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Phenomenological Analysis of Teen Mothers with a History of Childhood Sexual Abuse

by

Samantha Sabin Watts

Under the Direction of Kevin Swartout, PhD

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

in the College of Arts and Sciences

Georgia State University

2022

ABSTRACT

Intergenerational trauma occurs when a family's unresolved trauma, such as childhood sexual abuse, is passed down to future generations. This secondary qualitative analysis of interviews with women who experienced childhood sexual abuse and then became teen mothers utilizes a social-ecological approach to understanding intergenerational trauma by focusing on the multileveled forces at work in these families. The interviews addressed the women's parenting styles, relationships with their children, self-care, and resources. A phenomenological analysis was conducted using a qualitative tool kit referred to as Sort & Sift, Think & Shift. This approach utilizes an emergent design that allows the data to guide the analysis process. As such, the analysis yielded some unexpected results. Analysis revealed that the teen mothers based their parenting decisions on their experiences with their own mothers in childhood. Important factors identified include 1) emotional support, 2) physical presence, 3) listening and believing 4) protection, and 5) discipline. Additionally, the interplay between 1) family dynamics, 2) housing stability, and 3) increasing earning potential illustrate how the mother's system of support influences their ability to thrive as teen moms. The findings have implications for policies aimed to support teen mothers with CSA history. The mothers' unique circumstances and needs warrant housing and education assistance, as well as comprehensive parenting education.

INDEX WORDS: Childhood sexual abuse, Intergenerational trauma, Teen mothers, Sexual abuse, Child abuse, Parenting

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2022

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August 2022

DEDICATION

I would like to dedicate this dissertation to the people who have loved me and supported me throughout this process. First, my Unicornies, you have been a constant source of support, encouragement, and inspiration. To my parents who have always been my biggest fans, I could not have done this without you. To Katie and Aleigha for providing childcare to give me the time to write. And lastly, to Ace, the reason I do everything I do. I hope that I will always make you proud.

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INTRODUCTION

Is the risk for trauma a heritable characteristic, like eye color or height? Unfortunately, for many families, trauma is passed down through generations like a family tradition. Journalist Brook Bolen described the time when she revealed to her grandmother that her brother had sexually abused her as a child; her grandmother responded by saying it was normal sibling behavior (Bolen, 2017). Tragically, for many families, abuse has been normalized through generations: perpetuating more trauma. Bolen learned that many of her relatives experienced similar types of abuse from siblings and other family members, which created a culture of silence and tolerance in her family. Sexual abuse between siblings is not normal behavior in society, but it was normalized within her family. When she disclosed her abuse to her grandmother, she was met with indifference, forcing her to face the consequences of her family's intergenerational trauma. Intergenerational trauma occurs when a family's unresolved trauma is passed down to future generations (Fraizer, West-Olatunji, St. Juste, & Goodman, 2009). In the case of intergenerational sexual abuse, early victimization increases the odds of future revictimization and attachment problems, bringing on a plethora of lifelong issues for victims and their children. The question is, what can someone like Brook Bolen do to end the pattern of abuse? How can mothers break the cycle and protect their children from being abused? The purpose of this study is to explore the lives of young mothers who experienced childhood sexual abuse to better understand how those early events influence their parenting and how they might successfully end the cycle of violence in their families.

1 CHAPTER 1: THEORIES AND FRAMEWORK

1.1 Scope of the Problem

1.1.1 Defining Child Sexual Abuse

The Rape and Incest National Network (RAINN) defines child sexual abuse (CSA) as “a form of child abuse that includes sexual activity with a minor. A child cannot consent to any form of sexual activity, period. Child sexual abuse does not need to include physical contact between a perpetrator and a child” (RAINN, n.d.). How we define CSA has implications for research, legislation, prevention, and social norms (Mathews & Collin-Venzina, 2019). Variations in definitions contribute to inconsistency in the literature, which hinders the work of researchers, clinicians, policymakers, and prevention efforts. To create an all-encompassing conceptual model of CSA, Mathews and Collin-Vezina (2019) identified three dimensions that constitute CSA. First, the victim is a child, based on development and legal status, and therefore unable to provide consent. Second, true consent must be absent, which excludes two developmentally-mature consenting teenagers from the definition of CSA. Third, the acts in question must be sexual, even if there is no physical contact. This conceptual model of CSA is broad and meant to catch all forms of CSA; however, research has shown that the specific details of one's CSA experience (i.e., age at abuse, relationship to the perpetrator, the severity of abuse) have different effects on adult adjustment (Fatehi, Miller, Fatehi, & Mowbray, 2021). While a cohesive definition is important for research, it is crucial that we also take a closer look at the lived experiences of CSA survivors.

1.1.2 Prevalence and Impact of CSA

In a 2013 international meta-analysis, researchers concluded that 8-31% of girls and 3-17% of boys were victims of CSA (Barth, Bermetz, Trelle, & Tonia, 2013). These findings were

consistent with previous estimates. In the US, RAINN estimates that 1 in 9 girls are sexually abused by an adult before the age of 18. This alarming statistic should be cause for concern and public action. CSA has lasting lifetime effects for victims, including an elevated risk of teen pregnancy, traumatic sexualization, depression, anxiety, dissociative disorders, obesity, poverty, substance dependency, and high risk for revictimization (Trickett, Noll, & Putnam, 2011; Noll, 2005; Trickett, Kurtz, & Noll, 2005). The traumatic effects associated with adult survivors also put their children at increased risk of becoming victims themselves (Noll, 2005; Noll, et al., 2018).

The effects of child abuse are estimated to cost \$124 billion annually in the US due to loss of productivity and the need for health services (Shalev, Heim, & Noll, 2016). Traditional responses to CSA victims typically include individual and family therapy. Unfortunately, CSA-affected victims and families typically underutilize healthcare due to related costs, time, and negative perceptions of therapists (Horowitz, Putnam, & Noll, 1996). Additionally, families from minority backgrounds are the most likely to drop out of therapy services early.

A traditional therapy approach may not be the most effective for treating victims of CSA due to the delayed effects of early experiences of trauma (Trickett, Noll, & Putnam, 2011). Many CSA survivors may not show signs of abuse until they reach adolescence/puberty or other significant life markers such as motherhood. Noll (2005) termed these delayed repercussions "sleeper effects." For these reasons, CSA should be considered a long-term issue influenced by numerous individual and societal factors. Referring CSA victims and families to short-term counseling is not sufficient to ameliorate the long-term effects of abuse; therefore, we should seek to understand the experiences and trajectories of CSA survivors, particularly those who become mothers, to end the intergenerational transmission of trauma.

1.1.3 Long-Term Effects of CSA

Researchers have outlined a long list of adverse physical and mental health outcomes related to CSA experiences. The harmful effects of CSA are not always readily apparent in childhood, but they can show up later in adulthood in many ways. Physically, CSA survivors are more likely to experience gastrointestinal issues, obesity, and physical pain unrelated to disability (Sickel, Noll, Moore, Putnam, & Trickett, 2002; Tonmyr, Jamieson, Mery, & MacMillan, 2008). CSA survivors are also at a higher risk for harm in the form of subsequent rape or sexual assault, substance use, and self-harm (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003). Psychologically, CSA is a risk factor for cognitive maladaptation and academic underachievement (Trickett, Noll, & Putnam, 2011). Later in life, CSA is also associated with depression, suicidal ideation, sexual dysfunction, anxiety, post-traumatic stress disorder, dissociative disorders, memory impairment, lower self-esteem, and somatization (Tapia, 2014).

CSA often leads to a process of traumatic sexualization, in which survivors feel internalized self-blame, objectification, and worthlessness (Henning, Walker-Williams, & Fouche, 2018). CSA committed by a trusted adult figure is also a betrayal of trust, which is connected to rumination, an essential factor in CSA recovery. Survivors of CSA may also experience stigmatizing feelings, believing that they are "damaged goods" because of their abuse. CSA can lead to feelings of powerlessness and developmental arrest, causing survivors to fear they will not be believed or other distorted views about their situation.

Trauma can also lead to adaptive responses, especially with the aid of therapy. Some parents with a history of CSA can better communicate with their children about sex and safety because of their experiences (Anthony et al., 2014). Parental communication plays a vital role in

stopping the intergenerational cycle of abuse (Mendelson & Letourneau, 2015). It is important to consider all the internal and external factors related to a family with a history of CSA.

1.2 An Ecological Approach to Intergenerational Trauma Transmission

One helpful way to conceptualize the complexities of intergenerational trauma is Bronfenbrenner's ecological systems theory (Fraizer, West-Olatunji, St. Juste, & Goodman, 2009). Bronfenbrenner is credited with first defining how individuals' lives are made of concentric circles of systems (Bronfenbrenner, 2000; Bronfenbrenner & Ceci, 1994). With the individual in the center, the expanding circles include the microsystem, exosystem, mesosystem, macrosystem, and chronosystem. The microsystem includes people and settings that the individual interacts with daily (e.g., family, friends, school, work). The mesosystem includes local community systems that the individual is affected by but may not see (e.g., city council, school board). The exosystem includes interactions between the micro and mesosystem that affect the individual (e.g., laws enforced by the city council). The macrosystem includes the larger society, norms, and culture. The chronosystem includes historical factors (what has happened in the past to lead to the current state) and present conditions. An ecological approach to understanding intergenerational trauma allows researchers to avoid focusing on what the victim did or did not do; Instead, it focuses on the multilevel cultural forces at work in families affected by CSA (Grauerholz, 2000).

Another helpful way to conceptualize community and individual traumas is thinking of them like a tree (Ellis & Dietz, 2017). Community traumas--such as poverty, violence, and unemployment--are the roots of the tree. Individuals who grow from the roots then experience their own traumas, such as abuse, mental illness, and homelessness. Trees grown in soil tainted by community trauma do not have the same opportunity to grow and prosper. Individuals born in

traumatized communities are at greater risk for future trauma. Extending the metaphor further: seeds from traumatized trees are passed on, and future generations growing in the same soil bear the consequences of their shared history. The metaphor of a living forest demonstrates how the deep roots of community trauma function through time, affecting multiple generations of a family.

The social-ecological model and the root-tree metaphor illustrate how individuals are connected not only to their families, communities, and local systems; but also connected to past events. The social-ecological model therefore should not be thought of as stagnant and 2-dimensional; instead, it is more helpful to think of it as a living forest, where everything is connected and interdependent through time.

2 CHAPTER 2: RELEVANT RESEARCH FOR THE CURRENT STUDY

2.1 Misconceptions about CSA

The public holds many misconceptions about CSA. McGuire and London (2017) designed a study to compare college students' beliefs about CSA to facts accepted by experts. Although they found most students were correct in assuming a majority of CSA victims are female and a majority of CSA perpetrators are male, they also held many inaccurate beliefs. For example, many students falsely believed that CSA leaves behind physical evidence, that repression and recovery of CSA memories are common, and that a lack of negative emotions from a child indicates a false allegation of abuse. However, the impact of CSA on children is highly variable. In fact, it is estimated that about one-third of child victims show no clinical symptoms of their abuse (Collin-Vezina, Daigneault, & Hebert, 2013).

Another common misconception is that individuals with low socioeconomic status (SES) are more likely to abuse their children. The literature consistently draws links between low SES and child abuse; however, this is misleading, as it is more accurate that families with low SES are just more likely to be involved with Child Protective Services (CPS) in general (Collin-Vezina, Daigneault, & Hebert, 2013). Because CPS services often include food and childcare assistance, low SES families often utilize CPS services even when there are no child abuse allegations. Although it is true that low SES is linked greater likelihood of CPS involvement, CSA is the most substantiated type of child abuse for families with moderate to high SES (Drake & Pandey, 1996). High SES families have a higher rate of CSA cases relative to their overall number of reported CPS cases compared to low SES families. Cases of CSA are not tolerated by any SES group, and thus are most likely to be substantiated and handled accordingly (Drake & Pandey, 1996).

Although there has been much research on the causes and effects of CSA, much of the existing literature does not focus on young mothers navigating parenthood in the wake of abuse, a particularly vulnerable and important group. Public misconceptions about CSA fuel a culture of silence that helps perpetuate intergenerational abuse. The current study aims to resolve misconceptions about teen mothers with CSA history by giving them a voice and letting them share their experiences in their own words.

2.2 Social-Ecological Model Applied to CSA

Unlike other types of child maltreatment, CSA prevention involves individual, family, and community level factors (Guastaferrro, Zadzora, Reader, Shanley, & Noll, 2019). Several researchers have used a social-ecological approach to understanding CSA (Belsky, 1980) and sexual violence revictimization (Grauerhaus, 2000). When conceptualizing CSA, factors that the individual brings to the system, such as the age at which they were abused, and the severity of the abuse, operate at an ontological level (Belsky, 1980). Individuals respond to trauma in differing ways (Belsky, 1980; Grauerholz, 2000). Responses to trauma can be physical (e.g., somatization), emotional (e.g., anxiety, depression), cognitive (e.g., shame), behavioral (e.g., substance use), or interpersonal (e.g., avoidance) (Weisner, 2020). To understand intergenerational CSA transmission, we should consider the ontogenic level factors that parents bring to the setting, including their own history of abuse, their knowledge of childcare and development, and their own beliefs about CSA.

