"The love that I was missing": Exploring the lived experience of motherhood among teen mothers in foster care

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1. Introduction

Significant pregnancy disparities persist among youth such that teens in foster care experience pregnancy two to three times as often as the general adolescent population (Pecora et al., 2006; Shaw, Barth, Svoboda, & Shaikl, 2010), prompting an increasing level of attention in recent years (e.g., Geiger & Schelbe, 2014). Teen parenthood is associated with a number of poor outcomes, including premature birth, low birth weight, death during infancy (Chen et al., 2007), and overrepresented in the child welfare system (Hoffman & Maynard, 2008). Due to their history of maltreatment, teens in foster care are also at increased risk for developing insecure and disorganized attachment patterns (Cyr, Euser, Bakermans-Kranenburg, & van Ijzendoorn, 2010) and, therefore, experiencing challenges in parenting and a host of serious biopsychosocial problems across the lifespan (Ranson & Uhrichuk, 2008). The overlap of risk factors associated with teen parenthood and attachment problems makes teen mothers in foster care and their children a highly vulnerable population. Yet, studies have shown that although they may struggle significantly, these mothers find a sense of renewed purpose, responsibility, and motivation in their new role of “mother” (Haight, Finet, Bamba, & Helton, 2009; Pryce & Samuels, 2010; Rolfe, 2008).

1.1. Prevalence of teen pregnancy in foster care

Teen pregnancy rates in the U.S. are staggering compared to other similarly developed nations — one and a half times higher than the U.K., three times higher than Canada, and four times higher than France and Germany (United Nations Statistics Division, 2010). American teens in foster care become pregnant at even higher rates, exceeding twice the U.S. national average (Dworsky & Courtney, 2010; Pecora et al., 2006) of 29.4 pregnancies per 1000 girls aged 15–19 years (Martin, Hamilton, et al., 2013). In fact, in one sample, by age 17, one third (33%) of girls in foster care had been pregnant at least once; this number jumped to half (48%) by age 19, and two thirds (71%) by age 21 (Courtney et al., 2007). Given this data, we must consider what factors contribute to the increased risk for young women in foster care to become pregnant.

1.2. Factors related to teen pregnancy and foster care

There are a number of factors that appear to be at work increasing the risk for pregnancy, including early age of sexual initiation (Carpenter, Clyman, Davidson, & Steiner, 2001), early age of first conception (Carpenter et al., 2001; James, Montgomery, Leslie, & Zhang, 2009; National Campaign to Prevent Teen and Unplanned Pregnancy, 2009), and engagement in risky health behaviors such as increased number of sexual partners (Carpenter et al., 2001) and sexual intercourse at age 12–14 (Leslie et al., 2010). A desire or intention to become pregnant also seems to play a major role. For example, in a sample of youth in the...
child welfare system, 22% of women who had gotten pregnant by 17 or 18 and 35% of those who became pregnant between their baseline interview and age 19 had “definitely” or “probably wanted” to become pregnant (Dworsky & Courtney, 2010). In their meta-synthesis of pregnancy and motherhood among teenage girls involved with child protective services, Connolly, Heffetz, and Bohr (2012) note additional contributing factors, including the role of infants meeting teens' emotional needs and inconsistent sexual education.

1.3. Overview of child maltreatment sequelae and teen pregnancy

The experience of child maltreatment is also associated with teenage pregnancy. Child maltreatment is a complex phenomenon including childhood experience of abuse (physical, sexual, and emotional) and/or neglect (e.g., physical, educational, and emotional). It is a serious national concern: child protective services agencies around the country investigated nearly 2.1 million reports of child maltreatment in 2012 (U.S. Department of Health and Human Services, 2013). Neglect persists as the most common type of maltreatment: in 2012, CPS investigations found 78.3% of child maltreatment victims had been neglected, whereas 18.3% had been physically abused and 9.3% had been sexually abused (U.S. Department of Health and Human Services, 2013). Girls are abused at slightly higher rates than boys, and children under the age of one year have the highest victimization rate of any age group (U.S. Department of Health and Human Services, 2013). Many of these children are removed from their families of origin and placed in foster care. Nearly 400,000 children in the U.S. were in foster care in 2012 (Child Welfare Information Gateway, 2013).

