

# *“I Just Let Him Have His Way”*

*Partner Violence in the Lives of Low-Income, Teenage Mothers*

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*This study explores the relationship between teenage pregnancy and male partner violence by examining the prevalence and effect of partner violence in a sample of new adolescent mothers. Data for this study are drawn from in-depth interviews with 35 new teenage mothers who had never been in, were currently involved in, or had recently exited from abusive partner relationships. The effect of partner violence on contraceptive use and pregnancy resolution are discussed as important variables in order to understand adolescent pregnancy. The role of social support is discussed as an important buffer for many of the adolescent mothers.*

**Keywords:** *domestic violence; low-income mothers; teenage mothers*

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*To understand the origins of adolescent pregnancy, scholars have documented the changing rates of nonmarried teenage pregnancy (Coley & Chase-Lansdale, 1998; Darroch, Singh, & Frost, 2001), reviewed historical and cultural influences (Corcoran, 1999; Luker, 1991; Solinger, 1992), and examined causal and associated factors ranging from family background (Cooksey, 1990; Miller, Benson, & Galbraith, 2001) to adolescent attitudes and behaviors (Ferguson & Woodward, 2000; Lanctot & Smith, 2001). Adolescent mothers are at risk for delivering unhealthy babies, not completing school, becoming pregnant again within a year of giving birth, and becoming long-term welfare recipients (Moore, Miller, Gleib, & Morrison, 1995). These factors are known to limit*

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teenage girls' future prospects for economic self-sufficiency (Collins, Stevens, & Lane, 2000; Danziger & Gottschalk, 1995; Moore et al., 1995).

Research on contraceptive use among adolescents highlighted the elevated use of condoms among the adolescent population but in general failed to take into account the cooperation that would be needed on the part of the male partner for such use to be successful. In a similar vein, the studies on pregnancy resolution among adolescents have tended to focus on access to abortion services and financial resources, and not the potential role that an abusive partner can wield in determining the outcome of a pregnancy.

Previous research on the underreporting of sexual abuse (Salber & Taliaferro, 1995) and evidence of high rates of dating violence (Molidor & Tolman, 1998) directed my research on the relationship between teenage pregnancy and partner violence. The present study examines the effect of partner violence on contraceptive use and pregnancy resolution. In addition, I examine the social support that is available to adolescent mothers.

## LITERATURE REVIEW

Several surveys have documented that male partner violence is a serious and substantial problem for adolescent females (Molidor & Tolman, 1998; Silverman, Raj, Mucci, & Hathaway, 2001). A study by Silverman et al. (2001) reported that dating violence was experienced by approximately one in five female students and was associated with multiple consequences, including substance use, weight gain, and suicidality. Silverman and colleagues also found that high school girls reporting experiences of partner violence were approximately 4 to 6 times more likely than their nonabused peers to become pregnant.

Multiple pathways into pregnancy and childbirth exist for teenagers. The pursuit for autonomy along with a romanticized notion of a male partner are important variables to consider when discussing teenage pregnancy. Low-income women often view the economic prospects of the father of their potential child through rose-tinted lenses (Kefalas & Edin, 1999). Ethnographic, longitudinal work has revealed that the desire of low-income women to be self-sufficient in the context of welfare reform may unintentionally encourage some women into dangerous dependencies (Scott, London, & Myers, 2002). Thus, the intendedness of

an adolescent's decision to become pregnant may be understood in the complexity of conflicting feelings that adolescent girls have regarding their male partners.

Understanding the process by which an abused adolescent becomes pregnant is not easy. The research literature in the area of adolescent contraceptive use recognizes that condom use is the most frequent and accessible contraceptive method used by adolescents (Kaplan, Feinstein, Fisher, & Klein, 2001). Adolescent girls' contraceptive use at first intercourse rose from 48% to 65% during the 1980s, almost entirely because of a doubling in condom use. By 1995 contraceptive use at first intercourse reached 78%, with two thirds of it condom use (Moore, Manlove, Gleib, & Morrison, 1998).

Moore et al. (1998) believe that a major reason young adolescents do not use birth control measures is that some adolescents enter sexual activity as victims, "forced to have sex against their will." Researchers have attributed the failure of adolescents to use birth control primarily to the lower educational levels of sexually active teenagers, less access to birth education classes, and lower motivation for complying (Brown & Eisenberg, 1995; McElroy & Moore, 1997). Yet lack of cooperation from partners in using birth control (Maynard, 1997) is referred to as a possible explanation, but this is an area that has yet to be examined systematically.

Previous research evaluating social support captures the range of supports that are available for teenage mothers (Henly, 1997). Two important aspects to consider are (a) who is actually providing the support, and (b) the degree of satisfaction that the teenage mother feels regarding that support. The teenage mother's own mother often plays an important role in the life of her daughter once she has a baby (Nitz, Ketterlinus, & Brandt, 1995). Adolescent pregnancy and birth have been found to have a stabilizing effect on both the teenage mother and her mother (Sciarra & Ponterotto, 1998). The mother-daughter dyad deserves special attention, especially the period in which adolescent mothers begin to rely on their mothers after they have their baby.

