

THE UNIVERSITY OF CHICAGO

PARENTING WITH PRECARITY: A NARRATIVE ANALYSIS OF THE
DEVELOPMENTAL AND SYSTEMIC CONTEXTS THAT SHAPE THE TRANSITION TO
PARENTHOOD FOR PARENTING YOUTH IN FOSTER CARE

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ABSTRACT

Pregnant and parenting youth in foster care and their children experience a variety of adverse outcomes related to education, employment, placement stability, and child maltreatment. Although the risks associated with pregnancy and childbearing are well documented in the research on young parents in foster care, less research focuses on their parenting experiences in the child welfare context. This dissertation uses life course development and reproductive justice frameworks to investigate how the child welfare system shapes the transition to parenthood for parenting youth in foster care in Illinois. This is a narrative study that analyzes data from 40 in-depth interviews (N= 29 first interviews; N=11 second interviews) with 29 parenting youth in foster care. Three major findings are presented in the dissertation. First, findings demonstrate how young mothers' identities and parenting decisions are developed by their relationships to self, to baby, to families of origin and friends, to their baby's father, and to the child welfare system. Second, young mothers' must navigate punitive surveillance, threat of child removal and monetary sanctions by the child welfare system as a common experience during their transitions to parenthood. Third, experiences in various child welfare placements and placement instability shape the transition to parenthood for pregnant and parenting youth in foster care. These three findings make a significant contribution to the research on pregnant and parenting youth in foster care, with major implications for child welfare policy and practice, as well as for future directions of scholarship on this population.

CHAPTER 1:

Introduction and Literature Review

Issues facing pregnant and parenting youth in foster care and their children are of increasing interest to researchers, policy makers, and social work practitioners. Although research on this population remains fairly limited, the existing scholarship demonstrates the urgent need for policy and practice innovations to meet the unique needs of pregnant and parenting youth in foster care and their children. Parenting youth in foster care confront many of the same adverse developmental outcomes as both adolescent parents and older youth in foster care more broadly, particularly regarding educational attainment (Courtney et al., 2012), employment (A. Dworsky & Gitlow, 2017), repeat pregnancies (Putnam-Hornstein & King, 2014), and child maltreatment outcomes (A. Dworsky, 2015). However, for these parents and their children, the challenges they face are often amplified. The following literature review on pregnant and parenting youth in care is presented in the three domains most often addressed in the research: likelihood of pregnancy and birth, including demographic characteristics among those who give birth, risk factors, adverse outcomes, experiences and needs among parenting youth in foster care and their children.

Pregnancy and Birth among Youth in Foster Care

Because there is not a federal requirement of states to report pregnancy and birth rates in their foster care populations, there is not an accurate national estimate of pregnancy and birth rates among youth in foster care. However, multiple studies have shown that pregnancy is more likely among young women in foster care and young women who have recently exited foster care than among non-child welfare involved peers (A. Dworsky & Courtney, 2010; King & Van

Wert, 2017; Oshima et al., 2013; Putnam-Hornstein et al., 2016; Putnam-Hornstein & King, 2014). There is limited research on birth rates among males who father children while in foster care. Because this dissertation study includes only young mothers in foster care, the studies highlighted focus on young women.

Pregnancy rates among young women in foster care are generally higher than birth rates, though most studies on the population focus on birth rates. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (henceforth referred to as “The Midwest Study”), which was conducted in three midwestern states, showed that young women in foster care are more than twice as likely than other youth to become pregnant during adolescence and emerging adulthood (A. Dworsky & Courtney, 2010). Specifically, Dworsky and Courtney (2010) compared pregnancy rates among their study participants to the sample captured in the nationally representative Add Health data set. Among females in The Midwest Study who were in an out-of-home placement at age 17, half became pregnant by age 19, compared to approximately 20% in the Add Health sample (A. Dworsky & Courtney, 2010). Similarly, Oshima and colleagues (2013) found that, among youth in foster care in Missouri, 55% of females had ever been pregnant while in care (Oshima et al., 2013).

Birth rates among pregnant youth in foster care differ slightly depending on the study. Generally, birth rates are lower among youth under age 19, with higher rates among youth ages 19-21. Further, although pregnancy rates are higher than birth rates, most pregnancies result in a live birth. In an analysis of the Illinois child welfare system data, tracking 4,590 primarily female pregnant and parenting youth in foster care, Dworsky and DeCoursey found that 90 percent of pregnancies resulted in birth and nearly one-quarter of the sample had more than one child (A. L. Dworsky & DeCoursey, 2009). Several other studies link California birth and child welfare

system data to measure birth rates among youth in foster care. Putnam-Hornstein and King found that among young women who were involved in California's foster care system at age 17, 35.2% gave birth by age 21, the age at which young people age out of the child welfare system in California. For young women in the sample who gave birth before age 18, the rate of repeat adolescent pregnancy was 41% (Putnam-Hornstein & King, 2014). In a more recent study, King and VanWert found that, in a sample of 30,339 young women in foster care in California, 18.3% gave birth for the first time before their 20th birthday (King & Van Wert, 2017). Putnam-Hornstein, Hammond, Eastman, McCroskey and Webster (2016) extended the analysis to include youth through age 21. They found that for females in foster care at age 17, 19% had given birth before age 19 and 35% had given birth before age 21 (Putnam-Hornstein et al., 2016).

Demographic characteristics of youth who become parents while in foster care vary across race and ethnicity, pregnancy intention, placement type, and justice involvement. Pregnancy and birth rates are highest among Black, Latina, and Native youth in foster care (Combs et al., 2018; King & Van Wert, 2017; Shpiegel et al., 2017). In their review of the literature on pregnant and parenting youth in foster care, Svoboda and colleagues (2012) identified that lower educational attainment, discomfort with sexual health providers, mental health problems, and other developmental needs predicted unintended pregnancies among this population (Svoboda et al., 2012). Other predictors of pregnancy and childbirth among female youth in care include criminal legal system involvement and early sexual intercourse (Oshima et al., 2013).

Characteristics of foster care experience, such as placement instability, are also associated with teen birth (Svoboda et al., 2012). King and her colleagues found that the teen birth rate varied based on foster care placement length, stability, and type of placement (King et

al., 2014). More specifically, King and VanWert (2017) found that birth rates were higher for young women placed in a non-relative foster home or in congregate care compared to other placement types (King & Van Wert, 2017). On the contrary, Shpiegel and colleagues (2017) found that placement in a relative foster home carried the highest likelihood of giving birth (Shpiegel et al., 2017).

Importantly, most research on parenting youth in foster care focuses on unwanted or unintended pregnancy, though few studies consider whether pregnancies were wanted or intended. Pregnancy intention among transition-aged (18-21) youth in foster care in the California Youth Transitions to Adulthood (CalYOUTH) study varied. Females were surveyed about whether they wanted to become pregnant for their most recent pregnancy. Among the sample, 33% answered “definitely no”, 33% answered “neither wanted or didn’t want”, and 33% answered either “probably yes” or “definitely yes.” (Courtney et al., 2016).

Parent and Child Outcomes

Parenting youth in foster care and their children are likely to experience adverse outcomes beginning early on in parenting. Specifically, these youth face challenges regarding educational attainment, employment, financial stability, housing stability, repeat pregnancies, and child maltreatment outcomes (Combs et al., 2018; A. Dworsky & Gitlow, 2017; A. L. Dworsky & DeCoursey, 2009; Putnam-Hornstein et al., 2013). Dworsky and Gitlow (2017) interviewed 45 parents who had recently emancipated from foster care. They found that parents were often unemployed and had unstable employment histories, which were amplified for Black participants and those with younger age at first birth. Those with runaway history and criminal legal system involvement also struggled with maintaining employment. Further, Combs and colleagues (2018) found that young parents who had spent time in foster care experienced lower

educational attainment, decreased likelihood of having a bank account, increased likelihood of homelessness, and, among the mothers, lower likelihood of employment.

Intergenerational maltreatment is a pervasive concern in the literature on parenting youth in foster care and their children. Putnam-Hornstein and her colleagues also found that a significant percentage of adolescent mothers in California, dating back to 1998, were found to have substantiated maltreatment histories (Putnam-Hornstein et al., 2013). In three interview studies with parenting youth in foster care, young parents feared child welfare involvement for their own children and expressed the importance of “doing better” with their children, therefore interrupting the cycle of maltreatment (E. M. Aparicio, 2017; Radey et al., 2016; Schelbe & Geiger, 2017). Still, children born to youth in foster care may be more likely to become child welfare involved than children born to adolescent parents who are not in foster care. Dworsky (2015) identified that, in Illinois, 39% of children born to parenting youth in foster care were investigated by the Department of Children and Families (DCFS). Of the 39% who were investigated, 17% had a substantiated abuse or neglect report, and 11% were placed in out of home care before age 5. Among those who were investigated, one third were investigated while their parents were in foster care. Placement instability, shorter time in care, and younger maternal age were all associated with two-generation child welfare involvement (A. Dworsky, 2015). Further, results from the CalYOUTH study showed that approximately 40% of the children who were not living with their mothers were living with foster parents or in an adoptive home (Courtney et al., 2016).

Parenting Experiences and Needs

Despite multiple adverse outcomes that make parenting challenging for young parents in foster care, some qualitative research also addresses parents’ experiences and needs. Research

on mother's experiences is still predominantly aimed at understanding young women's risk for pregnancy while in foster care. Scholars seek to understand why some young women desire pregnancy, finding that they imagine their baby filling an emotional void (E. Aparicio et al., 2015; Love et al., 2005). For some mothers, parenting has a redemptive quality -- an opportunity to turn around undesirable behaviors they may have engaged in in the past (E. M. Aparicio, 2017; Pryce & Samuels, 2010). Pryce and Samuels found that maternal identities among youth in foster care can be shaped by their relationships with their own mothers and a desire to do better for their children. Similarly, Aparicio (2017) found that young mothers in foster care sought to parent differently than they were parented and avoid child welfare involvement. In another study with young mothers in care, Stephens and Aparicio (2017) found that losing their parents as a result of being removed into foster care shaped their ideas about parenting their own children, particularly regarding avoiding that loss over two generations by having their own children removed (Stephens & Aparicio, 2017).

Scholars also identify sources of resilience in qualitative work with young mothers in foster care. Haight et al.'s (2009) study of transition-aged African American mothers in foster care demonstrates that mothers align with the cultural value of motherhood and children as a blessing. Specifically, motherhood and relationships with children are viewed as a source of resilience. They also found, however, that mothers take an "oppositional gaze" against barriers to stability including financial issues, competing demands, stigma, and negativity from social workers. Social support, particularly "othermothers" or women in their lives who are mother figures played an important role in building resilience (Haight et al., 2009).

The research on needs primarily focuses on unplanned pregnancy prevention and parenting intervention. Specifically, youth experience a lack of consistent, accurate education on

sexual and reproductive health and family planning (Chase et al., 2006; A. Dworsky, 2018; Winter et al., 2016) Further, many young mothers lack access to child development knowledge and utilize harsher parenting practices than older mothers (Whitman et al., 2001) . A few studies consider parenting needs regarding financial stability, housing, childcare, employment, mental health, and social support (Narendorf et al., 2013; Radey et al., 2016; Schelbe & Geiger, 2017). Importantly, Schelbe and Geiger identified that young parent’s ability to focus on future planning is constrained by difficulty meeting daily basic needs in the domains of finances, housing, and employment. Other scholars identify how some youth struggle with social isolation as parents and highly value social support.

Unique Features of Illinois Child Welfare Policy for Pregnant and Parenting Youth in Foster Care

There are three unique features of the Illinois Department of Children and Families and the services provided to pregnant and parenting youth in foster care that shape how the mothers’ transitions to parenthood should be understood in this dissertation. First, Illinois is one of 46 states in which youth can remain in foster care beyond age 18, allowing youth to remain in care through age 21 and to provide services to them until they exit state care (Child Welfare Information Gateway, 2017). These services are, in part, reimbursed under Title IV-E of the Social Security Act, which allows states the option to extend the eligibility age for federally funded foster care to 21. Therefore, because of the population of older youth in care, the Illinois Department of Children and Families likely provides services to a much higher number of pregnant and parenting youth in care than states in which youth are required to exit care at age 18. Further, the mechanism of federal monitoring for states that claim Title IV-E funding requires additional case reporting that may increase the likelihood of pregnant and parenting

youth in care receiving specific services. In addition to specialized parenting services for these youth, remaining in care until 21 affords them access to a variety of services and placements aimed at promoting independence among older youth in care. For example, some older youth in foster care in Illinois qualify for the Youth in College program, which funds undergraduate education. Others are eligible to live in Independent Living placements, in which DCFS pays for rent in an apartment for youth over age 18 who are employed or enrolled an educational program.

Second, the organization of services both in the child welfare system in Illinois broadly and for parenting youth in foster care contextualizes the transition to parenthood for the young parents in this dissertation. The Illinois Department of Children and Families primarily subcontracts case management and placement services to Point of Service (POS) providers for children and youth in foster care. This means that most child welfare services are provided by outside agencies and paid for by DCFS. This service structure extends the reach of the child welfare system outside of the state department that oversees the administration of services, which poses challenges for holding agencies accountable to official DCFS policies and practice guidelines. Further, it subjects young parents to both the rules and expectations of DCFS and the rules and expectations of the POS providers with which they come into contact while in care.

Further, for pregnant and parenting youth in foster care and, perhaps, older youth in care in Illinois more broadly, the availability of specialized therapeutic foster homes are limited and residential programs such as Transitional Living Programs and residential treatment programs for parenting youth in care are relied upon to meet the unique needs of these young parents and their children. These services are provided by POS providers and, because their availability is also limited particularly for young parents under 18, young parents and their children may be

placed far from their support systems, including their child welfare case workers and other members of the team assigned to their case.

Third, the Hill vs. Erikson consent decree guarantees pregnant and parenting youth in foster care in Illinois an array of services and placements to meet their needs as parents and the needs of their children. The Hill vs. Erikson consent decree followed a class action lawsuit won by pregnant and parenting youth in foster care in 1994. The class action lawsuit specifically alleged that young parents were routinely separated from their children and shuffled from shelter to shelter due to inadequate placements for parenting youth in care and their children. As such, the consent decree requires the Illinois Department of Children and Families to provide a minimum standard of services and placements to these young parents and their children. In 2009, the terms of the 1994 settlement were brought back to court in the wake of proposed Department of Children and Families budget cuts that threatened the available services and placements. The consent decree remains in place and compliance is monitored on an ongoing basis.

Unpacking the Construction of Parenting Youth in Foster Care as “Risky Mothers”

The literature on adolescent mothers uses three broad conceptual frameworks for thinking about adolescent mothers: (1) the teenage mother as a social problem, (2) teenage childbearing as the result of structural barriers, disadvantage, and adverse experiences, and (3) teenager motherhood as an important and meaningful life transition (Hans & White, 2019). These ways of conceptually framing young mothers are not just a product of research but are reflected in both political and public discourse on young mothers and their children. As such, the construction of young mothers in foster care as “risky mothers” can be considered through both the lens which constructs adolescent mothers as a social problem and the ways that social scientists studying these mothers primarily use risk frameworks in their research.

The literature on pregnant and parenting youth in foster care most often engages two of these frameworks. First and most commonly, scholars use the developmental risk as a conceptual framework, which aligns most closely with thinking about the teenage mother as a social problem. Although several studies report demographic characteristics of pregnant and parenting youth in foster care and their children, all frame early pregnancy and childbearing as a risk factor for various adverse outcomes (Combs et al., 2018; A. Dworsky & Courtney, 2010; A. L. Dworsky & DeCoursey, 2009; King & Van Wert, 2017; Oshima et al., 2013; Putnam-Hornstein et al., 2016; Shpiegel et al., 2017). Further, most of the research recommends the need for pregnancy prevention as the primary implication of the studies. Second, a smaller share of the literature thinks about teenage motherhood as an important meaningful life transition (E. Aparicio et al., 2015; E. M. Aparicio, 2017; Haight et al., 2009; Love et al., 2005; Pryce & Samuels, 2010; Stephens & Aparicio, 2017). Like the studies using risk frameworks, pregnancy prevention and parenting education are common recommendations. Given the rather nascent state of the literature on pregnant and parenting youth in foster care, it is somewhat understandable that the literature focuses in these ways. However, there is much to learn about these young parents and their children. Other frameworks can and should be used to expand the base of knowledge on the population.

Of course, the pervasive focus on risk and resilience aligns with the broader field of social work research. In their poststructuralist discourse analysis of a random sample of social work articles on resilience, Park and colleagues (2020) illuminate some of the limitations of such frameworks. They argue that social work literature engaging risk often positions people experiencing structural disadvantages (i.e. poverty and racism) as experiencing *individual* risk. Further, Park and colleagues argue that focus on resilience enshrines the assumption that risky

subjects should accommodate their conditions rather than actively change the sociopolitical conditions in which they live. They contend that such a narrow conceptual scope in the literature limits understandings of the experiences of populations studied and shortchanges the broader mission of social justice in the social work profession (Park et al., 2020).

Similarly, the construction of young mothers in foster care as “risky subjects” does not occur in an intellectual vacuum. Rather, young mothers in foster care can be understood as members of a long lineage of mothers deemed illegitimate or risky, particularly adolescent mothers.

The history of adolescent and young motherhood in the United States is the story of ever-evolving inquiries and interventions purposed with the redemption of undesirable mothers and their children. Further, the framing of teenage mothers and their children in popular discourse, social policy, and social research is shaped by the contexts of gender and motherhood. Once relegated to maternity homes largely operated by religious social service organizations and early social workers, young mothers and unwed mothers have been deemed illegitimate from the outset (Morton, 1993). This cloak of illegitimacy takes myriad forms ranging from morality concerns to the stigma of dependency. The turn away from exclusively moral concerns regarding adolescent pregnancy and parenting is reflected in the discourse of dependency and personal responsibility in the 1990’s and, in particular, in the features of The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). During this time of high adolescent pregnancy rates, young mothers came to bear the burden of countless social ills and, in particular, were blamed for perceptions of rampant crime and poverty plaguing the times (Luker, 1997).

Much of the literature on young parents in care focuses on their individual level risks, outcomes, and needs, with little attention to the influence of the child welfare system or features of social inequality on the transition to parenthood and with little regard for how child welfare system rules, expectations, and practices shape parents' experiences. Further, the entrenched focus on pregnancy prevention interventions and individual parenting interventions for this population constrains the extent to which systems-level changes can be made to support these youth. A handful of studies demonstrate the importance of considering child welfare policy and practice regarding pregnancy and parenting among youth in foster care. Earlier studies on transition age youth advocated for the extension of foster care through age 21, including specialized services for pregnant and parenting youth in foster care. However, some researchers find that inconsistent or lacking policies, resources, and accurate information constrain how prepared child welfare workers are to address pregnancy and parenting among youth in foster care. Constantine and colleagues (2009) conducted focus groups with former youth in foster care, caregivers, child welfare workers, administrators, and public health nurses regarding their work with pregnant and parenting youth in foster care. Findings demonstrated a lack of appropriate policies for working with these young people, as well as a lack of training and resources on supporting the reproductive and sexual health needs of youth under their care (Constantine et al., 2009). Further, Silver's ethnographic work on pregnant and parenting youth in care suggests that the child welfare system poses barriers to achieving the self-sufficiency, educational, employment, pregnancy prevention, and parenting expectations set by the system (Silver, 2015). These studies point to the need for research that addresses how systems-level factors shape to the experience of becoming a parent while in foster care.

Reproductive Justice as an Alternative Theoretical Framework

Reproductive justice is a Black feminist, human rights framework that is the foundational theoretical framework for this dissertation. The reproductive justice framework originated in Chicago at the 1994 pro-choice conference when women of color activists came together to advance a platform that centered the intersectional, multifaceted experiences of reproductive oppression among women of color, particularly Black women. Over the last 25 years, reproductive justice theorizing and activism have expanded and transformed efforts to advance reproductive freedom in the United States and beyond. Reproductive justice activists and thinkers critique the way in which the pro-choice movement, led by white feminists, focuses the fight for reproductive freedom on the right to abortion and contraception. Of course, reproductive justice advocates place value on those rights, but call for an expanded notion of what constitutes reproductive freedom. The three core tenets of reproductive justice are (1) the right not to have a child using safe birth control, abortion, and abstinence, (2) the right to have a child under conditions we choose, and (3) the right to parent in safe and healthy environments (Ross et al., 2017). As an intersectional feminist framework, reproductive justice takes into account the ways that social positionality and proximity to social power at the intersections of race, gender, sexuality, class, national origin, ability, and other factors shape reproductive experience. As Ross (2017) points out, the reproductive justice framework was developed by centering the experiences of women of color but is not limited to the experiences of women of color. Rather, it is an analytic and activist framework that serves as a useful tool for understanding how reproductive oppression operates in the lives of people in various social locations. In the case of teenage parents, Hans and White (2019) elaborate on how reproductive justice offers an alternative framework for intervening in the lives of teenage mothers, and that it

is distinct from other frameworks that position teenager motherhood as a social problem, as an outcome of structural barriers and inequality, or as an important life transition .

How can the reproductive justice framework engaged as a theoretical paradigm for research on pregnant and parenting youth in foster care? Given the strong focus on risk and pregnancy prevention in the literature on pregnant and parenting youth in foster care, reproductive justice pivots our thinking to the fundamental right of these parents to have a child and the right to parent their children in safe and healthy environments. Ross and Solinger provide a blueprint for what constitutes “reproductive justice analysis,”

“Instead of claiming that the alleged pathologies of individuals- those who fail to adjust to a neoliberal economic system- are the source of society’s ills, a reproductive justice analysis focuses on the conditions of the neighborhoods where people live and raise their children. The reproductive justice analyst looks at how economic and social systems harm lives and constrain the options of both individuals and communities.” (Ross & Solinger, 2017, p. 170)

Further, the reproductive justice framework criteria includes intersectional analysis, attention to government and corporate accountability, makes links between the individual and community, and puts marginalized communities at the center of the analysis (Ross et al., 2017). In the case of studying pregnant and parenting youth in foster care, Ross and Solinger’s call to action for reproductive justice analysis shifts away from individual level questions, to the question: How does the child welfare system shape the transition to parenthood for young parents in foster care?

The Dissertation

This dissertation is a narrative analysis of in-depth interviews with 29 mothers in foster care in Illinois. The focus of the dissertation is on how the Illinois child welfare system, and particularly child welfare practices, shape the transition to parenthood for the mothers in the study. Based on this question and 40 interviews with 29 youth conducted between 2016-2019, I

offer three substantive findings on how young mothers in foster care experience the child welfare system as shaping their early parenting experiences (presented in the findings chapters 3-5).

In Chapter 2, I provide an explanation of the research methods and data analysis conducted for the dissertation study. Broadly, this study uses narrative methods and analysis to understand these mothers' transitions to parenthood from pregnancy through early parenting. The research methods for the study are also informed by feminist research methodologies and the reproductive justice framework.

In Chapter 3, the first substantive chapter, I present a life course development analysis of these mothers' transitions to parenthood, addressing themes of individual identity development, social supports, relationships with children's fathers. Many of these themes map on to the extant literature on parenting youth in foster care. However, I make two notable contributions to the literature on parenting youth in foster care in this chapter. First, I present an analysis of how child welfare system involvement shapes early parenting, particularly regarding maternal identity, relationships with child welfare system staff, and access to material supports from the child welfare system. Second, I present findings on how, for some participants, early parenthood is deeply shaped by trauma, specifically interpersonal and community violence exposure.

Chapter 4, the second findings chapter, extends the analysis of the role of the child welfare system in shaping early parenting. In this chapter, the role of punitive surveillance, threat of child removal, and use of monetary sanctions by child welfare system staff and programs is expounded. Existing literature addresses mother's wish to avoid intergenerational child welfare involvement and the wish to parent their children differently. The findings in this chapter build on that literature by demonstrating how mothers make parenting decisions to avoid child abuse and neglect hotline calls and child removal. Further, while other studies identify financial

instability as a common experience among parenting youth in foster care, this dissertation explains how the child welfare system leverages monetary sanctions to control undesirable behaviors. Mothers experience this as financially destabilizing.

In Chapter 5, the importance of child welfare placement and running away is explored. Prior research highlights the importance of child welfare placement in predicting pregnancy and birth rates among parenting youth in foster care. However, little is known about how placement experiences shape parenting experiences. In this chapter, we learn that placement matters in terms of how mothers experience pregnancy and early parenting. In particular, I found that placement instability is a key feature of the transition to parenthood for many of the mothers. Further, mothers make decisions about whether and how to run away from a child welfare placement through the lens of parenting, particularly what will be best for their child and avoiding child removal.

Finally, Chapter 6 addresses the implications of these contributions for future research on parenting youth in foster care, as well as several policy and practice implications for these findings. In alignment with the reproductive justice framework and the research findings, the recommendations focus on systems-level innovations and other strategies that resource these mothers and their children.