For survivors of child maltreatment, the effects can be significant across health (Wegman & Stetter, 2009), education (Chapple & Vaske, 2010; Currie & Widom, 2010), and economic (Currie & Widom, 2010) domains. Child sexual abuse survivors specifically are at increased risk for a host of psychosocial problems such as sexualized behavior as children (Putnam, 2003), chronic pain, somatization disorders (Pecukonis, 1996), poor physical self efficacy, increased rates of alexithymia (Pecukonis, 2009), and depression (Putnam, 2003) in adulthood. As they grow, these children may also experience post-traumatic stress disorder, suicide, sexual promiscuity, and poor academic performance (Paolucci, Genius, & Violato, 2001). Child sexual abuse has further been linked to deleterious effects on the hypothalamic–pituitary–adrenal (HPA) axis and cortisol production, affecting the way in which abuse survivors react to stress (Putnam, 2003). All of these effects can make teen motherhood particularly challenging.

In terms of the specific relationship between child maltreatment and teen pregnancy, Noll, Shenk, and Putnam (2009) meta-analysis found that 4.5 out of 10 pregnant teens have a history of sexual abuse and that sexual abuse increases teens' odds of pregnancy 2.21-fold. Further, in a large prospective, longitudinal study examining child maltreatment effects on teen pregnancy, children who had experienced neglect or sexual abuse were particularly likely to become pregnant as teens, with these experiences being unique predictors of pregnancy beyond other demographic risk factors (Noll & Shenk, 2013).

1.4. Experiences of teen motherhood in foster care

Several studies have explored the experiences of teens who became mothers while in foster care. Connolly et al. (2012) found in their qualitative meta-synthesis of studies of young women involved with child protective services a number of common experiences, including infants functioning to fill emotional voids in their mothers’ lives and a view of motherhood as positive. These positive aspects occurred in the midst of serious issues of mistrust in others and experiences of stigma (Connolly et al., 2012). In their case-based analysis of three resilient African American teen mothers aged 19–20 years in the process of transitioning from foster care to independent living, Haight et al. (2009) describe a number of cultural values through which resilience may be garnered for this population as well as identifying challenges faced by these young women. Participants noted that through tapping into the positive association with children and motherhood in the African American community, they were able to develop a sense of children being “a full blessing” that completes “the bigger hole in your life” (p. 57). Significant challenges were identified by participants to parenting in foster care, most notably financial instability, multiple obligations, stigma, and caseworker negativity. Their management of these challenges incorporated taking “an oppositional gaze,” limiting the impact of negativity and oppression while drawing on strengths to survive and succeed (p. 57). Participants drew heavily on their own sense of self-efficacy and personal agency to navigate difficult situations, during which time “othermothers” (women who serve as mother figures, e.g., foster mothers, aunts, and grandparents) and partners became particularly important. Participants also found great strength in their spirituality.

In their study, Pryce and Samuels (2010) offer a qualitative, interpretive study of how 15 participants’ history of being mothered as well as their other experiences of childhood influence the meaning of motherhood for teen mothers who are aging out of the child welfare system. Pryce and Samuels (2010) note that their participants reported that a period of strain and adjustment marked their experience, but that this was tempered by the sense that being a parent offered the opportunity to draw value from a relationship — a first for many participants. Mothers discussed a new sense of purpose in tandem with painful remembrances of childhood loss. Participants identified a newfound sense of motivation in working for “us” not just for “me.” Although having their own children offered a chance for an emotionally corrective experience, it came at the price of having to examine painful memories from the past that had been left unresolved.

