic psychosocial adaptations” of being a poor, minority woman in America; they were giving up their desire for a “more conventional family formation” (Stevens, 2002, p. 136). Their hopes for independence were also stymied. Most remained in foster care, despite an intense desire to be discharged. They were unable to obtain independent housing, daycare, and employment. They continued to have difficulty attending school and performing well because of their childcare responsibilities. Others complained that they would no longer be able to pursue college and career. They readily blamed their foster care agencies for not helping them re-enroll in school, find work, and obtain independent housing.

**Emerging Adulthood and Foster Care Youth**

Recently scholars claim that adolescent transition to adulthood occurs over several years. Between their late-teens and late-twenties, youths experience a period of instability and self-exploration called Emerging Adulthood (Arnett, 2015). They require both tangible and emotional support to navigate this developmental stage successfully (Arnett, 2015; Berzin et al.,...
2014; Singer, Berzin, & Hokinson, 2013). However, necessary tangible supports may not be available to minority youth (Hope et al., 2015). They are likely to experience barriers to education, employment, and housing due to structural and institutional discrimination (Burton, 1990; Cauce et al., 1996; Geronimus, 2003; Ladner, 1972; Tatum, 1997; Winters & Winters, 2012). The supports needed to navigate this extended developmental phase successfully are particularly weak for those transitioning from the foster care system (Singer et al., 2013). Informants in the current study reported limited support from their agencies. Although many found emotional support from family, other teen mothers, or “othermothers” (Fouquier, 2011, p. 145), the practical supports they needed to successfully transition from care were not forthcoming.

Related to emerging adulthood, Tatum (1996) has argued that Black and Latina adolescents have a growing awareness of the institutional and structural barriers that they face. At the time of the interviews, informants were beginning to experience the social and economic challenges of being young, poor, minority mothers, transitioning out of foster care. They were already subject to the discriminatory practices of the child welfare system. Research (Chipungo & Bent-Goodley, 2004; Harris & Hackett, 2008; Hill, 2004; Neuspiel et al, 1993) has demonstrated that Black and Latino children are treated differently than White children at critical points in the child welfare process, including transitioning out of care. They receive fewer family visits, fewer contacts with caseworkers, and fewer case planning sessions (Courtney et al., 1996). Lack of accessible community-based services in communities of color also negatively influence their prospects for successful discharge from care and progression to a fruitful and independent adulthood. (Chipungo & Bent-Goodley, 2004).
As a result, foster youths are at even greater risk for poverty, homelessness, and incarceration than their non-foster care peers (Mastin, et al., 2013; Schuyler Center, 2009). As teen mothers, study informants were more likely to be poor than women who chose to have children at a later age (Boustani et al., 2015; Burden & Klerman, 1984; Maynard, 1996; Sawhill, 2001; Wilson & Huntington, 2006). Although many stated that motherhood gave them a sense of adult responsibility and maturity, their ability to successfully traverse emerging adulthood is compromised by the lack of systemic support they will receive as foster youth.

Whether informants in this study understood their larger socio-economic and structural deficits was unclear from their narratives. Nonetheless they expressed frustration at their inability to improve the material conditions of their lives. Despite their optimism regarding their future prospects, these young women received little support to complete their education, gain employment, and find independent housing. Some were beginning to lose hope. Paulette said she was no longer thinking about nursing school, remarking, “I don’t feel like I’m doing anything for me right now.”

Although their futures appeared bleak, their newfound motivation and sense of purpose suggests the need for policies to build on optimism these young women reported in the face of considerable obstacles. Important research could help determine under what circumstances similar young woman can achieve or not achieve the aspirations they strongly articulated in this study. Important questions for future research might include: What supports could sustain the potential these young women aspire to? What are the barriers to achievement that interrupt their achieving important life goals? What policies might support bringing similar young women’s
goals to fruition? Are there particular interventions or services available to youth aging out of foster care that would be of particular value to young mothers leaving care?

**Limitations and Implications for Future Research**

The current study had several limitations in its design and implementation. I initially sought to explore how participants came to decide to become mothers. As data collection and analysis proceeded, it was evident that participants rarely expressed any intent or decision to become a mother. Instead, they focused primarily on their expectations and realities of motherhood. In the end, their vision of their lives became the focus of the inquiry. A more iterative process, through which I would have shaped the interview guide in response to initial interviews with informants would have resulted in a more informed data collection process (Morse, Barrett, Mayan, Olson, & Spiers, 2002). With a different focus, I would have been able to gather richer and more detailed narrative data from the informants.