CHAPTER 2:

Methodology

This dissertation study is a narrative analysis of 40 in-depth interviews with 29 pregnant and parenting youth in foster care in Illinois. The analyses presented in the chapters that follow seeks to answer the following research questions:

1. How do parenting youth in foster care experience the transition to parenthood?
 - a. In particular, how do these young mothers describe their experiences of shifting identities during the transition to parenthood?
 - b. How do these young mothers experience the parent-child relationship during the transition to parenthood?
 - c. What are the social, material, temporal, and institutional support factors that young mothers identify as formative to their transition to parenthood?
2. How do young mothers' experiences of child welfare system policies and practices shape their transitions to parenthood?
 - a. How do these young mothers make meaning of their experiences as parents in the child welfare system?
 - b. How do these young mothers narrate their experiences of their children's potential or actual involvement with the child welfare system?
3. How do parenting youth in foster care think about child welfare placement experiences during their transition to parenthood?
 - a. How do these young mothers experience placement changes while parenting?
 - b. How do youth currently experiencing the transition out of foster care make meaning of this process?
 - c. What are the social, material, and temporal, and institutional support factors that these young mothers identify as formative to their transition between placements or potentially out of the child welfare system?

Narrative Methods

Narrative methods were used in the study design, execution, and analysis. Narrative methods span many disciplines in the field of qualitative social science inquiry (Creswell & Poth, 2017) and can include many different sources of data (F. M. Connelly & Clandinin, 1990). The purpose of narrative methods is, broadly, to extrapolate truth from the teller from their own perspective (F. M. Connelly & Clandinin, 1990; Riessman, 2005). In the social sciences,

collecting oral narrative on topics of personal experience is a frequently used form of narrative methods (Riessman, 2005). Langellier (2001) articulates:

“Embedded in the lives of the ordinary, the marginalized, and the muted, personal narrative responds to the disintegration of master narratives as people make sense of experience, claim identities, and ‘get a life’ by telling and writing their stories.” (Jolly, 2001, p. 700)

By centering narratives as the unit of social science analysis, researchers are able to engage in this work of the disintegration of master narratives constructed by theory, policy, and practice about the lives of individuals experiencing various forms of marginalization.

Although some disciplines approach narrative vis-à-vis complete life histories (Creswell & Poth, 2017), this study focuses on the transition to parenthood in the child welfare context as a specific developmental transition. Participants were asked to narrate their experiences of the transition to parenthood as a formative experience in their development, with particular regard for their meaning making of parenting identity, social support relationships, and material supports in the child welfare system context. As themes emerged from their interviews, they were also asked specifically about how their experiences in the child welfare system shaped their parenting. Given this, narrative methods offer the opportunity to delve into what Jerome Bruner calls “self-making” through narrative. He writes,

“A self-making narrative is something of a balancing act. It must, on the one hand, create a conviction of autonomy, that one has a will of one’s own, a certain freedom of choice, a degree of possibility. However, it must also relate one to a world of others- to friends and family, to institutions, to the past, to reference groups” (Bruner, 2001, p. 218).

In this way, the narrative approach employed in this study invited participants into the experience of self-making by constructing their narratives of their transitions to parenthood while

involved in the child welfare system. The process of self-making captures both how they have autonomously constructed themselves during the transition to parenthood, as well as how they have been constructed by their relationships with their babies and important others, and by their involvement in the child welfare system.

Feminist Epistemology and the Reproductive Justice Framework

Feminist research methodology and the reproductive justice framework deeply inform and are woven into the fabric of this study from conception through analysis. Broadly, feminist social research methods center both the voices of participants and the stories of marginalized people, particularly women and other gender minorities, in order to describe and theorize about the social conditions in which they live (S. N. Hesse-Biber, 2013). As such, women's stories are often a tool of feminist research because it centers women in defining their own lived experiences. Ricki Solinger wrote about the power of personal stories, "The politics of the personal story insist that the reader consider the woman storyteller as real and whole, a person who must be heard" (Solinger 2015, p. 10)

In addition to centering the voices of young parents in the child welfare system as the starting point for understanding their experiences of becoming parents in the child welfare context, the choice to foreground how the child welfare system shapes their experiences is grounded in the reproductive justice tradition. Reproductive justice is a Black feminist framework developed by a collective of Black women in the 1990's in response to and in critique of the individual choice logic of the mainstream reproductive rights movement of the time. Reproductive justice thinkers point out the importance reproductive justice analysts interrogating how structure shapes individual experience.

I take seriously the work of the reproductive justice analyst, recognizing the ways in which studying young parents in foster care through this lens fills both a conceptual and methodological gap in the current literature and the ways in which the findings may inform both child welfare practice and systems-level solutions to support young parents in the child welfare system in Illinois and beyond.

Study Context

The study was embedded in the larger Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV) pilot implementation study (henceforth known as “the pilot implementation study”) study, which occurred with the support of the Illinois Home Visiting Task Force and was conducted by a research team at Chapin Hall at the University of Chicago. To understand how Healthy Families Illinois home visitors experienced delivering home visiting services to pregnant and parenting youth in care and how pregnant and parenting youth in care experience home visiting services, the pilot implementation study enrolled 43 pregnant or parenting mothers in care in home visiting services with 10 different Healthy Families service providers throughout Illinois. Enrollment occurred from November 2016 to December 2018.

Data collection for this dissertation study was included as a part of the parent interviews. Twenty-nine of the 43 parents who enrolled in home visiting services participated in the interviews. A total of 40 in-depth parent interviews were conducted. Participants who were parenting at the time of their enrollment were eligible to be interviewed 3 months after they were enrolled; those who were enrolled prenatally were eligible to be interviewed 3 months after they gave birth. Due to difficulty reaching some participants, many were interviewed after more than three months of enrollment and, in the case of second interviews, more than 9 months after the first interview. Fourteen pilot clients were not interviewed at all; 10 could not be reached, 3 were

reached but did not respond to requests to schedule an interview, and 1 was a minor who exited child welfare system care and we were unable to obtain permission for her continued participation in the study from her parent.

Eleven of the pilot clients were interviewed twice. Pilot clients were eligible for second interviews 9 months after a first interview. Of the 18 pilot clients who were only interviewed once, 10 could not be reached for a second interview, 6 were not eligible for a second interview because data collection ended less than nine months after their first interview, and 2 were no longer engaged in home visiting services at the time of their first interview.

Participant Characteristics

The participants were between 15-21 years old at the time of the first interview, with a mean age of 18. The racial makeup of the interview sample was 23 Black mothers, 3 Latina mothers, and 3 White mothers. The racial distribution in the sample represents racial disproportionality in the population of pregnant and parenting youth in foster care in Illinois and in the child welfare system more broadly (Fluke et al., 2003; Harris & Courtney, 2003; Harris & Hackett, 2008; K. M. Miller et al., 2012). All mothers were enrolled in the study before their child's first birthday. Nineteen interview participants were pregnant at the time of enrollment, while ten enrolled while parenting a child under the age of one years old. Twenty-eight of the interview participants were first time mothers at the time of enrollment, while one mother was pregnant with her third child at the time of enrollment. By the end of the study, six participants had known repeat pregnancies, three of which resulted in a live birth, and five participants had their child removed from their care. Please refer to the demographic characteristic chart for each participant, found in Table 1. All participants were assigned pseudonyms. The participant's children are referred to as "son", "daughter", or "baby" throughout the dissertation. Other

important people that the participants mention by name are referred to by their relationship to the participant (i.e., mother, case worker, friend).

Administrative Data on Child Welfare Placements

The pilot study team used child welfare administrative data to track child welfare placement moves and non-placement events (e.g., runaway episodes, hospitalizations, detentions) for each participant from the time of enrollment in the study until either they exited the study or until the end of our data collection, whichever came first.

Child welfare placement types are referenced throughout the dissertation. The mothers in the study lived in several different types of placements during the time that they were enrolled in the study. For definitions of each placement type, please refer to Table 3. In general, I note the type of child welfare placement the mother was referring to when that is relevant. In addition, Table 1 notes the placement type at the time of the interview(s), number of placement moves while enrolled, and for mothers who completed a second interview, whether the second interview took place at a different placement than the first interview.

Consent and Permissions

All study procedures were approved by the University of Chicago School of Social Service Administration and Chapin Hall Institutional Review Board and the Illinois Department of Children and Families Institutional Review Board. Young people over the age of 18 completed written permission to share data with Chapin Hall for the pilot study with their home visitor at the time of enrollment in home visiting services. Their home visitor described the study and reviewed the written consent form with all participants. Home Visitor submitted the consent documents to Chapin Hall at the time of enrollment so that data collection could begin. If the young person was under age 18 at the time of enrollment, Chapin Hall obtained permission from

the Illinois Department of Children and Families' Guardians Office before the young person enrolled in the pilot study. In this case, the young person signed a permission form so that the home visitor was able to complete data entry for the pilot study and share their contact information with Chapin Hall for the parent interview. The interviewer obtained written informed consent (for participants age 18 or older) and written informed assent (for participants under age 18) before the start of the interview.

Procedures

Participants were referred to the pilot by the Teen Parent Service Network (TPSN), which serves all pregnant and parenting youth in care in Illinois. I received the young parent's contact information from home visitors or staff from the Teen Parent Services Network. Interviews were scheduled in accordance with the pilot evaluation timeline. Therefore, parents were first interviewed after three months of program enrollment for parenting participants or within three months of giving birth for pregnant participants. Typically, we met for interviews in their homes or residential programs, but on two occasions we conducted the interview in a public location at the participant's request. The interviews were structured in two parts during a single session. We discussed the participant's reflections on home visiting during the first half of the interview. Those questions are not part of this dissertation. The second half of the session focused on the mother's experience of parenting and are part of this dissertation.

All participants who completed a first interview were eligible to complete a second interview 9 months after their first interview. Second interview sessions were also conducted in two parts during a single session. First, participants were asked follow up questions about their experiences enrolled in home visiting services. Those questions are not part of this dissertation. Second, participants were asked questions regarding changes in their parenting experiences since

the first interview, how child welfare system experiences shaped their parenting, and specific questions about child welfare placement stability including running away from their placements and the involvement of their children in the child welfare system.

All interviews were audio recorded with the participant's consent and then transcribed by a transcription service. The transcripts included both sections of the interview. For this dissertation, only the section of the interview transcripts focused on the experience of parenting were analyzed.

Section of Interviews Focused on Experience of Parenting

Narratives were collected via the timeline method (Adriansen, 2012), followed by a series of semi-structured questions (See Appendix A for interview guides). The purpose of the first interview was to lay the framework of their experiences up to that point in parenting. Participants, with my guidance, completed a "Transition to Parenthood Timeline" (See Figure 3 for an example) and narrated pivotal moments along the timeline in order to establish the arc of their narrative. Importantly, participants were invited to begin their Transition to Parenthood Timeline at a point in time when they determined their parenting experience to have begun. Most participants chose to begin with the moment that they found out that they were pregnant. However, other participants chose to begin in other places including narrating a prior pregnancy loss, the ultrasound appointment when they learned about the biological sex of their baby, when they shared that they were pregnant with the baby's father, and when their child was removed into foster care.

After completing the timeline, they were then asked a series of open-ended questions in the domains of parenthood, adulthood, and child welfare system experiences during their time as parents. In the parenting domain, participants were asked to discuss the joys and challenges of

parenting, to describe their child/children, and to describe their social support sources for parenting. In the domain of adulthood, participants were asked to describe the qualities of adults, to narrate if and when they became an adult, and about the positive examples of adults in their lives. In the domain of child welfare system experience, participants were asked to broadly describe how they think being involved in the child welfare system influences their parenting and their feelings and plans for aging out of care in the coming days, months, or years. See Appendix A for the full transition to parenthood first interview guide.

The eleven participants who completed a second interview extended their “Transition to Parenthood Timeline” up to the time of the interview and answered open-ended questions in the domains of parenting, placement and housing stability, and child welfare system experiences. In the domain of parenting, participants were asked to describe changes in parenting experiences since the first interview, to describe changes in their children’s development and the parent-child relationship, to define what it means to be a “good mother,” and to describe their financial resources and needs related to parenting. In the domain of placement and housing instability, participants were asked about moving between child welfare placements while parenting, how moving placements or remaining in a stable placement influenced their parenting experiences, and how they experienced consequences for going on the run. In the domain of child welfare system experiences, participants were asked to broadly describe how their child welfare system involvement influences their parenting, if and under what circumstances they experienced child welfare hotline calls, and if and under what circumstances their children were removed from their care. See Appendix A for the full transition to parenthood second interview guide.

Data Analysis

Narrative analysis on the 40 transcribed interviews was conducted. Using the transition to parenthood timelines as a starting place, transcribed narratives were reordered and details from participant's narratives were added to align with chronological time. Participants completed the timeline before answering interview questions and in answering those interview questions participants shared important details that provided context or additional information to add to their timelines. Chronology is critical for capturing change over time, particularly for the analysis presented in Chapter 3 of this dissertation regarding parenting identity development for youth in foster care.

After the reordering process, thematic analysis was conducted in three rounds. First, an initial round of open coding was conducted to develop preliminary themes. Open coding can include multiple types of codes. This analysis used two types of open codes: in-vivo and descriptive. In-vivo codes use the words of participants as a code applied across transcripts. For example, an in-vivo code from the open coding process includes "*using behavior against me*" which was later used to develop a set of codes about the relationship between the child welfare system and parenting experiences. Descriptive codes summarize an excerpt and are used to describe an emergent theme across transcripts. Descriptive codes were more frequently used during open coding than in-vivo codes as themes developed across transcripts. For example, the code "learning to parent" was a descriptive code used to develop findings regarding parenting identity development.

Second, interview transcripts were coded based on the topics covered in the interview questions using the following codes: Transition to Parenthood, Parent-Child Relationship, Transition to Adulthood, Transition Out of Child Welfare, Placement Instability, and Parenting Transition x Child Welfare. Analytic memos were written on each of the emergent themes to

develop code groups, which are broad categories under which more specific codes are organized. A coding scheme including 10 code groups and 115 total codes was developed and used to code each of the 29 participants' narratives.

Third, transcripts were coded based on the completed code book. Analytic memos on findings from each of the 10 code groups were written after coding was completed in the domains of (1) parenting identity development and developing parent-child relationships in the child welfare context, (2) the role of punitive surveillance, threat of child removal, and monetary sanctions by the child welfare system in shaping early parenting, and (3) the role of child welfare placement instability in shaping early parenting. The completed third round of coding and subsequent analytic memos resulted in the three analytic chapters presented in this dissertation. Refer to Table 2 for the Code Book and how coding aligns with the three sets of findings.

Validity

Validity in qualitative research is central to assuring the rigor and quality of the research. Creswell and Miller outline several methods by which validity can be assessed (Creswell & Miller, 2000). This study draws on two such methods: researcher reflexivity and member checking with key informants.

Reflexivity

Researcher reflexivity involves an iterative process at each stage of study design and implementation, by which the researcher attunes to and names personal beliefs, values, and biases that may color their approach to the research. There are varying approaches to researcher reflexivity in qualitative research, and they are employed to varying degrees. I engaged in reflexivity at all stages of the research process. In particular, my reflexive praxis draws on Sharlene Nagy Hesse-Biber's notion of the "feminist practice of holistic reflexivity" (Hesse-

Bibber & Piatelli, 2012). As a white, cisgender woman who is also a social worker, I knew that participants' perceptions of my identities would shape the researcher-participant relationship. In particular, their perceptions of my proximity to the child welfare system, which is deeply shaped by my whiteness and perceived class status, was most salient during the interviews.

This became clear at the second interview that I conducted. I arrived at a group home that required me to schedule the interview through the staff Case Manager, as residents were not allowed to schedule their own appointments and did not have access to phones. When I arrived, the young mother was called out of her room to meet with me. It was clear that she had not been told that I was coming. When she saw me, anxiety flooded her face. She put her thumb in her mouth behind her top teeth, smiled nervously, and said, "Am I in trouble?" This young Black mother had perceived me as an authority and a threat to her. Once she learned my purpose and I described that I both understood why she would think that about me and shared my salient identities as a birth doula, a mother, and someone who worked with young parents in home visiting programs like the one in which she was enrolled, we were able to proceed with the interview.

Similarly, the insidious and often silent function of whiteness rose to the surface on multiple occasions during which a family member or partner would answer the door, and upon looking at me, would yell into the home, "There's a white lady at the door for you- did you know she was coming?" For these young parents of color, whiteness functions as threat and as bell hooks points out in "Representing Whiteness in the Black Imagination," as a source of terror for families of color, particularly Black families (hooks, 1992). My whiteness was often no exception. On the other hand, a young Latinx mother responded to the consent process, in which I ensured her that her answers to my questions would remain confidential within the research

team, with, “What if I want you to tell someone what I say? What if you can make it better?” In this instance, this young parent perceived that I had the power to change the conditions of the child welfare system for young parents in care.

In all of these examples, the meaning of white social workers and researchers’ presence in these young people’s lives is clear: that we simultaneously have the power to cause trouble and to protect. This dialectic permeated the researcher-participant relationship. A similar relationship exists between young parents in care and the child welfare system, which can simultaneously exercise punitive surveillance and provide critical resources.

Member checking with key informants was a part of evaluating validity in this study. With each of the eleven participants who were interviewed a second time, each towards the end of data collection, I was able to both follow up about their narratives and included interview questions in the second interviews that elaborated preliminary findings, particularly around placement instability and access to material resources. Further, because of the structure of the broader home visiting study, I had access to key informants within the Illinois child welfare system who clarified information about child welfare policies and procedures, filling in my gaps in knowledge about the general function of the system and supports they provide. For example, as I was learning from participants about punitive sanctions resulting in deductions in their monthly stipends, I asked a member of the Teen Parent Services Network to clarify how stipends are distributed and how individual residential programs decide when and how to deduct funds for undesirable behavior.

Methodological Limitations

Overall, this dissertation is a rigorous narrative study. However, there are a few methodological limitations worth noting. First, although 43 youth were enrolled in the pilot

study, I was only able to interview 29 for a variety of reasons including early exit from the study, difficulty contacting them, and declining to be interviewed. Second, only 11 of the 29 who completed an interview participated in a second interview for similar reasons. Ideally, all 29 participants would have completed the second interview. Third, the data collection plan was to interview participants either 3 months after giving birth for pregnant youth or 3 months after study enrollment for already parenting youth. Second interviews were to occur within 6 months of the first interview. However, some mothers were interviewed later in their enrollment or with more time between first and second interviews due to scheduling challenges. As such, there is some variation in the length of time youth were parenting when the interviews took place. Although this did not pose a challenge during data analysis, the lack of uniformity in interview timing may be seen as a limitation.

Further, all of the mothers in this sample were enrolled in a Healthy Families program, which are evidence-based early childhood home visiting programs that use a relationship-based, reflective approach. The mothers who were referred to the home visiting implementation pilot were identified by the Teen Parenting Services Network as mothers in foster care who would benefit from additional parenting support. The context of home visiting services enrollment may have made these mothers better poised to narrate their mothering experiences as they were receiving a weekly visit from a home visitor in which they were asked to reflect on their parenting.

Finally, this study does not include the perspectives of young fathers in foster care or the perspectives of the fathers of the children whose mothers were interviewed for this study. Most of the studies on parenting youth in foster care, and young parents more broadly, treat the experiences of mothers and fathers separately. However, given the findings in this dissertation

related to how the child welfare system shapes early parenting, future research that expands this analysis should include all young parents in foster care. In addition, future research should center the children of young parents in foster care and should include the perspectives of their mothers and their fathers.

CHAPTER 3:

Maternal Development as Relational Process for Pregnant and Parenting Youth in Care

A key concept in the study of the life course across disciplines is the notion that development occurs in social and relational context (Bronfenbrenner, 1994; Elder Jr, 1994; McCormick et al., 2011). However, many studies of the transition to parenthood conceive of becoming a mother as primarily an internal, psychological process with influence on social relationships process (Cowan & Cowan, 1992; Koniak-Griffin, 1993; Mercer, 1985b, 1985a, 2004; Porter & Hsu, 2003; Sawyer, 1999). Few studies consider how broader social or systemic contexts influence maternal development. Still, in the case of teenage mothers and their children, the longstanding body of research suggests that broader social forces such as systemic racism (Bridges, 2011; Davis, 2019; Oparah & Bonaparte, 2015; C. W. Williams, 1991) and poverty (Geronimus & Korenman, 1993; Levine et al., 2007) compound adverse life course outcomes. Relatedly, social support relationships can be important protective factors for preventing such outcomes among young mothers (Apfel & Seitz, 1991; Oberlander et al., 2007; Voight et al., 1996).

In the case of pregnant and parenting youth in foster care, the limited research on maternal identity development points to a relational quality of their development as mothers, including how child abuse and neglect histories and family-of-origin relationships shape how these young mothers imagine themselves as mothers (E. M. Aparicio, 2017; Pryce & Samuels, 2010) and how they think about the parent-child relationship (E. Aparicio et al., 2015). Additionally, research indicates that inconsistent child welfare system practices may constrain young mothers' ability to reach expected developmental outcomes while parenting (Silver,

2015). Although not directly studied in the context of maternal development, this work suggests the importance of mother's relationship to the child welfare system in maternal development.

Building on the body of existing literature on maternal development, this chapter uses a life course sociology approach to analyze how social and relational contexts influence becoming a mother for young mothers in foster care. The findings suggest that some mothers narrate becoming a mother as an internal process of transformation and revelation. For most, however, maternal development happens in the context of relationships with baby, family and community, and the child welfare system. Finally, this chapter describes the narratives of several young mothers who experienced serious personal and relational trauma during their transitions to parenthood, a finding unaddressed in the literature on pregnant and parenting youth in care. .

The Transition to Parenthood

The transition to parenthood has been described as a unique developmental shift characterized by identity transformation, establishing the parent-child relationship, and changing social relationships (Bailey, 1999; Goldstein et al., 1996; Mercer, 2004; T. Miller, 2007; Nelson, 2003; Priel & Besser, 2002; R. Rubin, 1967, 1984; Smith, 1999). While much of the research on the transition to parenthood largely has focused on the experiences of white, middle and working class mothers who are married, the limited available research on young parents and parenting youth in care align with the broader theorizing about the transition to parenthood (Cox et al., 2020; Gregson, 2010; Pryce & Samuels, 2010; Silver, 2015).

Many scholars find notable shifts in maternal identity development and adaptation to the maternal role beginning during pregnancy. In her theory of Maternal Role Attainment (MRA), Reva Rubin defined maternal identity as the culmination in maternal role development, such that

the women she observed had a sense of being in their mothering role after an extended process of information seeking, mimicking other mothers, seeking experts, and fantasizing about the self as mother (R. Rubin, 1967, 1976). In her later work, Rubin described maternal identity as “an inseparable incorporation into the whole personality that is more than a role that can be stepped into and out of again.” (R. Rubin, 1984, p. 34) Rubin’s student and colleague Ramona Mercer extends the theory of MRA, offering the construct of Becoming a Mother (BAM), suggesting that the initial identity transformation that occurs during pregnancy and the first months of the infant’s life continues in an ongoing process of growth (Mercer, 2004). Relatedly, Sawyer identifies as the construct of “Engaged Mothering” as an extension of MRA, in which. Based on analysis of 30 interviews with middle class African American women, Sawyer found that the mothers identify a series of behaviors to prepare for their expected babies, with the additional experiences of racial stereotyping as pregnant women and mothers (Sawyer, 1999).

While theorizing in MRA, BAM, and Engaged Mothering focuses primarily on a new mother’s identity development as it relates to caring for her baby, other scholars focus on the increase in relational focus for women transitioning to motherhood and the identity transformation that can happen when some women shift to motherhood and away from work (Millward, 2006; Ruble et al., 1990; T. M. Williams et al., 1987). Lucy Bailey identifies a “refraction of self” for women transitioning to mother, such that they identify what they understand as previously concealed identity dimensions and describe themselves as becoming less selfish and more adult-like (Bailey, 1999).

Although becoming an adolescent mother is a stigmatized experience, many young mothers report positive changes in their own identities as a result of becoming mothers. In her ethnography of a school-based program for adolescent parents, Joanna Gregson found that the

young mothers gained a new, positive identity and a feeling of high self-worth since becoming mothers (Gregson, 2010, p. 140). Julia M. Pryce and Gina Miranda Samuels (2010) found that maternal identities among youth in foster care can be shaped by their relationships with their own mothers and a desire to do better for their children, despite instances of intergenerational maltreatment in the sample (Pryce & Samuels, 2010). Relatedly, Elizabeth Aparicio's interpretive phenomenological analysis of 18 interviews with 6 young mothers in foster care found that the mothers were focused on developing more positive relationships with their own children than they had with their parents, and sought to parent differently than they had been parented, thereby avoiding system involvement for their children (E. Aparicio et al., 2015; E. M. Aparicio, 2017). The mothers in the study by Pryce and Samuels described how their relationships with their children and the challenges presented by poverty, including low educational attainment, employment difficulties, and low income, shaped their experiences of parenting in the child welfare context (Pryce & Samuels, 2010).

In addition to identity development, shifts in social support shape the transition to parenthood. In particular, the presence of social supports shortly after giving birth improves postpartum mental health outcomes and maternal efficacy (Goldstein et al., 1996; Priel & Besser, 2002). For example, Carolyn Cutrona found that access to social support was a protective factor against maternal depression during the first 8 weeks postpartum (Cutrona, 1984; R. C. Edwards et al., 2012). Social support has also been found to improve mother-infant bonding during the transition to motherhood (Anisfeld & Lipper, 1983). Further, social support has been identified as a protective factor for adolescent parents, particularly for young mothers whose own mothers are involved in their lives with their baby (Unger & Cooley, 1992).