Rolfe (2008) conducted a qualitative study with five focus groups and 28 individual interviews in England focused on exploring the meaning of motherhood for socially excluded young mothers (including those in foster and residential care). She found that mothers in her sample of young women aged 15 to 22 years spoke about motherhood in ways that were very different from how teen parenting is viewed by society. Rolfe specifically noted three main ways of speaking about their experience of motherhood: “hardship and reward,” “growing up and being responsible,” and “doing things differently” (p. 299). The young women in the study noted again and again the critical importance of growing up — “I think you have to grow up when you’ve got a kid,” as one participant stated (p. 305). Participants who had been in foster care in particular noted a sense of needing to prove themselves as mothers, with one young woman asserting

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

Rolfe (2008) states that participants described this need to grow up in neutral terms, as something that is “just one of those things in which you haven’t got any choice” (p. 305). Most participants noted the ability to cope with the new role of “mother” to be a function less of chronological age and more of the degree to which someone is able to be responsible. Rolfe highlights the critical importance of examining the issue of teen pregnancy from the perspective of those directly experiencing it as the insider’s view may differ from that of others (particularly those in power) in society. Without understanding the insider’s view, it will be difficult to work effectively with these clients or to address the structural factors making their lives difficult.

These studies balance the discourse on teen pregnancy in foster care in important ways: first, by bringing the voices of young women who have actually experienced teen motherhood in foster care to the
forefront; second, by troubling the notion that teenage pregnancy in foster care is all about risk. Without diminishing the risks involved, these studies both extend and complicate the discourse on teenage pregnancy in foster care.

1.5. Present study

The literature at present provides us with details on the prevalence of teenage pregnancy among foster youth, factors influencing high rates of these pregnancies, and some beginning discussion of the meaning of motherhood among teen mothers in foster care. The purpose of the present study is to explore the lived experience of motherhood among teen mothers in foster care with a history of maltreatment. The reasoning behind exploring the meaning of motherhood is two-fold. On one hand, the purpose is to inform teenage pregnancy prevention. On the other hand, exploring the meaning of motherhood elucidates practices to give teenage mothers in foster care and their children the very best start possible in cases where a birth occurs. This dual purpose takes a wider view of mitigating health disparities associated with teenage pregnancy in foster care — as a field, we can take steps to prevent pregnancy in our foster youth as well as to diminish health, social, and economic risk if a teen chooses to give birth.

This study adds to the literature on teen pregnancy and parenting in foster care in several important ways. First, the study directly elicits the perspective of those individuals, giving them a voice to express their experiences. This is a critical perspective in the midst of the dominant discourse of teen pregnancy overall as such a social problem and teen motherhood in foster care as such a concern in particular. There are relatively few studies that offer such a perspective. Second, the focus on the relational aspects of how teen mothers interpret motherhood is innovative, and has only begun to be explored in the literature. Third, the study used a method that is well-matched to understanding the meaning and experiences of motherhood among teen mothers in foster care. Interpretative phenomenological analysis (IPA; explained below) (Smith, Flowers, & Larkin, 2009) allows for a deep exploration of the interpretation of motherhood, yielding results useful to a wide range of professionals in their work with this group.

The current study is guided by the following research questions:

1) How do teen mothers in foster care experience motherhood?
2) What people and systems affect teen mothers while parenting in the foster care system, and how are they affected?
3) What teenage pregnancy prevention strategies might be gleaned from understanding the meaning and experiences of motherhood among teen mothers in foster care?

2. Method

In order to examine how teen mothers in foster care experience motherhood, the current study involved 18 in-depth interviews of young women who became pregnant while in foster care. The study employed Interpretative Phenomenological Analysis (IPA) as a method to guide the study design and data analysis (Smith et al., 2009). The current study is part of a larger qualitative study exploring how teen mothers in foster care experience motherhood, multi-system involvement, the unfolding of motherhood and mother–child relationships over time, working to break the cycle of child maltreatment, and transitioning out of foster care.