Other limitations concerned recruitment and interview sites. I initially used caseworkers to recruit study participants. Therefore, despite efforts to provide participants with anonymity, their caseworkers might have known the identity of study participants. I offered to meet the young women wherever they felt most comfortable, and most chose to hold the interviews at their agency offices. These issues may have influenced their responses to interview questions, since they may have been reluctant to disclose any negative aspects of their experiences for fear of agency interference.

Some may have assumed that because I am a social worker, I was associated with their foster care agency. They may have felt that I could assist them in some way or that I had some authority over their cases. This may have resulted in them being overly cooperative or
responding to questions in ways that would have represented social desirability. I encouraged their honesty by frequently repeating that I was not conducting this study in my professional capacity as a social worker. I often said that they did not have to participate, could refuse to answer any question, or stop participation at any time. Additionally, practitioners often express concern for these young mothers’ ability to care for their child given limited family and financial resources (Boustani et al., 2015). Informants often expressed fear that their children might be removed from their care. Consequently, it is possible these young mothers might have felt the need to defend their experiences to me or not to reveal any challenges that they faced. Their focus on the joys and transformative experiences of motherhood might have been an attempt to obscure problems they were experiencing as young mothers.

Some of the greatest measures of credibility also could not be obtained. Guba (1981) wrote that one of the most important measures of credibility lie in member checks. Member checks test credibility by having participant’s or people with similar characteristics to the informants read segments of transcripts and the analysis to ensure that the researcher reflects their intended communications. Member checking can also involve having participants verify a researcher’s emerging theories (Shenton, 2004). Unfortunately, I was unable to re-engage any of the fourteen young women who participated in the study or identify young women with similar characteristics. This eliminated the possibility of member checking for this study. Although I did ask several of my colleagues to provide review materials, these individuals were primarily from the same social position as I am. While they had experience working directly with young minority women in care, their social position also challenged their ability to listen to the narratives through a non-hegemonic lens.
Future research would benefit from different sampling criteria. I chose to interview young women over the age of 18 who were already mothers. I asked them to reflect on what their expectations had been at the time of pregnancy. They relied on their memories of this experience to answer my questions. Studying foster youths who are not yet pregnant or who are currently pregnant with their first child might provide different or corroborating information regarding their expectations of motherhood. Younger teens may also experience prospective motherhood differently from older youths.

Future research would benefit from examining experiential differences of informant cohorts related to their age when they entered foster care, the reason for their initial placement, and their number of placements. Informants in my study who entered care at an earlier age tended to have a greater number of placements. Those who entered care older often came into care as a result of voluntary or PINS petitions rather than as a result of neglect or abuse; they reported that they entered care at least partially as a result of their own behaviors. In this report, I did not examine how these factors might have influenced their experiences. Further analysis of these interviews might produce findings that reveal distinctions between these two cohorts. Policy-makers and practitioners may better target supportive services for these young women by having a greater knowledge of these issues.

I designed this study to capture the experiences and recollections of these young women at one point in time. Findings revealed they aspired to better their lives as mothers. In some ways, they began doing so. However, this design did not enable me to learn how long these young women might maintain their motivations or their prosocial values and behaviors. Additionally, they clearly identified that they could not make these shifts without help; they
expressed frustration at the lack of familial and institutional help they received. Although several received assistance and support from “othermothers” (Fouquier, 2011, p. 145), the study did not examine how enduring these mentorships might prove. Nor did it determine how these new found support systems might influence long term outcomes for these young women. The distance between their optimism about the personal transformations they experienced with motherhood and the realities of their expressed circumstances begs for more research about how their lives will ultimately unfold. The study also did not reveal what supports might help these young women maintain their motivation and achieve their goals of finishing school, getting a job, getting their own apartment, and raising their children outside the influence of foster care.

Future research should focus on long-term studies to assess how the experiences of young mothers with histories in the foster care system unfold. How long can these young mothers maintain their prosocial inclinations? What external and internal factors influence the sustainability of their motivation? What might influence the sustainability of any positive family or peer connections? What might support their continued efforts to manage their anger? Studies could further our understanding of how the context of their lives (i.e. family connections, romantic relationships, living situations, institutional supports, etc.) might influence their long-term transformations. Such research could also provide insight into how policy, programs, and practitioners might more fully support these young women’s motivations during this critical time in their lives.