It is useful to hypothesize about the potential role partner abuse plays in shaping the experience of adolescent relationships, the use of condoms, and the subsequent decision regarding pregnancy resolution. Adolescent girls who rely on an abusive partner to use a condom during sexual intercourse can be intimidated into not having him comply. In addition, the role of an abusive partner

in determining which pregnant adolescents decided to terminate their pregnancies has not been fully explored. This article explores the role of social support in adolescent mothers' lives and addresses the effect of male partner violence on an adolescent mother's use of contraception and how these experiences of violence shaped her pregnancy.

## METHOD

### DATA ANALYSIS AND THEORETICAL DEVELOPMENT

The author conducted and tape-recorded all the interviews in this study during the years 1997 to 1999. All the interviews were transcribed verbatim. All the teenage mothers signed an informed consent form before the interview. Fictitious names are used in all reports.

Data analyses of the open-ended interviews were based on the grounded theory approach to qualitative research. Grounded theory (Glaser & Strauss, 1967) emphasizes the discovery of theory from data by employing the general method of comparative analysis. The ability to focus on depth rather than breadth helped produce a representation of the complex lives of teenage girls who become mothers.

In vivo coding was employed to develop categories, and then these categories were applied to larger sections of data (Richie, 1996). In vivo coding involves a line-by-line reading of the data resulting in restatements that closely mirror the text. Working with a computer software package, QSR NUD\*IST (Richards & Richards, 1994), these restatements or codes were then grouped into theoretical categories that arose from a study of the similarities and differences between the in vivo codes. Memo writing facilitated development and modification of theoretical categories. Throughout the research process, colleagues and participants reflected on emerging theoretical categories.

To understand the impact of partner abuse on teenage pregnancy and motherhood, it is necessary to examine why some teenage girls are able to escape an abusive relationship whereas other teenagers become trapped in violent and coercive interactions. What factors place them at risk for remaining in abusive relationships or provide them with the resources to escape from

violent relationships? Furthermore, for those adolescent girls in violent and coercive relationships, in what ways does partner abuse shape the experiences of pregnancy and subsequent motherhood?

In this study, I examine three different paths taken and avoided by the adolescent girls in the sample when they became involved with their male partners. These three categories are framed to capture the partner violence experiences of the teenage girls. There were teenage girls who had never been in an abusive relationship (referred to as NEVER,  $n = 14$ ), those who were currently involved in an abusive relationship (referred to as IN,  $n = 10$ ), and those teenage girls who had exited from an abusive relationship at least a year prior to the interview (referred to as OUT,  $n = 11$ ). Although relationship status among teenage girls and their partners in the sample was in a constant state of fluctuation, the purpose of these categories was to explore the different resources and backgrounds of teenage girls at the current stage in their lives.

In this article, I focus on the complex lives of teenage mothers from each partner violence category. This analytic approach addresses the teenage mother's social network and her relationship with her parents. In addition, I explore how partner abuse shapes the teenage girl's reaction to, and experience of, being pregnant.

#### **SITE**

This study was conducted at an adolescent health clinic in a small city in Michigan. The mission of the clinic is to assist young people in making healthy choices by offering a variety of basic health care, health education, and support services to adolescents and their children. Services include general medical care, obstetrics, gynecology, pediatrics, counseling, nutrition, and parenting education.

#### **SAMPLE**

Social work and nursing staff were informed of the research project and given flyers describing the project. Clinic staff recruited clients who were English speaking and either having their first baby or had just had their first baby within the past 6 months to participate in the study. This timing allowed for the

development of interviews that focused on the period prior to the pregnancy, the time during the pregnancy, and what the adolescent's life was like soon after the baby was born.

All the eligible respondents agreed to participate in the study. Each participant was interviewed once, and the interviews lasted 70 minutes, on average. Each participant was paid \$15 for her time during the interview. The interview was conducted in a private room at the clinic.

Thirty-five teenage mothers completed the interview. The mean age at the time they gave birth was 18.10 years. Almost two thirds (65.7%,  $n = 23$ ) were White, and 34.3% ( $n = 12$ ) were Black, a distribution generally reflective of the clinic population. The most recent data from the clinic reported that the overall caseload was 57% White, 41% Black, and 2% other minorities. The small number of teenage girls of other ethnicities led me to restrict the sample to Whites and Blacks only.

## MEASURES

This study employed an open-ended interview along with a standardized measure for domestic violence in order to examine the relationship between teenage pregnancy and partner violence.

An open-ended interview was administered to each adolescent mother participating in the study in order to identify obstacles and support systems in her life. Open-ended questions allowed the adolescent mother to describe what typical days were like, experiences in school, past and current living situations, the role her male partner played in her life, available social support, and her goals and aspirations. The interviews sought to gather a detailed understanding of an adolescent mother's life, including periods and transitions that they identified as critical in understanding their current situations.

Domestic violence was assessed using the Conflict Tactics Scales-2 (CTS-2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1995). The CTS-2 measures the 12-month and lifetime prevalence of domestic violence. Results in this study are from the full range of physical assault items on the CTS-2 (endorsed one or more of the following items: male partner kicked, punched, pushed or grabbed, slammed against wall, choked, burned or scalded on purpose, beat up, hit with an object).