Data and Methods

The analysis presented in this chapter derives from transcribed interview data from 40 interviews with pregnant and parenting youth in care in Illinois. The narrative analysis described in Chapter 2 was conducted to arrive at the findings presented in this chapter. For this chapter, an initial round of open coding was conducted to develop initial themes from which to conduct the analysis. Analytic memos were written on each of the themes in order to develop code groups. The analysis presented in this chapter derives from 20 different themes that composed 4 code groups: “Transition to Parenthood”, “Parenting Identity Development”, “Parenting x Social Support”, and “Child welfare x Parenting Identity.” (See Table 2 for Code Book). Analytic memos on findings from each of the code groups were written after coding was completed. It was in writing the analytics memos that the relational framework for the findings was developed. The beginnings of this analysis occurred during the first round of in-depth interviews and informed the interview guide for the second round of interviews. The first interview guide included broad questions about their experiences during pregnancy and early parenting. During the first interview, many of the mothers shared their pregnancy and birth stories, described their baby’s development, and described their social supports. In the second interview, participants were asked to discuss when they first began to think of themselves as mothers, which aligned with an emergent finding from the initial round of open coding of the first set of interviews.

Relating to Self: Mothering Identity as Revelation and Transformation

Seeing oneself in a new light during the transition to motherhood is part of Sawyer’s (1999) theorizing of Engaged Mothering among middle-class African American women in which planning to care for their baby is central to beginning to see themselves as mothers. Additionally, Bailey’s (1999) notion of a “refraction of self” that occurs when women begin to see themselves as less selfish and more adult-like. The young mothers in foster care narrated

similar experiences of seeing themselves in new ways, although their descriptions were not about specific, actionable preparations for baby care or imagining what their babies might be like when born. This is not to say that these mothers did not prepare for their babies, but rather that their narratives first reflected a sense of surprising revelation at their roles as mothers, followed by descriptions of how they often chose to turn away from behaviors they deem inappropriate for parenting.

When reflecting on her own experience of becoming a mother, Chantal described her own revelation, “It was just like, “Wow, I can't believe I had a baby.” I was just like, “Man, I had a baby.” Chantal then went on to describe how becoming a mother changed her,

“It changed me mentally just because it made me look at moms differently to know what a mom goes through on a daily basis. Just it makes me think about my mom more. I'm pretty sure she had to sacrifice a lot.” (Chantal, Black mother, age 20)

In her interview, Chantal spoke about her mother's death as leading to her and her siblings' entry into foster care. While becoming a mother herself, she came to reflect on the joys and challenges that come with motherhood, while relating that to how she imagined her own mother's experience. She shared,

I was just like, “Man, I had a baby.” I started to be grateful for my own mom because she had a C-section with me. I was just thinking about all of that and wishing that they could have been there. (Chantal, Black mother, age 20)

Chantal's sense of longing for her family of origin seemed to be tied to the challenges she faced regarding social isolation during early parenting. Although Chantal described great difficulty in navigating early parenting, particularly during the first six weeks postpartum (see finding on Social Supports for details), she ultimately felt happy as a mother,

At first it was kind of hard to just either hear it or say it. It was like, “Man, you've gotta get used to this.” Eventually I did. It's something I don't even think about

anymore. Literally, it's a happy experience, and I'm glad that I made the choice to be a mom. (Chantal, Black mother, age 20)

Similarly, another mother named Janae described it taking time to get used to seeing herself as a mother. For her, stepping into her identity as a mother was coupled with overcoming shame about having a baby when she was 14 years old,

At first, I had to get used to it, but now it's like it's a natural thing. So it's like when I first had her, it was all weird, because it's like, "Dang, I got a baby," so like now, I got used to it. Like, people say, "Oh, you got a baby?" I'm like, "Yeah, so?", 'cause it's like nothing to be ashamed of, but at first, I was ashamed, 'cause like I'm 14. I just had a baby. (Janae, Black mother, age 15)

Other mothers primarily reflected on the realization of their motherhood and the need to put effort into parenting, which sometimes involved making behavior changes. Claudine reflected,

“Parenting is not hard. It’s hard for some people 'cause they don’t know what they’re doing, but you gotta put in the effort. Sometimes people can’t deal with children, and I understand those circumstances of if you can’t raise a child, you really know that you can’t do this and okay, I understand that. But I wanted to put in the effort.” (Claudine, Black mother, age 19)

Claudine’s reflection points to a viewpoint shared by other mothers in the study that not everyone is cut out for parenting and yet, parenting takes effort than one can choose to put forth or not. For Claudine, developing her mothering identity came with making the choice to put in the effort. Other mothers did not come to the revelation of themselves as mothers quite so quickly or so easily. For example, Vanessa identified fear as an initial response to learning she was pregnant,

Vanessa: I was scared. My heart dropped. I was so scared.

Interviewer: What were you scared about?

Vanessa: Having a baby, like whoa, this is gonna be my responsibility. She is my responsibility. Like, I have to take care of this child. It definitely changed me. I

don't do certain things that I would have, and I don't say things that I probably could. It just changed me a lot.
(Vanessa, Black mother, age 21)

For Vanessa, imagining her baby meant imagining her baby in the context of her regular behaviors at the time. Becoming pregnant caused her to pivot towards the goal of taking responsibility for another person, her baby. Vanessa did not specify the kinds of behaviors she sought to change upon becoming a mother, but other participants spoke to both fighting and substance use as behaviors they sought to change either while pregnant or upon becoming a parent. Amber, a mother who struggled with substance use from an early age, described in detail how becoming a mother made her feel differently about using drugs. When asked how her life had changed since becoming pregnant with her son she shared,

Amber: Oh, it's changed like significantly.

Interviewer: How?

Amber: I don't do drugs anymore.

Interviewer: Is that a big change for you?

Amber: Mm-hmm.

Interviewer: Yeah? What was that like, to stop doing that?

Amber: Hard. I remember when he was like six weeks, we were – he was still in my stomach. I was six weeks pregnant, and my baby daddy was on Xanax, and I was too. I already knew I was pregnant, but it was really hard for me to stop. So I mean, I did Xanax, and I was only on like a half bar, and he ran into a house – we were in the car and I had my seatbelt on, and he ran into a house. That really hit me. I'm like, "No, you can't be doing this to your baby. He could have just died in that car wreck," the car crash. Don't do that. Then when I met him, I never want to do drugs ever again. He's just the cutest baby I've ever seen.
(Amber, white mother, age 17)

Later in the interview, Amber described difficulty with abstaining from drug use as a positive drug test led to a child welfare hotline call and an open neglect investigation for her son.

Still, Amber described her pregnancy and parenthood as the primary motivator for her efforts to abstain from drug use.

Like Amber, other mothers were motivated to change their behaviors when coming to see themselves as mothers. For example, Trinity narrated that she began to think twice about fighting once she became a mother, though she shared that it took some time for her sense of self as a mother to “fully sink in.” She said,

“As far as like fighting? I don’t think there was a specific incident that promoted the change. I think it just clicked in my head one day like, “I’m a parent.” Still to this day, I’m baffled by the idea but I’ve accepted it. But six months in, I was still saying, “I really have a baby. I am really a parent,” but one day, it just fully sunk in.” (Trinity, Black mother, age 19)

When asked to further describe when in her transition to parenthood her realization that she had a baby occurred, Trinity described that it took some time,

“It wasn’t a – it wasn’t a like it just did happen. It took a couple of months for it to happen. I still wanted to go outside. I was paying [my friend’s sister] to babysit him so I could go outside and stuff like that. I didn’t wanna transition into being a parent, a single parent. I was young. I literally have not lived my life yet.” (Trinity, Black mother, age 19)

Trinity was not alone in her resistance to claiming her mothering identity. When Aniyah was asked about thinking of herself as a mother while her son was in foster care, she responded,

“I mean, I guess it's fine. It's not really like – I mean yeah, I'm a parent, but I'm not parenting. I'm a like two-hour twice a week parent, and it's not really a thing.” (Aniyah, Black mother, age 15)

Here, Aniyah differentiates between the label of parenting and the act of parenting. For her, the part-time nature of her parenting relationship with her son complicated how she saw herself as a mother.

Dominique, whose baby remained in her care, shared ambivalence about mothering as well. When discussing her pregnancy, she shared about fighting frequently with people in her

various residential placements (See Chapter 5 for analysis of her story) while pregnant. When asked about how she felt about being a mother, she said, “I don’t have a problem with it.” Later in the interview when asked about what she likes about being a mother, she responded, “I don’t know. It’s not something to really like.” Despite her verbal ambivalence about her maternal identity, her behaviors during the interview reflected a different sentiment. The memo written after her interview included the following,

“Dominique often spoke of her anger and fighting while pregnant, as well as an overall ambivalence about being a mother. Yet, while she told her story, she was attuned to her baby’s cues. Her daughter was fussy for most of the interview. At one point, when giving short, sparse answers about her feelings about being a mother, she laid down on the couch at her grandmother’s house with her baby next to her. She rubbed her daughter’s back, made sure she kept her pacifier in her mouth, and soothed her with her voice.” (Dominique, Black mother, age 17)

The disconnect between Dominique’s meaning making around her maternal identity and her attunement to her baby, along with the other mother’s narratives shared in this section, speak to the centrality of the parent-child relationship in these mother’s development as parents.

Relating to Baby: Mothering Identity Development in the Parent-Child Relationship

Positive parent-child relationships are key ingredients for healthy child development. Yet, many scholars and practitioners are concerned with young mothers’ ability to form healthy parent-child relationships, particularly among those in the child welfare system. This concern is justified by the high percentage of young mothers in care who are reported to child protective services (A. Dworsky, 2015; Eastman & Putnam-Hornstein, 2019). Identity development is a central developmental task of adolescence, and research demonstrates that young mothers are more likely to be focused on themselves and their needs, which can result in less responsiveness to the needs of their children (Borkowski et al., 2007; Coley & Chase-Lansdale, 1998; Fulton et al., 1991; Noria et al., 2007; Tamis-Lemonda et al., 2002).

Despite the significant literature on adolescent mothers' parenting practices, few studies have focused on the role of the parent-child relationship in the parenting development of young mothers, and, to my knowledge, none have focused on this among pregnant and parenting youth in care. Still, the existing research on pregnant and parenting youth in care implies the importance of the parent-child relationship for this population of young mothers (E. Aparicio et al., 2015; E. M. Aparicio, 2017; Love et al., 2005; Pryce & Samuels, 2010).

The findings presented here demonstrate the centrality of these mothers' connections to their babies in their development as mothers. This connection is central even for mothers whose children had been removed from their care. As presented in the section on "Relating to Self," some of the mothers experienced understanding themselves as mothers as an identity revelation. However, most of the mothers came to understand their maternal roles once their babies were born and they developed a relationship with their children.

For many mothers, walking me through the events on their transition to parenthood timeline involved describing challenging experiences and great hardship during early parenting. However, when asked to describe their babies, each of the mothers in the study smiled, and her face brightened as she proudly described her child's personality, how her child was reaching developmental milestones, her child's likes and dislikes, and how she and the child relate to one another. For example, Sierra, a mother whose baby had been removed from her care, described her baby,

Sierra: She's 5 months. I just love her so much that I don't even want to leave her. I just wish she was here with me. That's all.

Interviewer: Before she went into care or before she wasn't with you, before they took her, what was it like for you to be a mom? What was that like for you?

Sierra: I loved it. She didn't really cry much. She's a good baby. She just be in her own little world. She don't cry. The only time she cries is when she's wet or hungry but she likes to eat; she loves her bottle, mm-hmm. I love her. I just – she's a happy baby.

(Sierra, Black mother, age 16)

The mothers also made meaning of their early connections to their babies. In particular, they identified a deep connection to their babies being “mine.” Claudine described the feeling of coming home from the hospital with her daughter,

I had her. When I got home, I felt so fresh, like the world was new. I felt so fresh. Everything felt different. I felt so good and happy. I just had a little baby. She didn't cry. She just slept all the time. (Claudine, Black mother, age 19)

Claudine describes feeling renewed after her baby was born, connecting her feeling that everything was different to what she noticed in her baby. Similarly, Amber described how she felt shortly after meeting her son. Earlier in the interview, she shared that she wanted a baby for the four years prior to her son being born. When asked what made her want to have a baby, she responded,

Because babies are so cute, and I wanted my own, because I always seen new moms and how they were with their babies, and how happy they were, and I wanted to feel how happy that was. I wanted to feel, like, happy, and damn, when he – when I found out I was pregnant, I was like, "Oh my god, now I gotta wait nine months." And then it finally happened, and I was actually scared to push, and he finally came out. I was so happy. I was crying. I love him. (Amber, white mother, age 17)

In Amber's narrative, there is a sense of the overwhelming happiness and love she feels for her son and the instant connection she felt when he was born. Arianna, another new mother, talked about the connection she felt to her new daughter.

Arianna: Well, I can't say I have the experience because she's only two months, but so far it's been good, like, I don't regret anything, I like being a mom.

Interviewer: You like being a mom, what do you like about being a mom?\\

Arianna: Well I feel like I have somebody that's mine, like she's a part of me, I don't know how to explain it. (Arianna, Black mother, age 17)

Despite having a newborn, Arianna identifies her baby as a part of herself and that connection is the source of her enjoyment as a new mother. For Chantal, the recognition that she was, ultimately, the sole caregiver to her baby solidified her acceptance of the maternal role. She said,

Like, I just started thinking about like everything. Because I was realizing like I'm really taking care of a baby, and it's not nobody else's. It's mine. Every decision that I make is based on [my baby]. If it's a bad consequence and it's not something that would be healthy for [my baby], then I'm not gonna make it. Every decision I make is for her. (Chantal, Black mother, age 20)

During her early days of parenting, Chantal's partner and his family were involved with her and her daughter. However, at the time of her interview, there was strain in those relationships and she felt strongly that she was parenting alone (See analysis in Social Support finding). Her reflection that she was taking care of a baby that belonged to no one but her seemed to come from that place that she was the only caregiver present for her daughter. As such, she identified her daughter as "mine" and with that identification of their connection, felt the great responsibility of making decisions in her daughter's best interest.

Similarly, Amani narrated coming to "a point in her life" where parenting became a source of happiness for her. At the time she was interviewed, she was in the final weeks of pregnancy with her third child. Her rights to her first child had been terminated a couple of years earlier and she was parenting her second child, who was present at the interview. Amani's narrative is embedded in the arc of her various experiences while parenting as a youth in foster care.

I'm happy being a parent, because I know how to be a parent, I know what it takes to be a parent, and I'm at the point in my life that – I'm not like everybody else. I know what my baby needs, and I know what to do to keep them safe and – I be on it. I treat my baby how I treat myself. I get him ready before I get myself ready. I

put him in the tub before I do anything, and then I put myself together. It's just, like, I just be feeling like I just be doing what my dad and my mom used to do, that's how I feel. I never told nobody that. (Amani, Black mother, age 21)

Amani defines her readiness to embody the maternal role as related to knowing what to do to meet her children's needs, to keep them safe, and to prioritize their needs before her own. This did not come easily for Amani, and did not come during her parenting experience with her first child (see analysis in *Relating to the System*). However, with time and additional experience, Amani felt as though she developed the ability to attune to her children's needs and to fulfill the maternal role.

Like Amani's focus on being able to keep her children safe, Claudine shared how protective she was of her newborn.

When she came home, I wanted people to use hand sanitizer, like, "You can't hold her. You're not old enough. You can hold her, but you got to stay in here." I had a humidifier. I had all kinds of stuff. It was so warm in our room. Everything was just so laid out. I just had everything. It's just like someone to protect. I'm overprotective of her. I'm still like that. She's a mama's girl, but that's only because she only knows me. (Claudine, Black mother, age 19)

Claudine, who experienced a strong sense of renewal when bringing her baby home, also described the protective quality of stepping into her maternal role. She makes meaning of protecting her daughter resulting in her being a "mama's girl" as Claudine is her only parent. For Claudine, her protective and caregiving behaviors when her daughter was a newborn laid the foundation for their parent-child relationship.

Lauren identified a change she made in her decision making to align with the maternal role. For her, becoming a mother meant disengaging with her role as a child in order to embody her role as a mother.

Before I got pregnant with [my daughter], I was selfish. I couldn't see myself having a child. Like, that's how self-centered I was. Like, I'm my dad's only girl, his oldest, and I'm my mom's baby, so anything I want, I can get, but now, it's like a lot of my habits are gone. I was the type, even in the winter, I always had my nails done, hair done, \$200 hairstyles, nails, acrylic out to here, toes, shoes. All that. I had it. The priority is her. She comes first. She is front and center, so it's not a problem. I don't miss being the only one, 'cause I have fun with her now." (Lauren, Black mother, 19)

Lauren is keenly aware of her own transition from child to mother once her baby was born. Although this seemed like a significant change for Lauren, she made meaning of her transition to parenthood as "not a problem." She links her comfort with stepping into her maternal role to the parent-child relationship when narrating that she and her daughter have fun together. Lauren also described her relationship with her daughter as a source of motivation when meeting challenges, "She keeps me going. When I feel like giving up, I can't." (Lauren, Black mother, age 19)

Another mother, London, differentiated between adopting her maternal role and developing her maternal identity. It took hearing her daughter identify her as "Mama" to fully recognize herself as a mother, despite prior identification with the responsibilities of motherhood.

When she first said, "Mama." She started saying "Daddy" a lot and I was pissed off. I'm all, "What the hell? You saying, 'Dada,' and he not even around like that. You only see him sometimes." But I feel like that's every baby, I guess, that's their – most babies, that's their first – "Dada, dada," whatever. But I don't know. I guess, when she started saying, "Mama," it really just hit me 'cause I was just like, "I know I'm a mom. I know I got responsibilities. I know I gotta do this and this and this," but it really didn't hit me like, "Oh, yeah, I'm her mom," until she started saying, "Mama, mama." (London, Black mother, age 18)

For London, it was her young daughter's recognition of their parent-child relationship by calling her "Mama" that led to her fully accepting her identity as a mother. In London's case, awareness

of the maternal role came first, but her identity as a mother developed in the context of her relationship with her daughter. London further narrated enjoying her daughter's developmental milestones and "firsts" as a source of validation as a mother,

I like that I got to pick out her outfits. I like that I'm here, that I'm – I don't know. I just like that I got to experience most of the stuff, like her first steps, when she first started crawling, when she first started talking. I got to experience that. Being a mom, that makes me feel really good 'cause I got to see that first. (London, Black mother, age 18)

London's presence in her daughter's life, particularly as it relates to witnessing the "firsts" of her child's development, is a source of joy for her. Being present in her relationship with her daughter is an important part of what it means to be a mother to her.

The parent-child relationship is a primary source of these mothers defining and developing both their maternal roles and their maternal identities. For them, it is through witnessing their children's development that they develop as mothers.

Relating to Family of Origin and Community: Relational Renewal, Volatility, and Transformation During the Transition to Parenthood

As reflected in the literature pertaining to teenage mothers broadly, the mothers' in this study narrated how their relationships, including those with their family of origin, child or children's father's family, and friends, were important to their experiences as new parents. In some cases, these relationships proved to be vital sources of reliable parenting support, while others were sources of volatility during early parenting. Further, many mothers experienced significant changes in their closest relationships while becoming parents, and these changes often shifted their access to various types of social support during this time.

Mothers described how their families of origin and broader social networks often provided material resources for their baby and served as parenting role models. In some cases,

supportive people also helped to provide baby care. For example, Lauren shared that her mother and sister helped her to meet her daughter's needs.

My dad didn't come to my baby shower. My mom, she has me, my older brother, and then my sister is the oldest. My sister has four kids, so I was the baby, having a baby, so I could say I'm very – I'm supported. [My daughter], anything I want for her, she can have. (Lauren, Black mother, age 19)

Here, Lauren indicates that her mother and sister provide “anything she wants” for her daughter. Similarly, Vanessa described the various supports provided by her sisters, despite them living in another state.

Vanessa: My sisters – everything, you name it.

Interviewer: What does that mean?

Vanessa: Like, they send money, but they live in a different state, so they send money, visit her, like check on her, make sure I'm okay, support, like good support. They want me to move down there, but I'm not going there. (Vanessa, Black mother, age 21)

For Vanessa, her sisters' support was particularly important at the time of the interview.

She had recently aged out of the child welfare system and was having difficulty paying rent for her apartment. Similarly, Amani experienced help from her second child's paternal grandmother in navigating the welfare system in order to receive material supports while she was aging out of care and pregnant with her third child. She shared,

Amani: His grandma is a good resource, far as, like, she's real smart when it comes to, like, how to maintain yourself and how to take care of your kids without needing anybody else to help you. That's good – I didn't know that, you know? I wasn't like – a lot of us figure, like, "Okay, well, if you ain't got no job, you couldn't do it," but it's other ways where you could take care of your kids, and she really had me knowing that it is. So that's good for me, 'cause if I was, like, anywhere else, I probably wouldn't know that.

Interviewer: Yeah, like, what ways to take care of your kids?

Amani: Like, [whispering].

Interviewer: You don't have to whisper that – there's no shame in that. Right, so there's other – so she teaches you how to get other resources, like, food stamps and stuff like that.

Amani: Like, public aids, you know, all type of things, that I didn't know that you could use, you know? 'Cause she said she did it, So, of course if she did it, I know I could do it too. (Amani, Black mother, age 21)

Earlier in the interview, Amani expressed her confusion in navigating the child welfare system as a young parent, which she attributed to her first child being removed from her care and the termination of her parental rights. At the time of the interview, she was also struggling to navigate the housing system after aging out. The support she received from her son's grandmother helped her to understand the welfare system as a means to meet her and her children's material needs as she aged out of the child welfare system.

As older mothers in care, Lauren, Vanessa, and Amani benefitted from both social and material support from their families of origin while parenting their babies. A younger mother, Janae, narrated that observing her older sister's parenting helped her to learn how to parent her daughter. When asked who was supportive to her as a parent, she shared,

Janae: My sister, my older sister.

Interviewer: Yeah? What does she do to support you?

Janae: Like, I just watch her as she cares for her kids, 'cause she has six, and she has a kind of newborn. He's four months, and he was born a few months after her, so she like inspires me, basically, 'cause she, when I talked to my sister about this before, she was like, "You always wanna be the best mom you can, because you don't wanna end up like Mom, not – acting like you don't care." And then she just – the way she shows how she cares for her kids, like she makes sure they have everything that they need. She makes sure that they socialize with kids, puts them in sports, makes sure that all their needs are met and stuff like that. (Janae, Black mother, age 15)

For Janae, her sister's care for her own children served as inspiration for Janae to parent differently than their own mother parented her and her sister. Janae's story highlights the

importance of young mothers not only hearing verbal encouragement, but witnessing examples of positive parenting to inspire how they care for their children.

Unlike Janae, some mothers experienced limited social support, leading to feelings of isolation as new parents. This was particularly the case with mothers in independent living placements (See Chapter 5 for analysis of placement type on parenting experience). For example, Chantal described the frustration of having “no family support.” She shared,

Having no support, just having no family support. Just I have my days where I feel like I definitely need a break or I'm definitely tired. Just having nobody to take her for five minutes and have a minute is just frustrating sometimes. Or having to go to school and still be a mom, having to study and get ready for class the next day and still prepare bottles. It's kind of frustrating. (Chantal, Black mother, age 20)

At the time of her interview, Chantal was parenting her daughter as a single mother after a falling out with her child’s father and his family, who had previously been supportive to her. She shared her struggle with feeling isolated and stretched thin due to lack of familial support, particularly related to baby care. Chantal went on to describe her wish for the physical presence of another caregiver to share the parenting responsibilities. When I asked her about who supports her as a parent, she responded,

That's honestly a hard question to answer 'cause there's literally nobody here. My sisters are supportive when they can be. It's a lot of people who are supportive when they can be. Sometimes having a physical body here, too, somebody who could just help out for five minutes. That definitely would mean a lot to me just to know that somebody's here. When I'm having those moments, I could be okay. (Chantal, Black mother, age 20)

Chantal’s wish for a five minute break from parenting responsibilities when she is having a difficult moment reflects the importance of caregiving support for parenting youth in foster care, particularly those in independent living placements where isolation may be a concern. This theme of “getting a break” for mothers who are the primary caregivers for their children was

prevalent. The lack of support that Chantal experienced demonstrates how having another physically present caregiver can help young mothers to avoid burnout.

While some mothers benefited from the supports provided by their families of origin and other people in their support networks, other mothers experienced relational volatility or changes in their support networks that influenced their early parenting experiences. For example, Jenna described feeling surprised by her changing support network when she became pregnant,

When you have a kid you get so excited because you're like, "They're going to be a part of my kid's life. They're going to be a part of my life even more now because we'll have even more stuff in common." But it's not like that. And I think it took me awhile and it really hurt because realizing that my ex's side of the family was more supportive and more there for me than my own. And it changed a lot with relationships because then you start to realize when you have a kid who is really there for you. And that was a really big thing, an eye-opener, was who was there for me and who wasn't. (Jenna, white mother, age 20)

Similarly, Arianna felt that she lost her family of origin's support due to age-related stigma She shared,

Arianna: No, it was hard because my Momma was judging me, people were judging me. I felt like I didn't have any support like at all, but her dad was there.

Interviewer: Her dad was there?