Policy and Practice Implications

This study of informants’ expectations and responses to motherhood has important policy and practice implications. Despite their renewed sense of purpose and motivation, the young
women expressed the need for assistance to achieve their aspirations for themselves and for their children. Their increased motivation suggests that they had internal resilience, at least at the point of early motherhood. Optimism is a characteristic of emerging adulthood (Arnett, 2015; Berzin et al., 2014). However, scholars on both resilience and emerging adulthood (Berzin et al., 2014; Mastin, 2014) have agreed that internal capacity alone is not enough for individuals to adapt and succeed. Rather, they need external supports.

Resilience theorists have argued that social service interventions often focus on pathology and problems. Clients are defined with a “presenting problem” or seen as “at-risk” and therefore in need of services (Payne, 2011, p. 8). This minimizes the perspective of these clients, who do not necessarily experience themselves as at-risk. A more effective approach would identify features of resilience within the individual and/or environment and bolster these factors to increase an individual’s ability to cope and succeed (Masten, 2001; Payne, 2011; Unger, Brown, & Liebenberg, 2007). In this case, resilience within the young women may include their optimism, ambition, and self-perception of maturity. What may be lacking are environmental supports to sustain those factors.

Informants did not have support at a point when they needed it most: as new mothers transitioning out of foster care. They were very specific about some of the critical supports they needed. Their narratives suggested others. Specifically, these young mothers were motivated to finish school, get work, and find housing. Increased school-based assistance and access to flexible, alternative schooling options were important for them. One informant was able to complete her diploma on-line. However, she discovered this option by herself through persistent attempts to contact school personnel. Others were challenged to re-enroll themselves in
educational programs that could support their mothering responsibilities. Collaborative efforts between the school system and the foster care system could help to bridge this gap. Foster care caseworkers also need greater understanding and access to school personnel in order to develop individualized programs that could benefit these young women.

Regarding employment, increased vocational programming would be beneficial to these young women. Programs should provide job readiness and job placement services. Additionally, job coaching could provide these young women with guidance in securing and maintaining employment. Informants expressed the need for affordable and safe childcare, in order to support their school and employment endeavors. Several discussed how their mothering responsibilities prevented them from finishing school or keeping a job. Providing these young women with childcare, at least until they are able to secure consistent income, would improve their prospects for an independent future. Increasing their access to supportive housing would also help these young women to achieve better outcomes for themselves and their children. It would not only provide shelter, but could also provide a one-stop shop of social services and supports to help young mothers more successfully transition from foster care. Supportive housing targeted for young adult mothers may have the added benefit of providing access to other young mothers who could provide additional emotional sustainance, mentoring, and communal childcare options.

Notably, informants sometimes found support and guidance more readily from other young mothers than from their families. This suggests that foster care programs should host forums or groups that encourage young pregnant or parenting women to connect and support one another. Some received support from other adult women outside of their immediate family.
This communal response to parenting may be particularly important for African-American and Black young mothers (Cauce et al., 1996; Fouquier, 2011; Haight et al., 2009; Pecora et al., 1999; Stack, 1974). Service providers should increase opportunities for pregnant and mothering teens to find adult women from within their own cultural communities through credible messenger-type mentoring.

The literature on emerging adulthood for adolescents transitioning out of foster care suggests clear policy interventions. Arnett (2015) argued that emerging adulthood occurs slowly over an extended period of time between the late-teens and late-twenties. Adolescents need both emotional and tangible supports in order to successfully navigate this developmental phase. Research has suggested that adolescents in foster care also require such support (Berzin et al., 2014; Singer et al., 2013). Sadly, they rarely receive it. Many are forced to transition from care at either 18 or 21 years of age with few tangible supports from their foster care agencies.