**TABLE 1**  
**Prevalence of Abusive Behaviors by Male Partner (N = 35)**

	<i>Lifetime (Not in Year Prior to Interview)</i>		<i>Past 12 months</i>	
	%	N	%	N
Physical violence				
Slapped you	22.9	8	14.3	5
Kicked you	5.7	2	5.7	2
Hit you with an object that could hurt you	11.4	4	5.7	2
Slammed you against a wall	22.9	8	8.6	3
Choked you	8.6	3	5.7	2
Beat you up	8.6	3	2.9	1
Any severe physical violence	31.4	11	28.6	10
Sexual coercion				
Made to have sex without condom	14.3	5	11.4	4
Partner insisted on sex but did not use physical force	28.6	10	25.7	9
Partner used threats to make you have sex	5.7	2	2.9	1
Partner used force to make you have sex	17.1	6	14.3	5
Any sexual coercion	31.4	11	28.6	10

The CTS-2 measured the extent of physical violence in a teenage mother's relationship and stimulated the teenage mothers to discuss the context and impact of partner abuse in their lives. Adolescents were asked how many times each of the events happened and to describe the circumstances and effects of the violence.

## RESULTS

Table 1 lists the prevalence of each type of abuse and the summary subscales. Physical violence was reported by 31.4% ( $n = 11$ ) of the sample in their lifetime, but not in the year prior to the interview. Nearly a third (28.6%,  $n = 10$ ) reported experiencing at least one of the physical abuse events in the last year with a romantic partner. Nearly a third (31.4%,  $n = 11$ ) of the adolescent mothers reported experiencing sexual coercion in their lifetime, with 28.6% ( $n = 10$ ) describing at least one of these events occurring in the past year.

The teenage girls shared similar demographic characteristics. They were all new mothers between the ages of 13 and 21 and

**TABLE 2**  
**Demographic Characteristics of Sample**

<i>Characteristic</i>	<i>COMBINED</i> ( <i>N</i> = 35)		<i>NEVER</i> ( <i>N</i> = 14)		<i>IN</i> ( <i>N</i> = 10)		<i>OUT</i> ( <i>N</i> = 11)	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Mother's age ( <i>M</i> ) at time of birth	18.10		18.42		17.60		18.10	
13-15 years	14.4	5	7.1	1	20.0	2	18.2	2
16-18 years	37.1	13	35.7	5	50.0	5	27.3	3
19-21 years	48.5	17	57.2	8	30.0	3	54.6	6
Ethnicity								
White	65.7	23	43.5	10	17.4	4	39.1	9
Black	34.3	12	33.3	4	50.0	6	16.7	2
Partner age ( <i>M</i> ) at time of birth	21.53		20.58		23.13		21.25	
Education								
High school/GED	37.1	13	35.7	5	30.0	35	45.4	5
Currently in school	45.7	16	50.0	7	30.0	3	54.5	6
Currently working	42.9	15	57.1	8	40.0	4	27.3	3

Note: GED = general equivalency diploma.

were struggling somewhat in their new roles as mothers. All were low-income and received Medicaid benefits. Despite these similarities, when the sample was divided into the violence categories, demographic differences emerged. Table 2 illustrates differences among the three violence categories and also compares them to demographic characteristics of the entire sample (COMBINED).

White teenage girls, at the time of the study, were slightly more likely to have NEVER been in a violent relationship (43.5% vs. 33.3%), and once in a violent relationship they were twice as likely to have exited from the relationship (39.1% of the Whites vs. 16.7% of Blacks were OUT of violent relationships). Teenagers who were currently involved in an abusive relationship were less likely to be in school than those teenagers who had either exited from an abusive relationship or had never been in an abusive relationship.

#### DECISIONS REGARDING CONTRACEPTION

In those relationships in which abuse was present, the male partner generally made birth control decisions. Mercedes, a Black 19-year-old who had been in an abusive relationship, had been

involved with a man who was 27 years old. She described how she and her boyfriend did not use birth control:

I told him that I wanted to . . . but he said it wasn't comfortable for him, he didn't want to do it, so of course, I said OK, fine. I was being a pushover. I wanted him to be happy. I wanted him to have his way because if he didn't he would get upset and argue and he'd just let it go on for days and days, and I was tired of that, so I just let him have things his way.

Mercedes explained that she and her boyfriend had fought all the time about sex and the use of birth control. She felt

he wanted to have sex all the time. I didn't want to, but we did because he wanted to, and as long as he had it his way, we didn't have to argue about it, but as soon as I said, "Well, I don't want to do it that way," there was an argument.

Janet, a White 18-year-old still with her abusive boyfriend, admitted that he used force when having sex. She told how she would just

give in because he wasn't going to stop anyway, so I mean I could have kicked him, you know, but that would have caused even more problems. He would just be all over me and I'm like, "No, I'm tired, I want to go to sleep," and he'd be like, "No," and spread my legs open and get on top of me and hold my arms down.

Patricia, a White 19-year-old who had exited from an abusive relationship, started to take the pill for birth control purposes because her boyfriend at the time would force her to have sex. She commented that sometimes

I would not want to have sex at all, and he'd basically force himself on me. I would basically just lay there until he was finished. I mean I'd tell him I was upset or whatever, and try to push him off me, but he would just do his thing. . . . When I did say I didn't want to, then he would just basically hold me down.