2.1. Research design, phenomenology, and hermeneutics

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

2.2. Sample

Six women were recruited for study participation, a sample size that enabled comparison across participants as well as an in-depth analysis of each case. Participants were aged 19 to 22 years (M = 21 years) at the time of data collection. Five of the 6 participants were homeless (i.e. without a home, but sheltered) at the time of the study. Five participants were African American; one was Latina of Puerto Rican and Salvadoran descent, born in the U.S. Three participants had one child, one participant had two children, and one participant had three children. Three participants reported at least one abortion, and one had a miscarriage. Participants were aged 14 to 17 years (M = 15.5 years) at the time of their first pregnancy, and 14 to 20 years (M = 16.6 years) at the time of the birth of their first child. The participants had been mothers from between 1 and nearly 7 years at the time of the study. The mothers of all participants were teenagers themselves when they gave birth to their first child. Although types of maltreatment were not specifically elicited during the study, all 6 participants disclosed having experienced neglect, four had experienced physical abuse, two reported sexual abuse, and four reported witnessing domestic violence. Participants were between three and 18 years old (M = 10.6 years) at the time of first formal placement by the child welfare system, and had between two and 17 placements (M = 6.8) during their time in the foster care system. Tables 1 and 2 offer a summary of participant demographics.

2.3. Data collection

Prior to beginning data collection, all procedures were approved by the University’s Institutional Review Board. Data were collected in 2012–2013 over a period of three and a half months. Three interviews occurred for each participant, generally occurring 1–2 weeks apart. All interviews were audio-recorded and transcribed verbatim using hired and trained transcriptionists. All transcripts were checked for accuracy by listening to the audio recording and making line-by-line corrections following initial transcription.

2.4. Data analysis

Data analysis followed a 6-step process outlined in Smith et al. (2009). These steps included: (1) reading and re-reading; (2) initial

<table>
<thead>
<tr>
<th>Table 1: Participant demographics.</th>
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<tr>
<td>Variable</td>
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<tr>
<td>Participant’s age</td>
</tr>
<tr>
<td>Number of children</td>
</tr>
<tr>
<td>Age at first pregnancy</td>
</tr>
<tr>
<td>Age at first live birth</td>
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<tr>
<td>Age at first foster care placement</td>
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<tr>
<td>Number of foster care placements</td>
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noting; (3) developing emergent themes; (4) searching for connections across emergent themes; (5) moving to the next case; and (6) looking for patterns across cases. Each step is discussed below.

During reading and re-reading, taking the first interview of one participant, the transcript was read while the audio recording played. The transcript was then re-read a second time before beginning any coding in a process of immersion of the researcher in the data. In step two, initial noting, the transcript was coded line by line, noting anything that was of interest to developing an understanding of that participant's phenomenology of motherhood. Three categories of comments were made at this point. Descriptive comments pertained to the specific content of what was spoken (the important things that made up the participant's world), whereas linguistic comments referred to the participant's specific use of language. Finally, conceptual comments, frequently taking the form of questions posed to the researcher about potential connections within the transcript, were made. The purpose of conceptual comments is not to pin down meaning or find particular answers, but to open up a dialogue with the data.

Once the full transcript was coded with the initial notation, these initial notes were used to develop emergent themes. The three categories from step two within the large volume of notes were grouped into somewhat broader themes that encompassed the complexity of the initial notation, but began to allow for interconnections between the initial notes. The emergent themes were then organized into broader categories of meaning, called super-ordinate themes. In this way, a structure began to be formed by which the participant's understanding of the phenomenon (motherhood) emerged. Other techniques were used at this point to help with the process of formulating a structure of the phenomenon of motherhood for a particular participant, including polarization (looking at oppositional relationships between themes rather than similarities) and contextualization (connecting pieces of the narrative to one another that may have occurred in different places within an interview or across interviews).