At the same time, the relational supports they need are often not forthcoming. Most informants in the current study were not returning home to family. Individuals who do provide emotional support, such as extended kin or “othermothers” (Fouquier, 2011, p. 145), were often unable to provide necessary money, housing, or educational assistance (Berzin et al., 2014; Singer et al., 2013). Often these individuals are also poor, minority women; they are faced with similar structural and institutional barriers as the young mothers are. Some policies have been developed that seek to leverage the collective responsibility for childcare found in many poor, African-American communities (Cauce et al., 1996; Fouquier, 2011; Haight et al., 2009; Stack, 1974; Wilson & Tolson, 1990). Kinship foster care and kinGAP in New York State both provide monetary assistance to family members caring for children (New York State Office of Children
and Families Services, 2017; Scannapieco & Jackson, 1996). However, this support ends at age of 18 for most foster youths. They also do not tap into the informal support networks that informants in my study relied upon. These issues suggest that extending the age of emancipation for young mothers in foster care, providing additional years of aftercare support, and/or providing concrete supports to young mothers and their informal support networks might improve their prospects.

This study found that pregnant teens and new young mothers in foster care are motivated to improve their lives. Their new-found motivations occur just as they are transitioning out of foster care. Policies and service providers should increase support to these young women at this critical juncture in their lives. Increased access to school-based support, vocational programming, daycare services, supportive housing, and “othermothers” might improve these young women’s chances of success. Continued research could determine what practices are most promising in building on the optimism expressed by the new mothers in this study.

Conclusion

This dissertation built on existing studies about young mothers in foster care. Findings here supported similar research conducted in locations other than New York City. It explored areas not considered in previous research about young motherhood among youth in foster care. My focus on the expectations these young women had in anticipation of having children was previously unexplored. Most similar research on this subject focused on the effects of motherhood. I found only one article, Boustani et al., (2015), that explored expectations, and these researchers studied expectations from the perspective of youth care workers and not the youths themselves. Finally, I focused on understanding these young women’s experiences of
burgeoning motherhood from their own perspectives. These youths had a particular standpoint as young, poor, minority women (Hill Collins, 1986). Examining their lived experiences surfaced new knowledge unseen from a hegemonic viewpoint. These findings thus broadened the existing discourse that has focused primarily on risk factors and poor outcomes for these young women. They reinforce similar studies (Aparicio, 2014; Love et al., 2005; Pryce & Samuels, 2010) that have demonstrated the complexity of this phenomenon.

This study unraveled a complex experience of motherhood for young women in foster care. Motherhood motivated them and gave them purpose in ways that they had previously not experienced. Emerging from childhoods filled with relational instability, chaos, and powerlessness, they expected motherhood would transform their lives for the better. Despite fears about being unable to provide their children financial support, they anticipated that motherhood would provide them with a host of opportunities. They spoke of goals and hopes for the future. They spoke of a desire to improve connections to their family and to find friends with whom they could share caretaking experiences. Many found a sense of self-worth and joy in their new role as mothers. They developed an increased motivation to return to school, find work, and control their emotions.

Unfortunately, these young women also recognized that the familial and institutional care they needed to fulfill their hopes of transformation was not forthcoming. Although some families increased contact with their daughters once they became mothers, it is unclear how long these reconnections would be maintained or what effect they might have on the outcomes for both the mothers and their children. Other families expressed disappointment in their daughters and reduced contact with them. Despite an intense desire to become independent, their foster
care agencies did not help them obtain independent housing, daycare, school supports, and employment in the way they had hoped.

As emerging adults, informants were only just beginning to understand the structural challenges they faced as young, minority women transitioning from foster care. They were frustrated by their lack of access to housing, employment, and childcare. Many were no longer in a relationship with their babies’ fathers due to the young men’s incarceration or lack of employment; they were beginning to accept that they would be raising their children alone. Other women in their lives gave them emotional support and caring; however, these women were unable to provide for their concrete needs. Despite this, they continued to have great optimism and hope for the future.

Additional research should determine the sustainability of these young women’s newfound motivation in order to learn what policies and practices might further support their prosocial aspirations and their ability to transform their lives in the ways that they hoped. Their motivation is a window of opportunity for intervention. Our current focus on risk factors and poor outcomes for these young women distracts us from identifying and providing them with the supports they need to transition successfully from foster care. These young women are motivated to become self-sustaining adults who can provide for their children’s future success. Motherhood for young teens in foster care is challenging, and risks for poor outcomes are great. At the same time, the ways in which they experience motherhood provides us with an opportunity to engage and support these young women more effectively at this critical juncture in their lives.
Appendix A

Are you a young mother in foster care?

Are you 18 years old or over?

If you are both of the above and wish to participate in a research study, please contact us!!