## **REACTIONS TO THE PREGNANCY**

Many of the teenage girls in abusive relationships viewed their pregnancies as an opportunity to change the negative patterns in

their relationships. They realized that their pregnancy and impending motherhood would change their lives but did not know in what ways. Teenage girls who were in abusive relationships when they became pregnant found themselves at a crossroads in terms of whether or not to continue in the abusive relationship now that they were going to become mothers.

For instance, when Patricia, who had exited from an abusive relationship, found out that she was pregnant, she was very scared. Although other women in her family had become pregnant prior to being married, they all had gotten married right away. Patricia told her mother immediately that she was pregnant, and her mother's first response was to tell her that "[she] better not get married to this guy." Patricia's close relationship with her mother and her mother's reaction that she should not marry her abusive partner provided Patricia with the ability to capitalize on that advice and escape the relationship.

Teenage girls who remained in abusive relationships after they became pregnant generally did not react negatively to their pregnancy. On the contrary, it was puzzling to find that many of the teenage girls who were in abusive relationships at the time they became pregnant were happy that it happened. These teenage girls used phrases such as "excited" and "happy" to describe their reaction to finding out they were pregnant. When Jamie, a White 20-year-old who was in an abusive relationship, responded to a question about her feelings about becoming pregnant, she answered, "We wasn't trying to get pregnant, but because I was pregnant before with him, and I miscarried, and it took about a year and a half for me to get pregnant again, I was happy."

Olivia, a Black 18-year-old who was currently with an abusive partner, commented that after she became pregnant she was in denial and "didn't believe that I was pregnant." When she began to accept the fact that she was pregnant she was "happy" and hoped that it would improve her relationship with her partner. She described the father of the baby as being excited that she was pregnant, but a few months into the pregnancy he left her and their relationship has continued sporadically since their child was born.

Melanie, a White 19-year-old, revealed that she was scared when she went to the hospital to confirm her pregnancy, and when the test came back positive she wanted the nurses "to keep

taking more pregnancy tests for me. I just sort of didn't believe it." She also described how her baby's father was initially happy that she was pregnant, but their relationship became quite volatile and he was sent to prison for assaulting another person. Melanie went on to describe how the father of her baby continued to harass her by writing threatening letters to her and her current boyfriend.

The teenage mothers who had never experienced an abusive relationship (NEVERs) and those no longer in abusive relationships (OUTs) reacted to their pregnancy in similar ways; that is, they were apprehensive about their futures. However, the NEVERs were more ambivalent about becoming pregnant. Beth, a White 16-year-old who had never been in an abusive relationship, described how she thought being a mother would be "terrible." Although many of the teenage girls spoke of being "scared" once they found out they were pregnant, they also described mixed feelings regarding the pregnancy. Caroline, a White 20-year-old who had never been in an abusive relationship, explained her first reaction to the pregnancy, which

wasn't planned or nothing. So, when I found out that I was pregnant, the first thing that ran through my mind is that I should have waited until I got older because I was only 18 when I got pregnant. So, it was like 18, and once you have a kid you're tied down. You can't do the things that you was doing before.

It is interesting to note that Caroline described her feelings about the pregnancy in terms of what it meant for her. In a similar manner, Debbie, a White 18-year-old who had never been in an abusive relationship, recalled the changes that the pregnancy brought about in her life did not seem to impact her boyfriend.

He's [her boyfriend] 19, but he act like he is still 16. He still hangs out with his buddies, he does drugs, he drinks and everything. And when I got pregnant, I stopped hanging out with my friends so much and everything, and he still was, and that is one reason it was so hard because he was still out parading and I was home pregnant. So it wasn't real convenient.

Jennifer, a Black 17-year-old who had exited from an abusive relationship, commented that initially her boyfriend "was there, he came to the baby showers, brought presents, bought the baby bed and everything." When Jennifer was 4 months pregnant, she

found out that her boyfriend had impregnated another woman, who was 2 months pregnant. The subsequent arrest of her boyfriend led Jennifer to realize that

when you first meet a guy, he seems nice. And then you find out. Like at first, he was real nice and generous. He was, he could listen to problems and all that. But then you find out sometimes he's not all what he seems to be. . . . Because I found out what he was really about . . . lying, dealing drugs, which I didn't like. Cheating a lot, a lot, with everyone.

Jennifer pointed out that her friends and family tried to warn her about her boyfriend and his background but she did not listen. By the time it became clear that he was unfaithful to her and was engaged in criminal activity, she was already pregnant.

Angela, a White 17-year-old who had left an abusive relationship, recalled that she and her boyfriend were both excited when she found out she was pregnant. His family began to purchase supplies for the baby while she was still pregnant, and prior to having the baby Angela thought that having a baby was "going to be fun. I thought it would be like my own little baby doll. Show her off and just have fun with her." Recalling the period in her life when she found out she was pregnant, Angela realized that "I was living in a fantasy world how most 19, 20-year-old girls are when they're pregnant. We'll get married and dah, dah, dah." Her boyfriend was in the Marines, and they had

planned to get married as soon as he got out . . . and he was going to re-enlist, and then we were just going to live on one of the Marine bases somewhere. We had it all planned out, but he changed when he came back and got with his friends.