These steps were repeated with each case. In this way, each set of transcripts for each participant was read and re-read followed by a period of making initial notes. Once the notes were made, emergent themes were formed. Finally, connections across emergent themes were found and grouped under super-ordinate themes.

During the final step of analysis, super-ordinate themes and their corresponding emergent themes for each case were compared. Connections between cases were explored, including how themes in one case shed light upon themes in other cases, where there was convergence across participants' themes, which themes appeared especially important, and where there was divergence between participants' themes. The final set of themes across cases is presented here.

### 2.5. Data management

Each participant chose her own alias, allowing for data to be de-identified. As mentioned earlier, voice recordings from each interview were transcribed verbatim by hired transcriptionists using Microsoft Word. During the reading and re-reading data analysis phase, the researcher checked the transcriptions against the recorded interview for accuracy, and then loaded de-identified transcripts into NVivo 10.0 for analysis. Journal entries noting thoughts and reactions as well as points of decision were also logged in NVivo. Any audio-recorded journal entries were transcribed using the voice recognition program Dragon Naturally Speaking and entered into NVivo. A printed copy of each transcript and password-protected flash drives was kept in a locked filing cabinet.

### 3. Findings

How teen mothers in foster care experience motherhood can be described in three themes: Darkness and Despair, Glimpses of Light in the Darkness, and New Beginnings. The influence of people and systems on the parenting of the teens interviewed can be seen in every theme. Each theme has several facets or sub-themes (see Table 3 for a summary).

#### 3.1. Theme one: darkness and despair

Participants talked extensively about difficult experiences in their lives in relation to motherhood. These had powerful and lingering effects on their lived experience — both of being daughters and being mothers.

##### 3.1.1. Darkness and despair: substance abuse

Substance abuse, mainly by biological parents, had a devastating effect on the participants during childhood. Three of the 6 participants reported having two parents struggling with addiction throughout their lives, two had fathers who sold narcotics. One participant often intervened to stop domestic violence between her mother and her mother's intoxicated boyfriend. Although parental substance abuse profoundly affected each participant in different ways, the most common meaning of parental substance abuse for the teens as they grew up was that their parents were simply unavailable and had seemingly chosen drugs over taking care of themselves and being present for their children. As one participant, Brittnay, shared:

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

### Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of participants</th>
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<tr>
<td>Race</td>
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<tr>
<td>Hispanic</td>
<td>1</td>
</tr>
<tr>
<td>Homeless at time of study</td>
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<tr>
<td>Victim of physical abuse</td>
<td>4</td>
</tr>
<tr>
<td>Victim of sexual abuse</td>
<td>2</td>
</tr>
<tr>
<td>Witness to domestic violence</td>
<td>4</td>
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### Table 3

<table>
<thead>
<tr>
<th>Summary of themes and sub-themes.</th>
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<tbody>
<tr>
<td>Darkness and despair</td>
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<tr>
<td>Glimpses of light in the darkness</td>
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<tr>
<td>New beginnings</td>
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<tr>
<td>Substance abuse</td>
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<tr>
<td>Widening the circle of support: babies' fathers and their families</td>
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<tr>
<td>Lessons about motherhood</td>
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<td>Identity as mother</td>
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<tr>
<td>Poverty</td>
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<td>Support from foster care</td>
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<tr>
<td>Hopes and dreams for the future</td>
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<tr>
<td>Breakdown of family ties and disempowerment of communities</td>
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<td>The enduring family</td>
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<td>Love for children</td>
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<tr>
<td>Absence and loss</td>
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<td>Absence and loss</td>
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<td>Education</td>
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live a life not on drugs and be able to have your kids with you? I don’t think she will ever understand. […]

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

[Brittney]

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

This sense of the inescapability of the drug culture and drug addiction was a common thread tying participants’ experiences together. Another participant, Quintavia, described herself as a child (and as an emerging adult) struggling to understand, cope with, and maintain a relationship with her mother despite her mother’s recurrent cycles of addiction:

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

[Quintavia]

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

Substance abuse was considered by the participants to be a widespread problem that characterized their relationship with parents. Several participants connected their parents’ substance abuse to experiences of the larger community. For example, Brittney described her parents within the context of substance abuse in Baltimore City.

