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Autumn M. Bermea

Heidi Adams Rueda

Kwynn M. Gonzalez-Pons

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Autumn M. Bermea[1] , Heidi Adams Rueda[2], Kwynn M. Gonzalez-Pons[3]

[1]   The Ohio State University, Campbell Hall 151D, 1787 Neil Ave, Columbus, OH 43210, USA
[2]   The University of Texas at San Antonio, San Antonio, USA
[3]   University of Utah, Salt Lake City, USA

Abstract

Adolescent girls in foster care are disproportionately vulnerable to pregnancy and parenthood. These experiences of motherhood might be partially attributable to experiences of trauma, including sexual trauma. Trauma, particularly related to domestic violence and sexual abuse, have been linked to subsequent struggles in intimate relationships, such as dating violence or engagement in unsafe sexual behaviors. Although some research has begun to investigate experiences of trauma on relationships, there has been a lack of focus on intimate relationships in general and how they have been influenced by past and/or current traumatic experiences. The present study draws on 12 interviews with program staff who work with adolescent mothers at a residential foster care facility. Staff provided perceptions concerning the mothers' dating and sexual health experiences to provide recommendations for working with this population. Findings present two overarching themes which attend to the nature of the mothers' lived relationship experiences (e.g., boundaries, expectations) and how those relationships had been influenced by their past experiences of trauma. Findings provide implications for empirically informed and strengths-based, as opposed to deficit-focused, practice. Future research should focus on further developing trauma-informed care for adolescent mothers in foster care.

Introduction

In 2017, just over 194,000 children were born to adolescent girls between the ages of 15–19 years old (Hamilton, Mar- tin, & Osterman, Driscoll, & Rossen, 2018). Although these numbers include adolescent mothers nationwide, research suggests that girls in foster care are at an increased risk to become pregnant and have a child compared to their peers who are not in care (Dworsky & Courtney, 2010; Eastman, Palmer, & Ahn, 2019; King, Putnam-Hornstein, Cederbaum, & Needell, 2014; Shpiegel, Cascardi, & Dineen, 2017; Winter, Brandon-Friedman, & Ely, 2016). Trauma, defined as event(s) or circumstance(s) that cause psychological and physiological stress on an individual (Freed & SmithBattle, 2016), may help to explain the discrepancies in these rates. One reason trauma might influence pregnancy and parent- hood rates among youth in foster care specifically might be that mothers are in care as the result of sexual trauma. Sexual trauma among this population can involve family sexual abuse or being forced into exploitative transactional or commercial sex, which is having sex for resources, drugs, or alcohol (Ahrens, Katon, McCarty, Richardson, & Courtney, 2012; Matta Oshima, Narendorf, & McMillian 2013; Winter et al., 2016). Those who have experienced sexual trauma may also be more likely to engage in what are typically considered risky sexual behaviors, such as unprotected sex (Gonzalez-Blank & Yates, 2015).

Sexual risk-taking has also been associated with the transitional nature of their living situations once in the foster care system (King et al., 2014). Mothers in foster care may also intentionally become pregnant to create a new family, forming emotional bonds that they did not experience as young children (Aparicio, Pecukonis, & O'Neal, 2015).

Early family trauma has also been connected to struggles in subsequent relationships (Gonzalez-Blank & Yates, 2015; Jouriles, McDonald, Mueller, & Grych, 2012). Given the rates of motherhood for girls in the foster system, the heightened potential for trauma within this group, and its ability to impact dating and sexual relationships, there is a need to better understand the unique experiences of this population. This study draws on interviews from program staff at a residential foster care facility for mothers. The purpose of this study is to better understand how staff perceived girls' dating and sexual experiences, as well as how they felt these experiences were influenced by prior trauma. We end with practice recommendations.