When Angela's boyfriend returned from military service, she noticed an immediate change in his behavior. He started drinking, physically abusing her, spending more time with his friends, and has never seen his daughter. She recalled that he "called me on the phone and just said he had a change of heart. He's not ready to quit partying, he's not ready to settle down and be a husband and a father. And that's it."

In addition to deciding whether to use birth control, some men also actively decided on the pregnancy outcome. When informed

that they were responsible for their partner becoming pregnant, male partners reacted in a variety of ways. Because most of the pregnancies were unplanned, many of the fathers were surprised to find out that their girlfriends were pregnant. Others denied that they were the father of the baby and accused the teenage girl of being unfaithful. In some cases, the jealousy and suspicion that many of the male partners had regarding their girlfriend's pregnancy resulted in violence.

Mercedes described how she wanted to have an abortion after learning she was pregnant. She recalled that her boyfriend

wanted to keep the baby, so . . . here she is. He was upset, and he said that if I gave . . . well, if I had an abortion, he was out of my life forever, and at that time I thought I cared about him, so I decided against it.

Although the threat of being left by their partners convinced some adolescent girls not to terminate their pregnancies, there were also instances in which the boyfriends became violent once the girls became pregnant. When Melanie was 17 and a half, she became pregnant for the first time, and the father of the baby wanted her to terminate the pregnancy. She remembered:

I was almost three and a half months pregnant before he hit me. We just got into an argument because his friend Sam had a big old humongous crush on me, and his friend Sam came into the room and started talking to me. . . . So he got jealous over Sam and took it out on me instead of asking Sam what went on and everything else.

As Melanie's partner began to beat her, his friends in the other room initially had no idea what was occurring in the next room.

He hit me across the face. And I kicked him in the balls and he hit me in the stomach, and I kicked him again in the balls, and it just kept going back and forth. And finally one of his friends called him and he walked out there and smoked a joint, and I got up and I walked to the bathroom. And I went to the bathroom and I started bleeding all over myself, and I walked out there, and I said—because one of his friends had a car—and I said, "I need to go to the hospital now." I already know what happened. I just want to go to the hospital. So after the hospital cleaned me up and did a D & C [dilation and curettage] on me and everything, we went back to go

get my clothes, and his friends were going to get me a hotel room for a couple weeks.

Kristy, a White 18-year-old at the time of the interview, became pregnant for the first time when she was 16 years old and her boyfriend suspected that she had been unfaithful. She described an escalation of violence once she became pregnant. When Kristy was 3½ months pregnant, her boyfriend drove her to an isolated area where he had brought people to attack her.

He wanted me to get out of the car and fight these seven girls. It was just me. There was only one of me and seven of them. And I wasn't getting out of the car, so he told one of the girls to take the baseball bat and bust out the car window and drag me out of the car. She busted out the window and I said forget it, I'm going to get my ass kicked anyway, so I may as well just get out of the car. And I never even got a chance to get my foot out of the car before I got the first punch.

Kristy sustained a fractured nose, bruised ribs, a swollen jaw, damage to her eye, and suffered a miscarriage. Even though Kristy eventually left this partner, the violent beating that Kristy endured because of her boyfriend's suspicions of infidelity had a lasting effect on future decisions with other boyfriends. When Kristy was 17, she became pregnant again with a different man while they were both homeless. She described how her new boyfriend reacted when they discussed her having an abortion:

He freaked out. He told me there is no way in hell he is letting me have an abortion. It's his child, and if he has to he will take care of his daughter. "You are not going to have an abortion with my child, and that is all there is to it. I am putting my foot down . . . , you ain't having an abortion with my child, do you understand?" And that was all she wrote.

Although Kristy still considered having an abortion, she never brought up the issue with her boyfriend again. Kristy explained how her boyfriend became upset with her and would

just sit there giving me that evil look. He knows that I hate that. He knows that that's one of my biggest pet peeves, and he just sits there . . . because he knows it pisses me off. He's like, oh, piss her off. He'll do it just to piss me off, because he likes to hear me yell.

Kristy said her boyfriend was “very jealous of my friends. He thinks I’m going to go out and have sex, cheat on him.” Although her current boyfriend never physically abused Kristy, the dynamic of the relationship was one of conflict. Because of her partner’s opposition, Kristy decided against having an abortion.

### THE ROLE OF PARENTS

An examination of the social networks of the teenage mothers revealed differences between those teenage girls who had been victims of partner violence and those who had not. Abusive partners tended to limit the network that was available to the teenage girl. Keisha, a Black 20-year-old who was still in an abusive relationship, told how her boyfriend

didn’t want me to go anywhere with my friends. Everything I did he wanted me to be with him. If I would go to work or get my hair done, and he would say he seen me with a guy somewhere else and I wouldn’t of never be in that place, and things like that.

Often for teenage girls who were successfully able to escape from an abusive relationship, it was their parent who served as an escape route. Sharon, a White 18-year-old who had been in a violent relationship, described how her boyfriend’s escalating violence terrified her mother.

She begged me a million times to come and stay with her. And I would stay with her like at night, then I would go back in the morning. And she would cry every time I would leave her house.

Sharon acknowledged that her bruises were obvious to her mother and to everyone with whom she worked.