The study seeks to better understand how young women in foster care make decisions about becoming mothers. The results of this study may help practitioners, programs, and policy makers to provide more effective support to young women in foster care who are in the process of making this decision.

Your participation involves a 1 to 2.5 hour interview for which you will be paid a small stipend.

If you are interested, please contact the principal investigator, Joanna Kibel-Gagne at (914) 320-0453 or motherhood_project@yahoo.com to leave your name and contact information.
Appendix B

INITIAL SCREENING TELEPHONE SCRIPT

**Introductory Comments:** I want to thank you so much you interest in participating in the “Motivations for Motherhood” study and for taking the time to talk with me today. To start with, I just want to introduce myself. I am a graduate student at CUNY and part of my education is to conduct a research study on something that I am interested in. I am interested in learning more about how young women who decide to become mothers while in foster care come to make this decision.

I am calling to see whether you would be willing to participate in a brief 5-10 minute screening questionnaire to see whether you meet the guidelines for participating in the study. Do you have some time to talk now? If not and you are still interested in participating, is there another time that would be more convenient?

Before I begin the screening questionnaire, I want to be sure that you understand all the risks and benefits of participating in the screening process and that you are giving me informed consent to ask you the screening questions. Is that ok?

So, the screening process involves your answering four questions over the telephone with me now. It will take about 5 to 10 minutes. If the screening process deems you eligible to participate in the study, I will then ask you if you would like to meet in person in order to participate in an informed consent process for the main study. The main study is a 1 to 2.5 hour interview at a mutually agreed upon location in which you feel comfortable.

**Possible Discomforts and Risks of the Screening Process:** Your participation in this screening process may involve some risk concerning the confidentiality of the information that you disclose. I have put several things in place to protect your confidentiality should you decide to participate.

First, neither your name nor any identifying information will be written on the screening questionnaire. Rather, your questionnaire will be assigned an identifying letter or code. A list of codes with corresponding names and contact information will be kept on a separate form. Should you not meet criteria for the study or determine that you do not wish to participate, the questionnaire will be immediately destroyed. Should you meet criteria and determine that you do wish to participate in the study, your questionnaire will be kept until the main interview has been completed. The questionnaire, however, will be stored in a separate, locked cabinet from the list of codes with corresponding names and will be destroyed upon completion of the study. All collected data from this screening process will be stored in locked filing cabinets in the home office of the principal investigator.

**Benefits:** There are no direct benefits that you will receive from participating in this screening process. Should you be deemed eligible to participate in the larger study and wish to move forward with your participation, you will be provided with a $20 stipend upon completion of the 1.5-2.5
hour interview. You should know that there are numerous possible benefits to society and to other young women in foster care that can come from this study. Understanding how young women in foster care make the decision to have a child can help social workers better understand the perspective of young women who make this decision and help social workers advocate for services that can effectively support young women who have or who are deciding to become mothers.

**Voluntary Participation:** Your participation in this screening is voluntary, and you may decide not to participate without any prejudice, penalty, or loss of benefits. Please know that you may also decline to answer any or all questions at any point during the screening process. Again, your participation is completely voluntary and you can withdraw your participation in the screening process or the study at any point before, during, or after the screening process.

**Contact Questions/Persons:** If you have any questions about the research now or in the future, you can contact the Principal Investigator, myself, Joanna Kibel-Gagne at (914) 426-4787 or motherhood_study@yahoo.com. If you have any questions concerning your rights as a participant in this study, you may also contact the Hunter College Human Research Protection Program Office, at 212-650-3053 or hrpp@hunter.cuny.edu.

Do you feel that you understand the description of the screening process and that I have let you know about the risks and benefits involved? Do you have any questions about the screening questionnaire? Do you voluntarily agree to participate in this screening process?

*(If individual does not give consent):*  
Thank you for your interest in this research project. I appreciate your help. Goodbye.

*(If the individual does give consent):*  
Great. Please know that I will mark on your questionnaire that you agreed to participate in the screening process. Are you ok with that?

Then, let’s continue. Please let me know your answers to the following questions:

1. How old are you?
2. How old is your oldest child?
3. How old were you when your first child was born?

*(If the individual does not meet criteria for participation in the main study):*  
That’s it! Unfortunately, we are looking only for individuals who are over 18 years old, have a child 4.0 or younger, and who had their first child at aged 19 or younger. However, I really do appreciate your taking the time to complete the questionnaire with me and for your help. Thank you.