Literature Review
Perspectives on Trauma

Traumatic events have long-lasting effects on those who experience it, such as difficulties in social relationships, mental, and physical health (Freed & SmithBattle, 2016). Internalizing trauma, such as family violence, involves both cognitive and ecological processes (Edwards & Karnilowicz, 2013; Jouriles et al., 2012). Youth who experience trauma in childhood may form insecure attachment styles that make communication difficult in interpersonal relationships across the lifespan (Zinn, Palmer, & Nam, 2017). Traumas that impact attachment can be linked to larger systems, such as being involved in the foster system following the initial filial trauma (Edwards & Karnilowicz, 2013). Those with less secure attachment styles might be more likely to have difficulties with emotional regulation, including with dating partners (Jouriles et al., 2012). However, mothers in foster care who have stronger ties to their families, either biological or foster, may experience fewer poor mental health out- comes and more secure attachment styles, suggesting the importance of strong relationality (Wilson, Glebova, Davis, & Gita Seshadri, 2017; Zinn et al., 2017). Particularly in residential foster homes, program staff are called on to fill parent-like roles (Bermea, Forenza, Rueda, & Toews, 2019; Rueda, Brown, & Geiger, 2019).

Trauma Among Adolescent Mothers in Foster Care

Adolescent mothers are disproportionately represented in the foster care system

(King et al., 2014; Shpiegel et al., 2017). Across the course of their lives, youth in foster care experience a myriad of trauma across contexts, including being physically attacked, sexually assaulted, and witnessing violence against others (Knight, Chase, & Aggleton, 2006; Salazar, Keller, Gowen, & Courtney, 2013). They may also be traumatized through being forced into exploitative sex (Aherns et al., 2012; Winter et al., 2016). However, unstable and inconsistent living arrangements are also traumatic and have been linked to Post-Traumatic Stress Disorder (PTSD) and other mental health concerns including depression and substance abuse (Okpych & Courtney, 2018; van Dulmen & Deluca, 2017). Compared to their male peers, girls tend to experience both greater instances of sexual assault (Ahrens et al., 2012; Salazar et al., 2013) and placement changes (Okpych & Courtney, 2018). These traumas, either before or after entering care, have been linked to pregnancy (Matta Oshima et al., 2013; Winter et al., 2016).

Foster youth in general are further vulnerable to trauma through experiences of teen dating violence victimization (Johnson-Reid, Scott, McMillian, & Edmond, 2007). However, youth who have been previously exposed to family violence report difficulties in cognitive functioning related to anger regulation, and thus, may have an increased risk to also perpetrate dating violence (Jouriles et al., 2012). Further, mothers in foster care may have been sexually assaulted by a family member (Matta Oshima et al., 2013) and some then have to share custody with their abuser, adding a further layer of psychological and physical stress. Sharing custody with an abuser can then cause more trauma by forcing continued interaction with the person who instigated the original trauma. Cumulative experiences of trauma are related to increased risk for youth's repeated and sustained dating violence (Kennedy, Bybee, Palma-Ramirez, & Jacobs, 2017; Rancher, Jouriles, Rosenfield, Temple, & McDonald, 2019).

Trauma and Dating Relationships

Youth in foster care experience various challenges in their romantic relationships. Some have difficulty forming and maintaining relationships (van Dulmen & Deluca, 2017) due to struggles with developing a secure attachment style (Zinn et al., 2017) or lacking positive role models (Forenza, Bermea, & Rogers, 2018). In other cases, some are manipulated and controlled by their partners because they have not been exposed to

previous healthy relationships (Radey, Schelbe, McWey, Holtrop, & Canto, 2016). Mothers in foster care who have a history of sexual assault from their loved ones are further vulnerable to equating sex with love (Knight et al., 2006; Senn & Carey, 2010) and might seek out sexual relationships to receive feelings of love and intimacy (Connolly, Heifetz, & Bohr, 2012), including engaging in transactional sex to please a partner (Radey et al., 2016). In these cases, they may seek out, and be indiscriminate about, what they perceive to be a supportive relationship if they do not have one. As many mothers want to improve their children's lives by giving them a consistent home, they might cohabitate with a partner who exhibits unhealthy or abusive behaviours (Aparicio et al., 2015). To facilitate healthy relationships for adolescent mothers in foster care, professionals who interact with them should be knowledge- able about working with this population (van Dulmen & Deluca, 2017), particularly regarding dating and sexuality.