Factors specifically linked to abusive incidents--such as the age of onset, the severity (e.g., penetration), relationship to the perpetrator, and the duration of abuse--impact mental health outcomes. Severity and relationship to the perpetrator have been most closely associated with adverse outcomes for survivors, such as anxiety, depression, and dissociative disorders

(Noll, 2005). Mothers with a history of CSA who experience dissociative symptoms may have feelings of powerlessness and not recognize signs of danger, which puts mothers at greater risk for revictimization and to miss risk cues that might signal their children are at increased risk for abuse (Noll, Trickett, Harris, & Putnam, 2009). Because not all cases of CSA are the same, the ontological level of the social-ecological model helps to explain how CSA trauma becomes an intergenerational issue.

At the microsystem level, mothers with a history of CSA face a variety of challenges. For example, for the same reasons that survivors of CSA are at risk for revictimization, they are also at risk for partner violence (Arata, 2000). A history of CSA has also been associated with poverty, increased likelihood for high-school dropout, and unemployment (Noll, Trickett, Harris, & Putnam, 2009). The increased risk for these challenges further marginalizes victims of CSA.

At the macrosystem level, increased neighborhood poverty and violence are associated with increased reports of child maltreatment (Drake & Pandey, 1996). In an analysis of the relationship between neighborhood poverty and child maltreatment, there were more substantiated CPS reports in high poverty areas when accounting for physical abuse, neglect, and sexual abuse. However, CSA was the most reported type of maltreatment in low poverty areas. Also related to community SES levels, lack of stable housing, unemployment, and social isolation at the community level also correspond with more child abuse cases (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007).

Research on neighborhood characteristics has revealed many links to CSA (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). Neighborhood conditions can influence how individuals define, recognize, and report child abuse. In areas with high CPS involvement, neighbors may be more sensitive to reporting CSA. Economic disadvantage may result in

families not having many choices about where to live. Low SES areas experience frequent residential turnover, which leads to low levels of social support; an essential factor for reducing the risk of CSA.

Culture and norms found at the mesosystem level also contribute significantly to the perpetuation of CSA (Prilleltensky, Nelson, & Peirson, 2001). A society's values are reflected in its social policies. Policies concerning family benefits (e.g., welfare, child support, food stamps), childcare (e.g., affordable childcare programs), and parental work leave benefits contribute to a family's ability to protect children from abuse. Societal gender norms also influence CSA rates. The inequalities between men and women put CSA mothers at a disadvantage economically and socially.

Lastly, norms around violence contribute to how we define and recognize child abuse. Violence is tolerated as a means of control and power (e.g., police brutality, military mentality, corporal punishment). Additionally, children are viewed as property of their parents who need to be controlled. Children are perhaps the most vulnerable group because they cannot organize or advocate on their own behalf (Prilleltensky, 2001). A society's views on gender, violence, and child-rearing contribute to the level of tolerance for child abuse (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007).

By unpacking the factors related to CSA at each ecological level, we can understand how abuse experiences can be intergenerational. The lasting effects of CSA at every ecological level can cause mothers to lack valuable protective resources to prevent CSA from reoccurring in their families. To dismantle the intergenerational trauma system, we need to understand mothers' perspectives and how these factors relate to their lives and their parenting.

2.3 CSA Intergenerational Transmission

Victims of child maltreatment are more likely to become perpetrators as adults (Banyard, Williams, & Siegel, 2003), and victims of CSA are also more likely to become teen mothers (Noll & Shenk, 2012; Noll, Shenk, & Putnam, 2009; Madigan, Wade, Tarabulsky, Jenkins, & Shouldice, 2014). Together, these two pieces of information highlight a specific group of at-risk mothers and children where the cycle of abuse may be stopped. Research has demonstrated the intergenerational nature of CSA trauma time and time again. To understand how CSA becomes an intergenerational problem, we must first understand how intergenerational trauma operates. Intergenerational trauma is comprised of historical traumatic experiences that affect more than one generation of a family (Fraizer, West-Olatunji, St. Juste, & Goodman, 2009). Intergenerational trauma is often accompanied by a culture of silence within a family where traumatic experiences are not discussed, leading to loneliness, isolation, and mistrust. This pattern of silence contributes to the continued transmission of trauma. The effects of traumatic sexualization are additive, meaning early CSA can result in powerlessness that aids the revictimization and transmission of violence within a family (Arata, 2000).

Children born to mothers with abuse histories are 30% more likely to experience abuse of some kind themselves (Banyard, Williams, & Siegel, 2003). Although mothers are rarely the perpetrators of CSA, a mother's history of CSA can predispose children to greater risk (Lev-Wiesel, 2006). Children born to mothers with a history of CSA are more likely to be born prematurely, have CPS involvement, have a mother with psychiatric problems and substance dependence, and be exposed to domestic violence (Noll, Trickett, Harris, & Putnam, 2009). Along with the other struggles of becoming a teen mother, these new moms must face their own trauma while also combatting the effects of intergenerational trauma.

2.4 CSA and Parenting

The effects of CSA may not be readily apparent as survivors enter motherhood. Many negative outcomes associated with CSA do not manifest until late adolescence or adulthood (Trickett, Noll, & Putnam, 2011). However, CSA can have lasting effects on individuals as they become mothers. Women with a history of CSA are at risk for various adverse outcomes that affect their parenting abilities and quality of life. For example, women with a history of CSA have more gastrointestinal and gynecological issues than those without CSA history (Sickel, Noll, Moore, Putnam, & Trickett, 2002), and they report more general physical pain (Tonmyr, Jamieson, Mery, & MacMillan, 2005). Although CSA survivors experience more physical maladies, most general practitioners do not screen for CSA and therefore cannot offer any early interventions (Lee, Lee, & Kulkarni, 2012).

In addition to physical symptoms, CSA victims are also at greater risk for a host of other adverse life events and conditions, including further victimization and harm. Women with CSA histories are also twice as likely to be raped in adulthood, twice as likely to be physically assaulted, and four times as likely to engage in self-harm (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003; Barnes, Noll, Putnam, & Trickett, 2009). The self-blame and severity of the original trauma moderate the likelihood of experiencing further trauma (Tapia, 2014). The effects of those subsequent traumas create a feedback loop where victimization increases vulnerability to future victimization, and the effects can be cumulative (Pittenger, Huit, & Hansen, 2015). Moreover, CSA has been linked to PTSD, depression, suicidal tendencies, memory impairment, somatization, substance use, sexual distortions, early onset of sexual behavior, obesity, teen pregnancy, and poverty (Noll, 2005; Tapia, 2014).

Mothers with a history of CSA may perceive they were not protected as children and then fear they will not be able to protect their children from abuse (Armsworth & Stronk, 1999). They may carry negative views about themselves as parents, seeing themselves as detached and lacking parenting skills (Armsworth & Stronk, 1999). Additionally, intergenerational relationships between mothers and grandmothers may be particularly important in families with a history of CSA. One study found that in a sample of African American families with intergenerational CSA, positive relationships between mothers and grandmothers were predictive of mothers' successful adult functioning and social support, both of which have been found to protect against CSA in subsequent generations (Leifer, Kilbane, Jacobsen, & Grossman, 2004).

In the generational transmission of CSA, children may be abused by either the formerly abused parent, a resident parent or non-parent, or possibly someone other than a parental figure (Font, Cancian, Berger, & DiGiovanni, 2020). In cases where the abused parent is the perpetrator, social learning theory may explain the transmission of trauma. However, in cases of CSA, mothers are rarely the abusers of their own children, which may discredit the applicability of social learning theory in the case of CSA as opposed to other forms of abuse (Kreklewitz & Piotrowski, 1998).

In cases where an abused parent is the primary caregiver and a non-abused parent figure is the child's abuser, the transmission may be explained by learned helplessness. Parents with a history of CSA may be more likely to choose abusive partners or not recognize the signs of abuse (Font, Cancian, Berger, & DiGiovanni, 2020). The relationship between CSA and parenting is complicated. Survivors and their responses to trauma are not a monolith. Research has identified some positive and negative effects on parenting for CSA mothers, but there is a lot to be still understood.

2.4.1 CSA and Parenting Struggles

The adverse effects of CSA influence mothers' parenting styles and parenting abilities. Mothers with a history of CSA are generally less emotionally available to their children, spend less time with them, and view themselves as more ineffective parents (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015). Mothers' CSA history is related to anxiety, which then negatively influences time spent with their children (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015). CSA history can cause mothers to have attachment issues with their children, as they tend to have insecure or avoidant attachment styles. (Kwako, Noll, Putnam, & Trickett, 2010).

Strained parent-child attachments create barriers to communication. Parental communication about safe sex and abuse is critical for helping children identify abuse and talk to their parents. In parent-child dyads where open discussions about sex are avoided or are negative, children are less likely to report abuse to their parents (Smith & Cook, 2008). Mothers with a CSA history are also more likely to use physical violence with their children (Montgomery, Just-Ostergaard, & Jervelund, 2019), which can further damage the parent-child bond. Trauma may also influence mothers' ability to have insight into their children's inner thoughts, feelings, and behavior and respond sensitively and appropriately (Koren-Karie & Getzler-Yosef, 2019). If mothers are unable to resolve their own trauma, they may not be able to see their children's experiences as separate from their own history, needs, and anxieties.

It is commonly believed that mothers should naturally want to protect their children. It would then stand to reason that if a mother had been the victim of CSA, she would feel more significant anxiety that her child could be a victim; thus, she would be hypervigilant to protect her child (Lev-Wiesel, 2006). Mothers can play various roles in the transmission of CSA, ranging from being a passive bystander to a perpetrator. The transmission of violence does not

occur in one uniform way but depends heavily on the mother's ability to cope with her own trauma.

Even with therapy, sorting through CSA trauma can be a lengthy process. Improving self-awareness and reflection skills through therapy can decrease a mother's risk for unwittingly transmitting intergenerational abuse (Baker, 2001). Unfortunately, many survivors of CSA do not seek mental health treatment and therapy (Horowitz, Putnam, & Noll, 1996), leaving their children vulnerable to intergenerational trauma.

Although it is easy to identify potential weaknesses for teen-mother CSA survivors, it is detrimental to take an uncritical view of mothers with a history of CSA trauma parenting deficiencies while ignoring their strengths (Breckenridge, 2006). Most of the research in this area has been done with clinical samples in which the mothers with a history of CSA trauma were already seeking professional help, and control samples are typically pulled from non-clinical populations (Breckenridge, 2006). Additionally, mothers with a history of CSA are not a homogenous group, as they can have vastly different levels of psychological functioning (Breckenridge, 2006).

2.4.2 CSA and Parenting Strengths

An uncritical view that does not consider the history and strengths of intergenerational sexual abuse survivors often taken in research leads to negative consequences for those with a history of trauma (Armsworth & Stronk, 1999). Some have argued that most studies to date have focused on correlations between CSA and parenting; thus, they cannot make any causal claims about the effects of CSA on mothering (Breckenridge, 2006). The difficulties faced by CSA mothers may not be that different from all parents. One study comparing mothers with and without CSA history found no differences between the two groups regarding anxiety, depression,

cognitive problems, or PTSD symptoms (Baril, Tourigny, Paille, & Pauze, 2016). There were also no differences in family functioning on mothers' relationships with their children. It is essential to focus on the parenting successes of mothers with a history of CSA to build upon their existing strengths (Breckenridge, 2006).

Mothers with CSA history have been found to engage in many protective behaviors to reduce their children's risk for CSA, including limiting contact with suspicious individuals, delaying contact between their children and new romantic partners, limiting contact with the mother's original abuser, and showing extra concern about childcare providers (Lange, Condon, & Gardner, 2019). Despite often feeling inadequate in their parenting, mothers with a CSA history are also more likely to teach their children about proper sexual behavior, use the correct terms of genitalia, and talk to their children about abuse (Lange, Condon, & Gardner, 2019).

A mother's history of CSA is in no way a definitive sentence for her children. Research has shown that mothers' ability to consider the effects of their own trauma without dissociation can increase their ability to identify risks, regulate their fears, and be better able to protect their children from CSA (Borelli, et al., 2019). Mothers with a history of CSA may also be better at communicating with their children about sexual behavior (Anthony, et al., 2014). In the case of CSA, parents are in an advantaged position for prevention and early detection compared to professionals (Reppucci, Jones, & Cook, 1994). Good parent-child sexual communication can be a protective factor for reducing childrens' sexual risks (Wortel & Milan, 2019). Positive family communication about sex and safety has been linked to increased contraception use and delayed first sexual activity (Mendelson & Letourneau, 2015). In cases where mothers had a history of CSA, both mothers and daughters reported talking more about sexual behavior and being less embarrassed during the conversations (Wortel & Milan, 2019). Mothers with a history of CSA

were better able to identify their daughters' feelings and felt more comfortable having difficult conversations surrounding sex.