*(If the individual does meet criteria for participation in the main study):*
That’s it! Thank you so much for your help. You do meet the criteria for participation in our study. If you are still interested, I would love to set up a time to meet for me to discuss your participation further. Are you ready to move forward with your participation?
Appendix C

INITIAL SCREENING QUESTIONNAIRE

Identifying Code: _________________

The prospective participant has indicated that she understands the description of the screening process and that she understands the risks and benefits involved. She further indicates that any questions that she has regarding the screening questionnaire have been answered. The prospective subject agrees to participate in the screening process.

_________________________________________  _______________________
Signature of Principal Investigator          Date
Joanna G. Kibel-Gagne

Questions:

1. How old are you? _____________

2. How old is your oldest child? ___________

3. How old were you when your first child was born? _______________
Appendix D

CITY UNIVERSITY OF NEW YORK

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Project Title: Motivations for Motherhood: An exploration of young motherhood in foster care.

Principal Investigator: Joanna G. Kibel-Gagne
Graduate Student
CUNY Graduate Center

Faculty Advisor: Deborah Tolman, PhD
Full Professor
Silberman School of Social Work
2180 Third Avenue, New York, NY 10035
(212) 396-7886

Site where study is to be conducted: Participating foster care agencies, Silberman School of Social Work, subject’s home, or mutually agreed upon community location.

Introduction/Purpose: You are invited to participate in a research study. The study is conducted under the direction of Joanna Kibel-Gagne, a graduate student at the CUNY Graduate Center. The purpose of this research study is to better understand how young women in foster care who choose to become a mother in their teenage years come to make this decision. The results of this study may help practitioners, programs, and policy makers to provide more effective support to young women who are going through this decision-making process. The study will involve your participation in a 1 to 2.5 hour interview, which will be digitally recorded. The study uses digital recording in order to ensure that the information obtained from participants is captured in their own words.

Procedures: Approximately 20 individuals are expected to participate in this study. If you choose to participate, you will be asked to participate in this informed consent process lasting approximately half an hour and then, should you consent to continue, in a 1 to 2.5 hour interview with the primary investigator. The time commitment of each participant is thus expected to be
about 2-3 hours. The interview will be conducted face-to-face and digitally recorded. During the interview, you will be asked questions about your decision to become a mother. The informed consent process and subsequent interview will take place at one of several places that you can choose: Your foster care agency, a room at the Silberman School of Social Work in Manhattan, your home, or another community location in which you feel comfortable.

Possible Discomforts and Risks: Your participation in this study may involve several risks. First, some of the conversation during the interview may focus on some sad memories or traumatic events in your life. It is important that you take a look at the interview questions to determine whether you are comfortable with them. Also, please know that you can decline to answer any one or all of the questions at any point during the interview process. You can also decline to participate or have your information be part of the study at any time before, during, or after the interview process. In addition, you will be provided with a list of agencies that can provide counseling services to you prior to the interview so that you can seek counseling should the interview cause you to feel any emotional discomfort.

A second potential risk concerns the confidentiality of the information that you disclose to the primary investigator. Several procedures have been put in place in order to protect your confidentiality should you decide to participate in the study. First, although the interview will be digitally recorded and transcribed, the transcription will done by the primary investigator only and no one else will have access to the recording or the written transcription. Furthermore, the written transcription will not use any identifying information such as your name or the name of your child. Your transcription will instead be assigned an identifying letter or code. A list of codes with corresponding names will need to kept for a brief time should any follow-up interviews be needed. However, this list will be kept locked at all times, separately from the transcript, and will be destroyed once the research project is over. Once transcribed, the digital recording of the interview will also be deleted.

Finally, you should also be aware that the interviewer is a mandated reporter and is therefore mandated by law to notify the authorities of New York State should you disclose any information that may cause the interviewer to have reasonable cause to suspect the abuse or maltreatment of a child. Confidentiality may also be broken should you disclose a wish to hurt yourself or another.