Trauma Informed Care for Adolescent Mothers in Care

Despite the importance of those who work with adolescent mothers in foster care, few studies have sought to under- stand how program staff perceive and serve them (Bermea et al., 2019; Radey et al., 2016). Unfortunately, mothers have largely indicated negative relationships with many social workers and foster parents. Some mothers have described feeling judged and betrayed by case workers (Connelly et al., 2012) and others have felt as though neither case workers nor the foster care system truly dedicate time to care for them (Knight et al., 2006). Additionally, some caseworkers feel more pessimistically about mothers' life outcomes than the mothers themselves do (Radley et al., 2016).

However, there are many sources of support within the foster care system for adolescent mothers. These include caseworkers who help teach new and healthier parenting strategies (Schelbe and Geiger, 2017), provide mentorship (van Dulmen & Deluca, 2017), and offer mental health ser- vices for trauma recovery (Kulkarni et al., 2010). Services that might be particularly useful are residential foster care facilities and programs that are designed specifically to meet the needs of adolescent mothers (Radey et al., 2016). Staff often want to hone their skills in working with the sexual and dating

health needs of adolescent mothers in care but often struggle to do so (Bermea, Rueda, & Toews, 2018). Improving these staff members' understanding of adolescent mothers' experiences can help them to implement more effective care.

One way program staff in residential facilities for adolescent mothers may do so is through trauma informed care. Trauma informed care is an evidence-based approach that emphasizes youth's strengths and capacities for resilience by creating a safe and emotionally responsive environment (Brown, McCauley, Navalta, & Saxe, 2013; Purvis, Cross, & Pennings, 2009). Those working with adolescent mothers should recognize that behaviors and interactions they find challenging might be rooted in experiences of trauma and actively work to not retraumatize them (Kerns et al., 2016). To illustrate, a young mother might engage in unhealthy relationship and sexual practices because the individual has been exposed to violent or manipulative relationships throughout their lives (Gonzalez-Blank & Yates, 2015; Radey et al., 2016). Program staff at residential facilities for adolescent mothers should use language that shifts the problematization of mothers' behaviors, such as saying that they are "bad" or "difficult" and, instead, recognize that behavioral struggles may stem from trauma, which can influence cognitive functioning, including emotional regulation and impulsivity (Freed & SmithBattle, 2016). Understanding trauma allows staff members to contextualize mothers' current relationships that may be considered unhealthy or inappropriate and to provide trusting relationships to build capacity for further healing (Radey et al., 2016).

Individuals who work with this population can offer insight concerning the contexts of trauma pregnant and parenting adolescent mothers in foster care experience, as well as potential linkages of trauma to these mothers' dating and sexual lives (Knight et al., 2006; Radey et al., 2016). The current study uses interviews from 12 program staff at a residence for pregnant and parenting adolescent mothers to understand these youth's unique needs. This study is guided by the research questions: (1) *What are the dating and sexual experiences of adolescent mothers in foster care from pro- gram staff members' perspectives?* and (2) *How are these contextualized by trauma?*

Methodology

Procedure

The present study was part of a larger community-based participatory action research collaboration between a residential foster home for pregnant and parenting adolescent girls and a university in the same urban city located in a Southern state. The mothers ranged in age from 14–20 years old, most were racial minorities (44% Hispanic; 30% Black; 11% mixed race), and of low socioeconomic status. They ranged in time spent in foster care from having just entered to eight years. Notably, all had with a history of trauma often related to their family of origin.

The goal of the collaboration was to understand the mothers' dating and sexual experiences in order to subsequently launch an evidence- and trauma-informed relationship health program and tailored policies and practices for youth. This was a mixed-methodological and multi-year study (author citations) that, in the first phase (fall, 2014), included individual staff interviews at the residential facility. Subsequent phases (through fall 2016) included focus groups with the residents as well as the collection of quantitative survey data, which included items pertaining to relationship quality, men- tal health, parenting, and teen dating violence. The present study is an analysis of data collected in the first phase, which was specifically aimed to assess the staff's perceptions of the residents' needs. An understanding of the mothers' dating and sexual health needs was especially important as there was, at the time, a policy prohibiting dating in the residence. It was crucial to capture staff's perspectives on the mothers' experiences and needs as staff assumed caregiving roles and were responsible for the mothers' wellbeing (Bermea et al., 2019; Rueda et al., 2019).