The day he finally got arrested, I called my mom and he cut the phone cord. He kept putting a knife to my throat and I thought that he was really going to kill me that day. When the police came to the door, he had me tell them to go away. They busted through the door anyway.

The 11 teenagers who were no longer in abusive relationships were able to reflect on the assistance that they received from their families. Kristy commented that “my family’s very, very, very

supportive. Extremely supportive." Kristy explained that although her relationship with her mother was problematic, her extended family provided the support that she needed. She recalled that at one point when she was fighting with her mother she was "able to call my uncle and see if I could live with him for a while." This ability to rely on others within their social network as "safe havens" from abusive boyfriends or problematic living situations was a critical factor for the teenage mothers and their children in finding positive environments. Kristy, who had successfully left an abusive relationship, recognized the important role that her network had provided and commented, "The more friends you have and the more support you get, the easier it will be to raise your child."

Once teenage girls had their babies, they lived in a variety of situations. The distribution of living arrangements was similar across the three groups, though slight differences did emerge regarding place of residence. Teenage mothers who were currently in abusive relationships were more likely to be living alone with their baby or to be living with their partner and baby. Living with a parent, with or without their partner, was more common for teenage mothers who had never been in an abusive relationship and those who were out of an abusive relationship. Although the stability of these accommodations was quite tenuous, two themes emerged that warrant special attention. Many of the teenage moms described their mothers as key support people. They also experienced improved relationships with their mothers once they, too, became mothers.

Many of the teenage girls viewed their mothers as strong women whom they wanted to emulate as they forged their own path as teenage mothers. For teenage girls who had never been in abusive relationships, this was especially true. Debbie, a White 18-year-old, commented that her mother raised her and her two siblings all by herself and "she never had any assistance, always working two or three jobs. So I always thought if my mom could do it, I could."

For teenage girls not in abusive relationships, the guidance that was provided by their parent was extremely important. Sue, a White 21-year-old, was able to reflect on her mother's advice when she became pregnant. She recounted how "everything my mother has said to me when I first got pregnant, I mean just with

life in general, she was right." Sue went on to describe how having a baby has improved her relationship with her mother.

They [her parents] treat me more like an adult now. This is my life; they let me make the decisions without putting their own two cents in any more. Which I didn't expect. As soon as I got pregnant, I thought, "Oh, gosh, my mom's going to tell me, after this kid comes out, 'this is what you do, this is how you do it. If you don't do this, you're wrong.'" She never once said a thing. She said this was my child, and she let me make all the decisions.

Although Sue lives in an apartment with her baby, her mother plays an active role in her granddaughter's life. The autonomy that Sue's mother gave her once she became pregnant proved to be extremely important for Sue's confidence as a mother.

Even for the teenage girls in nonabusive relationships who did not get along with their mothers, the support that they provided was essential for the teen to be able to manage her current situation. LaDonna, a Black 16-year-old who had never been in an abusive relationship, was living with her aunt but relied on her mother and grandmother for help. Describing the conflictual relationship that she had with her mother and grandmother, she commented that

I couldn't live without my mom or grandma, because they're my financial needs and my babysitters and everything. I don't say that I hate them and I don't love them, I do. But I don't know, I'm just not close to them.

LaDonna, who had had a problematic relationship when she lived with her mother and grandmother, was now able to have a more positive and stable relationship with them when she was not residing with them.

Sharon, who had been in an abusive relationship, explained that

when I was younger, before I had the baby, I didn't really realize how important family was. And now I do, and me and my mom have gotten a lot closer. . . . When my boyfriend was working days and he couldn't take me to my doctor's appointment, my mom would come and take me. And that is really when we got pretty close.

As was the case with Sue, caring for the baby improved the relationship between the teenage girl and her mother. In fact, many of the teenage girls' mothers had been young and single when they entered motherhood and saw their daughter's pregnancy as an area in which they had expertise they could share with their daughters.

For teenage mothers who had exited abusive relationships, support from family shaped how they viewed their pregnancies. Jennifer, who had exited an abusive relationship, commented that her parents "were not really happy because of who I was pregnant by. They didn't like my boyfriend, so it was sort of hard." Although adolescent mothers in the OUT category were afraid of what the future held, many knew that their families would assist them even if their partners would not.

In this context, the mother-daughter relationship that emerges is one that is less volatile and more supportive for both the teenage girl and her mother than prior to the birth of the baby. Many of the teenagers had conflictual relationships with their mothers prior to becoming pregnant. Dominique, a White 19-year-old who had been in an abusive relationship and was now living with a different partner who was not abusive, explained that when she was pregnant she acted quite recklessly, and her mother asked her to move out of the house. She then went on to describe that since the baby had been born her mother has been the "biggest help." Dominique attributed this change to the time late in her pregnancy when her mother's condemnation forced her to evaluate her own life and settle down. She said now, "I can tell her anything, and she tells me anything. Before there was no communication."