The opportunity to become a mother may be a healing experience for some women who see it as a chance to provide the protection and security that they were denied in childhood (Lange, Condon, & Gardner, 2019). While teen mothers with CSA history may face many additional barriers, they also have a unique opportunity to end a cycle of violence within their families.

2.5 Research Goals

The present study is a secondary qualitative analysis of interviews with young women who experienced CSA and became teen mothers. The participants initially participated in a longitudinal study on the effects of childhood sexual abuse on adolescent girls. After the completion of the longitudinal study, participants who had children during or after the study were invited back to participate in a one-time in-depth interview. The interviews focused on the women's parenting styles, relationships with their children, self-care, and resources. The present study has two main goals:

2.5.1 Research Goal 1

Identify and describe the pathway(s) connecting mothers' experiences with CSA and their parenting decisions.

2.5.1.1 Related Research Questions (Goal 1)

1. How do mothers discuss their parenting decisions in light of their trauma history?
2. How are community and family level factors related to the individual pathways?
3. What connections do mothers perceive between their trauma and their parenting decisions?

2.5.2 Research Goal 2

Identify and describe differences in the pathways between instances when a cycle of intergenerational trauma is perpetuated and when it is not.

2.5.2.1 Related Research Questions (Goal 2)

1. How do the pathways differ between instances where violence is transmitted from one generation to the next and not?
2. Where are the critical junctures where intervention and prevention may be possible?
What might be done at those points to intervene?

The purpose of this study is to understand how teen mothers who experienced CSA see the role of their trauma influencing their parenting. Although previous research has highlighted a consistency of trauma across generations, this study aims to identify and describe the connections mothers describe along their pathways to, and through, parenthood. Second, this study focuses on positive take-aways that can be built upon to break the cyclical nature of CSA intergenerational trauma. This study utilizes a socio-ecological framework to examine ways that the mothers' experiences relate to the multiple system levels at play.

3 CHAPTER 3: PARTICIPANTS AND METHODS

3.1 Participants and Study Background

The present study is a secondary analysis of data collected as part of a much larger longitudinal study on the effects of childhood abuse on female adolescents (Noll & Shenk, 2012). In the original study, 275 maltreated girls participated in annual assessments from 2007 to 2012. Assessments began when the girls were between 14-17 years old until they reached 19 years of age. Participants were recruited via child protective services (CPS) agencies. Criteria for inclusion in the maltreatment group included at least one instance of child maltreatment in the previous 12 months substantiated by a CPS investigator. Physical abuse was defined as physical aggression by an adult caregiver, which results in physical evidence of an assault. Sexual abuse was defined as genital contact, penetration, or attempted penetration by a caregiver or someone at least four years older than the victim. Neglect was defined as abandonment or failure to provide basic needs such as supervision, food, clothing, hygiene, and safety. Many children experienced multiple types of abuse. Participants were classified based on their "primary" substantiated type of abuse as defined by the CPS caseworker. Of the 273 maltreated girls, the substantiated cases included 31% physical abuse, 49% sexual abuse, 15% neglect, and 5% multiple types of abuse.

A sample of 239 demographically similar non-maltreated girls was also enrolled in the annual assessments. The control group participants were recruited by posted flyers at a pediatric hospital. The non-maltreated and maltreated samples were matched by gender, race, income, and family composition. The matched sample was recruited from the same catchment area of a large urban pediatric hospital in the Midwest region of the United States. To be eligible, the matched participants must have had no self-report of maltreatment or CPS record of maltreatment. Based

on maltreatment history, 37 control participants were excluded from the study. To be eligible for the study, all 514 participants had to have never had any pregnancies, be able to read and understand English, not reside with their perpetrator for the last 12 months, and have an available caregiver who could provide written consent.

The adolescents completed an annual assessment for four years, or until they reached age 19. The retention rate was 97.5% for the entire study. The final sample size was 435, with 266 maltreated individuals and 169 comparison individuals. At the initial assessment, the participants had a mean age of 15.26 ($SD = 1.07$), a median family income of \$30,000 to \$39,000, and 57% came from single-parent households. The racial composition of the sample was 43% white, 48% African American, 8% biracial, 0.5% Hispanic, 0.5% Native American.

At the end of the longitudinal study, 70 participants had become teen mothers (16 in the comparison group and 54 in the maltreated group). The researchers obtained hospital labor and delivery records to confirm delivery. The results of the initial longitudinal study revealed that young women who experienced sexual abuse or neglect were over 2.5 times more likely to become teen mothers, even when controlling for other known risk factors. The teen mothers were contacted and asked to participate in a follow-up qualitative interview (see appendix A). For clarity, the interviewees will be referred to as Gen2 and their mothers will be Gen1. The children of the interviewees will be referred to as Gen3. Of the 70 teen mothers, 45 agreed to participate. Of the follow-up interview participants, 18 had experienced sexual abuse, 7 experienced physical abuse, 7 experienced neglect, and 13 experienced no abuse in adolescence. The proposed study will focus exclusively on the interviews conducted with the 18 mothers who experienced sexual abuse (see Table 1). In the interviews, not all the participants disclosed the details of their abuse; however, based on the majority who did disclose, the average age of onset of CSA was 12.7

years of age. Most of the reported perpetrators were fathers, stepfathers, or mother's boyfriends (n=7). Other perpetrators included a stranger, a peer, a cousin, an adoptive brother, an aunt's friend, and two cases of statutory rape. The participants' ages at the time of the interview and the age of their oldest child are included with their individual quotes for additional context.

Table 3 Participant Demographics

Demographics	n	%
Race		
White	8	44%
Black	9	50%
Mixed Race	1	5%
Number of Children		
1	12	67%
2	6	33%
Education		
7th-8th grade	1	5%
9th-11th grade	6	33%
High School/GED	9	50%
Vocational/ Trade School / Associates degree	2	11%
Employment		
Employed	9	50%
Unemployed	9	50%
Income		
Under \$10,000	14	78%
\$10-19,999	2	11%
\$30-39,999	1	5%
\$60-69,999	1	5%
Relationship Status		
Single	15	85%

Married	3	16%
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3.2 Methods

The hospital's institutional review board approved the methods and procedures used in the original longitudinal assessment. Consent was obtained from all participants' caregivers. Additionally, assent was obtained from participants before each assessment. Each family was compensated \$20 for each annual assessment that they attended. At the end of the longitudinal study, the methods and procedures were updated and again approved to include follow-up interviews with the participants who became mothers.

The teen mothers were recruited to return to the pediatric hospital to complete a follow-up qualitative interview about their experiences as mothers (see appendix A). The interviews were semi-structured with open-ended questions and lasted between 60-90 minutes. The interviews took place at the hospital and were audio-recorded. Participants were given information about the research study and ensured that their information would remain confidential before consent was obtained. Demographic information was collected about the mothers' relationship status, living situations, education, employment, and CPS involvement. The semi-structured nature of the interviews let the questions serve as a guide and allowed the participants to guide the direction of the conversation. Participants were compensated \$100 for their time.

The interviewers followed an interview guide with specific questions and instructions for probing answers. Before the interview began, participants were told to ask to switch topics or skip questions if they did not wish to answer. The questions were designed to explore the participants' experience of becoming and being a teen parent while letting the interviewee guide

the conversation toward meaningful topics. The semi-structured nature of the interview guide allowed for the possibility of unexpected topics to emerge from the conversations. The interview guide was divided into four parts: 1) Reactions, decisions, and responses from others, 2) Your relationship with your child, 3) Your parenting style, and 4) Self-care and resources. The interviews ended with debriefing questions where participants were asked to reflect on the interview, given information about resources, and encouraged to ask the interviewer any questions. At the end of each interview, interviewers recorded notes about their experience, including impressions of the participant and any other notable occurrences.

3.3 Data Analysis Process

The interviews were audio-recorded and transcribed, with all identifiable information removed from the transcriptions. The present study is a secondary data analysis of the transcribed interviews. The interviews were analyzed using the qualitative data analysis software Atlas.ti. The data were analyzed using the “Sort and Sift, Think and Shift” (SSTS) qualitative analysis method (Maietta, Mihas, Swartout, Petruzzelli, & Hamilton, 2021). The SSTS method is inspired by several classic qualitative traditions, including phenomenology, grounded theory, narrative research, and case study analysis. SSTS includes a toolkit designed to guide researchers in shifting between data immersion and project-level analysis to make broad connections and plan the next steps. Due to the nature of the interview data and the present research question, this analysis leaned heavily on phenomenological analysis while utilizing the SSTS toolkit.

The purpose of phenomenological research is to describe the essence of a lived experience that multiple individuals have in common (Creswell, 2007). The goal is to understand and describe the experience, or "phenomenon," in terms of how the individuals experienced it. Phenomenology is interested in studying things that appear so obvious that most researchers

would not think to study them (Vagle, 2018). This type of research aims not to quantify or generalize an experience but rather to gain a deeper understanding of it. In the present study, the phenomenon of interest is teen motherhood in the wake of childhood sexual abuse. My goal was to capture the essence of the mothers' experience, independent of any prior assumptions I may have had.

Phenomenology emphasizes the importance of bridling one's expectations and always considering how the researcher's background, personality, and perspective influence all parts of the research process. Bridling is an active process where the researcher must restrain all pre-understandings and be skeptical of what we "know." In order to clearly trace my own beliefs and biases as the researcher, I kept a memo of my assumptions throughout the analysis process. I also wrote a reflexivity statement which will be included in the results section. Vagle (2018) describes the Whole-Parts-Whole process for phenomenological analysis in which the researcher dives in and steps back from the data to consider the bigger picture. This process is very similar to the approach utilized in the SSTS toolkit. The dynamic approach of the SSTS toolkit allows the data to guide the research process.

The first step in the process is immersion in the data, followed by stepping back and allowing findings from the data to guide the next steps. I began the first "diving in" process by reading four interview transcripts without any agenda. The purpose of this initial immersion was to read and record notes without making any assumptions. Keeping in mind the importance of reflexivity in qualitative work, my goal was to approach the process with as few assumptions as possible. I highlighted salient quotes but did not assign codes. After immersion in the transcripts, the next step was to "step back" and reflect on the data. I began memoing and reflecting on the general tone of the transcripts and notable information. Memos evolved into vehicles for

monitoring and documenting topics as they emerged from the data. Emerging topics included social support, housing, parenting philosophy, discipline, parenting stress, fears, hopes for the future, CSA, and family patterns. This code development process represents the “stepping-back” portion of the SSTS analysis process.

Next, to dive in again, I read another five interview transcripts, this time applying my codes and creating episode profiles for each one. The episode profiles included memos, essential quotations, and diagrams to explore connections. I also revisited the first four transcripts, applied codes, and created episode profiles. At this point, several new codes emerged: finishing school, domestic violence, drug use, mental health, and self-care. Other important topics that were monitored through memos included identifying things moms wanted to do differently than their parents and what types of things they worry and stress about. The next SSTS phase was to again “step back” and use what I learned from my first set of episode profiles to determine my next actions. During this iterative process, I kept detailed memos documenting how my thinking changed and new questions that arose while looking for connections. One benefit of this inductive analysis approach is that decisions and hypotheses are driven by the content of the interviews rather than imposed upon them by the researcher's assumptions.

The next step in the analysis process involved analyzing an additional five transcripts and applying the existing codes. At this point, a pattern of maternal support changing from childhood to parenthood became clear. I added codes for “supportive mom” and “unsupportive mom.” I began using diagrams to visually represent the change over time model that was emerging from the data. I dove in once more to read the final four transcripts and applied the codes. With my evolving framework in mind, I continued to fine-tune my diagram to reflect the lifetime of the

interviewees. A common timeline became apparent, which captures the experience the teen mothers lived through (see figure 1).

4 CHAPTER 4: RESULTS

4.1 Reflexivity Statement

It is important for researchers to understand and articulate the lens through which they view their data, especially in qualitative analysis. In a social-constructivist process focused on meaning-making and discovery, the qualitative analysis process relies heavily on the reflexive interaction between researcher and participant, through the analysis of their words reflected in the interview transcript data. Being reflexive includes examining the researcher's own beliefs and judgments that could influence the analysis process. The researcher's perspective is an integral part of emergent discovery; it can and should never be fully removed from the qualitative research processes, but researcher influence on the interpretation of results should be understood to present the findings in context (Hamby, 2018).