Arianna: Yeah, and his family, but my family everybody was just being judgmental because I was a teen, and I was pregnant, I got pregnant early. I just felt like I was alone in my whole pregnancy. (Arianna, Black mother, age 17)

For both Jenna and Arianna, the lack of support from their families of origin was a surprising and difficult aspect of becoming a mother. Although their children's father and his family proved to be strong supports during pregnancy and early parenting, that was not always the case. Sometimes the child's father and his family questioned paternity and refused to acknowledge the child as a member of their family. For example, Trinity described how this dynamic played out with her son's father's family. His family members initially attended

ultrasound appointments and expressed their support. However, later in pregnancy, the relationship shifted,

That February, they decided to completely stop acknowledging my child. They hadn't purchased anything from him to begin with so when they decided to completely stop acknowledging my child in February. (Trinity, Black mother, age 20)

Trinity experienced this volatility from her son's father's family as a difficult aspect of becoming a mother. In particular, Trinity implies that accessing material supports from her boyfriend's family was indicative of their lack of acknowledgement of her child. Still, she spoke about the experience as a matter of fact rather than something that surprised her. Trinity also experienced ending an important friendship after her son was born. Trinity shared that this friend was her primary support person during pregnancy but described a change in her friend's intentions once her son was born. Trinity did not go into much detail about her friend's intentions but alluded that they were regarding conflict about mutual romantic interest in her baby's father. Her decision to "cease contact" was due to a possible negative impact on her baby. She narrated,

I've never told anyone that because our relationship was toxic, that they would have to leave my son's life but then I started seeing our relationship affecting my son's life and I didn't want him to start getting older and start seeing certain disagreements that we were having or fights that we were having and stuff like that. So I just told her, "We should probably cease contact and that includes my baby." And I felt bad about it but it was the best decision. She didn't have good intentions. God puts people in your life for reasons or seasons and the season that she was in my life, for the majority, she was very beneficial and supportive. There was just a change and so when there was a change, I had to also adjust, assimilate, whichever. So I just ceased contact with her. (Trinity, Black mother, age 20)

Shifting and ending relationships for the benefit of their babies was a common theme among the mothers. Like Trinity, Chantal described her own meaning making about how her emotional response to unsupportive relationships might impact her baby,

I started to feel like anybody who wasn't supporting my decision should have – didn't need to be in my life. I needed to stop crying because she was feeling those

vibes. She was hearing me and feeling everything that I felt, and so I didn't want her to be sad or anything. (Chantal, Black mother, age 20)

This awareness of the influence of their relationships and their reactions to their relationships on their babies demonstrates the depth with which these mothers were attuned to their babies, including the primacy of the parent-child relationship in their own relational decision making. As is the case for many mothers regardless of age, relationships and social support networks are an integral aspect of becoming a mother for these young mothers in foster care. For these mothers, relationship stability and volatility function as a “make or break” element of their early parenting experiences. Having access to various types of supports from their children’s fathers, families of origin, and friends is an important aspect of feeling successful as a new mother. At the same time, relationship problems, losses, and volatility can lead to feelings of isolation and instability during the early days of parenting.

Relating to Baby’s Father: Navigating Co-Parenting, Relational Trauma, and Violence

Fathers of children born to adolescent mothers have an important role to play in both the transition to motherhood for the young mothers and for their children’s early developmental outcomes (Brown et al., 2012; Cutrona et al., 1998; Gee & Rhodes, 2003; Hans & Thullen, 2009; Kumar et al., 2018; Voight et al., 1996). The quality of the relationship between young mothers and their child’s father predicts a mother’s level of parenting stress during early parenting, as well as a mother’s likelihood for developing postpartum depression (Brown et al., 2012). Further, whether or not these mothers and fathers are able to develop positive co-parenting relationships, regardless of romantic status, predicts whether fathers remain in consistent contact with their children (Gee & Rhodes, 2003; Hans & Thullen, 2009). For the children, father involvement supports positive behavioral and academic outcomes as children develop (Howard et al., 2006).

Despite the important role of fathers in young mother's transitions to parenthood and in their children's development, the relationship between a young mother and her child's father is often strained by a lack of father involvement in the children's lives (Gee & Rhodes, 2003). Questions about father involvement in the lives of pregnant and parenting youth in foster care and their children have been largely unexplored by researchers. The findings presented in this chapter reflect the quality of the co-parenting relationships between these mothers and their children's fathers. Few of the mothers described active romantic relationships with their child's father at the time of their interviews. Some fathers were present as material providers and mothers described their child's father as consistently spending time with the child. However, mother's narratives in terms of the quality of the relationship varied.

Some described these relationships as sources of trauma and violence during the transition to parenthood. The existing literature on pregnant and parenting youth in foster care, to a certain extent, addresses the impact of childhood trauma on parenting. In particular, researchers highlight concerns about intergenerational maltreatment among parenting youth in foster care due to their own experiences of abuse and neglect (Eastman & Putnam-Hornstein, 2019; Geiger & Schelbe, 2014; Putnam-Hornstein & King, 2014). However, none of the research on parenting youth in foster care addresses the extent to which youth experience trauma while becoming parents. This was not a topic that was directly addressed in the interviews. Still, some of the mothers narrated significant traumatic events during pregnancy and early parenting specific to their baby's father. These events involved community violence exposure, intimate partner violence, sexual assault, and fear of violence. To my knowledge, this is the first study to explore the role of ongoing relational trauma and violence in the lives of pregnant and parenting youth in care.

The presentation of these findings begins with mothers who described relatively amicable co-parenting relationships with their baby's father. London, an 18 year old mother, described sharing parenting responsibilities with her child's father.

I try to get her dad to get her as much as he can or whatever, so I'm in the process of trying to get him to get her right now, because of – I don't know. I'm trying to at least just try to get a break sometimes, you know, 'cause I have her most of the time and, when he can get her, it's a blessing. When he can get her for just a little bit, that'll help me a lot. (London, Black mother, age 18)

Like other mothers, London highlighted the importance of sharing time with the baby with the baby's father so that she was able to get a break. Many of the mothers either directly stated or implied that they were the primary caregivers of their children. For the mothers in positive co-parenting relationships, sharing time was an important kind of support that their child's father provided. Similarly, Lauren described a positive co-parenting dynamic with her daughter's father,

He's there. I'm thankful for that. Even though me and him don't have the best relationship, if I call him, like, "I don't have – like [the baby] needs Pampers," he'll go get Pampers. If she needs wipes, he'll get wipes. If she has ran out of formula, he'll go get it. So, if I say "I need you to watch [our daughter]. I need a break." He'll keep her.

Although the quality of the relationship between Lauren and her daughter's father was strained overall, she distinguishes between their relationship and their co-parenting relationship. Here, Lauren describes the kinds of supports that her daughter's father provides. In particular, he provides for the basic needs of their daughter and spends time with her when Lauren needs a break. The ability to reach out for a break made a difference for Lauren's ability to cope with the challenges of her early parenting experience. (Lauren, Black mother, age 18)

Conversely, many of the mothers described how the relationships they had with their baby's father exposed them to ongoing trauma while pregnant and as new parents. For example, Jordan described how her connection to her baby helped her to leave an unhealthy relationship

with her baby's father. Earlier in the interview, she shared that her child's father had influenced her to steal cars before she became pregnant. She described the role of becoming a mother in helping her to leave the relationship,

Jordan: [My baby] just saved my life.

Interviewer: Why do you think he saved your life?

Jordan: Without him I'd still be running in the streets and doing drugs with my baby daddy. I might be so in love with him and obsessed with him I wouldn't wanna do nothing else. Well, now I'm not obsessed with him; I'm obsessed with something else, and that's [my baby]. (Jordan, Black mother, age 20)

Two of the mothers told their stories about how gun violence impacted their parenting experiences. Amani and her first baby were direct witnesses to gun violence when her baby's father shot another young man while they were out taking their baby for a walk in his stroller. She said,

Amani: He was in a gang, or whatever, and he had it real big for some boy that jumped on his daddy. And one day we was walking, it was me, him, and [our son] – [The baby] was in the stroller; he was six months, fittin' to be seven months. He seen one of the boys he was into it with, and he shot him, all three of us together.

Interviewer: Wow.

Amani: He's been in jail since. He is supposed to get out next year, November 17.

Interviewer: What was that like for you?

Amani: It was so hard. I think that was the reason why I was going through all that. When he left, it really destroyed me, like, I was the angriest person in the world.

Amani went on to describe how, shortly after this trauma, her son was removed from her care and placed with his paternal grandmother, who would eventually adopt him. As represented throughout this chapter, Amani's parenting story is deeply shaped by her efforts to manage her

anger, including her having to unlearn communicating with anger in order to get her needs and her child's needs met by the child welfare system.

Like Amani, Claudine's parenting experience was permanently impacted by gun violence. During her first interview, Claudine shared that her boyfriend and daughter's father was shot and paralyzed from the neck down when her baby was one month old. She said,

Claudine: Yeah, especially with my boyfriend in the hospital and stuff. So I'm doing everything by myself right now.

Interviewer: Is he okay?

Claudine: He's okay. He's been in there for a year now, since my baby was one month. He's paralyzed from the neck down and he's on life support. He's on life support, so he can still talk and stuff.

Interviewer: That's a lot for you to deal with.

Claudine: But it's okay. I'll just take care of my baby by myself. I don't have one of those baby daddies that's not there and not – my baby daddy is onboard. Go do what you've got to do. I'm gonna stay with the baby. He's really supportive about everything that I do and stuff. So for him to be gone – and we've been together for four years. So as soon as I had a baby, for him to be gone... (Claudine, Black mother, age 19)

At that point in her interview, Claudine no longer wanted to discuss her boyfriend's condition. During the second interview, I asked her how her boyfriend was doing and asked her what happened to him. She shared that the cause of the paralysis was a gunshot that paralyzed him from the neck down. By the second interview, another boyfriend was present in her life.

Although Claudine was hesitant to talk about her emotional response to the immeasurable loss she suffered boyfriend and her daughter's father was paralyzed, she refers to the deep impact this traumatic event had on her life when referencing that they were together for four years and now she felt that he was "gone." This experience meant that she would be parenting on her own

without him indefinitely. She referred to her one year old daughter as a “momma’s girl” because she was afraid of her father and the hospital equipment necessary to keep him alive. .

In addition to gun violence, several of the mothers described domestic violence in their relationships with their baby’s father. Simone described meeting her baby’s father at a group home and how she experienced violence in their relationship, including during pregnancy.

Incidentally, gun violence was also a part of her domestic violence story,

He was abusing me when I was pregnant. The group home – because we both were in the same group home – they actually got charges against him because I wouldn't. [My son's] dad shot me in this left cheek with a gun. This was when I was in [the teen parent program]. This was before – a year before I even got pregnant with [my son]. I was kind of like in a domestic violence situation that I couldn't get out of, and I finally found the strength to walk away. It's like – it's just crazy, like...I don't know, like, how to deal with it. I felt that if I moved away, you know, and stayed away and tried to avoid, you know, the conflict, but he just feels like – he keeps telling me that he's still loving me, still wants to be with me, but that's not what I want anymore. And then he asked me, he was like, "Did I really hurt you that bad?" And I'm like – he was like, "From one to ten how bad did I hurt you?" I said, "100." (Simone, Black mother, age 20)

When Simone shared this story during her first interview, she described this serious domestic violence relationship with her first son’s father, who had been incarcerated since their son was very young. The harm that this caused her during her pregnancy and while newly parenting was a level “100.” Still, Simone described her resilience in spite of these events. At the time of our second interview, Simone had moved closer to her family of origin and was in an independent living placement with her two sons. She cried when describing how her children changed her life and how she felt “very happy” in her relationship with her second son’s father.

Like Simone, Jenna’s early parenting was deeply impacted by a life-threatening domestic violence relationship with her child’s father. When asked about significant events in her life when becoming a parent, she shared,

The big thing was realizing how much I – his – the big thing was the abuse. That was big. With his father, he was an addict, and I didn't really think about how serious it was. And like all that together and having a child is very surreal. You know?...

It's like we, like having to make sure that – I don't really know how to explain it, but like making sure that we're okay and no one's ever going to be a perfectly fit parent, but making sure that before he comes back we kind of handle our situation so [our son] is not brought up into that. So the big thing was definitely the abuse while I was pregnant because he could have killed me and the baby. So that was really huge. And just realizing how even though he was there, he wasn't there. (Jenna, white mother, age 20)

At the end of the interview, when the recorder had been turned off, Jenna described waiting to call the police until she feared she would be killed during one of many domestic violence situations with her boyfriend. She was afraid that her son would be removed from her care if she sought help from authorities. Because she sought help, she was placed in a domestic violence shelter with her infant son and was eventually moved to an independent living placement. Despite the seriousness of the violence she endured, it was Jenna's hope that her boyfriend would be able to achieve sobriety and return home to the family after being released from jail.

Jordan also experienced domestic violence as a new mother. She shared,

Jordan: January 2017 her dad hit me for the first time.

Interviewer: That was a big moment.

Jordan: Yeah, it was a shocker because I had never even seen him angry. Then when I did see him angry he hit me and I'm just like ... But even then I still stayed with him. I'm not with him anymore and I actually feel better not being with him because before when he would disrespect me people would tell me you don't deserve that, you deserve better. I would always get defensive when they would talk about him and I'm just like don't, I don't know, he's not that type of person, whatever.

Jordan recounted the influence of the domestic violence on being able to parent their daughter.

Because one of the domestic violence incidents occurred in front of their daughter, she was removed from Jordan's care and remained in a foster home throughout Jordan's enrollment in the study. Jordan described her daughter's placement in foster care,

Because they found out about the incident. The found out what happened between [her father] and I. Because I was AWOL at the time and then at the time that it happened, I was AWOL and then they felt like because my – because she was there, she wasn't in front of us when it happened, but because she was still there and because, you know, I was the main caretaker that – not I put her in – at risk, but she could have gotten hurt because you know when people are mad, they don't, you know, care. (Jordan, Black mother, age 20)

Jordan's victimization due to domestic violence resulted in her child being removed from her care. In addition to these traumas, Jordan shared that she had recently been raped during her second interview. She did not share the details of the experience, but noted it as a significant event since her first interview.

Many of the mothers who shared traumatic events during their interviews were above age 18. However, Autumn, a 16 year old mother, also mentioned being beaten by her boyfriend while pregnant. When asked what important things happened while she was pregnant, she responded,

It wasn't no important things. I wasn't eating. My boyfriend kept on beating on me when I was pregnant with [my daughter] and he was beating on me ever since I had her. (Autumn, Black mother, age 16)

Autumn did not offer meaning making about this experience. However, when asked to describe her ongoing relationship with her daughter's father, she said, "He's not shit."

Mothers' relationships with their child's father are sources of both support and incredible strife during the transition to parenthood. In the few cases in which fathers were involved with their child, the primary roles described included what mothers considered sporadic child care or providing "a break" to the mother and material supports for baby items like diapers or baby formula. In many other cases, relationships with fathers were, at best, rife with interpersonal conflict and, in a handful of cases, wrought with violence. Despite what seems to be limited

engagement with these mothers, fathers made a considerable impact on the transition to motherhood for these mothers.

Relating to the System: DCFS and the Transition to Parenthood

The mothers in this study made meaning of the influence of the child welfare system on their parenting in multiple ways. In other chapters, mothers narratives on the role of punitive surveillance in shaping early parenting (Chapter 4) and narratives of how child welfare placements influenced early parenting (Chapter 5). This section focuses on two additional aspects of their parenting experiences in the child welfare context: (1) accessing parenting support resources, including respite care, and (2) accessing material supports due to their status as parenting youth in foster care. As reflected in many of the mother's stories, parenting without a break, feelings of isolation, and difficulties in their social relationships challenged their early parenting. At the same time, many mothers described how the child welfare system provided them with resources that helped them parent their children.

Some of these mothers learned how to ask for and obtain help from the child welfare system. Amani, a 21 year old mother who reflected on becoming a parent to her first child at age 17, described how she learned to change her demeanor in order to get help from child welfare staff,

That's one thing DCFS brung out of me, 'cause when I first came I was so angry, like, oo, when nobody helped me, when nobody listened to me. I had to change, completely change, for anybody to do anything for me, or even just speak to me, 'cause I was crazy a little bit. I had to find a different way to cope, or just to talk to people. Like, I ain't know how to talk to nobody. I was always cussing them out, fighting, all type of stuff. But now they'll do anything for me, as far as the staff, I had to let them know. Like, I had to learn it. I didn't know how to do those things at first. (Amani, Black mother, age 21)

Amani described how she had to learn to communicate and behave differently with residential staff in order to get her parenting needs met.

I'm not related to them; the [residential] staff, they're just doing their job, you know, keeping the roof, keeping the doors and stuff locked, or whatever the case may be. So, I had to learn, like, "Okay, well, if I don't get up and do it, I don't know who gone – " I ain't got nobody here to watch my baby. When I go to school, I'm gonna have to sign up for daycare for him. I'm gonna have to get a job, in order to keep daycare going. You know, a lot of things you need to think about is gonna come to you, if you want it to. Some people they don't come to, 'cause I know people that's like that now, and I be trying to explain it to them, like, "You can't be like that. You're gonna have to change. You're gonna have to put somebody before yourself. (Amani, Black mother, age 21)

Amani's behavior change helped her to better relate to staff and self-motivate to meet her child's needs independently. For Amani, learning communication skills to promote self-sufficiency eased some of the difficulties she experienced as a parent during her time in DCFS, Other mothers, particularly those in congregate care settings, felt that the supports provided by DCFS hindered future self-sufficiency,. Arianna described her feeling that congregate care created an over-reliance on the system,

I just feel like here they want you to count on them for every step of the way. At that [other residential] they let you be more independent. Here, this is like fairy tale here. Because when you really get out and be ready to be independent, you not gonna have nobody to go to and nobody just not gonna be there. You have to work for your baby pampers and get some money. Here, you just sitting around and wait on them to do stuff for you. I just feel like everything here is fake. Like they do point sheets and stuff. Like that's really not in the real world. We're not gonna live off point sheets. (Arianna, Black mother, age 17)

Here, Arianna is describing her experience in a highly structured, intensive treatment oriented congregate care facility for young parents in foster care who have a high level of behavioral health needs. In her view, being in a congregate care setting inhibited the development of self-sufficiency skills that she sees as a benefit to successful parenting long-term.

Another form of support that the mothers received vis-à-vis their child welfare involvement a program called Safe Families that offers respite to struggling parents and a safe place for children to stay temporarily. Amani described Safe Families as “an organization where, if you need a break, if you have stuff that happened, you need to send'em there, you can, and they'll watch him however long you need'em to.” (Amani, Black mother, age 21) Another mother, Summer, had her child placed with Safe Families at the time of our second interview. She was emancipating from the child welfare system and trying to find stable housing for herself and her daughter. Summer described how, when placed in the care of Safe Families, her child was housed with another family until she was ready to have her returned home.

At least two of the other mothers in the study also used Safe Families. Jenna talked about the role that her case worker played in encouraging her to seek help from Safe Families when she was struggling as a parent.

So finally, I let my case worker convince me to utilize Safe Families. She had been telling me about the service but I wasn't open to using it. I didn't want my baby to go anywhere because I felt like he was too young and he wouldn't remember me when he came back. (Jenna, white mother, age 20)

Trinity, who described used Safe Families when she needed “a break” from her son. She shared,

Parenting used to be overwhelming until I got the break and I realized that a lot of the stuff that I wanted to do, I just wanted to do because of the idea, not because I didn't really want to do it. Because while he was gone, I didn't go outside. I didn't go hang out with friends. (Trinity, Black mother, age 19)

Using Safe Families gave Trinity perspective on her role as a mother. She realized that she did not seek out the social situations she thought that she was missing after becoming a mother even though she was free to do so.

Each of the mothers who used Safe Families during her transition to parenthood described it as something of a lifeline, particularly since many mothers identify as single parents

with limited social support. By contrast, Jordan, who had a history of serious mental health concerns, domestic violence, and substance use, used the time her daughter was in foster care to do the work on herself that she needed to do in order to successfully parent. She discussed how her child's case worker helped her to see how she could "take advantage" of the time apart from her daughter to become ready to parent when her child was returned to her.

Her case worker she said that if they do make the decision to let her come home sooner than you're ready, you have to ... I would rather you let me know and be honest than you say you're ready for her to come back and you're not. So she said take advantage of this time. Take as much time as you need to get yourself together. (Jordan, Black mother, age 20)

Central to the success of these mothers was access to material supports from the child welfare system. Janae described how the child welfare system helped her to access baby items. She said, "DCFS, they, when I first had [my daughter], they helped me with like getting stuff for her, like strollers and car seats and stuff, 'cause I didn't have any, so that was helpful." (Janae, Black mother, age 15)

Baby items were not the only material supports provided by DCFS. Many of the mothers described the financial supports provided by DCFS as a lifeline for them to be able to meet their baby's basic needs. In particular, mothers described the \$107 monthly stipend they received for child related costs. Amber described how helpful receiving this \$107 monthly stipend was for her.

We get a lot of benefits, especially in this program. We get a \$107 check, and that's awesome, because it helps a lot. We get a \$107 check every month. I mean, without that, he wouldn't be able to have diapers or wipes. (Amber, white mother, age 17)

Similarly, Trinity shared how she imagined her life would be if the child welfare system did not provide this safety net,

Trinity: It would probably be harder.

Interviewer: How?

Trinity: Because I'm by myself. I would probably be homeless right now, to be honest. It would just probably be harder. I wouldn't be able to financially support my baby. Those checks that I get every week in the case of emergency or in the case that I'm not working, that's how I get my baby pampers. That's how I get him additional cans of milk. I wouldn't have that if I wasn't in DCFS. No one would be obligated to help me. (Trinity, Black mother, age 19)

The importance of these resources to mothers cannot be understated. Vanessa described the loss of financial resources as a significant change since aging out of the child welfare system. She described, "Its harder. I ain't getting no allowance checks no more. I ain't getting food checks no more. I ain't getting this, ain't getting that, so it's kind of hard, but it's life." (Vanessa, Black mother, age 21)

Several other mothers, when imagining life after aging out of the child welfare system, also cited the loss of material resources as a concern for them as parents. Overall, these mothers' relationship to the child welfare system influenced their parenting in terms of accessing help in caring for their children and in accessing material resources that allowed them to provide for their children's basic needs.

Discussion

The findings presented in this chapter demonstrate the way in which the transition to motherhood for pregnant and parenting youth in foster care is deeply shaped by their relationships. The findings related to identity, the centrality of the developing parent-child relationship, and dynamics of relational realignment reflect findings in the literature on the transition to parenthood for both older and adolescent mothers. Further, these findings largely

align with the existing research on pregnant and parenting youth in foster care, particularly regarding themes of identity development and the importance of family of origin during the transition to parenthood.

In addition to confirming some elements of the transition to motherhood research, this chapter builds nuance into the existing literature in two critical ways that have direct implications for future research agendas and intervention development with this population of young parents. First, the narratives of these mothers bring into sharp focus the ways in which young mothers relate to the child welfare system as new parents. This finding, in addition to those presented in Chapters 4 and 5, sheds light on how researchers might reconceptualize the role of the child welfare system in future research on this population. Relatedly, interventions developed to meet the parenting needs for young parents in care should consider not only promoting behavior change among these mothers, but also how the system itself can change to meet their parenting and resource needs. __

Second, despite deep knowledge of the role of childhood trauma and violence in the lives of youth in foster care, the literature on pregnant and parenting youth in care has largely ignored the potential role of ongoing trauma and violence exposure in their transitions to parenthood. The mothers in this study revealed a thread that must continue to be pulled in future research. As reflected in their narratives, some of these mothers experienced horrific trauma while becoming parents. This was an unanticipated finding and additional research is needed to fully understand the influence of trauma and violence exposure on the parenting experiences of young mothers in foster care and on their children's development. Trauma informed approaches with these mothers and their children should be required, particularly during the transition to parenthood.

CHAPTER 4:

How punitive surveillance shapes the parenting identity and decision making for young mothers in foster care

The mission of child welfare systems in the United States is to promote child safety, permanency, and well-being. However, scholars argue that child welfare systems are a primary mechanism by which states surveil and control domestic family life, particularly by controlling parenting behavior for the sake of child protection (F. Edwards, 2016). Specifically, child welfare systems subject parents and caregivers suspected of causing harm to a repertoire of invasive practices of surveillance, threat, and sanctions. Parents with a substantiated case of abuse or neglect must comply with often extensive case plans in order to avoid child removal or to increase the likelihood of reunification if a child has been removed. Because people involved in these systems are disproportionately racial minorities or living in poverty, such invasive practices further destabilize individuals, families, and communities already impacted by inequality and oppression. Despite extensive theorizing on the role of child welfare system surveillance in the lives of marginalized families, few empirical studies have used this lens to consider the function of surveillance for child welfare involved families (Fong, 2020).

Unlike parents who become child welfare involved due to child abuse and neglect allegations, pregnant and parenting youth in foster care are involved in the child welfare system because they were abused or neglected children themselves, and in the context of a system tasked with the family surveillance and maltreatment intervention. The relationship between the transition to parenthood and child welfare system surveillance has not been considered in other studies on pregnant and parenting youth in foster care. The findings in this chapter demonstrate the extent to which young mothers' experiences and perceptions of punitive surveillance,

constant threat of child removal, and monetary sanctions by various child welfare system actors shaped their parenting identity development and parental decision making as new mothers.

Defining Child Welfare System Surveillance

As previously mentioned, a function of child welfare systems is to surveil and control family life (Edwards 2016). However, not all families are equally subjected to child welfare system surveillance. Families of color and poor families are disproportionately more likely to be surveilled and controlled (Berger & Waldforgerl, 2011; U.S. Department of Health & Human Services, 2020). Young parents and their children are also more likely to be involved in the child welfare system compared to older parents (C. D. Connelly & Straus, 1992; Goerge et al., 2008; Stier et al., 1993) Child welfare system surveillance includes mandated reporting, public and anonymous child abuse and neglect reporting hotlines, child abuse and neglect investigations, and intensive, mandatory case plans that require engagement in invasive services.