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

[Brittney]

3.1.2. Darkness and despair: homelessness

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

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

[Brittney]

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

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

[Erica]

3.1.3. Darkness and despair: poverty

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

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

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

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

[Brittney]

3.1.5. Darkness and despair: absence and loss

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

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

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

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

[Erica]

3.1.6. Darkness and despair: abuse and neglect

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

3.2. Theme two: glimpses of light in the darkness

In the midst of such a breadth and depth of darkness, participants talked about several glimpses of light in their experience of motherhood that, while not perfect, provided support and a sense of hope in the midst of the despair they experienced in their own childhoods.

3.2.1. Glimpses of light in the darkness: widening the circle of support: fathers of the babies and their families

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

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

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

3.2.2. Glimpses of light in the darkness: lessons about motherhood

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

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

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

3.2.3. Glimpses of light in the darkness: support from foster care

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

Foster care is actually a good thing. It can be a good thing for teen mothers, young mothers. It’s not really that bad actually, and while you’re in there, or while they’re in there, take advantage of it because it’s very helpful and it’s, it’s not like they trying to hurt you at all. It might seem like it but foster care’s good. I look at it as a good thing, I really do,... I’m 20 and I wish I was still in there. So you know it has to be something. Once you get mature and realize it. But that’s the thing, you gotta realize it. Be mature. Understand that it’s a good thing. A lot of people don’t appreciate it, ‘cause when I was in there, I didn’t appreciate it and, sadly, I wish I was still in there. [Quintavia]

3.2.4. Glimpses of light in the darkness: the enduring family

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

3.2.5. Glimpses of light in the darkness: education

Experiences of getting an education in the midst of being a mother were cited as major struggles, yet a powerful source of empowerment. A strong belief in the importance of education was present across the majority of participants, the parents of whom had rarely graduated from high school. Although many participants had dropped out of school at some point, all but one of them had returned to high school and either graduated or earned a GED. In addition, all participants expressed a desire to go to college, and five of the 6 participants were either currently enrolled in, or had been enrolled at some time in a community college or four-year university. Participants reported having employed alternative ways of finishing school that allowed them additional time at home with their young children, including night school, online courses, and summer school. Several participants noted the critical input of educators as pushing them to stay in school and to graduate. One participant shared that one principal had picked her and her brother up to bring them to school regularly when their family members had not been taking them. Another participant recounted the story of her principal sitting her down and letting her know that getting an education was no longer just about her, and that she now had her son’s needs and own future education to consider. Tying her son’s wellbeing to her success or failure in school served as a significant source of motivation to seriously pursue her education in order to improve both her own and her son’s future prospects.

3.3. Theme three: new beginnings

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

All of the participants described multiple powerful effects of becoming a mother. First, this was an experience that frequently brought their families together. Family members (especially mothers and fathers) who had not been a regular part of the participants’ lives suddenly became very interested and involved. Second, several participants talked about becoming mothers as giving them a different status, particularly with the fathers of the babies. Finally, becoming mothers gave participants an enhanced sense of motivation and purpose. This, in particular, carried immense meaning for the young women in the study who were at such a point of feeling disconnected, hurt, and uncared for during their childhood and adolescence. As Melanie explained:

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

[Melanie]

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

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

[Brittney]

3.3.2. New beginnings: love for the children

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

He definitely showed me love, like the love I was missing.