I was drawn to conduct a study on teen mothers with a history of CSA because of my own passions for child abuse prevention, motherhood, and the protection of women. I was 16 years old myself when the popular television show *16 and Pregnant* premiered. The show sparked interest and outrage among audiences who feared it would glamorize teen pregnancy. I found myself drawn to this show and similar spin-offs as a teen, not because I idealized the teen mothers, but because I was fascinated by them and their resilience. I grew up in a conservative southern town where abstinence-only sexual education was the norm. Whenever a girl in my suburban white middle-class high school became pregnant, it was sure to be a scandal. I remember the stigma that existed and that I was complicit in surrounding the reputations of the teen mothers. I knew that it was possible that I could get pregnant, but I believed that I was too smart and too careful to let that happen to me. My abstinence-only education led me to believe

that getting pregnant was bad and a sign of moral corruption. Although I always sympathized with teen mothers, for a long time, I held on to my own biases and negative perceptions.

It wasn't until I graduated from college and began working in social work as a family preservation specialist that I began to gain a deeper understanding of the larger societal picture surrounding teen motherhood. As I worked with families in their homes and heard their stories, I realized how systemic issues and intergenerational family patterns exert so much influence over the trajectories of young mothers' lives. I handled cases involving families with long histories of abuse, including childhood sexual abuse. The mothers that I had the opportunity to work with changed my perspective and inspired the strengths-based research I do today.

Most recently, becoming a mother myself has again shifted and informed my views on teen motherhood. I was 27 years old, married, with a stable income, and stable housing when I had my son. Even though I did everything in the "right" order according to societal norms, the transition to motherhood was, and still is, the most difficult and stressful event of my life. I find that my personal parenting philosophy has been shaped by my childhood experiences as well as my relationship with my mother. Although I recognize flaws in my mother's parenting, I still go to her for advice and base many of my parenting decisions on what I have learned from her.

Despite negative messaging in my teen years and societal stigma against teen motherhood, my life experiences and interactions with people have much more influence on my perceptions today. I approached this study and my analysis of the interviews with teen mothers with an open mind while recognizing my positionality on motherhood and childhood sexual abuse.

4.2 Timeline of Maternal Support

The participants described the timeline of their lives and reflect on how their early experiences have shaped them into the mothers they are today. Their lives were significantly impacted by the strength of the social support they received from their peers, partners, and families. In particular, the social support they received from their own mothers at different time points seems to be the most influential force in the development of their own parenting philosophies. The young mothers' philosophies are what guided their parenting decisions, such as how to discipline, who to trust for childcare, and how to be a good mother.

The effects of CSA and teen motherhood impact multiple generations within a family. The experiences described by the interview participants highlight the interconnectivity of generations. An important influence that interviewees spoke of was their own mothers' involvement in their childhood. The interviewees described a common evolution of their relationships with their own mothers from childhood to motherhood (see figure 1). The interviewees' relationships with their mothers greatly influenced their parenting decisions.

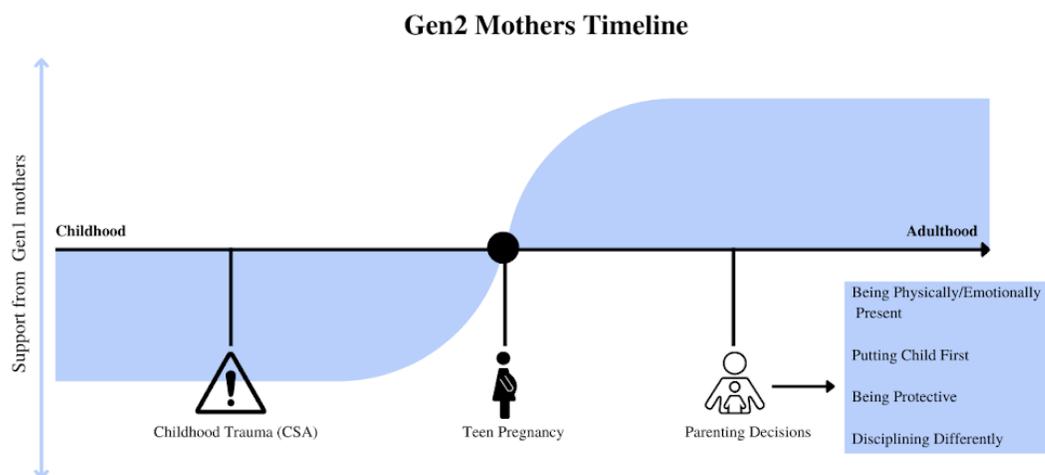


Figure 1 Gen2 Mothers' Timeline

The participants felt low levels of support from their mothers during their childhood and the timeframe of when they experienced abuse. At the point that the participants became pregnant there was a distinct shift in their relationships with their mothers. The participants reported feeling more supported by their mothers. Their relationships with their mothers in both childhood and motherhood influenced the participants parenting decisions.

4.2.1 Gen1 Maternal Support in Gen2 Childhood

The participants experienced an interesting pattern of change in support levels from Gen1 mothers between their early childhood and the time they became mothers. Participants described their Gen1 mothers as unsupportive and absent during their childhoods.

“I felt like my mother wasn't there because she always was at work. When she come home from work, she's always tired and she didn't want to listen to what I had to say” (participant 5, Mom age 20, Child age 4).

“... she was always working. She worked a lot so I would see my dad more than her. The only time I would see her was when she was off of work or we were going out of town.” (participant 1, Mom age 20, Child age 2)

Participants described often not feeling believed or listened to by their mothers during childhood:

“I mean I just, every time I would try and tell my mom something, I was lying. She acted like she never understood me” (participant 11, Mom age 20, Child age 1).

They often felt their mothers chose the men in their lives over their them and their siblings when applicable:

“With my mom, the situation, she's always worried about men her whole entire life. I was in a foster care because she worried about men and I didn't like that” (participant 6, Mom age 22, Child age 3).

“She has always put us first and let us...well until she met my step-dad she had always put us first and that is the good years of my childhood was before she met my step-dad and always put us first.” (participant 2, Mom age 21, Child age 4)

4.2.2 Gen1 Maternal Support in Gen2 Motherhood

In contrast to their childhood experiences, participants felt supported by their mothers later in life when they had children of their own.

Participants described their mothers as helpful and present:

“Well, my mama said that, “You’re not alone. That you will always have somebody here that's going to help you.” My mama helped me majority of the time. Mama watched my son while I go to work and go to school. Mama did very helpful since day one” (participant 5, Mom age 20, Child age 4).

“When I moved out- I’m at her house every single day now, so we basically go home to go to sleep or do whatever, but we are at her house all day.” (participant 4, Mom age 21, Child age 2)

Gen1 mothers offered support in multiple ways, including childcare, financial help, housing, and emotional support:

“If I needed diapers for the kids, she would help with the diapers, the wipes; and if I need food, she would buy the food. If I need money, she would give me money” (participant 9, Mom age 22, Child age 4).

“My mom is a huge help. Like she ... my baby’s so attached to her. Like it’s crazy, sometimes she’ll choose her over me, like if we go somewhere, she would like, aw ... but she just ... She helps with so much like we ... I don’t know, just little things.”

(participant 15, Mom age 21, Child age 2)

Even in cases where participants did not trust their mothers’ parenting ability, they still relied upon them for advice:

“She is, like I said, she wasn’t the greatest mom to me, be she’s had five kids. I don’t ask her about raising him, I’ll ask her like a lot of medical questions, or I will ask her sometimes if things that I don’t think are normal, if it’s normal” (participant 11, Mom age 20, Child age 1).

4.3 Gen2 Parenting Philosophy Shaped by Childhood Experiences

Participants reflected on both positive and negative experiences in their lifetimes that influenced their philosophy about what makes a good mother. According to the participants, there are certain qualities that make a good mother:

“A good mom is somebody who puts their children first. Looking on the outside I would hope that I am a good mom.” (participant 2, , Mom age 21, Child age 4)

“Being a good mom is just everything that I try to be which is understanding, compassioning a good listener is our stuff. I just try my hardest...” (participant 8, Mom age 23, Child age 4)

Participants described how their parenting philosophies were shaped by their childhood experiences with their mothers. Most often, participants described how they chose to parent differently than their mothers:

“I feel like sometimes if you're parented a certain way you're going to tend to parent that way. But it's like with me knowing the things I don't want to do. Yeah, sometimes I worry about it, but you have to watch it, I mean it's just something you have to be careful of.” (participant 11, Mom age 20, Child age 1)

“I avoid anything that my mom's ever done. I mean, my mom has done some fun stuff, like sometimes ... It's just, nothing is ever responsible.” (participant 3, Mom age 21, Child age 2)

“ My parents wasn't always there for me, so now I look at it as if my kids are all I have and I'm going to do the best of my ability to take care of them and do everything that I can for them no matter what because I know how it feels to not have your parents there and to go through all the struggling and everything and I don't want my kids to be like that.” (participant 6, Mom age 22, Child age 3)

4.4 Gen2 Mothers Parenting Decisions

Participants developed their parenting philosophies based on the experiences and support they felt from their mothers during their childhoods. The young mothers then applied their philosophies when making their parenting decisions. They often described choosing to parent differently than their mothers. Specifically, they described being present for their children emotionally and physically, putting their children's needs first, protecting their children, and disciplining differently than their own parents.

Speaking on the importance of being emotionally present, participants emphasized listening to and believing their children:

“I don’t think I would ever do what my mom did, because I realize how much it hurts a child. I mean, honestly, if that wouldn’t have happened, or if my mom wouldn’t have denied or stuff like that, I don’t think me and her would have had problems with our relationship.”(participant 11, Mom age 20, Child age 1)

“Yes, because I know not to neglect my...well, I’ll always be there when my son need me, never sit there and ignore him. When he’s trying to talking to me, I will cut out conversations to sit there and listen to what my baby had to say. I will never leave my baby ever in the dark. I will never do that to my son and I would never hurt him. When he need me, I’m always going to be there.” (participant 5, Mom age 20, Child age 4)

“I always want to believe my kids, I don’t care even if it’s one of the biggest white lies they done ever told me, because you never know things happen, because when I told my foster mama that her boyfriend was molesting me, her first thing that came to me was, “What do a grown man want with a little girl like you?” Like I told, like I tell people, you always want to believe a child until they proven guilty, because you never know.”
(Participant 14, Mom age 21, Child age 3)

Participants also emphasized the importance of putting their children first, particularly before romantic relationships, which they felt their own mothers did not do during their childhoods:

“My kids come before anyone. And, Because of my mom and my dad, that's why I am the way I am. I take in consideration what happened to me and I try to put it into positive, you know what I mean? I try to make the situation better instead of being like them. I always said I would never be like them.” (participant 6, Mom age 22, Child age 3)

“You can't be a mother and be so self-involved with yourself because you have to think of your children first.” (participant 2, Mom age 21, Child age 4)

Participants described the importance of being physically present with their children and not ignoring them:

“I just tried to be there a little bit more than what my mom was. My mom wasn't really there, that's why I'm trying to do everything now, the two jobs now and go to school while his young versus he is older and he's like, “Moms really not here.” I'd rather do it now and get it out of the way. That way I can just have one good job and just focus on him.” (participant 1, Mom age 20, Child age 2)

“Obviously somebody that takes care of their child. I'm not saying that you have got to stay home with them: you're not a bad mom if you're not a stay at home mom. You just play with them. It's really kind of a nurturing thing. Some mom's you see ignore their kids and that's one thing that irritates me – how are you going to have kids if you're going to ignore them?” (participant 11, Mom age 20, Child age 1)

Participants often described themselves as overprotective of their children, especially when it comes to their childcare choices:

“I won't let my son go with nobody he don't know. If you're not a family member, he won't go. You have to be either my mother, my sister, or my brother. My auntie don't even take my son out of my eye sight.” (participant 5, Mom age 20, Child age 4)

“Because I just call myself overprotective because I got to know what she doing and stuff like that. When she first started daycare I used to call and ask them what she’s doing and stuff like that. I think that I’m kind of overprotective. I think it’s good for her.”

(participant 10, Mom age 19, Child age 3)

“It affects me because it makes me real cautious about who I take my kids around, who I leave my kids with.” (participant 13, Mom age 19, Child age 2)

In addition to childcare choices, the participants were hypervigilant in protecting their children from abuse, particularly CSA:

“But the whole sexual interaction molestation thing I could never, ever see myself putting my kid through that and I fear somebody else putting my kid through that so that is another reason I don’t let just anybody come near her you know. And I don’t leave her alone with a lot of people.”(participant 2, Mom age 21, Child age 4)

“I make sure certain people are in their life. But now that ... I’ve been getting out there and talking to different people ... talking to some men and stuff. I’d be real self-conscious about having them around my kids or I just ... I’m just scared that they gonna touch ... ‘Cause people touch little boys too and that’s been going on lately. I would ... I don’t know where people’s minds is.” (participant 12, Mom age 21, Child age 3)

Participants described how they discipline their children differently than they were disciplined as children:

“I’m trying to be strict because I know my parents weren’t strict. My punishments never stuck. I’m grounded for a week, but I’m going outside tomorrow, and they never followed

through with any of the punishments. I follow through with mine because I'm not letting them think they can just get away with stuff.” (participant 3, Mom age 21, Child age 2)

“I felt like anything that I did that was wrong I would always get my butt whoop for or just punished physically for and I didn’t appreciate it” (participant 8, Mom age 23, Child age 4).