Importantly, the reach of the child welfare system extends beyond the system itself. Child welfare system surveillance is felt at the community level. Mandated reporting laws require other professionals working in various settings (i.e. schools, social services, pediatrics, police) to make reports of suspected child abuse and neglect, extending the perceived reach of the child welfare system in the lives of families who fear child removal. At least two-thirds of child abuse and neglect reports originate from mandated reporters and as many as one in five children experience child welfare hotline activity before age three (HHS 2020).

The reach of child welfare surveillance is most pronounced for families who are marginalized at the intersections of race and poverty. In an interview study of 26 Black mothers living in low-income, predominantly Black neighborhoods in Chicago, Roberts (2009) found that

mothers experience looming, persistent threat of child welfare system involvement due to fears of being watched by child welfare case workers in their neighborhoods. These fears were compounded by concurrent high levels of policing, arrest, and incarceration in their neighborhoods.

The experiences described by mothers in Roberts' study are consistent with the results of research on surveillance bias. Scholarship on "surveillance bias" or "detection bias" demonstrates the extent to which parents who live in highly policed neighborhoods (Edwards, 2019), who are engaged in social services (Chaffin & Bard, 2006), and who were involved in the child welfare system as children (Widom et al., 2015) have higher rates of child abuse and neglect reports filed against them. Researchers question whether these populations are more likely to abuse and neglect their children or whether their proximity to mandated reporters make them more likely to catch a child welfare case (Lee, 2016). Similarly, parenting youth in foster care, who parent in close proximity to child welfare system surveillance, experience high rates of child abuse and neglect investigations (A. Dworsky, 2015). Although this study does not measure surveillance bias by child welfare professionals or ancillary mandated reporters, the proximity of parenting youth in foster care to the child welfare system shapes their experiences of persistent surveillance.

Dialectics of Surveillance and Support

Navigating the dual function of child welfare system surveillance and support is a central task for child welfare involved families (Roberts, 2009). Families are expected to exhibit subordinate behavior, including disclosure of needs (Reich, 2005), as a part of child welfare investigations, risk assessment and case plan development (Hannah-Moffat, 2005). As Fong (2020) points out, not all surveillance is punitive in the child welfare context. Indeed, many

marginalized families access public benefits, including social service referrals and access to financial resources, as a result of their child welfare involvement. Disclosing vulnerability in order to receive support is, therefore, entangled with a coercive, punitive surveillance that could result in the removal of their children. Similarly, the mothers in this study experienced punitive surveillance and persistent threats of child removal, on the one hand, and access to necessary material supports, on the other.

Maternal Identity Development and Decision Making in the Child Welfare Context

The transition to parenthood is largely defined as a unique developmental stage shaped by identity transformation, establishing the parent-child relationship, and shifting social relationships (Bailey, 1999; Goldstein et al., 1996; Mercer, 2004; T. Miller, 2007; Nelson, 2003; Priel & Besser, 2002; R. Rubin, 1967, 1984; Smith, 1999). However, this study expands current theorizing to include the role of child welfare system involvement in maternal development. As presented in the analysis in Chapter 3, these young mothers' experiences of the transition to parenthood are deeply shaped by whether their parenting will be deemed "fit" by child welfare system staff and whether and how they feel supported by child welfare system staff during early parenting. This analysis expands on those findings to include how their maternal identities and parental decision making are specifically shaped by navigating punitive surveillance, threat of child removal, and destabilizing monetary sanctions during their transitions to parenthood.

Data and Methods

This chapter presents findings from a narrative analysis of 40 transcribed in-depth interviews with 29 pregnant and parenting youth in foster care in Illinois. The analysis presented in this chapter derives from 4 code groups, with 20 total codes used to code each of the 29

participants' narratives (See Table 2 for Code Book). Analytic memos were written after coding was completed to organize the findings. The initial analysis of the findings presented in this chapter occurred during the first round of in-depth interviews and informed the interview guide for the second round of interviews. The first interview guide included broad questions about their experiences as a parent while under child welfare system care. Many of the mothers described their fear of child abuse and neglect hotline calls, their efforts to actively avoid child removal or any kind involvement in the child welfare system. As such, I included specific questions about interactions with the child welfare hotline or child welfare investigations in the second round of interviews. As previously outlined in the methods section, 11 of the 29 mothers completed second interviews and were asked follow up questions specific to the child welfare hotline and child welfare investigations in the second interview. Of the 11 mothers who completed the second interview and were asked specifically about these themes, 6 of the 11 mothers had discussed the themes in their first interview and 3 of the 11 mothers had already experienced child removal at the time of the first interview.

Findings

This chapter presents three distinct findings that describe (1) how child welfare system surveillance influences early parental identity development and decision making, (2) how feeling persistently threatened by the potential for child abuse and neglect hotline calls and child removal shapes early parenting, and (3) how punitive sanctions, particularly with regard to parents' access to material resources, destabilizes early parenthood for these young parents. These three findings suggest that, despite the value placed on the material supports provided by the child welfare system as presented in Chapter 3, the young mothers in this study experience

surveillance by the child welfare system and the system's threatening and punitive approaches to serving them as fundamentally destabilizing to their success as new parents.

Parenting in Placement: Punitive Surveillance, Identity, and Decision Making

“It's difficult. It's very difficult because you have a whole bunch of people trying to tell you how to parent and they don't even know.” (Simone, Black mother, age 20)

The young mothers in this study who became parents while living in residential care placements overwhelmingly and spontaneously described their awareness of persistent surveillance by case workers, residential care staff, and therapists during pregnancy and early parenting. As defined in Table 3, residential care placements include group homes, emergency shelters, and residential care placements. The mothers in this sample were placed in both emergency shelters and residential treatment programs. Residential treatment programs, which these mothers described most often, are specialized programs for pregnant and parenting youth in foster care who have mental and behavioral health needs. Their feelings of having multiple child welfare system stakeholders watching them and telling them how to parent, as described by Simone, was formative in how they came to understand themselves as parents. Another mother, Alexis, who was living in a congregate care placement at the time of her interview, pointedly described the feeling of control that the child welfare system had over her parenting:

It's hard because you got people controlling you. You got people telling you what to do. You got to wait on people. They say get a job but how do I get a job if y'all not letting me? How am I going to fend for my baby if y'all not letting me? Y'all say our babies not in DCFS. Our babies need us to be responsible but y'all not letting us do what we supposed to do. (Alexis, Black mother, age 16)

Alexis, along with other mothers living in residential care placements, described how the rules and expectations those placements constrained their ability to parent responsibly and independently. Alexis imagined what it would be like to parent if she were not under the care of the child welfare system:

Alexis: It would be a new environment because I won't have people on my back as much. I won't have people telling me what to do. I won't have people telling when to eat. When to do this. When to go to the bathroom.

Interviewer: People tell you when to go to the bathroom?

Alexis: So it's gon' be different. I got to ask to go upstairs to go to the bathroom.

The surveillance and control experienced by Alexis including needing to ask permission to use the bathroom, was also described by other mothers in residential care settings. These mothers were required to ask to use the bathroom because doing so often involve leaving their baby in their room or in a portable crib unsupervised.

Another young mother named Autumn paused the interview to ask a staff member for her 3 o'clock snack. She shared with me that she worried the staff member would not give her the snack because she was five minutes late. Although Autumn ultimately returned to the interview with her snack, they engaged in a shouting match outside Autumn's bedroom door about her lateness.

Similar experiences of surveillance and control extended to parenting. For example, Summer described how staff surveillance in a Transitional Living Program shaped her parenting. She said,

Spankings. You can't do that. You can't ever co-sleep. You just, you gotta be more careful when you raise a child in CCMAs. Because think about it. If you're living in your own apartment, your own house, can't nobody tell you how to raise a child. If you want to beat on your kid, go ahead. Not go ahead, but you can. I can't do that. There's cameras in the hallway. And then you have staff constantly nitpicking at you like, "Don't hit her. Put her down." Like, you know, just doing stuff like that. (Summer, Black mother, age 21)

On the other hand, mothers age 19 and older who were in their own independent living apartments had a different experience with surveillance and control. During her first interview, Janelle struggled to describe the role of the child welfare system in her life as a parent. She said:

Janelle: Like, one time I need diapers really bad. My money situation was not too good. So, they helped me out with that. Stuff like that. I don't really know anything right off the top of my head.

Interviewer: Do you feel like they have been a big part of your life since you had [your daughter]?

Janelle: Semi, yeah. But then also, no. Because they're just ... Because it's not like I see them every day.” (Janelle, white mother, age 20)

Feeling independent as a parent yet being able to rely on the child welfare system for resources to meet basic needs, such as diapers, was the ideal dynamic for many of the mothers in the study. Simone, who had moved from a transitional living program at the time of her first interview to an independent living placement at the time of her second interview, described what this change meant for her:

It's perfect just to know that I can wake up whenever I want to, I can do whatever I want to. I don't have a curfew. I don't have to worry about staff being in my face saying negative things to me in the morning. I don't have to worry about none of that. I can cook whenever I want. You know, I don't have to worry about walking around a building and getting into it with a whole bunch of girls, whole bunch of negativity. (Simone, Black mother, age 20)

Jordan, whose child was removed from her care early in her transition to parenthood, imagined the freedom of being reunified with her child and parenting her after being emancipated from the child welfare system:

I'll be able to, you know, do more 'cause I feel like, even though you're in – I feel like you'd be limited to certain stuff that you can do. Cause it's like, she'll be back with me so I don't have to ask, "Oh, can I come get her?" No. I won't have to ask how she's doing? What's she doing? Is she asleep because she'll be – I will know because she'll be right there. But it's like, you always need permission for stuff. And then when I'm out of DCFS, she won't – I won't need to ask nobody for permission. (Jordan, Black mother, age 19)

The need to ask permission to perform basic tasks of living, like using the bathroom and eating, extended affected the ability of these mothers to parent their children. In her second interview, Simone described feeling the need to prove herself to her child welfare service team in order to have the opportunity to parent her first son. She shared:

So I basically told them, like, y'all aren't just gonna take my baby. Y'all are gonna give me a chance to show that I can be responsible enough, that I can be a parent. That's what I told them in my staffing, and they said they would give me that opportunity to show that I can be a mother, and I did, and it kind of – and me going through that process, trying to prove to them that I could so they wouldn't take my baby is kind of what made me change, because I had to change in myself to prove to them that I am capable, you know? (Simone, Black mother, age 20)

Simone observed that she was able to become a responsible person who can be a mother. Her development as a mother was explicitly shaped by her perception that she had to transform herself to earn the chance to parent from her child from her child welfare team.

Another mother, Amani, had a similar experience of having to make difficult decision to terminate her parental rights to her first child, Quentin, who was in a kinship foster care placement while she was pregnant with her second child, Marcus so she could parent him. At the time of her interview, she was pregnant with her third child. She narrated making this decision:

I had a son – I've got three kids; this will be my third child, that I'm currently pregnant with. Then I had my oldest child, he was taken from me – well, he was almost close to being taken from me; I just signed over my legal rights. 'Cause after three years, you know, it was getting too late, 'What have you done, in these three years, to get your baby back?' And I was 16, so I was young, so I wasn't really – like, I really didn't know what to do, and I was just coming to DCFS. And at the end, I got to doing what I had to do to try to keep Marcus, the one I had got pregnant with, and by the grace of god, I got him, and I've been continuing to keep him. (Amani, Black mother, age 21)

Amani describes how her first child, Quentin, was removed from her care and placed with a relative for three years while she worked to resolve the open neglect case. She makes meaning of her lack of knowledge about how to navigate the child welfare system's rules and expectations as the primary reason for not regaining custody of Quentin. Amani's decision to terminate her parental rights so that she would have the right to parent Marcus demonstrates how child welfare system involvement shapes parental decision making and how it affects parent-child relationships. Amani had to surrender one parent-child relationship in order to develop another. Amani went on to share that, because of what happened with Quentin, she learned regulate her

behavior while in a transitional living program in a new way when she was pregnant with Marcus:

I didn't have my son when I came [to the TLP]; I was pregnant with him. But I knew what to do and what not to do, 'cause of what happened with my first son. (Amani, Black mother, age 21)

Like Amani, nearly all of the young mothers described having to learn a new set of child welfare system's rules and expectations once they became parents. Some articulated how these rules and expectations shaped how they parented their children, particularly when living in a transitional living program or residential care setting.

For example, many mothers described navigating the child welfare system's policy against co-sleeping or bed-sharing with infants. Because these mothers were all enrolled in a home visiting program that promotes breastfeeding, co-sleeping came up frequently in the interviews. The tension between success with early breastfeeding and the child welfare system's strict anti-bed-sharing policy made it difficult for some mothers to make an autonomous parenting decision regarding infant feeding and safe sleeping.

Some of the mothers relied on their understandings of child welfare system guidelines to make their parenting decisions. One mother, Yessenia, told me:

I'll just co-sleep with him when he's 18 months, 'cause they said I could do it, so I'm good. That's part of the original policy. When they turn 18 months, people are allowed to basically co-sleep. (Yessenia, Latinx mother, age 19)

In this example, Yessenia bases her parenting decision about co-sleeping not on what she believes to be best for her baby but on her perception of what will allow her to continue parenting her son without fear of removal.

Although many of the mothers in this study reported that they were the primary decision makers for their babies, they frequently described making decisions based on the child welfare system's rules and expectations because they feared that doing otherwise would result in a call to the hotline being made or in the removal of their children from their care. This persistent fear deeply influences the development of parent-child relationships and parental decision making.

Hotline Threat: Navigating Fear of Child Welfare Hotline Calls and Child Removal

“I don't do nothing to try to get him took, nothing.”
(Amani, Black Mother, age 21)

The way that young mothers' experiences of surveillance and control by the child welfare system most tangibly impacts their experiences of parenting is in how they responded to the looming threat of a hotline call being made or their child being removed from their care. The threat is experienced by both mothers whose children have or have had an open child welfare case and those seeking to avoid having a case opened. For example, Amani spoke about her second son Marcus remaining in her care after choosing to terminate her rights to her first child Quentin. Many hotline calls were made alleging that she had maltreated Quentin and a child maltreatment investigation was opened for Marcus at the hospital when he was born. When I asked her what she does to avoid Marcus being taken from her, she said, “I avoid all hotline calls.” (Amani, Black mother, age 21)

Amani is one of the 27 out of 29 mothers in this study who talked about hotline calls being made about their children. Many of these mothers believe that the hotline was being used to control their behavior rather than protect their children from abuse or neglect. A sixteen year old Black mother named Dominique shared that the hotline was called after she yelled at program staff around her baby. She narrated:

I don't know why they called for the yelling. I mean, I don't understand why they did that because I was, it was me. I was – it wasn't – they always did something to irritate me and I always went off on them. So, for them to be like, 'We calling the hotline.' What is you all calling the hotline for? It's nothing – I didn't do nothing to her. You all can see she's – you all got to see that she's fed. So, I wasn't – I was like "Okay." (Dominique, Black mother, age 16)

Dominique's resignation reflects the perceived inevitability of hotline calls being made that was shared by many of the mothers in the study. For some, hotline calls began during pregnancy or when their babies were still newborns. Arianna, a 16 year old Black mother, described a hotline call placed by residential care staff while she was pregnant:

Arianna: You miss a doctors appointment, they call the hotline.

Interviewer: Did that happen while you were pregnant?

Arianna: Mm-hmm. They said I was neglecting my baby, she wasn't here yet. (Arianna, Black mother, age 17)

For Arianna, the threat of a hotline call being made was so persistent that she chose to place her baby with her grandmother rather than risk her baby being placed in foster care. She stated:

They called the hotline, but before they actually came to take her from me, well I don't know if that's what they were planning on doing, I just placed her with my grandma. (Arianna, Black mother, age 17)

For Arianna, placing her baby with her grandmother who lived several hours away was preferable to her baby being placed in a foster home with a stranger. Another mother, Alexis, placed her baby with her child's paternal grandmother to avoid child removal while she was in a residential care placement.

These three mothers - Amani, Arianna, and Alexis, all made parenting decisions to either voluntarily separate from their babies to avoid having their child removed from their care by the child welfare system or terminate their rights to avoid the future removal of another child.. In

each of their interviews, they reported feeling targeted by the child welfare system and believing that the hotline was routinely called for actions that did not constitute abuse or neglect. Similarly, Autumn, a 17 year old young Black mother, described the hotline calls that were made while she was living in a care residential placement for fifteen months:

Autumn: They called the hotline on me because I had vodka under my bed and I was allegedly drunk. They called the hotline on me being – they called the hotline on me several times because I used to smoke cigarettes out my window while [my baby] was in the room. Yeah, they called the hotline on me for a lot of things but I've still got my baby so...

Interviewer: So when they call the hotline on you what happens?

Autumn: When they called the hotline on me about that vodka situation they just took me for information so ain't nobody come out here and see me. And then the cigarette situation they came out and saw me and told me if I do it again they're going to take her but I did it again and they didn't take her so...(Autumn, Black mother, age 16)

In these instances, Autumn's actions constituted non-compliance with the rules and expectations the residential care facility in which she resided. However, it is unlikely that these behaviors or many of the other behaviors described by the mothers in this chapter would warrant child welfare investigation for parents who were not in care. Further, Autumn reports that a child protective services investigator visited her at the residential care facility and threatened to remove her child if she continued to smoke cigarettes in her bedroom which she shared with her child. For parents who are not in care, cigarette smoking would not warrant a child abuse or neglect investigation. However, the threat of child removal is, in this case and several others, used as a way to coerce behavioral compliance from young mothers in care.

Although a threat of removal was made, Autumn's child remained in her care even when she repeated the behavior. This dynamic of the pervasive but often empty threat of child removal shapes how young mothers in care make parenting decisions. For Autumn, the fact that her child

was not removed from her care signals to her that she does not necessarily need to change her behavior. As such, Autumn makes the decision about smoking cigarettes around her baby not through the lens of what is best for her baby's health and safety, but through the lens of whether her baby will be removed from her care.

Other mothers also made decisions about their parenting behavior based on the perceived threat of hotline call being made or their child being removed. Trinity, a 20 year old Black mother placed in a transitional living program made meaning of two experiences with child maltreatment investigations. First, Trinity recounted what happened when residential care staff called the hotline because they suspected that she had smoked marijuana while her child was upstairs sleeping in her apartment. She made meaning of the experience:

Like if I smoke and they know that I'm under the influence, they'll call the hotline. But I know personally, that it would just be a call. They don't investigate marijuana cases. DCFS, that could be a UCAN rule, but DCFS doesn't investigate marijuana cases because they don't feel like that's neglect. Why would me smoking weed be me neglecting my baby? (Autumn, Black mother, age 16)

Like Autumn, Trinity's decision to smoke marijuana was based on whether DCFS would determine that she had abused or neglected her baby rather based on whether she thought the behavior was one she should engage in. Another hotline call was made when Trinity fell asleep with her baby's bottles boiling on the stove:

I also received – or it was at the end of August, I received a hotline call because I had fallen asleep. It was during the day. I had fallen asleep on the couch with my baby on my chest and his bottles were boiling. I didn't not intentionally fall asleep. I was not under the influence of anything. I was just a tired mother and I fell asleep while my baby's bottles were boiling. They didn't end up catching fire but there was smoke in the apartment. So I ended up getting a hotline call. It was unfounded but that's when I was living [in a different placement]. So I motioned for me to be moved because I felt like they had bad intentions of – they had told me from the beginning that they – because of my previous history, that they didn't feel as if I would have been a good parent. And the staff at that site was just not supportive so I kind of petitioned to be moved. Because I was just overwhelmed as a parent. (Trinity, young Black mother, age 20)

In this instance, Trinity feels targeted by residential care staff who doubt her ability to safely parent. She experienced the incident, which included the threat that her child would be removed from her care, as a punitive response to her feeling overwhelmed as a mother, Trinity recounting of the incident highlights the extent to which she lacks support as a mother, while downplaying the seriousness of the incident for her child because she felt threatened rather than supported.

Some mothers discussed using the hotline to report conflicts with residential care staff. Simone recounted how both she and her mom had called the hotline to make a report about staff at the residential care facility where she was placed:

I really didn't care about the hotline being called because I had already made a lot of hotline calls and my mom made hotline calls on the group home just about the things that she had heard off the phone, while she's on the phone with me of how the staff talks to us. (Simone, Black mother, age 20)

Simone makes meaning of the hotline as a tool of reciprocal threat used by residential care staff to manage the undesirable behaviors of young mothers and by young mothers and their support systems to sanction the staff for their behavior towards young parents. Importantly, Simone is not concerned about the safety of her child or the other children in the residential care facility.

Another young mother, Summer, reminded me that young parents sometimes called the hotline to report other young mothers in the same residential care facility:

That's why I try to build good relationships because then staff will have my back. But remember when I was like the [residents] can call the hot line, too. So who knows? Just any time you get a hotline, DCFS is involved and it's just like it's too much. You gotta be very careful.” (Summer, age 21, young Black mother)

Young mothers in care experience the child abuse hotline as a persistent threat and a lens through which they make parenting decisions to avoid child removal.

Parenting under Punishment: Managing Destabilizing Monetary Deductions

In Illinois, young parents in in care receive a monthly stipend of \$107 to help support their child. Depending on their placement type, these parents may also receive additional funds from the child welfare system to support themselves. The young mothers interviewed identified the \$107 check that they received as a support on which they relied heavily to feed, clothe, and diaper their infants. One mother, Amber, summarized this support:

We get a lot of benefits, especially in this program. We get a 107 check, and that's awesome, because it helps a lot. We get a 107 check every month. I mean, without that, he wouldn't be able to have diapers or wipes. (Amber, young white mother, age 18)

However, many mothers reported experiencing monetary sanctions for behavioral infractions. These sanctions limited their ability to address their children's basic needs. Trinity, a young Black mother who raised her son primarily in transitional living programs, explained that the stipend she received was contingent on her compliance with program rules and expectations. She stated:

But that's ... that's ... what's the word? Contingent? That's ... our money and our – even our checks are based on our attendance in the TLP. So like, let's just say a family emergency happened and I had to leave for a couple of days. His \$107.00 would be deducted. Also, my food check would be deducted. Everything would be deducted. (Trinity, young Black mother, age 20)

Like Trinity, Amani experienced the deductions from her stipend as adversely affecting her ability to care for her baby. She also explained how monetary sanctions were used when parents went “on run.”:

Everybody is supposed to get the same type of stipend; they make it hard, though. When we go on runs, they deduct money; you don't get the money back – they call it putting it into your savings. The money is for, like, basically, we're supposed to live off of it for that month, you know? If you deduct \$50.00 and the \$50.00 is for the baby, how else are we going to buy the baby Pampers when you then took it? Like, things like that really feel like it's not fair when we suppose – and it's just, DCFS don't take it; it be the program you at who take. (Amani, young Black mother, age 21)

Trinity and Amani describe monetary deductions from their stipends for going on run from their placements for more than 24 hours. For many of the mothers, going AWOL or on run from their placement was a way to connect to family of origin, social supports, and with their child's father. Because many of these support people were not approved for visits by the child welfare system, mothers could only access their support network by going on run. Simone, a young Black mother who was placed in a transitional living program an hour away from her family and transitioned to her own apartment closer to her support network describes managing these monetary sanctions when she would go on the run from the Transitional Living Program:

Simone: I've been on the run for three months straight with [my son] and I was with my family. They knew where I was. I told them. And they'd call my aunt and they'd be like, "Okay, Simone. When are you coming back?" Not today. I'll be back. I always come back the week before check day, do my three groups, leave, come back, get my check and then leave.

Interviewer: Yeah. So were there ever any consequences for you going on run with [your baby]?

Simone: They just take money out of your check. That's it. They take \$50.00 out of your check when you go AWOL. That's it.

Interviewer: Okay. So that was worth it to you.

Simone: It's called a deduction. I mean it really was – 'cause there really wasn't giving us enough money to take care of ourselves anyway, so when I don't have these checks I still have to make it happen for myself so...I was always doing people hair. That's what I do, I do hair. (Simone, Black mother, age 20)

Simone describes having access to a broad support network and the option to do hair in order to materially support herself and her child. For her, the benefit of accessing her support network was worth the monetary sanction for being on the run with her baby. For other mothers, this was not the case. Summer describes how she avoided going on the run in order to avoid large deductions from her stipends, but describes other infractions for which she received deductions during her time in the Transitional Living Program:

Summer: Never. I've never been AWOL a day in my life. I've slept over, but got a \$25.00 deduction, but it was also late, and I wasn't about to get on the train with a baby just to come back here. But AWOL is 24 hours. But, no, never. And I've only gotten overall \$90.00 worth of deductions in two years. Because some people has gotten like hundreds.

Interviewer: What were the things you got deductions for?

Summer: Dirty room, kitchen, that's about it. That's literally it. And the \$25.00 for overnight. You know, when you sleep somewhere else overnight, that's \$25.00. Or like if I did something, like say, for example, I was inappropriate with a staff, they could deduct me if they want to. But because I have such good relationships, staff joke around with me. I don't never say nothing out of boundary. But if I offend them, they'll let me know like, "That's not okay." They're not just going to deduct me. (Summer, Black mother, age 21)

Summer describes learning to manage relationships with staff in order to influence their discretion on whether or not to deduct money from her stipend for undesirable behaviors, such as being what she calls "inappropriate with staff." She also asserts that when she made the one-time decision to sleep elsewhere while she was away from her program for the day, the decision resulted in a \$25 deduction from her stipend for doing so.