Benefits: There are no direct benefits that you will receive from participating in this research project. However, there are numerous possible benefits to society and to other young women in foster care that can come from this study. Understanding how young women in foster care make the decision to have a child can help social workers and social service programs better understand the perspective of young women who make this decision and can also help them provide and advocate for services that can effectively support young women who have or who are deciding to become mothers. Results from this study can also help to guide policy such that government funding can be directed toward programs that help young women as they are going through this process.
Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. Your refusal to participate in this study, your refusal to answer particular questions during the interview, or your ending the interview will not result in any loss or reduction of benefits you have within your foster care agency. If you decide to leave the study, please contact the principal investigator, Joanna Kibel-Gagne, at any time before or during the study to inform her of your decision. Please know that you may also decline to answer any or all questions at any point during the interview process. Again, your participation is completely voluntary and you can withdraw your participation at any point before, during, or after the interview process.

Financial Considerations: You will receive a small stipend of $20 for your participation in this study. This stipend will be provided to you in cash upon the completion of the interview process.

Confidentiality: You will be audio-recorded during the interview, should you agree to participate in the research study. Any audio-recording will be accessible to the principal investigator only. The principal investigator will protect your confidentiality in several ways. First, all audio recordings will be transcribed into a written format. This written format will not have your name or any identifying information concerning you or your children on it. Instead, the written data will be coded and a list of codes and corresponding names will kept for only a brief period of time should any follow up interview be required. The original audio-recording of any interviews with you and the list with codes and corresponding names will be destroyed upon completion of the research project. All collected data will be stored in locked filing cabinets in the home office of the principal investigator. The list with codes and corresponding names will be kept in a separate locked cabinet from the transcribed interviews.

Contact Questions/Persons: If you have any questions about the research now or in the future, you should contact the Principal Investigator, Joanna Kibel-Gagne at (914) 426-4787 or motherhood_study@yahoo.com. If you have any questions concerning your rights as a participant in this study, you may also contact the Hunter College Human Research Protection Program Office, at 212-6503053 or hrpp@hunter.cuny.edu.

Statement of Consent:

“I (please check all that apply)

☐ have read the above description of this research
☐ have had the above description of this research read to me
☐ give permission for the principal investigator to interview me and to audio-tape the interview

I understand the description of the research project. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntary agree to participate in this study.”
By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

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CUNY UI - Institutional Review Board

| Approval Date: July 12, 2013 | Expiration Date: July 11, 2014 | Coordinator Initials: SL |
Appendix E

INTERVIEW PROTOCOL

Introductory Comments:

I want to thank you so much for meeting with me. Just to introduce myself, I am a graduate student at CUNY and part of my education is to conduct a research study on something that I am interested in. This interview is a piece of that study. I am interested in learning more about how young women who decide to become mothers while in foster care make this decision. You are someone who has said that you made an intentional decision to have a child and so I am hoping that our conversation could help me to understand your experience in making that decision a little bit more. I will ask you questions that can help me to understand your story.

Please know that I will be asking you questions about your experiences and life when you were at the point of making a decision to have a child. Some of our conversation may lead us to discussing experiences, places, and relationships that you may have been involved with prior to and during your decision. It is possible that our conversation may lead us in the direction of some emotionally painful topics. If the conversation turns to topics that you would rather not discuss, just let me know and we can move on to a different topic. I’ll be checking in throughout the interview to make sure you are comfortable and doing ok. Please know that you can also stop the interview at any time if you feel you need to – either for a break or for good. I also have some referrals here for counseling services should you feel that you may need it. I will give these to you now so that you will have them even if we stop the conversation early.

The interview will take anywhere from 1 to 2.5 hours. As you can see, I will be taping the interview so that I can remember what we discuss. However, the interview is confidential. That means that I will not be telling anyone what we discuss here unless they are assisting me with the research. No one at your agency nor your family will hear about anything that is said in this room.

You do need to know, however, that if you tell me about a situation in which you plan to hurt yourself or someone else, I will have to share that information with your caseworker. If you tell me about a situation in which someone else is hurting you, I may also have to tell your caseworker. Finally, if you tell me about a situation in which you or another adult is physically hurting a child or allowing a child to be hurt, I may have to tell your caseworker and/or call the authorities of New York State. Should this need to happen, I will do my best to inform you first, before contacting anyone else, so that we can talk about how to get you the support that you need.

Do you have any questions or comments before we start?

Demographic Questions:
The first thing I would like to do is ask you a few specific questions about yourself:

What is your current age?
How old were you when you gave birth to your first child?
How do you define yourself racially/ethnically?