“I’ve definitely tried to avoid just screaming and yelling, because I grew up with a lot of that, because of my mom and my dad.” (participant 17, Mom age 21, Child age 3)

4.5 Housing Stability, Increasing Earning Potential, and Family Support

Teen mothers with CSA history are a distinctive population who face different challenges compared with other parents (Noll, et al., 2018). A constellation of topics emerged from the interviews that have important effects on the lives of the Gen2 mothers: family dynamics, housing stability, and increasing earning potential. These factors are intimately intertwined in the women’s lives, and they highlight some of what makes this population unique.

4.5.1 Family Dynamics

Family dynamics are a critical factor for teen mothers’ ability to thrive. As teenagers, the young moms are dependent on others for most necessities. Typically, the participants described being dependent upon parents, other caregivers, or extended family. The quality of the relationships the teen mothers had with their families influenced all other aspects of their lives:

“We’re still close, but my dad, he was in jail for nine years and then once he got out- He acts so different now and he has a daughter that’s- she’ll be three in September- and me and him really don’t talk at all. I guess he still has a grudge against me for getting pregnant. We really don’t talk. I want to go visit my grandmother, but we don’t talk. She

just wants us to get along, but it's always me trying to talk to him and he never- He don't care at all. I told her that I give up and I'm not trying no more. There are so many times where we went over there and he's like, "Don't speak or nothing. Don't saying nothing to me." I just gave up on that relationship." (participant 4, Mom age 21, Child age 2)

" with my family and stuff, they were just all in my business and they just made everything bad for me and (boyfriend) because they was always down on him and, which I don't understand how they could do that..." (participant 6, Mom age 22, Child age 3)

"I did really want to stay with my grandma. She's really the only person who's always been there. I stayed with her and it was a pretty healthy environment, so I knew that my daughter would be okay and sometimes she would be able to help me everything." (participant 7, Mom age 21, Child age 4)

"Supportive but not help me out with things, yes, my cousins, my aunts, my brothers and sisters. They supportive but they don't help me." (participant 10, Mom age 19, Child age 3)

4.5.2 Housing Instability

Prior to motherhood, participants had never lived independently. They were in high school when they became pregnant. All participants depended on family for housing at one point or another. Frequently moving and housing instability throughout their lives was a common experience for the teen mothers.

4.5.2.1 Housing Instability in Gen2 Childhood

In early childhood, participants and their mothers often moved from home to home due to financial instability:

“I grew up living with my mom at first, and then when my mom had lost the house that we was staying in, we had moved in with my grandma.” (participant 9, Mom age 22, Child age 4)

“I think what was stressful was we moved a lot. We moved every year. Mom either didn’t like the place or it was closer to her job or something of that sort. That was the only thing that was really annoying because you will find a friend that lives close by and it’s like, Okay, thanks Mom. We’re moving now. I have to find a new friend that lives close by.” (participant 1, Mom age 20, Child age 2)

In other instances, participants experienced housing instability due to abuse and involvement in the foster care system:

“Then it was my grandma for like a couple months, and then my daddy for two months, and then from my daddy house I went into foster care. For ten years, I was with my foster mama, she was related to me, but she had me thinking she was my auntie, but she was really my cousin.” (participant 14, Mom age 21, Child age 3)

“I grew up in 241-KIDS my whole life, foster care, being in and out of jail, out of juvenile and stuff and I was in rehabs and all that stuff so giving up my kids is one thing that I said I would never do.” (participant 6, Mom age 22, Child age 3)

“Well, my mom's husband, they were in a relationship since I was four and gradually over time, he started to abuse us, me and my sister. He molested me and my sister growing up. Jobs and Family Services got involved and they removed us out the house so I lived with my grandma from...at that time, probably 15 years old 'til 17 and I moved back with my mom, that's when I was pregnant.”

(participant 12, Mom age 21, Child age 3)

4.5.2.2 Housing Instability in Gen2 Motherhood

Once they became mothers, participants still depended on their families and their partners for housing. Unstable family dynamics often create insecure housing conditions for the young mothers:

“I had moved in with my aunt because I didn't like how my grandma was talking to me, and after she said that she ain't had nothing to do with my son, so my aunt took me in” (participant 9, Mom age 22, Child age 4)

“it's hard for me to find a place to stay. I don't really have any family there for me, none at all because half my family is all junkies and they don't have a job and they don't take care of themselves.” (participant 6, Mom age 22, Child age 3)

“she got home and kicked me out. That was the hardest part because at the time I had nowhere to go. My boyfriend's mom said I couldn't stay there because it'd be too much of a liability, and I don't really have any other close family, but my mom did end up letting me stay with her for a little bit.” (participant 7, Mom age 21, Child age 4)

“Me and my mom really bumped heads a lot, so I moved and I had to move out.”

(participant 4, Mom age 21, Child age 2)

Participants felt that housing instability negatively impacted their ability to provide for their children:

“Just like being switched from home to home, to home. We were moving here. We were living there. I started off doing that with my kids because I was young and I couldn’t provide a roof over our head. So, we did live here and we did live there, but as they get older I want them to see that that’s not okay, and that’s something that we’re not going to be doing.” (participant 13, Mom age 19, Child age 2)

“Just I would try to get a more stable job or more stable place because we've moved a lot. I don't think it's really affected her yet because she doesn't really have friends or she doesn't go to school yet, but I think it'd still be better if we were in one spot, which is what we're working on.” (participant 7, Mom age 21, Child age 4)

“You know, toys aren’t really necessary. Like, they’re not essentials. But it’s nice to have them, you know, but just being there for your kid, and making sure they’re raised, you know ... that they’re not running the streets or any of that; like getting bounced around the house ... a different house every other day. Just pretty much stability, would be a good mom.” (participant 17, Mom age 21, Child age 3)

“ then we was homeless and we’re trying to care of a baby while you’re homeless is very, very hard. You don’t know where you’re going to lay your head at or your son’s head at. You don’t know where you’re going to take a bath, brush your teeth, none of that. You

don't know where you're going to live, no clothes, no clean clothes. Yeah, that was difficult too." (participant 5, Mom age 20, Child age 4)

"when we were bouncing from house to house a little bit trying to find a stable home. Now that we finally found one, it's good. I'm satisfied with it. Before I was like, "Yeah, I don't like this."" (participant 1, Mom age 20, Child age 2)

Once they became mothers, participants wanted to live independently from their families. There were often financial barriers to independent living, but this was an important topic to the teen mothers:

"I just got tired of paying my grandma rent, when I could just pay my own rent, and still have my own company come over there without somebody else tripping. So I just went on ahead and got my own apartment. It's hard, but it's doable. I love having my own space, because I don't have to worry about anybody touching my stuff, anybody going into my room that's not supposed to be in there, people coming over there I don't like. I love having my own space." (participant 14, Mom age 21, Child age 3)

"I knew my life was about to change. I'm like, "Oh. It's over. No more doing anything I've been doing." It was, "Now, I've got to figure out what I'm going to do now. I have to have a place for this kid to live. I've got to be able to afford it. I'll either have to get a job or get married."" (participant 3, Mom age 21, Child age 2)

"like I just, I was on the waiting list for subsidized apartment. I had just got an apartment. Okay. I had a job at McDonald's and then I lost that job at McDonald's. I just got hired at Wendy's and I start tomorrow. Those are good things. Like, I guess that's

good but ... I don't know. This is just stressful, trying to do everything and being by yourself and so young and especially when you don't have help. It does suck."

(participant 16, Mom age 21, Child age 2)

"Two days after Emma's second birthday we moved into our own apartment and I was working full-time and I was going to school also at the same time so it was stressful but we needed our own place to express ourselves and just be a family, her and I and then her father and I got back on terms." (participant 2, Mom age 21, Child age 4)

"... we went and we got our own apartment together and my dad was helping us at the time with rent and stuff cuz I was just getting welfare and he was doing little side jobs."

(participant 6, Mom age 22, Child age 3)

"I stayed with my aunt until my oldest was at least four months and I moved in with his dad and them. This is my first time moving out into my own house." (participant 13,

Mom age 19, Child age 2)

4.5.3 Increasing Earning Potential

Finishing high school, attending college, or completing technical training is particularly important to the participants. They became pregnant at a time in their lives when other teens are planning their future careers. Participants often had to postpone their aspirations in lieu of motherhood:

"But when I was working, and I was going to school, and it was like I was spending too much time away from him. So, I ended up dropping out of high school, and I went and got my GED" (participant 17, Mom age 21, Child age 3)

“I’m a baby myself at the age of 15 and then trying to make me grow up and raise another baby, that was like a hard plate. I didn't finish school but I’m finishing school now. I’m going to finish this time. It was very stressful.” (participant 5, Mom age 20, Child age 4)

“I have so many dreams and goals that I want that I can’t necessarily accomplish right now but I’ll never be able to do like the national guard or I was going to be on American Idol or stuff like that. Own my own hair shop or working as a public college.”
(participant 8, Mom age 23, Child age 4)

“Well, when I first found out I was pregnant, I did; and then I dropped out.” (participant 9, Mom age 22, Child age 4)

Although becoming mothers may have changed their school and career trajectories, the participants aspired to finish school to provide a better life for their children:

“Changing my life so she can have a better one, maybe not going out as much. I stay with my baby 24/7. If I ain’t at home, I’m at school. Changing my life so she can have a better one. I’ll stay in school because of her.” (participant 10, Mom age 19, Child age 3)

“ I don't want my child to be a statistic and having that in my mind full force is what really kept me going and then to have the love and the compassion and you know caring that I do have for my son it just kept it even more. So, when I did graduate that spring I started college that fall.” (participant 8, Mom age 23, Child age 4)

“I’ve had to put schooling aside for a while. But he’s about to start school; he’s about to start going to school. So that gives me ... you know, that gives me time that, you know, I

can go to school. I can, you know, do what I need to do. So eventually, I want to own my own restaurant, and I want to be a pediatrician, so that's kind of like ... I have to ... I feel like I have to do something, you know? I can't just depend on, you know, a minimum wage job or whatever, you know, like that. I want ... it's like I want to be able to give him everything that he needs, that he wants, you know?" (participant 17, Mom age 21, Child age 3)

"You can always go to school, you can always make your life better because you have to make your life better for that baby. You got to set as an example for the baby. If you could do it, they're going to be like, "If my mama can do it, I can do it. If my mama passed this grade, I can pass this grade." (participant 5, Mom age 20, Child age 4)

"I try to teach my daughter to work real hard and don't give up. My mom never taught me that. My mom was just loving and just took everything in but I'm trying to teach my daughter that you shouldn't give up on your education or anything else in life. That's what I'm trying to teach her." (participant 10, Mom age 19, Child age 3)

5 CHAPTER 5: DISCUSSION

Victims of CSA are more likely to become teen mothers (Noll & Shenk, 2012; Noll, Shenk, & Putnam, 2009; Madigan, Wade, Tarabulsky, Jenkins, & Shouldice, 2014), and children of teen mothers are at higher risk for abuse (Noll, et al., 2018). Compared to other types of child abuse, sexual abuse is uniquely related to teen pregnancy (Russoti, Font, Toth, & Noll, 2022). Teen mothers with a history of CSA and their children are therefore specific groups of at-risk individuals for whom the cycle of intergenerational abuse can be understood and stopped. The participants in this study were making conscious parenting decisions to make a better life for their children. Their interviews highlight their strengths and the obstacles they were working to overcome.

One of the original goals of this study included identifying and describing the pathway(s) connecting mothers' experiences with CSA and their parenting decisions. The findings reveal how teen mothers' personal experiences and reflections on how their upbringing and CSA history influence their parenting. Intergenerational patterns and deliberate deviations from those patterns are examined using the mothers' own words. The participants' stories reveal some of the most important outside factors and influences that contribute to their ability to thrive as young mothers. The second original goal of the study included identifying and describing differences in pathways between instances when a cycle of intergenerational trauma is perpetuated and when it is broken. Although this study could not fully address the second research question due to the content of the interviews, the flexible nature of qualitative emergent design allowed unexpected and important findings to emerge that addressed the spirit of this question. Critical opportunities for intervention were thus identified that could help teen mothers thrive and help to break harmful intergenerational patterns.

5.1 Reflexivity Revisited

Throughout the research process, I tracked how my experiences shaped the lens through which I interpreted the mother's words and the study results. Most of the literature I reviewed in preparation for this project focuses on the negative effects of CSA and the struggles that teen mothers face. I was prepared to find results in line with that previous research and theory, concluding that teen mothers with CSA histories experience struggles and relatively bleak outcomes. After immersing myself in the participants' lives through their interview transcripts, I found that their stories were far from sad and hopeless. Instead, I found that the participants were strong, resilient, and determined. The love they had for their children emanated from the transcript pages—their children were the center of their collective lives. Although they described many struggles in their lives, they approached obstacles with strength and resilience. I concluded the analysis with a strong admiration for the women in this study, and I hope that their stories will be able to positively impact others.