In each of these examples, the mothers come to expect monetary sanctions, although Summer's accounts suggests that program staff have some discretion as to whether sanctions would be imposed. However, Lauren, a 19 year old young Black mother placed in a foster home, was unable to rely on receiving the \$107 stipend for her daughter. She implies that this may have had something to do with to the child welfare agency to which her case was assigned:

It's the worst agency in DCFS. It is. Every time I tell somebody, like, "Oh, what agency are you with?" They're like, "Oh, I feel sorry for you. Like, that's bad." They don't get nothing done. I'm still not getting a check for Lucy. I'm supposed to be getting like 107. I'm not getting that. I got it one time, and it was for like three months. Other than that no, haven't got one check for the 107. I don't know if they're sending it here, and the other foster girl's stealing it. I don't know, but I know I got it one time. Ever since then, I've been asking about it, so like now, I don't stress about it as much. I used to cry all the time. This shit is not fair. I'm doing everything I'm supposed to. It's just not working out, but now it's like if I don't get it, I just make due. (Lauren, Black mother, age 19)

Lauren experienced the precarity of not being able to expect the \$107 each month for her daughter Lucy as stressful and unfair. Strikingly, like the mothers who experienced monetary sanctions, Lauren is resigned to the unreliable nature of child welfare system support when it comes to accessing the material resources she needs to parent.

Young mothers in this study relied on material support from the child welfare system in order to care for their babies, while also managing the destabilizing consequences of not receiving that support. Their monthly stipends were often reduced for behavioral infractions such as going on the run from their placements in order to access social supports. In all cases, the mothers experience the punitive deductions as limiting to their ability to address their children's basic needs.

Discussion

The impact of mothers' experiences of punitive surveillance, threat of child removal into foster care, and monetary sanctions by the child welfare system during the transition to parenthood cannot be understated. Theorizing on the transition to motherhood for non-system involved mothers focuses on how new mothers make meaning of, imagine, and prepare for their roles as mothers. Yet, for these young mothers, the internal and relational work of becoming a mother is complicated by navigating the expectations, rules, and threats that come with being involved in the child welfare system. These mothers are not afforded the right to form a relationship with their babies on their own terms. Instead, their identities as mothers and the decisions that they make for their babies are strongly determined by the anticipation and fear of a child welfare system response to their parenting decisions.

To some extent, state surveillance of family life is an experience shared by all parents in the United States. Our children are monitored by their pediatricians and schools, and peripherally by the child welfare system through mandated reporting laws. However, the extent to which families are subjected to such surveillance and the potential consequences therein is deeply shaped by a family's proximity to social power and access to economic resources. The way the young parents in this study are punitively surveilled, have to navigate the persistent threat of child removal, and manage material precarity while raising a newborn is shaped both by their proximity to the child welfare system and their social positionalities at the intersections of race, class, and gender. The contours of how these young mothers in the child welfare system experience the transition to parenthood as influenced by child welfare system surveillance, threat, and destabilizing monetary sanctions illuminates several opportunities for system-level changes in terms of policy and practice. Although these young mothers narrate their experiences with the child welfare system as fundamentally punitive, there is good work to be done to shift away from punitive models of policy and practice.

First, child welfare systems should work to create placements that allow young parents and their children to remain together in circumstances where there is not egregious risk of harm. One young mother, Jordan, whose child had been removed from her care, cited her work on the Illinois child welfare youth advisory board to advocate for intact family services for young parents in care. She shared:

Well, one of the things that we're working on as – 'cause I'm – I'm still on the youth advisory board, so one of the things that we're working on and one of the things that was brought up in Springfield was intact families, meaning situations you know, even though I know that is like with the situation with Amaya's, like a safety, but like instead of removing the child, depending on how severe the problem is, they'll have services within the home instead of having the child removed and put into the system because that will stop a lot of kids coming into

the system by having intact families. They used to have it years ago and they stopped it, but we're in the process of getting that back. You know, because that would – it's too many children in the system who don't need to be. (Jordan, Black mother, age 20)

Second, the child welfare system should provide training and support for staff to implement non-punitive models of support, particularly in residential care settings. Instead of using the child abuse hotline threat to manage undesirable behaviors or conflicts, residential care staff and youth in residential care should receive training and implementation support on relationship-based approaches to practice as well as restorative and transformative justice models of conflict resolution.

A cornerstone of relationship-based practice with parents of young children is the notion of parallel process. Parallel process means that the way staff interact with clients mirrors elements of positive parent-child relationships that promote optimal child development (V. Bernstein, 2002). It is unlikely, for example, that residential care staff would promote the use of punitive surveillance or threat as parenting approaches with their children. Yet, this is how many young parents in the study experienced the approach used by residential care staff to parent them. As such, residential care staff should be trained on relationship-based approaches and have access to ongoing, regular reflective supervision in order to process interactions with youth in residential care through a relationship-based lens (Gilkerson, 2004).

Further, residential care staff and youth in residential care should have access to restorative and transformative justice strategies for managing conflict resolution in residential care settings. In their work to define “transformative justice,” the Generation 5 Collective points out that State solutions to wrongdoing and harm are often focused on “retribution and punishment rather than accountability and transformation.” (Generation 5, 2007, p. 5). This

approach is reflected in how young parents in care experience the child welfare system in their lives as parents. Restorative and transformative justice practices, such as conflict resolution circles and accountability mapping, would provide tangible, non-punitive tools for addressing wrongdoing, conflict, and harm in residential care settings, while also modeling positive relationship strategies for young parents with abuse and neglect histories.

Finally, child welfare system policies on monetary sanctions for misbehavior should be evaluated to better understand how these sanctions are being implemented, how discretionary decisions are being made in different placement settings. Importantly, it should be understood that these monetary sanctions do not function like reducing a teenager's allowance. Hence, it is also important to consider how monetary sanctions may limit young parents' ability to provide for their children and whether these sanctions may incentivize mothers to engage in economic survival behaviors of which the child welfare system would disapprove such as running away from placement to receive material support from social supports. Also, some mothers reported engaging in illegal activities such as selling drugs and stealing cars before becoming parents. Such sanctions could push mothers back towards such strategies. Based on what it learns, the child welfare system can revise its policy to promote financial stability for these young mothers and their children.

In addition to implications for child welfare system policy and practice, the contributions of this analysis can inform a shift in future research on pregnant and parenting youth in care. The current body of research on this population focuses on individual level outcomes such as educational attainment and employment stability, repeat pregnancy, and allegations of child abuse and neglect. Given the influence of the child welfare system on the experiences of

pregnant and parenting youth in foster care, researchers could shift focus to consider how systemic changes could maximize family thriving for young parents and their children.

Chapter 5:

Placement Matters: The influence of child welfare placement experiences and instability on the transition to parenthood

Placement type and stability matter when it comes to promoting the well-being of children and youth in the child welfare system, and particularly for young parents in foster care and their children (Barber & Delfabbro, 2003; D. M. Rubin et al., 2004, 2007). Although research on the influence of placement history on the outcomes of children and youth in care is well developed, less research has been done on its impact on the experiences of pregnant and parenting youth in care (A. Dworsky & Courtney, 2010). Perhaps most surprising of all findings in this dissertation is that along with the expected parenting identity transformations and seemingly inevitable and unique experience of navigating the child welfare system as a new parent, transitions between child welfare placements are a common feature of the transition to parenthood for these young people. The analysis presented in this chapter addresses the role of child welfare placement in shaping the transition to parenthood for pregnant and parenting youth in foster care in three domains of placement transition experiences: (1) placement instability, (2) running away from child welfare placement, and (3) differences in parenting experiences between placement types.

Placement instability is associated with a variety of adverse outcomes for youth in foster care, including increased likelihood of pregnancy and parenting. Specifically, placement instability predicts outcomes related to employment, educational attainment, criminal legal system involvement, pregnancy, and parenting (Stott, 2012). Further, scholars find that placement instability results from a variety of systemic, caregiver, and child-level factors. These factors impact children and youth in foster care differently based on their age. Younger children

in care experience placement instability due to lack of appropriate placements and caregiver concerns, including foster parents feeling ill equipped to handle the complex needs of some children. However, for older youth in foster care, behavioral factors predict frequent placement moves (Aarons et al., 2010). Youth make meaning of the impact of placement instability on frequent loss of important relationships, increasing the value they place on relational permanence as they age out of or emancipate from the child welfare system (Samuels 2008).

For youth in foster care, both placement instability and placement type matter for predicting likelihood of pregnancy and parenting. Specifically, females who enter care when they are older and have high placement instability also have higher birth rates than females who enter care when they are younger (King et al., 2019). A history of running away also increases the likelihood of giving birth (King & Van Wert, 2017). In terms of placement type, young women in congregate care placements are more likely to become pregnant than those in kinship or foster homes (Putnam-Hornstein & King, 2014).

Few studies on placement instability consider the perceptions and meaning making of youth in foster care and, to my knowledge, none examine the influence of placement instability on the experiences of pregnant and parenting youth in care. The analysis presented in this chapter both centers the perspectives of parenting youth in care regarding placement experiences while pregnant and parenting and illuminates the extent to which placement instability shapes early parenting among this sample of parenting youth in foster care in Illinois. This chapter presents three findings related to (1) the role of placement instability and placement type during the transition to parenthood, (2) decisions and experiences of going on run while pregnant and parenting, and (3) how parenting experiences differ across placement types.

Data and Methods

The analysis presented in this chapter includes two sources of data: child welfare administrative data and transcribed interview data from 40 interviews with pregnant and parenting youth in care in Illinois. The first finding “Placement Instability and the Transition to Parenthood” includes a descriptive data visualization of child welfare administrative data showing the placement trajectories of the 29 parents who completed narrative interviews during the period of time that they were enrolled in the study. The placement histories capture the length of time in which they were enrolled in the broader Illinois Pregnant and Parenting Youth in Care Home Visiting Pilot study in which data collection for this study was embedded. The first finding also includes narrative analysis of 40 in-depth interviews with 29 youth. In the second finding “On the Run While Pregnant and Parenting” and the third finding “Parenting in Placement: Differences in Experiences by Placement Type,” narrative analysis of the in-depth interviews drives the findings.

As described in Chapter 2 narrative analysis was conducted on the interviews. An initial round of open coding was conducted to develop initial themes from which to conduct the analysis. Analytic memos were written on each of the emergent themes in order to develop code groups. The analysis presented in this chapter derives from 1 code group titled “Placements”, with 8 total codes used to code each of the 29 participants’ narratives (See Table 2 for Code Book). Analytic memos on findings from each of the code groups was written after coding was completed. The beginnings of this analysis occurred during the first round of in-depth interviews and informed the interview guide for the second round of interviews. The first interview guide included broad questions about their experiences as a parent while under child welfare system care. In this analysis, it was noted that many of the mothers described experiences of parenting in particular types of placements, multiple placement changes, and about the experiences and

consequences of “going on run” from their child welfare placements. As such, I included specific questions about their placement experiences and going on the run in the second interview guide. As previously outlined in the methods section, 11 of the 29 mothers completed second interviews and were asked follow up questions specific to the placements and running away from their placements while pregnant and parenting.

Placement Instability and the Transition to Parenthood

The level of placement instability among the mothers in the study is staggering. As previously noted, placement instability predicts higher pregnancy rates among youth in foster care (A. Dworsky & Courtney, 2010) and placement instability among parenting youth in foster care is a pervasive concern (King et al., 2019; King & Van Wert, 2017; Putnam-Hornstein & King, 2014).

As already noted, the pilot study team used child welfare administrative data to track child welfare placement moves and non-placement events (e.g., runaway episodes, hospitalizations, detentions) for each participant from the time of her enrollment in the study until either she exited the study or until the end of the observation period, whichever came first.

Figures 1 and 2 are two graphs that illustrate the placement moves and non-placement events experienced by the 29 interview participants. The purpose of these graphs is to demonstrate the frequency with which many of the participants change placements and to represent the various placement types the mothers lived in during their pregnancies and early parenting. The first graph includes data for the 13 participants enrolled in the study for more than 18 months. The second graph includes data for the 16 participants enrolled in the study for less than 18 months. The x-axis in each of the graph represents number of days and each bar represents an interview participant. The different placement types (e.g., foster home, home of

relative, residential care, supervised independent living/youth in college, transitional living program, unauthorized placement) or event types (e.g., runaway, detention, hospitalization, and permanency) are color coded.

As Figures 1 and 2 show, there is some variation in level of placement instability among the sample. Eleven mothers experienced five or fewer moves during their time enrolled in the study, with only three remaining in one placement throughout enrollment. Four mothers moved between six and ten times while enrolled. Eight mothers moved between eleven and nineteen times and five mothers moved twenty or more times. See Table 1 for each participant's number of placement moves.

As participant's narratives suggest, placement type matters for placement instability. For example, the six mothers who were in independent living placements are among the eleven mothers who experienced five or fewer placements during their study enrollment. On the other hand, participants with a greater number of placements seem to have greater incidents of running away and are more likely to be in a congregate care placement.

The nuances of how this placement instability shapes their parenting experiences is apparent in the narrative analysis of their transition to parenthood interviews. Perhaps unsurprisingly, many of the mothers described their experiences of placement instability as beginning before they became parents. Chantal, a 20 year old Black mother in an independent living placement at the time of her interview, shared her early experience of feeling “passed around” between placements,

I have always not liked the system just because I always feel like a case number to them. I got passed around so many times in my life. I remember living in a shelter. Even when it was time – even when we felt like we could tell the truth, that the truth would help us to get away from those people, they didn't believe us. We went back and forth for a while with our abusive foster parent. Nobody

believed us during that time, and that was hard because we were just kids. We were little. (Chantal, Black mother, age 20)

Although Chantal's in the same independent living placement at the time of her first and second interviews, her early experience of moving between shelters and an abusive foster home with her siblings deeply influenced her view of the child welfare system.

Claudine, a 19 year old Black mother who was interviewed twice and changed placements multiple times during her enrollment in the home visiting program, made meaning of several placement changes in a three month through the lens of frequent moves as a younger child.

Claudine: I wasn't with my sister. I had been at my baby daddy, his auntie's house. I was at my cousin's house. Then I was in a hotel, staying in a hotel.

Interviewer: Is that all since the last time I saw you?

Claudine: Mm-hmm.

Interviewer: Right. I saw you in December. You were staying with your sister.

Claudine: I was staying with her in December? It seems like it's been so long that I've been over there. But yeah. I was there, then this apartment came through.

Interviewer: How has it been to move between places while parenting?

Claudine: It ain't really that bad.

Interviewer: Okay. Have you moved a lot in your life? Have you had times where you moved around a lot?

Claudine: Yeah. I've always moved around a lot, period. My mom always moved around a lot when I was with my mom. Then when I got in DCFS, I moved around. (Claudine, Black mother, age 19)

During her second interview, Claudine struggled to recall all of the places she stayed since we had last met three months before. Although she had been with her sister's family during our first interview, the second interview took place in an apartment that was empty except for a small kitchen table where we met. It seemed that Claudine had just secured the apartment as a place to stay. Further, Claudine's relative acceptance of multiple moves within a three month period

seems to relate to her experience of moving around often as a child, both before and after she entered foster care. It seemed that throughout her time as a parent, moving around often was a fact of life.

For other mothers, instability was a fact of life until becoming pregnant, at which time their placements became more stable. Dominique, a 17 year old Black mother who was living in an unauthorized placement with a family member at the time of her interview, recounted her issues in residential care around the time that she became pregnant:

Dominique: They put me at [a residential program]. I didn't try to run away from [residential program]. I was getting arrested every day from there.

Interviewer: Were you pregnant then or was that before?

Dominique: This was at the time that I had a clue I was pregnant, but I had to wait another week to see.

Interviewer: So they didn't know you were pregnant?

Dominique: Right.

Interviewer: And you were getting arrested every day? Why?

Dominique: I didn't want to be there. I told them, I said when I came to find me another place. It's going to be police cars every day.

Interviewer: What were they calling the police about?

Dominique: Fighting, I was fighting kids, I was fighting staff. I was trying to leave. I was breaking stuff. And then after I got pregnant, they put me back in the – then they had to move me back out because I couldn't eat. I couldn't eat none of their food.

While lying on the couch feeding and soothing her baby, Dominique described her decision to inform her child welfare team that she was pregnant due to problems at her shelter placements.

Dominique: They was sending me to like shelters. They was locked down or whatever and they – 'cause the way I am, I'm gonna fight you. I really don't care. Like, that's how I was and me not being too far along, I was ready to fight. So I had to let them know. I said, "I'm pregnant. You all need to move me, because if something was to happen, it's going to be more chaos to go on." So, they moved me and stuff like that. (Dominique, Black mother, age 17)

For Dominique, like many youth who experience placement instability, behavioral challenges drove frequent changes in placement. While pregnant, Dominique was moved to a residential program for young mothers who have mental and behavioral health challenges. She gave birth to her baby while at this placement. However, at the time of her interview, she had run away from that placement with her baby and was staying in a relative's home. In child welfare terms, this was considered being "on the run" with her baby.

For other mothers, placement changes were the result of unanticipated events at their placements or including their pregnancy, as not all placements can accommodate pregnant youth. Jordan, a 20 year old Black mother living in a transitional living program, described an unanticipated placement move during pregnancy,

I was living at a transitional living placement. I got pregnant then but there was a lot of stuff going on. They were under investigation and they had a meeting and they were closing. (Jordan, Black mother, age 19)

Amani, a 20 year old Black mother, described a placement trajectory that afforded her increased independence with each placement change. Like Dominique, Amani began her pregnancy and early parenting living in a shelter.

I went to another shelter- it was called- what was the shelter called- it's, like...on the west side. I was there, and I was there for a long time. I was probably there for like, three to six months, until they was trying to find me placement. This was different than the other shelters; this was like a parenting shelter. I went back to the [parenting] shelter, then they found me a place in the group home. I went there, I stayed there for about three years. When it was time for me to transition, I think I was, like, 18, 19, I was placed at [Transitional Living Program]. I was getting ready to go to TLP, it was my time to go to TLP. (Amani, Black mother, age 21)

Other mothers experienced much more volatility in their placements while parenting. Two mothers, in particular, shared stories that demonstrate the difficulties that come with

parenting while experiencing instability. In fact, both mothers had their children removed from their care. It is worth noting that these are the youngest mothers in the study.

Aniyah, a 16 year old Black mother, experienced significant placement instability during her time as a parent. Her baby was removed from her care, in her recounting, at 7 or 8 months of age. She participated in two interviews and had changed placements several times before and between both interviews. See Figure 3 for her transition to parenthood timeline, which highlights her placement history. During our first interview, Aniyah recounted how the rules of the emergency shelter where she was placed prevented her from regularly visiting with her son. In addition, her placement was three hours away from her son, which posed an additional barrier to regular visits.

Aniyah: No because dad couldn't do [overnights] then because of the rules, like I was an EP, an emergency placement, but I wasn't a resident. But residents in EPs, they couldn't – it was really complicated. I don't even know how to explain it. You had to be a level 3 to do overnight visits but since I was an emergency placement they couldn't even transport me even if I was a level 3; I was a level 2. So when I was done – but I could go on transports, like I could go in the car with other people who were going on visits and take them.

Interviewer: But you couldn't go yourself?

Aniyah: Mm-hmm.

Interviewer: So you didn't get to see your baby or your dad during that time?

Aniyah: I did. I saw [my son] once. They missed like 4 visits when I was up there so they had to make up like 10 hours. They still have to do some. Then I had a visit with my dad like every week with my caseworker because my caseworker, she had to see me every week. It was like part of the rules there. (Aniyah, Black mother, age 15)

At the time of the first interview, Aniyah was placed in a foster home 45 minutes from her son and was able to see him for scheduled weekly visits. However, as Aniyah noted, she still visit time to make up from when she was in the emergency shelter. Making up this time was critical to her efforts to reunify with her child. At the time of Aniyah's second interview, she was

placed in a different foster home in a different community. A week before the interview, she was placed in that foster home after having returned home with her father. He had a positive drug test and it was decided that Aniyah would no longer be able to return to his care. Although Aniyah was able to regularly see her son, she was concerned that her baby had already been placed in 3 or 4 different foster homes since being removed from her care.

Evident in Aniyah's story is the way in which her placement trajectory constrained her agency as a parent. Throughout our interviews, Aniyah expressed a sense of resignation and a perceived lack of agency to change her or her son's circumstances. In one instance, she discussed how changing placements had prevent her from completing the requirements for reunification including attending school and completing regular supervised visits with her son:

Just have to keep doing visits and going to school and all that sort of stuff, like classes and counseling and everything. But that's not gonna happen now that I moved again, and I'm not gonna let them tell me that I'm gonna have to wait, either. They're just gonna have to suck it up and realize that I've been doing it already, and that it's not gonna change anything. (Aniyah, Black mother, age 15)

Frustrated by the lack of progress towards reunification due to her placement instability, Aniyah planned to advocate for the work she had already done to regain custody of her son to be considered sufficient for him to return home.

Like Aniyah's story, Whitney's story demonstrates how placement instability maps on to parenting difficulties. Whitney is a Black mother who was 16 at the time of her interview. I met with her at a residential treatment facility where she was placed after multiple difficult placement changes and non-placement events, including hospitalizations and incarceration. See Appendix B for her transition to parenthood timeline, which highlights her placement history.

Mothers also experienced instability while aging out of care. Amani, a 20 year old Black mother on the verge of aging out, described her experience with placement instability. She was pregnant with her third baby at the time of the interview and was placed with a family member across state lines while she awaited an approval of her housing application.

I was trying to get everything together with school, doctor's appointments, and then I was in the middle of moving. 'Cause DCFS will – I'm not gonna say it like – well, I'm not gonna say DCFS, the program that I'm at...that kind of works with them, it's a facility – they waited so late to try to sign me up for housing, they waited to the last point where I'm fittin' to be 21...And they supposed to did it, like, a year ahead, so that I can be prepared to move out, so, somebody would've been to call me. Then they never did; I never knew anything about it, until I'm pregnant and it's almost time for me to leave. Now, everybody trying to rush and had me fill out applications, well, it's gonna take 3 to 6 months, and I'm almost 21. So, that's a big problem, and it's really going on now, because I just found out that I'm denied for the only one that I really went to go see. (Amani, Black mother, age 21)

The lack of housing planning with Amani as she prepared to age out of the child welfare system produced significant stress. The temporary placement she was in at the time of her interview was two hours away from her prenatal care provider. In addition, many of places she had submitted housing applications to were hours away from where she was placed, making it difficult for her to view the apartments. Like Whitney, Amani experienced criminal legal system involvement during her early days of parenting which was making it even more difficult for her to secure housing for when she aged out of care.

I interviewed Vanessa, a 21 year old Black mother, after she aged out of the child welfare system. She was living independently in an that she was, in theory, able to continue living in when she aged out. When I arrived at her apartment to conduct the interview, she answered the door and said, “Hi, we have a problem. I don’t have any furniture.” As we sat together on her bare living room floor, with her one year old daughter using the open space for free play, she

shared that she had sold all of her furniture except for her bed and a crib in order to make rent. At the time of the interview, she was suspended from work due to an open criminal case resulting from a fight she was in outside of work. Unsure how to make rent, she was already preparing to have to move from the apartment despite recently aging out.

The placement instability experienced by mothers in this study is overlaid with multiple challenges and crises and constrains their ability to succeed as parents.

On the Run while Pregnant and Parenting

Scholars have devoted little time to the relationship between running away and parenting among youth in foster care, except to note that youth with a runaway history have higher birth rates than youth who do not run away before becoming parents (Putnam-Hornstein and King 2014; King and VanWert 2017). For the parents in this study, the decision about whether or not to run away and the experience of running away while pregnant or parenting proved salient to their transition to parenthood experiences. In addition, the mothers' perceptions of the meaning, benefits, and consequences of running away shaped their decision making as parents. In particular, decisions about whether or not to run from their placements were parenting decisions and worthy of analysis.

Jordan, a 20 year old Black mother, described what it means to be on the run:

Absent without leave, you're on the run. So meaning that you're gone for 24 hours, they have to place you AWOL meaning they have to call you missing. You're gonna have to make a police report that you're missing, and then you're AWOL. Once you come back they take you off AWOL. A police report, yes. To report you missing after 24 hours. So say I left the house this morning at 11. If I don't go back home tonight and I'm gone past 11AM, at 11 AM because that's the time I left, they have to call the police and report me missing. (Jordan, Black mother, age 20)

For Jordan, running away meant choosing to leave placement for more than 24 hours and dealing with the repercussions that come with being on run, including having a police report filed. Jordan described going on run as though it was a regular occurrence for her that she did not think was a big deal. As her bar on the placement graph (see Figure 2) suggests, running away was a fairly regular occurrence for her. Another 20 year old Black mother, Claudine, pushed back on what it means to be “really on the run” from the child welfare system. She said:

Claudine: And they consider it on the run, but you're not really on the run. It's like if you don't come back – say you go to your friend's house and spend the night at your friend's house. They say that's on the run because technically you're not supposed to do that, but you're not really on the run. You're gonna go back. They'll go see their kids' father or something.

Interviewer: Yeah, and they consider that on the run, but it's really on the run. What would you consider really on the run?