Those teenagers currently in abusive relationships described situations that were significantly more conflictual with their mothers than teenagers not in abusive relationships. Of the 10 teenage girls in abusive relationships, 9 of them described a nonsupportive association with their mother. Angel, a Black 15-year-old, told how her mother "gets on my nerves," and Marissa, a Black 17-year-old, described a relationship with her mother that has "never really been that close." Jill, a Black 19-year-old who, like Angel and Marissa, was currently in an abusive relationship, said that her mother "threw me into the door" and forced her to leave her house when she was very late in her pregnancy. She

recalled that "I had him [the baby] the day she kicked me out." Melanie reported that her mother was abusive toward her, and "it got to the point where I got metal spatulas on me and everything else." The lack of support and caring that these teenage girls discussed contrasted sharply to the feelings of security and stability that other teenage girls in the sample felt their mothers provided.

The teenage girls who remained in abusive relationships rarely described their parents as being involved in their pregnancy and generally indicated that they showed hostility toward the teenage girl for becoming pregnant. Angel, who was still with her abusive partner, described how when she told her mother that she was pregnant, her mother responded that she hoped "I had a miscarriage and that the baby died."

## DISCUSSION AND RECOMMENDATIONS

The findings in this study confirm that partner violence is a prevalent and severe problem for some adolescent mothers. Examining experiences of partner violence provides one with a more realistic picture of adolescent contraceptive use and decision making once they became pregnant.

Many of the teenage mothers had visions of an idyllic lifestyle. These desires extended to the hope that their children would have a better start in life than they had had. For many of these adolescent girls, the initial courting period was extremely romantic. Having boyfriends who took them places and bought them gifts was a dream come true for adolescents who had grown up with limited money and opportunities.

The irony of this fantasy stage for the adolescent girls is that the father of the baby not only failed to rescue the teenage girl from her circumstances but also actually made her situation more difficult by impregnating her. These young women had invested a great deal of time and emotion in the men they had become involved with, often against the advice of family and friends. The responsibility of being pregnant and becoming a mother, and the sadness of realizing that their fantasy would not materialize, created a period of vulnerability. As many of the young women began one of the biggest challenges of their lives, they found themselves alone with minimal—or no—support from the father of their baby.

Kristy's experiences with two different boyfriends and their reactions to her pregnancies provide an example of the effect that an abusive and controlling partner can have during an adolescent's pregnancy. In many instances, the pregnancy becomes a way for the male partner to exert his power in the relationship. Thus, the behavior and dynamic during the first stage of a pregnancy may serve as an important indicator in determining the outcome of the pregnancy and the tone of the relationship.

A loss of autonomy in decision making was one of the underlying themes that emerged from the interviews. Precisely how the adolescents' lives spiraled out of control was difficult to ascertain. In most relationships, violence and coercion were not the direct cause of an adolescent girl becoming pregnant. For instance, only 5 of the teenage mothers described a situation in which they were forced to have sexual intercourse by their male partner.

Rather, a dual pattern emerged in which some adolescent girls were unable to assert their authority in issues relating to intercourse in order to avoid further confrontations and violence, and second, their desire for a stable romantic relationship led them to not use birth control as a sign of commitment to their partner. Few adolescents described a desire to be pregnant but rather viewed the pregnancy as something that "just happened." A pattern emerged in which ultimately some teenage girls lost autonomy and control over the decisions that shaped their lives.

Scarce social networks restricted the options and resources available to many of the teenage girls in the study. As was seen with Janet, limited opportunities for affordable housing left some teenage girls who were being mistreated without safe and secure housing alternatives. The fear of being homeless left some teenagers trapped in abusive relationships.

Yet the important role that many parents played for adolescent mothers is an important finding for social workers and health professionals who work with sexually active adolescents. Parents often provided crucial support and perspective for adolescents when they became involved with an abusive partner. In addition, parents often served as a financial and educational resource for many of the adolescents when they became mothers. Prevention and intervention programs geared to sexually active adolescents may be missing a key source of support by not attempting to include the adolescent's parents.

Examining teenage mothers in terms of their experiences of partner violence allows one to view the real differences that exist among adolescent girls. For many of the adolescent girls, becoming pregnant and having a baby forced them to evaluate what led them to this point in their lives, and the pregnancy provided an opportunity to change directions. Many of the adolescents realized that their romantic partner could not be the person with whom they could safely raise their child. Many of the adolescents felt their lives had improved once they had the baby. They described better relationships with their parents and an increased social network that they could rely on for assistance.

Social workers, health professionals, and others who come into contact with adolescent mothers need to recognize the opportunity to intervene with appropriate resources to support adolescent girls who are acknowledging the necessity of ending abusive relationships. Campbell (1998) argued that the need for prenatal care provides a window of opportunity for assessment of abuse during pregnancy. The prevalence of abuse during pregnancy presents dangers that are equal to or greater than many other complications that do receive more attention during prenatal care. The harm to the mother and fetus is potentially lethal and is also directly related to other complications that may arise during pregnancy. Early detection of abuse is critical in efforts to enhance the health care response to intimate partner abuse (Flitcraft & Hadley, 1992).

The clinic where the adolescents in this study received their birth control and prenatal and postnatal care had a difficult time persuading adolescents to use hormonal methods of birth control. The social workers at the clinic advocated the use of these more long-term methods but found that many of the adolescents did not effectively follow up to ensure the reliability of the method.

Social workers found that ignorance and fear were the primary reasons that adolescents did not want to use hormonal methods of birth control. The result of this was that social workers handed out condoms to the adolescents with the hope that the male partners would use them. Enhanced funding at the federal level for more effective hormonal methods of birth control and a campaign to dispel myths about these methods could help to increase the use of these more reliable forms of birth control.