5.2 Summary of Findings

The teen mothers in this study were a resilient group of young women. Commonalities in their journeys from victims of CSA to teen motherhood highlight the unique essence of this population. Participants used their positive and negative experiences from childhood to inform their parenting. Interestingly, participants in this study shared many experiences in their upbringings. For example, participants' relationships with their own mothers followed a common trajectory of low support in childhood and high support in motherhood. The participants' life experiences, including their perceptions of their own mothers, molded their perception of motherhood.

All parents use their experiences to inform their parenting philosophies and decisions (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015). The participants' shared experiences uniquely inform how they parent and the choices that they make. When reflecting on their experience growing up with their Gen1 mothers, participants recalled their mothers not being present or supportive. As a result, the participants made conscious choices to parent differently than their Gen1 mothers. Participants emphasized the importance of being physically present with their children, listening to and believing their children, putting their children's needs first, protecting their children, and disciplining differently compared with their upbringing.

The participants expressed their ideas about what makes a good mother and how they were striving to be the best mothers they could be. A common goal for the participants was to achieve stability for their children. The interviews revealed three important factors related to stability: family dynamics, housing stability, and increasing earning potential. This constellation of factors is intertwined and determines how supported and stable the mothers felt. Family dynamics were particularly important for this group because they often relied on family members for support (i.e., childcare, housing, financial support). Many of the participants lived with family members, intricately tying family dynamics to housing stability. Housing stability and family support also provided a springboard for the mothers to take action to increase their future earning potential. Participants described the importance of completing high school, attending college, attending trade school, and generally advancing their careers for the benefit of their children. Having a supportive family and stable housing made pursuing these goals more feasible. When one of these pillars was missing from a mother's life, she felt a general lack of stability. Ultimately for the participants, providing a stable life for their children was the ultimate goal, with these three pillars supporting the mothers' drive toward that achievement.

5.3 The Impact of Maternal Support

Teen motherhood in the wake of childhood trauma presents distinctive obstacles for mothers. The young women involved in this study displayed resilience in the face of adversity and strived to be the best mothers they could be. Although the circumstances of their abuse and their journeys to motherhood differed, the participants shared many common experiences, which potentially imply universal understandings about the essence of teen motherhood after CSA experience. For example, participants described having a poor relationship with their mothers in childhood and then having a stronger relationship with their mothers later in life. A stable mother-daughter bond in mid-adolescence has been found to be a protective factor against internalizing symptoms, even for daughters with maltreatment history (Albaugh, 2017). Victims of CSA often grow up in relatively disorganized and unsupportive families (Armsworth & Stronk, 1999). It is thus not surprising that participants in this study described their childhood relationship with their mothers as strained and lacking support. The participants gave examples of their mothers being preoccupied with work or romantic relationships. They also described feeling unsupported emotionally by their mothers and even kicked out of their families' home in some instances. It is unknown whether the Gen1 mothers were victims of CSA themselves; however, given the extensive literature on the intergenerational transmission of trauma, it is likely that at least in some cases the Gen1 mother's parenting was affected by her own childhood experiences of abuse. Survivors of CSA perceive themselves as generally less effective mothers, they spend less time with their children, and they are less emotionally available to their children (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015). It is possible that participants often experienced strained relationships with their Gen1 mothers due to a family history of abuse that dated back further than their own CSA experiences.

Participants described a surprising shift in their relationships with their Gen1 mothers after becoming teen mothers themselves. Their once-challenging relationships became more positive and supportive. Participants relied on their Gen1 mothers for support, including housing, childcare, emotional support, and financial support. The participants described how their mothers were often their main support for childcare, and sometimes housing. They also described how their mothers supported them emotionally with issues related to postpartum depression and the general stress of motherhood. The participants connections with their Gen1 mothers are a key source of social support that might reduce their children's risk of being abused. This shift is supported by previous research—positive relationships between mothers and grandmothers has been found to decrease children's risk for sexual abuse (Leifer, Kilbane, Jacobsen, & Grossman, 2004). Some research has found that an improvement in mother-daughter bond over time does not predict fewer negative symptoms in late adolescence (Allbaugh, 2017); however, for adolescents who become teen mothers it is possible that their relationships with their mothers becomes more influential than those who do not. Strong grandmother/mother relationships are therefore a potential target point for breaking the cycle of intergenerational trauma and abuse.

5.4 CSA and Parenting Decisions

No matter what age they have a child, women use aspects of their childhood to inform their parenting style and decisions. The women in this study reflected on how their mother's parented them and described making deliberate choices to parent differently. In some cases, the participants' parenting decisions were made based on their childhood experiences. For example, many participants described choosing to handle situations differently than their caregivers did. In other cases, the participants parenting decisions were not conscious reactions to their childhood experiences. For example, the participants developed some subconscious decision-making

heuristics, like being cautious about who they let around their children. Research suggests CSA history can lead mothers to believe they will be detached from their children and lack parenting skills (Armsworth & Stronk, 1999); however, it is also possible for mothers who survived CSA to use their experiences to be better parent and protect their children (Lange, Condon, & Gardner, 2019). In a promising development, participants described themselves as attached, devoted, and dedicated to their children.

The mothers in this study described the importance of being emotionally present for their children. Although some studies suggest that mothers with a history of CSA are less emotionally available to their children (Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015), the participants in the present study emphasized the significance of listening to and believing their children. They often did not feel listened to or believed during their own childhoods, so they wanted to be more emotionally available for their children. Participants described being accused of lying and not being believed when they confided in an adult about being abused as children. The participants were adamant that they would always believe their children, especially if their children spoke to them about abuse.

Another important aspect of parenting that the mothers described was always putting their children first, particularly above romantic partners. The mothers described how they often did not feel prioritized as children. Participants described how their mothers often favored their relationships with adult men over their children. The participants described the importance of prioritizing their children over other relationships. The participants went as far as to say that they prioritize their children's needs over their own. Many participants described how their dating lives were negatively affected by motherhood because, as a protective measure, they did not want to introduce their children to any dating partners to decrease risk of abuse. Becoming

mothers themselves gave them an opportunity to protect and prioritize their children in ways that they did not experience as children (Lange, Condon, & Gardner, 2019).

The participants also felt that their Gen1 mothers were not physically present during their childhoods. The participants described their mothers as always being at work or being preoccupied even when they were home. In contrast, the participants expressed distress over being away from their children while at school or work. The participants expressed wanting to be more physically present for their children. They discussed the importance of spending time with their children and actively playing and engaging with them. Interestingly, research suggests that mothers with CSA history spend less time with their children on average (Ehrensaft, Knous-Westfall, Cohen, and Chen, 2015); however, the mothers in this study seemed to prioritize their time with their children in a deliberate attempt to break that trend.

The participants in this study also emphasized their hypervigilance regarding supervision of their children. It is common for mothers with CSA history to be overprotective (Cavanaugh, Harper, Classen, Palesh, Koopman, & Spiegel, 2015). It is common for mothers with CSA history to be overly concerned with their children's safety (Allbaugh, Wright, & Seltmann, 2014). Preoccupation with safety can cause these mothers to experience difficulty with age-appropriate boundary setting (either too permissive or too strict), which can also contribute to lower parental satisfaction (Allbaugh, Wright, & Seltmann, 2014). The mothers in this study described themselves as extremely selective in regard to who they allowed to supervise their children. The participants expressed fears about their children's safety to the point of only letting very few trusted adults help with childcare or being hypervigilant about daycare providers. Most often the participants only trusted their mothers or female siblings to watch their children. Being overprotective in terms of childcare is a positive protective factor for stopping the transmission

of intergenerational CSA (Lange, Condon, & Gardner, 2019); however, in some cases it interfered with the participants ability to work outside of the home. Some participants discussed not being able to work or attend school because they did not trust *anyone* else to care for their children. Overall, the participants expressed immense concern when making decisions about childcare, and those concerns often dictate other life decisions the mothers made both directly and indirectly related to parenting.

In addition to being selective about childcare, the mothers described other ways in which they were hypervigilant in protecting their children from CSA. Research suggests that some psychological consequences of CSA may cause mothers to miss signs of CSA experienced by their own children (Noll, Trickett, Harris, & Putnam, 2009); however, the mothers in this study seemed aware of the need to protect their children. It is important to note that no participants in this study expressed that their children had experienced CSA. The participants discussed keeping their children away from unsafe individuals and monitoring their children's behavior for signs of abuse. They also discussed controlling certain child behaviors, such as how their children dress, to protect them from possible abuse. The participants did not necessarily connect their hypervigilance to their own CSA history, but protecting their children was a clear priority for them.

The final aspect of parenting the mothers discussed wanting to do differently than their Gen1 mothers was discipline. Research suggests that parents with abusive histories use harsher and more physical punishments with their children (Montgomery, Just-Ostergaard, & Jervelund, 2019). The mothers in this study often described receiving harsh punishments as children. They expressed a desire for calmness and consistency rather than to use violence against their children. The participants discussed the importance of walking away and regulating their own emotions

before punishing their children. The participants also described their caregivers as less reflective in their disciplinary techniques, which is something that they strived to change in their parenting. Some participants did describe using physical punishments with their children, such as spanking, but they did not believe they abused their children. They also described the importance of not fighting with others in front of their children (e.g., domestic violence). Overall, the mothers in this study expressed a consciousness and awareness of how the Gen1 mothers' behaviors affected them, and how their behavior affected their children.

5.5 Thriving in Teen Motherhood

CSA affects the entire family system, not only the direct victim (Guastaferrero, Zadzora, Reader, Shanley, & Noll, 2019). From a socioecological standpoint, the potential for teen mothers with CSA to thrive depends on the support they receive from their microsystem (i.e., family and friends). Survivors of CSA are more likely to drop out of high school, be unemployed, and live in poverty (Noll, Trickett, Harris, & Putnam, 2009). Each of the women in this study began motherhood with relatively low levels of resources or education. At a time in life when most young people are choosing whether to attend college, start a career, or pursue another passion, these women became mothers. Given their vulnerable state, the importance of family dynamics became particularly important (Grauerholz, 2000). Social support and financial stability are also critical for mothers with CSA history to avoid revictimization. Research has found that lack of social support and financial dependency affects women's decision making related to staying or leaving a domestic violence situation (Selvey, Barry, Budde, Allbaugh, & Kaslow, 2021). All the participants depended on their families at one point for housing and other resources, including childcare, emotional support, and financial support. The participants' dependency on others makes them a particularly vulnerable population.

The participants were all motivated to increase their future earning potential to provide more stability for their children. They described wanting to finish high school, attend college, attend a trade school, or advance in their careers. They expressed their motivation to set a good example for their children and to be more financially stable and independent. The participants drew a direct connection between their own achievements and successes to their children's future potential. For example, several participants believed that finishing school would set a good example for their child to eventually finish school as well. The participants all had ambitious life goals, but they needed support from others to achieve them. In most cases, the participants relied on support from others for necessities—such as housing and childcare—to be able to pursue their own goals.

In every participant's experience there was an important interplay between family support, housing stability, and earning potential. These three domains represent a constellation of stability for young mothers. In instances where participants did not have stability in all three domains, the tone of the interview was more tense and they described experiencing stress. For example, Participant 1 had two jobs and a good relationship with her mother, but she had moved around a lot and did not have stable housing. She expressed that not being able to provide stable housing for her child was causing stress. Participant 6 was going through a particularly hard time. She had recently lost her job and housing due to a disagreement with her father whom she lived with. She was experiencing deficits in all three areas of stability. Her interview was filled with descriptions of stress and anxiety. In these cases, participants described how their instabilities were obstacles, but they also discussed their plans to overcome them with the goal being to provide stability for their children.

Much like a free-climbing rock climber is most secure when they continuously have three points of contact while they move up the mountain (e.g., contact by two feet and one hand), the participants were best able to thrive when they had their needs addressed in all three domains. When the participants had stability in all three domains, they appeared to be thriving by expressing optimism and ambitious plans for the future. In cases where participants did not have stability in one or more of the domains, they expressed more stress and anxiety about the future.

Although a climber can technically “hang on” with only one or two points of contact (i.e., one hand and one foot), they are not able to move upward easily or safely until they establish a third point of contact with the rock wall. As such, these mothers are most able to thrive and move forward with their lives when they have (1) family support, (2) stable housing, and (3) an avenue to increase their earning potential (see figure 2). A “three-point-hold” allows the mothers to reach for the next ledge safely, and to climb higher. This metaphor describes how the three core elements of stability the mothers expressed allow them to feel they are progressing forward in their lives and achieving their goals. To be clear, it was possible for the mothers to ultimately thrive with two of the three “holds”; however, it was indicative of a more challenging climb.