[Quintavia]

3.3.3. New beginnings: hopes and dreams for the future

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

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

[Quintavia]

3.4. Finding summary

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

I am very, I am very overprotective with my daughter...’cause I am paranoid.... Just... I get scared sometimes, that she can’t talk, she is a child, [crying]. Children are annoying, so, you know, they could be putting their hands on her, and touching her and stuff like that. Like, I am afraid because I know how guys can be, so I am paranoid. But nothing... I haven’t noticed anything yet. She is fine, and she is happy baby, she’s too happy. I am glad. I think, I would rather have her be hyper than be depressed and stuff. [...] But the sad part about me carrying all the stress, um, I can feel, I think that she can tell that I am stressed out. I have noticed it. She’ll, um... she is not very affectionate, well, she is affectionate but, um, out of nowhere she will come up and start kissing me and hugging me [crying harder] — that is how I know she knows. I don’t want her to know, so I try even harder to hide my stress. And then when I hide my stress it’s like I forget that I am stressed and it... deep inside, I am still stressed. So I will be in my room and bust out crying — out of nowhere, sometimes. I know why I am crying, but it’s, um, that’s how I know just... that, like, um, I need therapy. I need to go back to the therapy.

[Melanie]

4. Discussion

The experience of motherhood of teen mothers in foster care is complex. Interpretative phenomenological analysis of how teen mothers in foster care experience motherhood and how different people and systems affect them while in the foster care system yields a rich model with three themes: darkness and despair, glimpses of light in the darkness, and new beginnings. Together, these offer a rich and detailed model for understanding how teen mothers in foster care experience motherhood and give guidance on both pregnancy prevention and family strengthening.

4.1. Finding meaning in motherhood

It is clear from these findings that motherhood holds a great deal of meaning for teen mothers in foster care, echoing results reported by Connolly et al. (2012), Haight et al. (2009), Pryce and Samuels (2010), and Rolfe (2008). As Pryce and Samuels (2010) noted, becoming a mother brings a sense of hope and opportunity, a chance to parent amid constraint, while serving as a critical time of bringing up past experiences in — often — painful ways. Motherhood is, at once, an experience of
being both a mother and a daughter — each mother is always already someone’s daughter, nestled in a place of duality. For this study’s participants, whose experience of being daughters was often so painful, becoming mothers themselves was immensely powerful. Becoming mothers allowed them opportunities to become someone different, to take on a new role, at a critical point of identity formation — both at the tipping point of adolescence and while living in a foster home away from their families and communities of origin. Motherhood gave them a sense of purpose, someone to be, that was important…someone whose responsibility it was to care for another life. Becoming a mother is likely to be a moving experience for any woman. However, for a foster child who does not often feel important, does not often feel needed by or loved by others, becoming a mother carries immense meaning and is a chance to give and receive love — as Quintaviso so simply, yet articulately, says, “the love I was missing.” This dovetails with Haight et al. (2009) finding that children were identified as providing a sense of purpose and belonging: “it gives me someone to love and I never had love and things like that as a child and to actually be able to give that love to another child and call that child my home is rewarding” (p. 57).

4.2. Additional relational opportunities created by teen motherhood among foster youth

The relational opportunities involved with motherhood for these young women extended beyond the mother–child dyad to also include bringing in additional support from the fathers of the babies and their families as well as from the women’s own estranged family members. Participants discussed the time of having a baby as one where family members came together, if only briefly, as they welcomed this new little life into their family. Imagine — a chance to give and receive unconditional love, to rework and do things the way you want to now within your own little family, to extend your limited social networks, and to bring together a fractured family (even if only temporarily). Considering these relational opportunities, the reasoning for and reinforcement behind becoming a parent at an early age for foster youth comes into clear focus. It is no wonder, then, that 37% of female youth involved with the child welfare system get pregnant by age 15 (James et al., 2009) — even if these pregnancies are unplanned, teens’ choice to give birth is conscious, and perhaps creates an acceptable reality that promises some sense of hope.