The omission of the role of partner violence in the lives of sexually active, pregnant, and mothering adolescents has been a seriously neglected issue. Awareness of dating violence among adolescents has grown in the last decade, but social services for victims of dating violence still lag behind those that are available in most communities for older women who are experiencing domestic violence. A recognition of the devastating role of partner violence and its relationship to adolescent pregnancy is, it is hoped, the first step in beginning to develop and implement effective interventions and policies that reflect the reality of adolescent life.

## REFERENCES

- Brown, S., & Eisenberg, I. (1995). *The best intentions: Unintended pregnancy and the well being of children*. Washington, DC: National Institute of Medicine.
- Campbell, J. C. (1998). Abuse during pregnancy: Progress, policy, and potential. *American Journal of Public Health, 88*, 185-187.
- Coley, R. L., & Chase-Lansdale, P. L. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist, 53*, 152-166.
- Collins, M. E., Stevens, J. W., & Lane, T. S. (2000). Teenage parents and welfare reform: Findings from a survey of teenagers affected by living requirements. *Social Work, 45*, 327-338.
- Cooksey, E. C. (1990). Factors in the resolution of adolescent premarital pregnancies. *Demography, 27*, 207-218.
- Corcoran, J. (1999). Ecological factors associated with adolescent pregnancy: A review of the literature. *Adolescence, 34*, 603-619.
- Danziger, S., & Gottschalk, P. (1995). *America unequal*. Cambridge, MA: Russell Sage Foundation.
- Darroch, J. E., Singh, S., & Frost, J. J. (2001). Differences in teenage pregnancy rates among five developed countries: The roles of sexual activity and contraceptive use. *Family Planning Perspectives, 33*, 244-250.
- Ferguson, D. M., & Woodward, L. J. (2000). The educational, psychosocial, and sexual outcomes of girls with conduct problems in early adolescence. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 41*, 779-792.
- Flitcraft, A. H., & Hadley, S. (1992). *Diagnostic and treatment guidelines on domestic violence*. Chicago: American Medical Association.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. New York: Aldine de Gruyter.
- Henly, J. R. (1997). The complexity of support: The impact of family structure and provisional support on African American and White adolescent mothers' well-being. *American Journal of Community Psychology, 25*, 629-655.
- Kaplan, D. W., Feinstein, R. A., Fisher, M. M., & Klein, J. D. (2001). Condom use by adolescents. *Pediatrics, 107*, 1463-1469.
- Kefalas, M., & Edin, K. (1999). *The meaning of motherhood*. Unpublished manuscript.
- Lanctot, N., & Smith, C. A. (2001). Sexual activity, pregnancy, and deviance in a representative urban sample of African American girls. *Journal of Youth and Adolescence, 30*, 349-372.

- Luker, K. (1991). Dubious conceptions: The controversy over teen pregnancy. *The American Prospect*, 2(5), 74-83.
- Maynard, R. (Ed.). (1997). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: Urban Institute Press.
- McElroy, S. W., & Moore, K. (1997). *Trends: National and international trends in early pregnancy and childbearing*. Washington, DC: Urban Institute Press.
- Miller, B. C., Benson, B. & Galbraith, K. A. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21, 1-38.
- Molidor, C., & Tolman, R. M. (1998). Gender and contextual factors in adolescent dating violence. *Violence Against Women*, 4, 180-194.
- Moore, K. A., Manlove, J., Gleib, D. A., & Morrison, D. R. (1998). Nonmarital school age motherhood: Family, individual, and school influences. *Journal of Adolescent Research*, 13, 433-457.
- Moore, K. A., Miller, B. C., Gleib, D., & Morrison, D. R. (1995). *Adolescent sex, contraception, and childbearing: A review of recent research*. Washington, DC: Child Trends.
- Nitz, K., Ketterlinus, R. D., & Brandt, L. J. (1995). The role of stress, social support, and family environment in adolescent mothers parenting. *Journal of Adolescent Research*, 10, 358-382.
- Richards, L., & Richards, T. (1994). From filing cabinet to computer. In A. Bryman & R. G. Burgess (Eds.), *Analyzing qualitative data* (pp. 146-172). London: Routledge.
- Richie, B. E. (1996). *Compelled to crime: The gender entrapment of battered Black women*. New York: Routledge.
- Salber, P. R., & Taliaferro, E. (1995). *The physician's guide to domestic violence: How to ask the right questions and recognize abuse . . . another way to save a life*. Volcano, CA: Volcano Press.
- Sciarra, D. T., & Ponterotto, J. G. (1998). Adolescent motherhood among low-income urban Hispanics: Familial considerations of mother-daughter dyads. *Qualitative Health Research*, 8, 751-763 .
- Scott, E. K., London, A. S., & Myers, N. A. (2002). Dangerous dependencies: The intersection of welfare reform and domestic violence. *Gender & Society*, 16, 878-897.
- Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*, 286, 572-579.
- Solinger, R. (1992). *Wake up little Susie: Single pregnancy and race before Roe v. Wade*. New York: Routledge.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1995). *The Revised Conflict Tactics Scales (CTS2)*. Durham, NH: Family Research Laboratory.

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