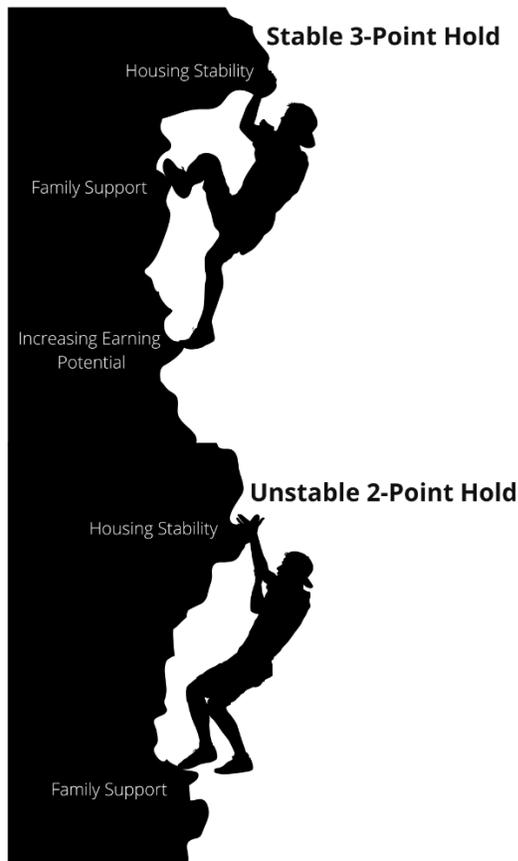


Figure 2. 3-points of stability

5.6 Implications

The findings from the present study offer many implications for future research and intervention methods. This qualitative analysis took a close look at the lived experiences of teen mothers with CSA history and revealed a possible new model for understanding how influences in the mother's microsystem impact her parenting. The influence of a teen mother's relationship with her own mother appears to be particularly important in the trajectory of her life. Low maternal support in childhood may play a role in CSA victimization; however, high maternal support in parenthood appears to be a protective factor for teen mothers (see figure 1). Although the importance of maternal/grandmother bonds have been highlighted before, this new model can help to further explain the role of familial relationships in ending intergenerational trauma. The

mother/grandmother relationship could be the target for intervention and prevention of CSA in future generations. This study focused on a qualitative interview portion of a much larger quantitative longitudinal study. Future research should therefore examine the longitudinal data collected before the young women became teen mothers to see how the patterns of maternal relationships line up with the current findings and this proposed model (Allbaugh, 2017).

The participants in this study all experienced CSA, by design. Future research should be conducted to compare experiences of teen mothers with CSA history and those without. Young women with CSA history experience a greater desire to get pregnant and expect fewer negative consequences from teen pregnancy (Russoti, Font, Toth, & Noll, 2022). All children born to teen mothers are at a greater risk for experiencing CSA (Noll, 2005). Research should examine whether there are differences among teen mothers with CSA history and those without in terms of their ability to recognize and prevent their children from being abused.

These findings also highlight the important interplay between housing stability, increasing earning potential, and family support. It is important to note that these three factors have previously been discussed in the literature on CSA and motherhood as potential deficits. For example, mothers with a CSA history are more likely to experience homelessness, live in poverty, be unemployed, and have less social support (Noll, Trickett, Harris, & Putnam, 2009). The present study found that these were areas of great concern for the teen mothers, but they were actively working to improve each domain. The teen mothers who felt successful in two or more domains (i.e., had housing and finished school) seemed to feel more successful as parents. These domains should not be looked at only as potential deficits for young mothers with a CSA history, but rather areas related to resilience and potential avenues for intervention.

The mothers in this study were able to overcome great odds to grow into supportive parents for their children, but there is no doubt that their journeys were made more difficult by the circumstances. This study highlights specific areas for possible intervention to help teen mothers with CSA history. One readily addressable intervention and prevention avenue would be to address teen mothers' housing instability via homelessness prevention and rapid re-housing programs. All states already offer housing assistance programs and received funding via the American Recovery and Reinvestment Act of 2009 (Workforce Services: Housing and Community Development, 2022); however, programs specific to teen mothers might be warranted due to their unique vulnerability. Housing instability contributed parental stress for the mothers; programs designed to house mothers could eliminate the stress caused by housing instability altogether.

Additionally, the participants were interested in increasing their earning potential for their children's benefit. Education, training, and employment opportunities directed towards teen mothers with CSA history would benefit not only the mothers, but their children as well. One example of education support would be daycare provided in high schools (Kaplan, 2021). Many of the young mothers described having to drop out of school to take care of their children. Providing childcare in schools would allow the mothers to finish their education, setting them up to attend college or a trade school, and thus increase their earning potential moving forward.

The women in this study expressed wanting to protect their children from CSA, but they did not always describe feeling fully equipped to do so. One further point of intervention is therefore to make general parenting education programming available to teen mothers who experienced CSA. The teen mothers in this study based their parenting philosophies and decisions on their own childhoods and the things they wanted to do differently from their

caregivers. Many of their discussions were rooted in their experiences largely within neglectful and sometimes abusive childhood home environments. Although they were able to take important lessons from those environments and experiences, mothers with CSA history could benefit from comprehensive parenting education, including information on CSA prevention. Recent studies have found that pairing traditional parenting skill training with CSA prevention specific training for parents increases parents' awareness of CSA and protective behaviors (Guastafarro, et al., 2022).

Traditional pregnancy prevention efforts may not be as effective for survivors of CSA unless they also address the traumatic sexualization and unrealistic pregnancy expectations (Rusoti, Font, Toth, & Noll, 2022). The participants in this study became pregnant at a time when abortion access was constitutionally protected and available in their state. All the qualitative data collected for this project were done so during interviews that occurred within that same policy environment. Due to the study design, interviews were only conducted with participants who opted to carry their pregnancies to term and to become mothers at that time. Although little can be known from the current data regarding that decision-making process for each participant at the time, none of the mothers referenced abortion or any other themes relevant to current policy changes and discussions. With the recent Supreme Court decision to overturn the long-standing precedent of guaranteed abortion access, there will likely be a generation of young mothers who do not have the same choice whether they want to carry a pregnancy to term. It will therefore be more important than ever for policies to be put in place to support teen mothers. Children born to teen mothers are at higher risk for abuse (Noll, 2005); therefore, we must prioritize supporting teen mothers and equipping them to best protect their children.

5.7 Limitations

As a secondary analysis of previously collected data, this study has several limitations. The research goals were developed with the interview guide in mind, but not with knowledge of the interview transcript content, and not all the research questions were addressed in the data. However, interesting and unplanned insights emerged from the data related to those research questions. From a social constructivist approach, even though this was a secondary analysis, there was meaningful interaction between the data analyst and participants to address the study objectives. Participants' experiences were allowed to direct attention away from pre-existing notions regarding transgenerational transmission of trauma and abuse, toward more hopeful processes of reconciliation, resilience, support, and success.

The design of this secondary analysis also presents some limitations. The interviews in this study were one-time follow-up sessions with women who participated in a longitudinal survey study and later became teen mothers. There were no additional follow-up interviews or member checking. Not all the women from the original study who became teen mothers chose to come back to participate in the interviews. Mothers with less social support and more barriers to progression may have been less likely to agree to the qualitative follow-up; therefore, the results may have been different if those mothers had not been lost to follow-up.

There was also neither a control group nor sample stratification plan for the qualitative component of this study. The purpose of phenomenological research is to understand the essence of an experience from the perspective of those who experience it. It is therefore not necessary to have a control group or a stratified sample to address these questions; however, it does limit the researcher's ability to make causal claims and might be considered is subsequent work on this topic. Because of the lack of a non-CSA comparison group, it is not possible to isolate which

effects are related to CSA history and which are common amongst all teen mothers.

Additionally, it is not possible to isolate the specific effects of CSA versus other adverse childhood experiences faced by the participants, such as foster care involvement and other forms of child abuse. Further research should isolate the effects to provide the most appropriate and targeted interventions.

6 CHAPTER 6: CONCLUSION

Survivors of childhood sexual abuse are three times more likely to become teen mothers, and children of abused mothers are 30% more likely to experience abuse (Noll, 2005). These two pieces of information highlight specific groups of at-risk mothers and children for whom the cycle of abuse must be stopped. The participants in this study made conscious parenting decisions based on their own childhood relationships with their mothers in the domains of 1) emotional support, 2) physical presence, 3) listening and believing 4) protection, and 5) discipline. The participants also discussed how the support they received at the microsystem level influenced their ability to thrive. The interaction between 1) family dynamics, 2) housing stability, and 3) increasing earning potential was critical for participants to feel successful in their parenting. The findings from this study: 1) contribute to our understanding of how survivors of CSA make parenting decisions, 2) identify how microsystem level factors influence this population, 3) highlight specific areas for intervention, 4) and potentially inform policies that increase the prevalence of teen motherhood.

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APPENDICES

Appendix A: Parent Interview Guide

Parenting Interview Questions

Before we begin, I wanted to let you know that we will be talking about many different things today. Some of the things might be fun for you to talk about, and some might be hard to talk about. I am hoping, though, that you can be as honest as possible so that we learn from your experiences. However, if you think we are spending too much time on something or if you would like to switch to a new topic, just let me know. It's not a problem. There may also be some questions that you're not sure how to answer, and that's okay too. At the end of the interview, I'll ask you your opinion on this experience today!

Part I: Reactions, decisions, and responses from others

- First, I'd like to get a sense of how things are going for you and for the baby right now.
 - Can you tell me a little bit about what you are doing right now and how you are feeling?
 - Can you tell me a little about your baby (child)? *Name, gender, and age? How did you pick []'s name? Does it seem to fit?*
- It might be helpful for us to start at the beginning of all of this for you. Thinking back, can you tell me a bit about what was going on in your life when you became pregnant?
- Can you share a memory of what you did when you first thought you might be pregnant?
 - *Initial feelings? What were you most excited about? Worried about?*
- At the time, did you want to have a baby? Was the baby planned?
 - What were the main things that helped you choose to have []?
- Who were the first people (*or first-person*) that you told you were pregnant?

- How did they react?
- How did you feel about their reaction(s)? *What might have been more helpful?*
- Did you feel that they supported you? *Baby's father? Parent(s)?*
- Did being pregnant affect how your friends treated you? What about other people at school?
- When you were pregnant, did you ever worry about what others thought of you? *What about?*
- Where are you and the baby living now, and how did you decide that?
 - *Were there other places you could have stayed? Has your living situation changed?*
- After having your baby, did your relationship changed with any of these people? How?
- Since you've had your baby, has the baby's dad [] been supportive? What did [] do that was helpful? *(Financial, emotional, childcare, education)? Are there things you wished he would have done?*
- *What about others? (Probe key support people)*
 - Are there things that they did that were not helpful?
 - *Are there things you wish they would have done?*
- I'm also wondering if some of your friends are supportive now.
 - What have they done? Are there things they did to try to help but that didn't really help you?
 - If you tried to help a friend with a baby/child, what would you do to support her?
- Thinking back on everything now, if you could start all over again (from the time you found out you were pregnant), what, if anything, would you do differently?

Part II: Your relationship with your child

- Now I'd like to learn more about you and your child. How have things been going for you two?
- When you were pregnant, what did you think he/she would be like?
 - Is that how he/she is now? Are there ways he/she is different than what you expected?
- Did you talk to or relate to the baby during your pregnancy? (*e.g., communication with baby*)
- How would you describe []'s personality? *What does [] like to do? What do you think is really special about []?*
- What's your relationship like with []? Has it changed over time? *Examples?*
- Who is [] closest to right now? *How can you tell? Has it always been that way? Do you expect it to change? How so?*
- Would you describe [] as an easy baby (child) or more difficult?
 - *Probe routines, separations, dealing with change, ability to be soothed.*
- Have you or your doctor had concerns about []'s development? Any health problems?
 - *What were they? How were you able to handle them? Did you get help, if needed?*
- What about [] has been the most difficult to handle? *Examples?*
- What is [] like when he/she misbehaves?
 - *What do you do when this happens? What do you feel like doing? How do you feel? How often does it occur?*
 - Does [] know you don't like it? Why do you think [] does this? How do you think [] feels when you respond the way you do?
- Do you ever worry about []? What do you worry about?
- If you could look ahead, what do you think will be the most difficult time in []'s life? Why?

- What do you expect your child to be like as a teenager? Are there things you might worry about when he/she is a teenager?
- Do you have any regrets about the way you have raised [] so far?
- What do you wish you could change about how things have been for you and []?

Part III: Your Parenting Style

Next, I'd like to learn about your thoughts and ideas about what it's like to be a mom.

- What comes to mind when you think of a good mom?
- Was it hard to learn how to be a mom, or did it come naturally to you?
 - When did you first really feel like a mother?
- Thinking about your experiences as a mom so far,
 - What has been the most difficult part? Most surprising? Easiest?
 - What do you dislike about being a parent?
 - What do you like most about being a parent?
 - What do you think you do really well as a mom? (*strengths/accomplishments*)
- What fears do you have about being a mom in the future?
 - I want to ask you a little bit about your childhood and your parents and how that has maybe impacted you as a mom. Who were your primary caregivers?