Claudine: Like really not trying to talk to DCFS for months and months and months or really being on the run, not complying, not being in touch with anybody. That's on the run. I know some people that is really on the run like that, like, in other states. (Claudine, Black mother, age 19)

Like Jordan, Claudine understands the technical definition of going on the run as being away from a child welfare placement for more than 24 hours without approval. However, she distinguishes between being “on the run” and technical rule breaking with the intention to come back. Her assessment that many mothers go on the run to see their baby’s father was reflected in the other mothers’ narratives as well. For these mothers, that the purpose of going on the run was often to see their baby’s father or other support people rather than to disappear from care indefinitely. Claudine goes on to further describes why some mothers choose to run rather than request permission to visit.

That happened with me, too, because my baby daddy, people didn't want to be involved with DCFS at all, one of his other aunties, not this same auntie that I'm talking about. But one of his other aunties, they didn't want to be involved in DCFS, so I couldn't make that approved. So I had to be on the run a while with

that, like a portion, but I was able to convince them to do it. So I know how that be. (Claudine, Black mother, age 19)

In addition to family members wanting to avoid child welfare system involvement altogether, , Claudine faced another barrier to getting various family members approved for visitation, namely, the condition of their homes due to living in run-down buildings that may not meet child welfare system safety standards.

Further, Amani describes her experiences of going on the run with her second child related to child welfare rules and expectations related to placement:

Interviewer: Since you've had him, like, how often were you going on run, and where did you go, and why?

Amani: My daddy's house. And it's just because I was depressed being [in placement], like, it was just depressing.

Interviewer: Was that a place you were allowed to go?

Amani: Oh, I was allowed to go there, but the thing is, staying so long was the thing – the thing was staying so long. (Amani, young Black mother, age 21)

For Amani, the decision to go “on run” to her father’s house was rooted in needing a break from her child welfare placement. Although she was approved to visit with her father, she stayed away from her placement longer than she was so supposed to so she was considered to be “on run.”

For Amani, the risk of breaking the rules was worth it.

Similarly, Simone, a 20 year old Black mother, describes her experiences with running to see her family to access social support.

Oh, it was cool. I mean I always – before – I'm the type of person, before I do something I'm gonna make a plan. I'm not just gonna leave, like – that makes no sense, just going on the run and not have a plan. So I always had somewhere to go. Like, my family's originally from Chicago so I still have aunts and cousins and uncles and all that still out there, so I was always with my family. I was always with my family. I've been on the run for three months straight with [my son] and I was with my family. [DCFS] knew where I was. I told them. And they'd call my aunt and they'd be like, "When are you coming back?" Not today.

I'll be back. I always come back the week before check day, do my three groups, leave, come back, get my check and then leave. (Simone, Black mother, age 20)

Simone describes her experience of being on the run from her placement as both strategic and planned. She left to be with her family of origin which lived two hours from her placement. However, Simone recognized the material benefits of her placement and returned strategically so she could get her check before leaving again. Simone's experience demonstrates the extent to which the decision to go on the run is often a parenting decision for these mothers rather than an impulsive maneuver.

Like Simone, Lupe, a 17 year old Latinx mother, found value in parenting while on the run. She said,

Interviewer: When you go on run, what's it like to parent? How is it different parenting on run versus at the program?

Lupe: Easy. Easy. We have our freedom. (Lupe, Latinx mother, age 17)

Alexis, a 15 year old Black mother, recounted how she made her decision to run away from her placement while she was pregnant, and how her decision changed once she got closer to giving birth.

When I got placed here, they took me to the hospital, that was like three months. Then, I found out I was having a boy. That's when I started talking to [my baby's father] on the phone. I had supervised phone calls. A few weeks later, they took me off supervised phone calls. I ran away then I came back and they got me checked. Then, I started calling the emergency room when I started getting in pain. I ran away on Christmas. I ran away on Thanksgiving. Then, when it was getting close to me having it, I stopped running away because I started getting centimeters. Like when I was two centimeters, I stopped running away. Because I didn't want to have the baby when I'm on run. Like when I'm on the train. I don't know if they might take it if I run while having a baby. (Alexis, Black mother, 15 years old)

Here Alexis expresses both concerns about giving birth unexpectedly while “on run” as well as fearing the potential that her child will be taken if she gives birth while “on run.” Therefore,

Alexis shifted her perspective in order to be able to parent her baby once he was born. Again, Alexis' intentionality about running reflects a parenting decision.

Like Alexis, Dominique described weighing the consequences of going "on run" with the potential consequences of staying in her placement. She worried because staff were threatening to call the child abuse hotline after she yelled at them.

Now these people come here with any type of talking about we got to take the baby, and knowing how I am, I knew where I was going to get sent to jail that night. And I knew I was going to get sent to jail for a few days or a few months. I was probably going to get sent to jail for some years. So I made the choice myself just to leave. (Dominique, Black mother, age 17)

Dominique chose to leave her placement indefinitely in order to avoid more serious consequences for herself and her baby. She felt strongly that it was unfair for staff to threaten to call the child abuse hotline because she was yelling at them. She was worried that, if things continued to escalate, she may become physical with the staff. Recognizing her tendency to physically fight, she made the parenting decision to leave her placement to avoid criminal legal system involvement and, therefore, the placement of her child into care.

Dominique spoke about her decision to weigh the benefits and consequences of running with confidence. Many other mothers also described their perceptions of the consequences that can come with going "on run." Summer, a 21 year old Black mother in a transitional living program, described her experience of going "on run."

Interviewer: So how long were you A.W.O.L.?

Summer: Like two and a half weeks.

Interviewer: Okay. So that's considered a long time.

Summer: Yeah.

Interviewer: Yeah. So, you were A.W.O.L. Was he with you?

Summer: Yes. They said I was around drugs. They said I was smoking marijuana, drinking, which I wasn't. I wasn't the one smoking. I kinda was taking him to places

with people that don't smoke and don't drink, and I took him to one of my friend's house, I took him to another house, took him to his godmother's house, and a lot of people's house, and they don't smoke, so I'm like, "Okay, good." And they said they caught me smelling like weed, and that wasn't me smoking, it was somebody else smoking, so that's one of the reasons, and they said I dropped him on his head. I didn't never drop him on his head. He would've been dead if I dropped him on his head.

Here Summer describes child abuse and neglect reports being made after she returned from two and a half weeks on run with her son. Summer, like many of the mothers, expressed the feeling that going on run made her a target for child abuse hotline calls, abuse and neglect investigations, and, in some cases, child removal.

Amber, a 17 year old white mother, described what she was told about the consequences of going on run with her baby.

I don't want to lose him because they told me if you run and come home, when you come back, they're gonna call DCFS worker, and the DCFS worker is gonna ask you a lot of questions, like where were you staying? They're gonna ask you a lot of questions, and that can get your baby taken away. I'm not trying to go through that. (Amber, white mother, age 17)

Similarly, Autumn, a 17 year old Black mother in the same placement as Amber, described her decision not to run away.

Autumn: I would've been ran away, been gone. I would've ran away with [my sister] but I can't because I have a baby and I don't want her to get taken.

Interviewer: Yeah. Do you feel like that's what happens when people go on run?

Autumn: Yeah, they get their babies taken. So [other resident on the run] better not come back. She'd better stay wherever she at because they're coming for her baby. That's why I never ran away because I don't want to get [my daughter]- I love her too much to do something stupid. (Autumn, Black mother, age 16)

Like Autumn, Janae, a 15 year old Black mother shared her own decision to cease running.

Janae: I'm a runner, but I don't run anymore.

Interviewer: How come?

Janae: Because of her, [my daughter]. She is my motivation not to run. There's no point to run anymore. From what? (Janae, Black mother, age 15)

Janae feels as though she no longer has anything to run from now that she has her daughter.

While some mothers made their decisions to run in order to access increased freedom in parenting as well as to be with their families, children's fathers, and social support systems, other mothers chose not to run to avoid the threat of child removal. The analysis presented reflects the extent to which, when presented with the constraints imposed by child welfare system rules, expectations, and their perceptions of the threat of child removal, these mothers make decisions about whether or not to remain in their placement through the lens of their roles as parents and their relationships with their children.

Parenting in Placement: Differences in Experiences by Placement Type

Few studies have considered how different placement types might be associated with different parenting experiences. These parents described their experiences with parenting in various types of placements. Please refer to Table 4 for descriptions of several of the placement types discussed in the analysis.

Residential care represents the highest level of constraint on autonomy in parenting. Importantly, mothers placed in residential programs are often younger and have higher mental and behavioral health needs than mothers in less restrictive placements. Janae, a 15 year old Black mother, described her assessment of being placed in residential care after she entered the child welfare system because her father "locked her out" when he learned she was pregnant. She said, "So I ended up coming here. I didn't really like it, because this is my second residential. I've been out of my home for over a year now."

Like Janae, Amber, a 17 year old white mother, described parenting her son while in a residential program.

Interviewer: Is having [your son] here with you how you thought it would be?

Amber: No, because I didn't want – I didn't think I'd be in a program like this. I don't like this program. I hate this program. But I've got no choice but to be here, so.

Interviewer: Why do you hate the program?

Amber: I just don't like the staff here. They treat us bad. Like, they treat me bad.

Interviewer: How so?

Amber: Okay, so yesterday I went – I'm supposed to be getting an – I was supposed to have an orthodontist's appointment made some time. They didn't make it. They were like, "No, we're not gonna make it. You don't need it." I'm like, "Well, I got a referral from my dentist; obviously, I do need it. I'm just gonna call the hotline, because you know, that's bullcrap." And then after I was on the phone with the hotline, they came in and were like, "Okay, we're setting you up an appointment." They were like scared of the hotline calls, and I have to threaten that just to get stuff that I actually need. (Amber, white mother, age 17)

Amber also discussed another incident during which staff refused to take her and her baby to the emergency room. After Amber called the hotline, a child welfare investigator came to the residential care facility and mandated that she and her son be taken to the hospital. Amber summarized her experience in residential care:

It sucks. I feel like I know how to take care of my baby by myself. I don't need you guys watching and telling me what to do. Especially because I'm in a residential facility. So it sucks. (Amber, white mother, age 17)

The contentious relationships mothers had with residential care staff, as reflected in Chapter 4, were often palpable when I visited these facilities to conduct interviews. On one visit to conduct a second interview, Autumn, a 17 year old Black mother, abruptly requested to pause the interview to go get her 3pm snack from the staff. As she left the room, I heard yelling erupt between Autumn and the staff member in the office. When Autumn returned, she indicated that

the verbal altercation was due to her being late to retrieve her snack because she was participating in the interview. The staff member initially declined to give her the snack and yelling ensued.

In other cases, access to 24 hour assistance from staff was helpful to mothers as they transitioned to parenthood, particularly during the postpartum period. Mothers recounted staff holding or caring for their babies while they got sleep. Janae, a 15 year old Black mother, described how staff support made her postpartum recovery and early parenting easier, “It was kind of hard. It wasn't that hard at first, 'cause they were helping me with her, 'cause I did have a C section.”

Similarly, some mothers in transitional living programs found that some program staff went above and beyond for them. For example, Amani shared:

Interviewer: So, you've had some people in DCFS go above and beyond for you.

Amani: Yeah, go above and beyond for me.

Interviewer: But that didn't happen at first...

Amani: No, it didn't – they wouldn't do nothing, they wouldn't even listen to me, and that's because I was cussing them out, being mean to them. I got to the point where you can't do that – I got tired of going to jail, I got tired of getting arrested, I got tired of not getting the things that I need, or just that I wanted. (Amani, Black mother, age 21)

In Amani's experience, her decision to shift her own behaviors resulted in increased staff support. She realized that staff were responding to her punitively and that, in order to get her and her children's needs met, she would need to shift her approach. In another part of her interview, she referred to this shift as “playing it right.”

Constrained independence and the ability to parent autonomously were common concerns for mothers in residential care and transitional living programs. Relatedly, mothers in

independent living placements reflected on the influence of this independence on their parenting experiences. For example, Lauren, a 19 year old Black mother living in a foster home, reflected on her perceptions of the differences in independence afforded across placement types.

That's why I say it's a benefit for being here, being in a foster home, it's hard but there's nothing to run away to. I can have company over as I please. Like, I have my chores and keep my room clean. Other than that, there's other stuff that I don't like about being here, but the freedom, oh, I have that. I don't have to ask to go nowhere. Like, I call to check on her, but other than that, I don't need to ask to do anything. That's why I don't see myself – a lot of people are like, "Do you wanna go to a TLP for pregnant people or people with kids?" Hell, no. The first 30 days, you have to wait. Then you have to get approved to even go outside. I feel bad for those people. I feel bad, because like you're a mom. Like, how can they tell you that you have to wait 30 days to follow the rules to go? That's one thing I couldn't take in all those residential, when you can use the bathroom, when you can eat, what you can wear, when you can go outside. You have to get monitored when you go outside. (Lauren, Black mother, age 19)

Lauren described many of the challenges of living in her foster home, along with her desire to transition to an independent living placement. However, she also acknowledges the importance of the “freedom” to mother independently that came with her experience of living in the foster home where she was placed at the time of the interview and for the previous two years.

Two of the mothers in the study had transitioned from college to other placements.

Chantal, a 20 year old Black mother, left college to return to Chicago to be closer to her boyfriend and baby's father's family when she became pregnant. She said:

Just having to move from out there to here again was not something I really wanted to do. But I was trying to make things easier for her dad's side of the family because I had no family. My first thing was I had no family. So I could stay out here and live out here and still go to school out here. Just having her dad's side of the family, I didn't want them to travel two hours to have to see [the baby]. So I made the choice to start living here again. (Chantal, Black mother, age 20)

Nikki, a 19 year old Black mother, was in college at the time of her first interview and placed in a transitional living program at the time of her second interview. She left a four-year

university due to struggling to balance her academic workload with her parenting responsibilities. She requested to move back to Chicago to be closer to her support system and to enroll in a local community college. Although her goal was independent living, her case worker offered her a placement in a transitional living program that would allow her to return to Chicago more quickly. Her assessment was that moving to the transitional living program was “a step back.” She described why:

Coming from an ILO where I’m free to do anything, now it’s curfew and now it’s people coming into your room, people always inspecting your apartment, it just doesn’t feel ... I’m just so used to doing whatever. (Nikki, Black mother, age 19)

The adjustment to a more restrictive placement situation was daunting for Nikki as she transitioned both back to Chicago and away from living on her college campus. Nikki moved back to Chicago into an independent living placement. After a falling out with her daughter’s father and her family, she was challenged by the isolation and lack of help in parenting her daughter.

Being a mom is tough...I know how tough it is for me to be 20 and in college, having bills and no help, literally no help with baby-sitting or anything. If I need a five-minute mental break, I cannot get that some days. You've just gotta push through, really. (Nikki, Black mother, age 19)

For Nikki, the independence of living in her own apartment was less salient than the lack of support that she had as a single mother living alone. Her experience, along with the experiences of other mothers in more restrictive placements, speaks to the extent to which placements vary with respect to the amount of support they provide to young mothers in care. Different placements seem to offer different opportunities young mothers need during early parenthood.

Discussion

Placement instability and running away among older youth in foster are most often attributed to behavioral causes and youth dissatisfaction with their placements (Aarons et al., 2010). The findings presented in this chapter demonstrate how young parents' responses to their placements, including decisions about whether or not to run, are deeply shaped by two factors (1) the extent to which their placement experiences constrain their agency and (2) their roles as parents.

First, the findings presented on placement instability during the transition to parenthood demonstrate that pregnancy may be a turning point for some youth to seek placement stability and to change their view of the benefits of running away, particularly as they are closer to giving birth. Still, some parents experience constrained agency due to placement experiences as detrimental to their success as parents.

Second, decisions about whether or not to run away from their placement were, for these mothers, parenting decisions. Regardless of the choice they made- to run away or not- their meaning making about their decision was through the lens of their roles as parents. For some mothers, running away from placement to access their social support systems, including their families of origin, and to see their children's father was worthwhile for both them and their children. For other mothers, the perceived threat of their child being placed in foster care as a consequence of their running away prevented them from doing so. In either case, the benefits and consequences of running remained front and center in their decisions making.

Finally, the findings on differences in parenting experiences in different placement types demonstrates how parenting support needs may vary depending on the type of placement in which parents are placed. For example, mothers placed in residential care may feel that their

parenting autonomy is constrained while mothers in independent living and college placements may feel that they are isolated and lack parenting support.

There are several implications of these findings for child welfare practice and research on parenting youth in care. First, these findings suggest that, when youth become pregnant and choose to continue their pregnancies, they should be offered supportive placement options that are conducive to healthy pregnancy and stability during early parenthood.

Second, understanding that mothers often ran away because they were placed far away from their support systems, including their children's fathers, suggests that efforts should be made to place mothers in geographic proximity to their support systems to avoid long absences from placement. Further, rather than threatening child removal as a consequence for running away, the child welfare system should help mothers access the supports they and their children need.

Finally, mothers should have access to parenting supports that are responsive to their placement experiences. For example, mothers in more restrictive placements should have access to supports, including evidence-based home visiting services, that promote their self-efficacy and autonomy as parents. On the other hand, parents in less restrictive but potentially more isolating placements may need access to instrumental supports such as postpartum doulas, babysitters, and home visiting services. These services could be funded by child welfare systems and be a core part of the supports provided to young parents and their children.

Research on pregnant and parenting youth in care and their children should focus on the role of placement instability, runaway incidents, and placement type in constraining or promoting family thriving. Although this study contributes to knowledge on the importance of child welfare placements in the transition to parenthood for these mothers, future research should

extend this analysis to understand how placement trajectories over time influence parent and child outcomes.

CHAPTER 6:

Conclusion

Pregnant and parenting youth in foster care and their children deserve to thrive. Yet, the research on this population makes it clear that family life for these parents and their children is rife with myriad challenges and instabilities. The findings presented in this dissertation suggest that at least some of these challenges relate to the role the child welfare system plays in their lives as they become parents. Although I present policy, practice, and scholarly implications of the findings in each of the substantive chapters, this chapter ties together the broader implications of the findings for understanding the role of the child welfare system in shaping parenting for young parents in its care. In alignment with the reproductive justice framework, the issues and recommendations made in this chapter focus on system-level changes to promote family thriving for parenting youth in foster care and their children. First, I address what I understand to be a glaring conceptual and analytic limitation not only of this study, but of all research on this population. Second, I offer my thoughts on the paradigm shifting implications of this work for child welfare practice. Finally, I address the contribution of this research in shaping future research priorities on pregnant and parenting youth in foster care, including my own next steps as a scholar.

A Missing Piece: Failing to Address the Role of Race and Racism

Despite many contributions to the research on parenting youth in foster care, this dissertation and all other research on the population is limited in one major aspect: describing the role of race and racism in the child welfare system as shaping the parenting experiences of these mothers. Race scholars contend that race is embedded in all U.S. institutions (Omi & Winant, 2014) and others argue that the child welfare system is a fundamentally racist institution that

disparately targets people of color (Roberts, 2009). Further, a central feature of the reproductive justice framework as an intersectional feminist framework is to examine how various social identities and positionalities including race shape institutional experiences (Ross & Solinger, 2017). Intersectional analysis requires an analysis of race and racism (Cooper, 2016). Yet, in the literature on pregnant and parenting youth in foster care, race is treated as a demographic characteristic and, in some cases, as a risk factor for pregnancy and childbearing despite longstanding acknowledgement in the broader literature on teenage parents that racial inequality and poverty are mechanisms for adverse outcomes among young mothers and their children. Further, the disproportionate representation of Black, Latinx, and Native families in child welfare systems in the United States is well documented. Scholars have spent considerable time trying to understand the mechanisms that produce such disparate representation. Although all but three of the mothers in this study are mothers of color, and the vast majority are Black, this research also fails to address the role of race and racism in shaping the experiences of these mothers of color.

Because this study was not designed specifically to understand how race and racism operate at the intersections of the transitions to parenthood and child welfare context for these mothers, it was difficult to center racial identity and oppression in the analysis. Also, the mothers did not organically discuss their race or experiences of racism with me during their interviews. However, race was a part of their consciousness and was most apparent in interactions with me as a white woman. In Chapter 2, I discuss how my own positionality as a white woman and social worker was received by some participants, in terms of both their hesitation and, in other cases, willingness to share their stories. Evidence of a certain level of race consciousness suggests there is much more to explore in terms of race and parenting experiences in the child

welfare system. However, because this study uses narrative methods which centers the mother's stories and meaning making about their parenting experiences, I felt that it was not aligned with the research methods to interpret the role of race and racism outside of their words and stories. Despite not being centered in my analysis, it is my view that racism is a backdrop against which all of the findings presented can be understood. Still, it is a shortcoming of this study and all others on pregnant and parenting youth in foster care that the role of race and racial oppression are not adequately addressed in the mother's narratives. Future research on this population should explicitly study the role of race and racism in shaping their transitions to parenthood. These studies should include the perspectives of residential staff, child welfare case workers, psychotherapists, and other members of their child welfare team to understand whether and how the logics of state care are shaped by race and racism.

Contributions: Implications for the State as Parent to Parenting Youth in Foster Care

Whether and how the state serves as “corporate parent” to children under the care and supervision of child welfare systems is a longstanding question (Bullock et al., 2006). In their article, Bullock and colleagues identify the state as the primary parent for certain youth in child welfare systems, including older youth in foster care. They note the unique features of being parented by the state, namely that parenting is carried out by corporate organizations rather than caring, nurturing individuals. Even those who work in such organizations bear little personal responsibility for children's outcomes. Further, child welfare workers have been found to feel unprepared to meet the needs of pregnant and parenting youth in foster care. In particular, they lack consistent, accurate information about sexual health and the skills to support youth around family planning (Constantine et al., 2009). In addition, when youth become parents, it is difficult

for some child welfare staff to provide appropriate supports regarding parenting of infants (Max & Paluzzi, 2005).

Pregnant and parenting youth in the child welfare system represent a unique case for questions of whether and how the state should parent. In fact, it extends the question to how the state should parent these parents while they are in foster care. Based on Bullock and colleagues' conception of the state as corporate parent, there are two roles that the state plays in parenting. First, is the way in which the child welfare system resources parenting youth in foster care and their children. The second is the way in which child welfare system workers provide nurturing and care to parenting youth in foster care and their children. Considering the first domain of providing resources, the Illinois child welfare system is unique in that it provides many resources and supports pregnant and parenting youth in their care because of the Hill vs. Erikson consent decree. Yet, if the mothers in this study are any indication, there is much room for improvement in how the state parents in the domains of both resources and nurturing.

The analysis presented in this dissertation has important implications for answering these questions. In the pages that follow, I outline three broad paradigm shifting implications for thinking about how the state should parent in order to promote positive parenting and thriving for young parents in foster care and their children. Finally, I present some ideas for how research priorities on pregnant and parenting youth in care can support efforts to achieve family thriving.

Promoting the Parallel Process via the State as Parent

Like many mothers, parenting youth in foster care experience the transition to parenthood as fundamentally a relational experience, with bonds forming with the infant and relationships with family members and partners changing in profound ways. However, parenting youth in

foster care contend with the unique layer of relating to the child welfare system as they become mothers. In Chapter 3, the mothers narrate how resources provided to them by the child welfare system, including housing, the monthly \$107 check, and other baby items, are crucial for being able to provide for their children. In addition, some mothers highly value the support they received from their case workers and residential staff during pregnancy, birth, and the early days of parenting. In other cases, difficult relationships with child welfare workers make the early days of parenting more difficult to navigate.

We know that, beginning in infancy, safe, stable, nurturing relationships (SSNRs) are protective against adversity (Crouch et al., 2019). The Centers for Disease Control and Prevention identifies SSNRs as a prevention mechanism for child maltreatment and can moderate the effects of maltreatment when it has already occurred (Schofield et al., 2013; US Centers for Disease Control and Prevention 2014). One of the ways to promote safe, stable, nurturing parent-child relationships between young mothers in foster care and their children is to provide SSNRs to the young parents. Bernstein and Edwards (2012) summarize this multilevel modeling of nurturing, called the parallel process, as the fairly simple idea that providing supportive, nurturing relationships to parents promotes change and growth in parent-child relationships (V. J. Bernstein & Edwards, 2012). Pawl and St. John describe the parallel process as, “Do unto others as you would have others do unto others” (Pawl & St John, 2002, p. 7). By this logic, the child welfare system should relate to and provide for young mothers the way that it wants young mothers to relate to and provide for their babies. This requires a fundamental shift in where to intervene and a shift in child welfare practice more broadly.

Many scholars recommend parenting education for young parents in foster care to address two-generation maltreatment outcomes. However, the findings in this dissertation around

how parents relate to the child welfare system during their transitions to parenthood, and particularly regarding parents' relationships with child welfare system staff, suggest that staff need to shift towards relationship-based practice. This shift should be two-fold. First, child welfare workers, including case workers and residential staff, should interact with pregnant and parenting youth in care in a way that promotes safe, stable, nurturing relationships. One way to do this is to engage in relationship-based, reflective practice that is common in home visiting and community doula programs. Relationship-based practice in the early childhood context promotes "reflective parenting" which supports parents to observe their child's signals and to respond accordingly to meet the child's needs. In alignment with the parallel process, practitioners model this way of being in relationship by engaging with parents through observation and inquiry with the goal of achieving mutual competence (V. J. Bernstein & Edwards, 2012; Goldberg, 1977). A key component of relationship-based practice is reflective supervision in which the practitioner's supervisor extends the parallel process to the supervisory relationship, providing an innovative way of processing work with clients. Child welfare staff should have access to the ongoing training and resources required to engage in relationship-based practice with their clients.