The time of pregnancy and early motherhood appears to be a critical period for evaluating and expanding social networks that should be capitalized upon to build in solid support for teen mother–baby dyads. Focused family-based counseling that addresses problems in a relatively short time period, such as Brief Strategic Family Therapy (Szapocznik & Williams, 2000), may be especially helpful at this point in time. Related to this, the fathers of the babies play a crucial role and need to be involved at all areas of service planning and provision. This is especially important given the meaning associated with the absence of the young women’s own fathers and their struggles with involving the babies’ fathers while fostering a relationship that garners the respect they deserve.

4.3. The meaning of motherhood in relation to teen pregnancy prevention

The findings from this study highlight motherhood as filling many identity and relational needs for young women in foster care, as it does for other women. Thus, given the nature of the meaning of motherhood for youth in foster care, it is clear that their sexual health needs are complex and will not be met by simply encouraging abstinence and/or offering access to contraception. Foster youth need comprehensive sexual health services that integrate thorough explorations of their histories, their plans for the future, and their desire for children and a family with discussions about and access to family planning options. Curricula designed specifically for foster youth such as POWER through choices (Becker & Barth, 2000), which is currently under evaluation at multiple sites (National Institutes of Health, 2013), may provide an excellent foundation for sexual health education. A series in teen pregnancy prevention may be strengthened by building in lasting connections whereby teens can find trusted adults to confide in regarding their past maltreatment and their current sexual and relational health.

4.4. Motherhood, mental health, and substance abuse

Findings from this study strongly suggest a need for comprehensive, effective mental health and substance abuse services for families involved in the child welfare system — both for parents of children in care and for youth who are reaching childbearing age themselves and are displaying risky substance use.

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

4.5. Limitations

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

4.6. Implications

4.6.1. Practice

Youth in foster care need tailored sexual health support. The POWER through choices curriculum coupled with ongoing counseling and ready access to health services may help prevent pregnancy. When foster youth become pregnant, seizing the opportunity for strengthening support and rebuilding family connections is key to helping teens navigate the relational word of being both daughter and mother within a very complicated set of circumstances.

4.6.2. Policy

Teen mothers in foster care should always be placed together with their babies (unless the child has been removed from the teen’s care due to maltreatment) and mothers should receive support on how to provide healthy parenting to give a chance for the child to develop a
secure attachment to the mother. Foster parents should receive specialized training and support in order to address the specific needs of these teens. Independent living programs offering specific support to young mothers are critical to transitioning from traditional foster care placements into the community. In addition, education has a critical role in offering a sense of opportunity to young women in foster care. Alternative approaches such as those mentioned by study participants, including online, night, and summer school, should be made available to teen mothers in foster care.

4.6.3. Research

In this study, young women who had become teen mothers in foster care gave voice to their experience, which was, understandably, anything but simple and clear cut. Future research related to this population in each of the themes and subthemes is needed to elucidate how better to work with pregnant and parenting youth in foster care. In particular, how do fathers experience their role when partnered with a teen mother in foster care? An intergenerational study of grandparents, teen mothers, and children would also add additional depth to the conversation about pregnancy and parenting issues in foster care. Other studies might explore how teen mothers in foster care experience sexual health education. Another important contribution would be to investigate the experience of foster parents, social workers, educators, and medical professionals in working with teen mothers in foster care. The results of this study also clearly point to the need to follow teen mothers and observe the effects of their experience on their relationships. For example, what is the impact on attachment security of teen mothers in foster care and their children in the aftermath of mothers’ experiences of abuse and neglect as well as immense experiences of loss? Finally, studies on substance abuse transmission patterns in child welfare involved families that include a teen mother who has been in foster care are critical to protecting both the teen and her children from the further effects of substance use. Although the women in this study did not explicitly state that they were abusing substances (nor was this explicitly asked), they are at risk of such abuse in the future due both to their experiences of trauma (McCaulley et al., 1997) and having one or more parents who abused substances (Merikangas et al., 1998; van den Bree, Johnson, Neale, & Pickens, 1998).

5. Conclusion

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

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