Ask the following questions for each caregiver

- What are some of your best memories with []?
- What are some negative or upsetting memories of how [] treated you?
- How do you think these experiences might have influenced you as a mom?

Examples?

- In learning how to be a mom, have you used your parents or others in your life as a model in any way?
 - Were there things that you wanted to copy? To avoid?
 - (Depending on previous answers) Do you ever worry about doing those same things? (If applicable) How do you not do those things?
- Were there other family patterns that you felt weren't good for you growing up? (Ask for examples)
 - Have you felt stuck in those patterns?
 - Have you tried to create new patterns for your child? *How?*
 - How has that gone for you?
- From whom or where have you gotten the most help with questions about being a mom?

Part IV: Self-Care and Resources

Thanks for sharing that information with me. I know it can be hard to talk about family stuff like that. I'd like to switch topics a little bit and learn more about you.

- Either for you personally or for you as a mother, what has been the hardest thing that you have had to deal with?
- Have you had any physical health problems since you became pregnant?
- What about emotional problems or problems with alcohol or drugs? *How are you coping with these difficulties? Have you been able to get help? What's been helpful? Not helpful?*
- Sometimes, people have really difficult or traumatic things happen in their life. Have you had any really tough experiences that have been hard to deal with? Are you comfortable telling me a little about those?

- Do you feel that you've worked through this experience, or is it still affecting you today? How so?
- Did you get any help to deal with these? What's been helpful? Not helpful?
- (*If not*) Do you have a sense of what might have been helpful (e.g., counselor)?
- Do you think these experiences have affected you as a mom in any way? How so?
- Have these experiences affected your relationship with your child?
- Sometimes when people go through traumatic events, they may worry about the same thing happening to their child. Does this happen for you? What do you worry about?
 - Do you try to protect your child from something like this happening to him/her?
- Something that all moms have to deal with is balancing taking care of themselves and taking care of the baby. How have you been able to balance this? *Probe experience(s) from above.*
 - What do you do for yourself that you really enjoy?
 - Do people help you so that you have time to take care of yourself or have fun?
- What needs have you had that were hard to meet? (*Relaxing, time with friends or romantic partner, school, finding a job*)
 - Did you have to let go of some of your own needs or goals? What was that like?
 - You've been through some difficult experiences...What are some of your qualities that have helped you through all of this? What is it about you that has led to these changes?
- If you were asked to talk with a teen who is about to become a mother, what would you most like to share with her? What advice or suggestions would you like to give her?
- What other questions do you think we should ask in our interview to learn more about being a young mom?

Debriefing:

- What was it like to talk with me today?
- Do you have any advice about how we can learn more when we interview our next participants?
- Do you have any questions for me?
- What are some resources that might be helpful to you right now? Discuss her current needs and share thoughts on resources that might be available to her.

Appendix B: Additional Quotations

	Additional Quotations	Participant Number
Gen1 Maternal Support in Gen2 Childhood	And at that point, me and my mom had no contact - we had a no contact order.	11
	Sometimes I feel like I shouldn't have forgave her for all the things that she's done, but in another sense I feel like she's my mom and sometimes she tries.	7
	My mom adopted me and my brother and sister out, but my dad got me, and my sister went to somewhere and family, and my brother's was a private adoption. I don't believe in that because that's kind of the problem with my mom. I guess I'm mad at her for that.	3
	when I was at my son's age or like my nephew's age, right now in 10, I would always wonder like why, why me, why neither one of my parents want me. Why, just why. By the time I got about nine or 10 my family was telling me your mom is on drugs, it's not that she doesn't want you, it's just she can't help to want you if that makes any sense	8
	She (Grandmother) had me since, well she officially like by the court had me since I was 14 months, but she came and kept taking me from my mom because of the environment she had me in. She wanted to buy beer, so instead of giving me formula, she would just give me her beer in my bottle.	7
Gen1 Maternal Support in Gen2 Motherhood	When my mom I think it, my mom was either in jail or she was something and by the time I had my son by the time I was in the, the maybe my sixth month she was really involved she was you know um, she had her own apartment	8

	with her boyfriend and she was doing her thing and by the time I had my son she was right there with me.	
	Before she got into daycare my mom used to take care of her when I was going to school.	10
	My mom was really a big part... We didn't really, as I said, get close again until towards the end of my pregnancy – the end of the, couple of months, I was like seven months and then, I just think she realized that there was going to be another grandbaby in the picture	11
	My mama helped me through my postpartum depression.	5
	When I was pregnant though, she was there for me as much as I guess she could be. Even though she kicked me out on the streets, knew I didn't have nowhere to go, but once I got my stuff together and I got my apartment and everything, she was there for me.	6
Gen2 Parenting Philosophy	A good mom is supportive. She let her child know when he or she is in the wrong place. She takes care of her child, emotionally and physically, spend time with them. That's a mother.	10
	To me, a good mother is somebody ... or a mother who can stop everything to really do what your child needs, and not once, it's not, forget the once, you do everything that you have to do at the end of the day and you can say, "Well at least my child had everything they needed today." That's all that matters	16
	Someone who take care of their kids, protect their kids, house their kids, bathe them daily, put them to sleep at night, know where they at every minute. Someone who can really say that I am there for my kids 24/7, no matter what	13
	Nobody can come in between a mother and daughter bond. No matter what a child been through ... I feel it's going to	13

	take something really tragic or that style. I'm a fantastic mother. My kids will always love me no matter which way they go or how they grow. I'm gonna be the one they always come back to because I'm their mom.	
Gen2 Parenting Differently than Gen1	I'm just a little scared that they're going to be like I was, and that's why I'm trying to take a different approach of parenting than my parents did.	3
	And I know how it feel to feel like not wanted, so I ain't want my child to ever feel like that	14
	I'd never be how my mom was. I'll never let no man take over my kids.	12
	I just tried to be there a little bit more than what my mom was. My mom wasn't really there, that's why I'm trying to do everything now, the two jobs now and go to school while his young versus he is older and he's like, "Moms really not here." I'd rather do it now and get it out of the way. That way I can just have one good job and just focus on him.	1
	I don't think it was fair how the way our parents – our parents basically ignored us, is how I feel.	11
Gen2 on Listening and Believing Gen3	I don't ever wanna install fear in my daughter to ever make her think that if she was to ever come in to me, I don't wanna ever make her feel uncomfortable to ever tell me anything. The day she has sex, I want her to feel comfortable enough to come up and tell me. The day she wants to smoke, the day she wants to drink, the day she wants to do anything, I want her to be comfortable enough to tell me and I want her to know in her mind that I'm not here to judge you, I'm not gonna make you feel like crap, and I'm going to help in any possible way I can.	16

	<p>Whatever the case is, that man will have to go. He have to go every time. 'Cause I'm never gonna let him hurt my kids in no way shape or form. I'm always gonna listen to my kids when they tell me something. Whatever is wrong. I'm gonna take their word for it.</p>	12
	<p>My son... he feel like he can tell me anything, and I don't want my kids like they can never tell me anything at all. My baby know I'm his mama and he know I'm his friend, too.</p>	14
	<p>you just have to maintain their mind that no matter what you can always tell your mom anything or your parents in general but just as like a mom. Like that's just a good mom to me, someone that you can always go to no matter what and no matter what the consequences you know that like it's going to be better just telling your mom.</p>	15
	<p>I try to do some stuff that my mom never taught me to do. I tell her, "You can talk to me about anything. If anybody messing with you, bullying you, you can talk about it."</p>	10
Gen2 on putting Gen3 first	<p>I think good. Actually, I make sure my son has something before; I make sure he has everything before I do anything. For a while, I'm used to getting my hair done and my nails done but now I make sure he has what he needs. I don't care how I look. If he looks fine, okay that's good. Now every once in a while I need my hair done and I do my nails but I have to make sure my son has everything first.</p>	1
	<p>Somebody that just puts their child ahead of them completely. You make sure that your child's always fed first and they're taken care of. They're clean, they're healthy and everything.</p>	7
	<p>I don't have a lot of money to support them but I'll go broke for my kids. I make sure that they have everything like ... They will have everything. They have ... The best of everything so ...</p>	12

Gen2 on being physically present	It has taught me to always be there for my kid. Because like they really weren't there for me.	18
	Playing with your kids, doing crafts, being active, taking your kids places like the aquariums do and just always being there and knowing like from a young age that you can always come to your mom	15
	It's just like I'm really interactive with him. I just don't want to keep him in his bed all day and keep him there. I remember when I was growing up, my mom said "if you wake up before like 9 or 10" – just told me to stay in my room and play in my room. Well, Jayden wakes up around 8, I'm not going to make him stay in his room – I mean that's punishing your kid for waking up earlier than you are, just because you're lazy.	11
Childcare Decisions	My fiancée or my mom. I don't send her to daycare. I just ... there's so much stuff that happens and I'm like really crazy protective of her.	15
	My sister, that's his god mama, it's either her that come get him or her husband. Nobody else is ever allowed to come get him, or his daddy.	14
	I only want certain people around my son, because I know, like, it's like ... if I feel like they're going to put him in any danger	17
	You got to know people first. You gotta know who you're bringing into your home. Who you would have around your kids	13
	No, because I don't let (her) go with nobody, so no.	4

<p>I just feel so stuck because I don't trust a day care to watch my kids.</p>	3
<p>Probably not, because he only be's around me and my family</p>	9
<p>when we weren't together he was seeing other people and I didn't know if he had these women around my child and that made me really uncomfortable because she has never been around anybody that I haven't seen. Even to this day, he father has been gone for a year-and-a-half and she still hasn't met anybody that I talk to because I don't feel like she is ready for that.</p>	2
<p>He won't ...he won't do nothing without me, and I won't let him do nothing without me until he gets a little bit older, know how to protect yourself and I would give you a leeway but...he still don't go nowhere. He don't stay the night over nobody house. No.</p>	5
<p>I only send them with people I trust. If I can't trust you, then there's no reason for my kids to even be with you, so no. When my son first started going with his daddy, I used to call like every couple hours just to see what he's doing, so he could talk to me on the phone, and finally I started getting used to him going over there, staying for a little while, him not coming back with any problems, he don't tell me anything is going wrong, so I'm comfortable where he goes now</p>	14
<p>It makes me be careful who I bring around my kids. My boyfriends are not allowed to meet my babies until about nine months into the relationship. And if I do bring my sons around them before that, it's a good reason. I don't leave my kids alone with a lot of people. I don't care if I've known you the rest of my life, I do not.</p>	14

	I hear too much crazy stuff. I'm not just finding somebody to watch them. The only people that watch my kids are family.	3
	I didn't want her to go to daycare and stuff like that at the time when she was young when she couldn't say anything. I'm kind of overprotective about that. I gotta know where she going, who is she going to be with, stuff like that because you never know.	10
	Because like that's my first child, I'm gonna be like, very overprotective.	18
Protection from CSA	Like for instance my mother had just bought her a bathing suit a couple of weeks ago, but it was a bikini. It was a top piece and a bottom piece, but the bottom piece was just the bikini bottom piece and she said "oh, Emma look what I got you!" And I had seen it before Emma did, Emma was in another room and I said "mom, that is not okay. I am not okay with her showing herself like that. She is four." A lot of mothers are okay with it because they are four, but I am not because she is four.	2
	Right, because I don't want something like that to happen to her. Which is why I don't allow her to spend a lot of time with my dad. You know if he was sober it wouldn't be as much of an issue but he is drinking again so eh is not going to be alone with my kid. She will not be spending a lot of time with him.	2
	if someone were to touch my child like I don't know what I would do and so ... and you don't ever want your kid to get through something like that and so ... like I don't want to let anybody babysit her that's not my mom, Bryan or my dad because those are like the people that I 100% trust	15

<p>I still wake up with nightmares. I still go see a psychiatrist to talk about it because it still hurts. I'm afraid that...I won't let nobody watch my baby because I'm afraid that people are going to do the same thing to me that they did my...they would do to my son. I don't want that to happen to my baby. I would never let my baby go through that. I don't want that to happen to him at all. I still see my psychiatrist about that and they tell me there ain't nobody going to touch my son. I don't know that. I can't trust that because they touched...dared to touch me, they could touch my son too, that's not good. I'm still going through the nightmares every day.</p>	5
<p>Like if she tries to date older guys, maybe like just telling her about my experience and telling her like I know you ... like I don't want you to go through this and you're not going to want to go through this either. I think that this could affect down the road when she's older and like doing different things and stuff like that, but for now it doesn't.</p>	15
<p>People out there aren't always good people, there's bad people out there, and I think a lot of moms raise their kids to think that you wouldn't be the one to get hurt, or a lot of people are good people, but not everybody's good.</p>	11