Main Interview Questions:

Thank you for answering those questions. I would now like to move to the main part of the interview. Remember that you can choose not to answer any or some of these questions or can stop the interview at any time. Is it ok to move forward?

1. So, tell me about your life at the time you became pregnant.
   a. Where were you living?
   b. Who were you living with?
   c. Tell me about the important people and places in your life at the time?

2. Before you were pregnant (or knew you were pregnant, can you describe how you felt, at the time, about becoming pregnant?
   a. Did you want to become pregnant?
      i. If so, what made you feel that way?
   b. Did you not want to become pregnant?
      i. If so, what made you feel that way?
   c. Were you ok either way or unconcerned about possibly getting pregnant?
      i. Can you describe how you felt at the time about getting pregnant?
   d. Are you uncertain about whether you wanted to get pregnant or not?
      i. Describe your thoughts and feelings at the time about possibly getting pregnant?
      ii.

3. Once you were pregnant, what were your thoughts about becoming a mother?
   a. In what ways did you believe that having a child would be good for you?
   b. What appealed to you about having a child?
   c. In what ways did you believe that having a child would not be good for you?

4. How did you expect things in your life to change or not change once you became a mother?
   a. How did you expect your living situation to change or not change? What made you think this?
   b. How did you expect your relationships with important people in your life to change or not change? (friends, the father of the child, your boyfriend/girlfriend, your mother, your father, etc.). What made you think this?
   c. How did you expect things like school to change or not change for you?
      i. How did you imagine you might be treated differently? What made you think this?
d. How did you think things would change or not change for you in foster care or at your foster care agency?
   i. How did you imagine you might be treated differently? What made you think this?
   ii. How did you think it would effect your placement? What made you think this?

5. What about who you are?
   a. How did you imagine becoming a mother would change you? What made you think this?
   b. How did you expect to remain the same? What made you think this?

6. When you were pregnant, who did you talk to about it?
   a. Who gave you guidance? What did they say? How did you react?
   b. Did anyone try to talk you out of it? What did they say? How did you react?

7. Tell me a little bit about the father of your child?
   a. Did you talk to him about your decision to either become pregnant or to keep the baby, once pregnant? Tell me about that discussion.
   b. If not, how did it come about that you didn’t discuss the decision with him?
      i. Did you decide to not talk to him about the decision? If so, what made you decide this?
      ii. Were there other reasons why you did not talk to him about your decision?

8. Were there any experiences or relationships that you had earlier in your life (negative or positive) that might have influenced your decision?
   a. Did you past relationships or experiences with your own family influence your decision in any way?

9. Are there ways in which foster care might have impacted your decision to have the baby?
   a. Separation from own family?
   b. Other aspects of being in foster care?

10. Looking back from where you stand now, how did things change or not change for you?
    a. Did what you expect to happen, happen? Describe how you feel about that? What has it been like for you?
    b. If what you expected to happen did not happen, how do you feel about that? What has that been like for you?
    c. Did anything happen that you did not expect? How do you feel about that? What has that been like for you?

11. Looking back from where you stand now, what kinds of things (services, groups, places, events) were helpful and supportive to you during the time you were deciding to have a child? In what ways were they helpful or supportive?
    a. How did your foster care agency support you or not support you during this time?
12. Looking back from where you stand now, who could have been more helpful to you when you were deciding to have a child? (Foster parents, parents, agency staff, friends, boyfriends, girlfriends, father of your child).
   a. What could they have done to support you more?
   b. Was there anyone else in your life at the time who you wish had been more helpful? What could they have done to support you more?

13. Looking back from where you stand now, what else might have been helpful to you during this time?
   a. Was there anything you needed support with and did not get?
   b. Were there any services or activities that you could have been involved in that could have assisted and supported you more?

14. If you had to make this decision again, would you make the same one? Why or why not?

15. Can you tell me about any other times that you considered becoming a mother?
   a. When were these times (before or after the first time)?
   b. How were the circumstances of your life different or the same?
   c. Who did you talk to for guidance? Who helped you? How did they help you?
   d. What was different from the time when you decided to have your first child? What was the same?

Closing:

That is the end of our interview. Do you have any questions before we end and/or anything that you would like to share with me or ask me? Thank you again for taking the time to share your story with me. It was a privilege to sit here with you and hear about your experiences. Your story will certainly add a great deal of information to the research.
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