Second, child welfare systems should connect young parents in care and their children to pre-existing programs that use relationship-based practice. Examples of such programs include community doula programs and home visiting programs which promote engagement in prenatal care, positive childbirth experiences, increased child development knowledge, and secure attachment relationships between parents and their children. Community doula programs and home visiting programs have long been known to be effective with adolescent mothers. In particular, these relationship-based programs promote warm, nurturing parent-child interactions, help parents to be more responsive to their child's signals and needs, and have improved child

development knowledge (Azzi-Lessing, 2011; Hans et al., 2013; Howard & Brooks-Gunn, 2009; Peacock et al., 2013; Sweet & Appelbaum, 2004). Some doula and home visiting programs work with parenting youth in foster care, while other programs feel ill-equipped to meet the unique needs of the population. However, findings from the pilot study of which this dissertation research was a part indicated that a key feature of young parents' willingness to sustain engagement was the relationship-based approach. Mothers experienced their doulas and home visitors to be reliable, non-judgmental, and as support people who were able to see their strengths as parents (Dworsky, Gitlow, and Ethier, in press). Increasing access to such programs should be an ongoing priority for child welfare systems service parenting youth in care.

Eradicating Punitive Surveillance and Threat as State Parenting Practices

The analysis presented in Chapter 4 identifies punitive surveillance and threat as a primary way in which the mothers experienced being parented by the state, particularly by child welfare staff. Excessively punitive parenting is associated with concerning outcomes including low academic achievement (Pinquart, 2016) and delinquency in adolescence (Pinquart, 2017). The mothers share several stories about child abuse and neglect hotline calls and child welfare investigations initiated for behaviors that, outside of the system, would not be considered abusive or neglectful parenting. The analysis suggests that young parents in foster care view the watchful eye of the child welfare system and the constant threat of child removal as the lens through which they view themselves as parents and the compass by which they make many parenting decisions. Will the child welfare system evaluate them to be "fit parents"? Will they be viewed as a risk to their child if they make a variety of parenting decisions? I contend that there is alignment between the pervasive risk framework used to study these young people and how these young people are punitively surveilled and threatened as new parents. Because the mothers

understand that they are viewed by child welfare system staff as inherently risky to their children, they attempt to reconstruct themselves as parents who meet state determined standards of good parenting, in both identity development and parental decision making. In a similar way that Miller and Stuart (2017) theorize about the criminal legal system producing “carceral citizens” vis-à-vis a hypersurveillance and coercive access to survival resources, these findings suggest that these parents are deeply shaped by the institutional practices of the child welfare system (R. J. Miller & Stuart, 2017).

Put simply, we must do better. There is no doubt that child welfare system workers would not look kindly on young parents in care if they used such punitive and threatening parenting strategies with their children. Further, the result of child welfare practice with these mothers should not be to produce parents who evaluate their parenting on whether the state will view them as abusive or neglectful. These mothers and their children deserve a higher standard of care. Child welfare systems should eradicate punitive surveillance and threat as strategies for dealing with undesirable behaviors or concern for possible undesirable behaviors among parenting youth in foster care.

Promoting Safe and Healthy Parenting Environments: Placement Innovation and Stability

A core tenet of the reproductive justice framework is the right to parent in safe and healthy environments (Ross & Solinger, 2017). What does it mean for the child welfare system to provide safe and healthy environments that promote family thriving? When I designed this study, I was interested in how young parents in foster care experience parenting as a developmental transition. I did not anticipate and was perhaps most surprised to learn that these mothers’ developmental transition into motherhood often occurred in the context of transitioning

between multiple child welfare placements and other living arrangements, including being “on run.”

Particularly for older youth in foster care, placement instability and running away predicts undesirable long-term outcomes, including pregnancy and early parenting (A. Dworsky & Courtney, 2010; King et al., 2019). Also, the Hill vs. Erikson consent decree requires that the Illinois child welfare system provide placements to meet the needs of parenting youth in foster care and their children. The findings presented in Chapter 5 build on research that highlights the importance of placement type for parenting youth in foster care by demonstrating how placement experiences shape parenting experiences. Just as they made parenting decisions based on experiences of punitive surveillance and child removal, they experienced decisions about placements and whether or not they would run away as parenting decisions. Further, the types of placements they were in shaped their parenting experiences and needs.

Although Illinois provides a variety of placement options for parenting youth in foster care and their children, further innovation is needed to promote placement stability and to prevent youth from going on run. There is some evidence to suggest that older youth in foster care are less likely to run away from both traditional and kinship foster homes. Yet, few foster parents are willing to serve as a home for young parents and their children, who can come with complex mental health and behavioral health needs. For young parents in foster care whose children are the subject of an open child welfare case, it can be even more difficult to identify foster homes where mothers can receive intact family services which are foster homes in which the foster parent is responsible for the care of both the young mother and her child. However, increased resources and efforts should be invested in expanding these options to offer stability to parenting youth in foster care and their children.

In addition to innovating placement types, the child welfare system should consider facilitating easier access to social supports particularly if youth are placed far away from important people. Further, the findings in Chapter 5 indicate that mothers in independent living placements need help with parenting. Although they may be considered by child welfare professionals to be “lower risk” parents, these findings indicate that they experience low social support, struggle with social isolation, and are frequently overwhelmed due to a lack of help with parenting. As such, these parents may especially benefit from doula and home visiting services.

Implications for Research On and With Parenting Youth in Foster Care

Scholarship on parenting youth in foster care and their children has expanded considerably since the beginning of the research for this dissertation. Still, there is much to learn. If the contributions of this study are any indication, scholars should shift focus to wondering what we need to learn to transform child welfare systems in ways that promote family thriving for parenting youth in foster care and their children. Such a paradigm shift would create many opportunities for inquiry.

In terms of the implications of this dissertation for future research on pregnant and parenting youth in foster care and their children, there are several future directions that my research will take. I hope that my colleagues will join me in these lines of inquiry. First and foremost, future research on this population must center the role of race and racism in shaping child welfare system practice and parenting experiences. It is not enough to know that the vast majority of young parents in care are people of color. If we understand that the child welfare system, like many systems and institutions, are imbued with a legacy of racism, it is our job to understand how it functions in order to dismantle oppressive practices within it. We must innovate our ability to study the function of racism beyond measuring racial disparities, but

instead develop the skills to understand racism as a mechanism that shapes decision making and experience in the child welfare system for these parents and their children.

The next step of my own research on the transition to parenthood for young parents in foster care will be to expand the study to other states with varying policy and service contexts. Given that Illinois has a mandate for serving these young people, there are many questions about whether and how other state child welfare systems meet the needs of these parents and their children. Further, researchers should continue to evaluate the effectiveness of relationship-based programs such as doula and home visiting programs with pregnant and parenting youth in care. An innovation on my research agenda is to develop relationship-based practice interventions for child welfare workers and to evaluate their effectiveness with this population. Another area of inquiry based on this dissertation is to further study parent and child outcomes by placement type. The findings presented in Chapter 5 suggest that placement matters for parents experiences and needs. Just as existing scholarship has considered placement type and birth rates, scholars should explore placement type and runaway and parent and child outcomes.

We learned from this dissertation that young parents develop in relational context, including in the context of parent-child relationships developed between parenting youth in foster care and their infants. Scholars on adolescent mothers more broadly have established that mothers and their children's development is inextricably linked. To date, none of the research on these families has been able to look at long term outcomes for young parents and their children in and beyond child welfare involvement. Therefore, it is one of my goals to study the long-term outcomes of young parents, both mothers and fathers, in foster care and their children.

APPENDIX: Transition to Parenthood Interview Guides

Interview 1

Introduction to the Recorded Interview

Before we start, is it OK with you that I record our conversation? I like to record so that we can have more of a conversation and I won't have to take so many notes. You can ask me to stop recording at any time."

Pregnancy and Transitioning to Parenthood

Participants will fill out the Transition to Parenthood Timeline (Appendix B) with help from the interviewer. Timelines often begin during pregnancy and participants narrate self-identified important moments or events through to the present time.

- A. Tell me what being a mother is like for you.
- B. How has your life changed since you became pregnant and had your baby?
 - a. Are there other important things that have happened in your life during the time since you became pregnant?
- C. Tell me about your baby/child or children.
- D. What are some of the things you enjoy about being a mother?
- E. What are some of the things that you find challenging about being a mother?
- F. Who has been supportive to you and your baby?
 - a. Are the people you rely on for support now that you are a parent different from the people you relied on for support before you become a parent? If so, how?
 - b. Who are people/what are the things you need to parent your baby/children?

The Transition to Adulthood

- A. What does it mean to you to be "an adult"?
 - a. When do you think you became an adult?
 - i. IF YES, what was going on in your life that made you an adult?
 - 1. What or who helps you to be an adult? (Examples: people, employment, programs, etc.)
 - ii. IF NO, when do you think you would consider yourself an adult?
 - 1. What makes you feel like you are not an adult yet?
 - 2. What or who helps you in your life now to work towards becoming an adult?
 - iii. Is there an adult in your life who you look up to? Tell me about why you look up to them.
 - iv. Who makes important decisions for you and your baby?
 - 1. Who do you turn to help you make those decisions?

DCFS & the Transition Out of Care

- A. What has it been like to be a parent while you are involved with DCFS?
 - a. Optional prompt: For example, what was it like when you told your case worker you were pregnant?

- B. How do you think parenting would be different for you if you were not involved with DCFS?
- C. What do you think your life will be like to not be in DCFS care anymore, when you age out?
 - a. OPTIONAL PROMPT if the young parent is aging out soon: What are your plans for when you age out this year?
- D. What kinds of support do you think you will need when you age out of DCFS?

Conclusion

- A. Since this is our first time meeting, what did I not ask you that I should have?
- B. Is there a question that I should be asking all parents in the study that I have not asked?

Interview Guide 2

Pregnancy and Transitioning to Parenthood

Participants will update their Transition to Parenthood Timeline from Interview #1 with help from the interviewer. Timelines updates will begin where at the end of the Interview #1 timeline.

- A. How has being a mother changed for you since the last time we talked?
- B. What other significant things have happened in your life since the last time we talked?
 - a. How do you think those things effect or change parenting your child?
- C. Tell me about your baby/child or children.
- D. Now that your baby is older, what are some of the things that have changed about parenting?
 - a. What are the things you enjoy most about parenting your child?
 - b. What are the challenges to parenting your child now?
 - c. How have these things changed since your child was born?
- E. What does it mean to be a “good parent”?
 - a. Do you consider yourself a good parent?
- F. Tell me about your relationship with your baby’s father.
- G. Many moms in the study talk about struggling with money or access to resources to live and to parent. Has that been a part of your experience?
 - a. How do you get by financially throughout the month?
 - b. What resources do you need to live and parent that you do not have?

DCFS Placement Transitions

- A. Tell me about the places you have lived since you became a parent.
 - a. IF participant reports placement stability (only 1-2 placements since becoming a parent): What has it been like to stay in one or two places since you became a parent?
 - i. Tell me about living here.
 - ii. What is it like to parent here?
 - b. IF participants report placement instability: What has it been like to move around since you became a parent?

- i. What has it been like to parent in the different places where you have lived?
- c. I hear a lot about going AWOL or on the run. What do you think about going on run?
 - i. If you have ever gone on run, where do you tend to go?
 - ii. Why do you decide to run away?
 - iii. What is it like to parent while you are on run?

DCFS & Parenting

- A. What has it been like to be a parent while you are involved with DCFS?
- B. Tell me about any situations when the DCFS hotline has been called about your child.
- C. IF the participant's child has been removed from their care:
 - a. Tell me about what happened when your child was taken into DCFS care.
 - b. How do you continue to parent your child since they have been in DCFS care?
 - c. How often do you get to see your child since they entered DCFS care?
 - d. How has your relationship with your child changed since they have been in DCFS care?
- D. How do you think parenting would be different for you if you were not involved with DCFS?
- E. For clients who are 20 years old or older: What do you think your life will be like to not be in DCFS care anymore, when you age out?
 - a. OPTIONAL PROMPT if the young parent is aging out soon: What are your plans for when you age out this year?

Conclusion

- A. What did I not ask you that I should have?
- B. Is there a question that I should be asking all parents in the study that I have not asked?

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TABLES

Table 1: Sample Characteristics

Pseudonym	Age	Number of Interviews	Race	Pregnant at Enrollment	Number of Children	Known Repeat Pregnancy	Child Removed	Placement at Time of Interview	Number of Placement Moves	Moved between Interview 1 & 2
Alexis	15	1	Black	No	1	Yes, late miscarriage		Congregate Care Facility	1	
Janae	15	1	Black	Yes	1			Congregate Care Facility	5	
Aniyah	15	2	Black	No	1		Yes	Foster Home	16	Yes
Autumn	16	2	Black	Yes	1			Congregate Care Facility	14	No
Sierra	16	1	Black	Yes	1		Yes	Foster Home	16	
Whitney	16	1	Black	Yes	1		Yes	Congregate Care Facility	11	
Yessenia	17	1	Latinx	No	1		Yes	Transitional Living Program	1	
Amber	17	1	White	Yes	1			Congregate Care Facility	12	
Arianna	17	2	Black	Yes	1		Yes	Congregate Care Facility	24	No
Jameka	17	1	Black	Yes	1			Congregate Care Facility	10	
Dominique	17	1	Black	Yes	1			On Run	5	
London	18	1	Black	Yes	1			On Run	12	
Nikki	19	2	Black	Yes	1			Youth in College; Transitional Living Program	5	Yes
Lupe	19	2	Latinx	No	1		Yes	Transitional Living Program	30	No
Claudine	19	2	Black	No	1			Unauthorized Placement	2	Yes
Trinity	19	1	Black	Yes	1			Transitional Living Program	24	
Hope	19	1	Black	Yes	1			Foster Home	8	
Daniela	19	1	Latinx	Yes	1			Residential Home	14	

Table 1, Continued

Pseudonym	Age	Number of Interviews	Race	Pregnant at Enrollment	Number of Children	Known Repeat Pregnancy	Child Removed	Placement at Time of Interview	Number of Placement Moves	Moved between Interview 1 & 2
Lauren	19	1	Black	Yes	1			Foster Home	3	
Amami	20	1	Black	Yes	3			Kinship Foster Home	12	
Jordan	20	2	Black	Yes	1		Yes	Transitional Living Program	42	No
Simone	20	2	Black	No	2	Yes, live birth		Transitional Living Program; Independent Living Apartment	24	Yes
Janelle	20	2	White/Latinx	No	2	Yes, live birth		Independent Living Apartment; Own apartment (aged out)	3	Yes
Jenna	20	1	White	Yes	1			Independent Living Apartment	6	
Chantal	20	1	Black	Yes	1	Yes; Miscarriage *		Independent Living Apartment	3	
Summer	21	2	Black	No	1			Transitional Living Program	1	No
Vanessa	21	1	Black	No	1	Yes, abortion *		Independent Living Apartment	7	
Olympia	21	2	Black/White	Yes	2	Yes, live birth		Independent Living Apartment	5	No
All sample characteristics reflect only time period in which participants were enrolled										
*disclosed during interview										

Table 2: Coding Matrix

Code Book

Finding 1: Maternal Development as Relational Process

<i>Code Group</i>	<i>Codes</i>
Transition to Parenthood	Positive transition Trauma during transition Pregnancy Turning points Coping with challenge Difficult behaviors Learning how to parent Fear Parenting wishes Self-reliance
Parenting Identity Development	Identity realization Identity transformation Validating identity transformation Lack of parenting identity Parent-child relationship Describes baby Comparison to other parents Defying stigma Good mother View of self
Child Welfare x Parenting Identity	CW- parent-child relationship CW- parenting decisions Child DCFS involved Lack of CW involvement
Parenting x Social Support	Baby's father Relationship to FOB(ies)

Table 2, continued

Child Welfare x Social Support	Change in social support Relationship changes Family of origin Adult/parenting mentor Caseworker instability Child welfare staff support Conflict with child welfare staff CW- constrain social support Increased social support x CW Unmet support needs x CW
Finding 2: Punitive Surveillance	
Child welfare surveillance	Information withheld DCFS rules and expectations Undesirable behaviors x CW Resisting surveillance/rules
Child welfare sanctions	Terminated parental rights Visitation withheld Child DCFS involved
Child welfare threats	Parent perceived as threat Fear Threat of child removal Decision making and threat
Parenting x Material Resources	Unmet material need Describes material need Accessing material resources
Child welfare x Material Resources	Describes CW resources Issues with stipends Monetary sanctions Monetary deductions
Finding 3: Placement Matters	
Placement	Placement instability Pregnancy x placement changes

Table 2, continued

Parenting x placement changes
Moved away from child
Going on run
Aging out
Foster home
Group home
ILO
Kinship placement
Launch placement
TLP
Mental health hospitalization
Shelter Placement
Safe Families
Threat of homelessness

Table 3: Placement Type Descriptions

Placement Type	Description
Foster home	Placement with foster parent(s), including traditional, specialized, and treatment foster homes.
Home of relative	Placement with a relative approved by the child welfare system, sometimes referred to as kinship care.
Residential care	Placement in congregate care/group home or emergency shelters, including treatment-based facilities for parenting youth in foster care.
Independent living/youth in college	Placement in independent living apartment or college dormitory.
Transitional living program	Placement in a transitional living program for parenting youth and their children. Youth live in shared apartments and the program is staffed 24/7.
Unauthorized placement	Parent is living with a relative or friend who has not been authorized by the child welfare system as an authorized placement.
Runaway	Youth have left authorized placement for more than 24 hours.
Hospitalization	Medical hospitalization, including psychiatric hospitalization.
Detention	Detention by the Illinois Department of Corrections.
Permanency	Youth is placement in a permanent home, no longer in the care of the child welfare system.

FIGURES

Placement Instability Graphs

Figure 1: Placements for Participants Enrolled in the Study for More than 18 months

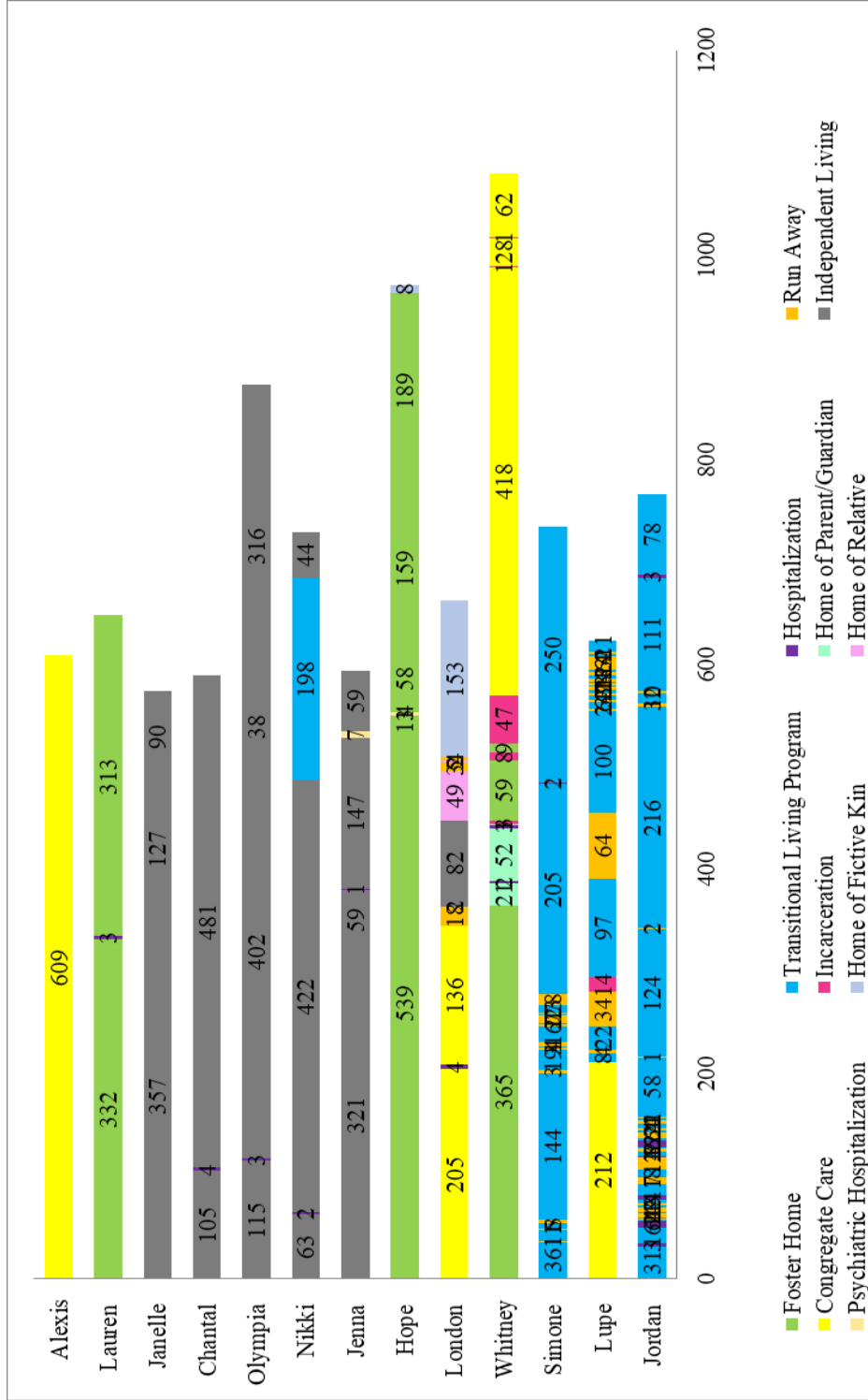


Figure 2: Placement for Participants Enrolled Less Than 18 Months

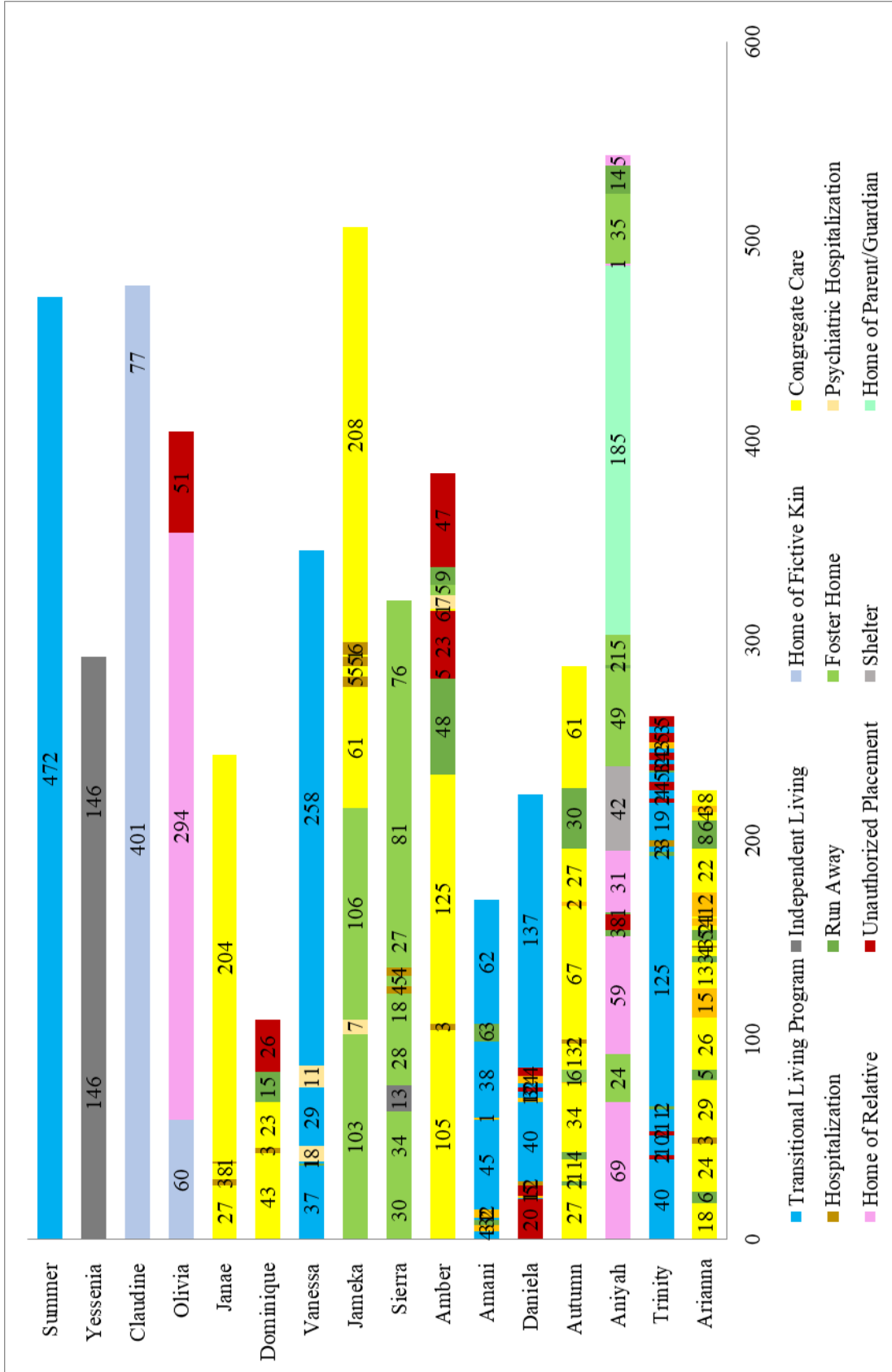


Figure 3: Transition to Parenthood Timeline Example

Transition to Parenthood Timeline

Whitney, Black mother, Age 16