Following approval from the [university name redacted] institutional review board, the principal investigator (second author) conducted interviews with staff ($N = 12$). Participants were purposefully sampled to represent the different roles within the residence. Program staff was the term preferred by the organization to describe the various roles of staff, educators, and other personnel who worked directly with the youth to provide direct care services. As part of the collaborative nature of the study, the clinical director provided the principal investigator with a list of staff who had experience providing care to the youth and could thereby speak to their sexual and dating lives. All twelve elected to participate. The interviews lasted approximately one hour and were

held in program staffs' offices (*n* = 11) and a private section of a local coffee shop (*n* = 1). All interviews were conducted by the principal investigator, a female researcher with a back- ground in social work and qualitative research, except for one which was conducted by a male research assistant who was trained in qualitative data collection. Staff also participated in a member checking focus group to ensure that initial themes were reflective interpretations of the data. All participants received a $15 gift card for their time and input. Data were transcribed verbatim by members of the research team (Braun & Clarke, 2006).

Participants

Data were collected via interviews with 12 program staff, each of whom identified as female and the sample was racially diverse (Hispanic = 6; Biracial = 3; White = 2; Asian = 1), which was reflective of the residents' racial backgrounds. Their average age was 36 years old (*range* 22–65 years). The majority of staff (*n* = 7) were trained in mental health professions, namely holding counseling/psychology (*n* = 4) and MSW (*n* = 3) degrees. Others included biology (*n* = 1) and religious studies (*n* = 1). Two had currently completed some college at the time of the interviews and one did not list their professional background. Their broad roles within the residence were education (*n* = 3), residence (*n* = 3), mental health (*n* = 2), spirituality (*n* = 2), and childcare and development (*n* = 2). Those in education worked in facilitating the mothers' academic and parenting educational success. Staff who worked in residence worked to meet the mothers' needs within the facility and implement programming. The staff who worked in men- tal health included clinical positions (e.g., therapist), and those in spirituality worked in the religious component of the residence (e.g., ministry). Staff who worked in childcare and development met the needs of the mothers' children, including on-site daycare. They had an average of nine years (*Mdn* = 8) of professional experience.

Thematic Analysis

Data were analyzed using thematic analysis, which allowed the researchers to identify patterns within the data (Braun & Clarke, 2006). Thematic analysis is a post-positivistic approach that is often used in research for mental health practitioners. It

allows researchers to identify organizing concepts, or themes, around a larger story shared by the participants (Braun & Clarke, 2014; Clarke & Braun, 2018). Researchers can interpret, and better understand, the ways that practitioners are able to provide care (Braun & Clarke, 2006; Clarke & Braun, 2018), in this case to address the dating and sexual health needs of adolescent mothers in residential foster care.

All three authors immersed themselves in the data as a whole by reading through the transcripts in their entirety before beginning to code directly. The principal investigator conducted the first round of coding and shared preliminary themes (e.g., 'influences of trauma on dating experiences') with staff as a form of member checking. This step in the process helped to build shared understanding and solidify emergent themes (Merriam & Tisdell, 2016). Following, the authors conducted a more rigorous analysis beginning with the first author, who created mind maps through NVivo qualitative analytical software (Braun & Clarke, 2006). The broad themes developed during this stage were then sorted into subthemes, where applicable, through these maps. The third author also coded line-by-line across the data set, independently following the same procedures manually. All researchers shared and compared findings via multiple online meetings, including the principal investigator who was able to share insights from in-person interviews and member checking (Braun & Clarke, 2006). During this time, they eliminated extraneous themes that were not applicable to the study's purpose and collapsed others into existing themes. In sum, multiple modifications were made to the codebook as all researchers reviewed the data, engaged in recursive analysis, and discussed findings. Where there were discrepancies, the authors reached consensus via online meetings.

Several steps were taken to maintain rigor across the analysis (Merriam & Tisdell, 2016). Member checking, led by the principal investigator, helped to ensure that the initial interpretations of interviews were credible. This discussion took place during a regularly scheduled staff meeting, and all staff who had been interviewed were present in addition to newly hired staff and administration. Participants voiced agreement with the preliminary understanding of their reports, and importantly, also decided that they would continue to discuss the topic of dating and sexuality thereafter in meetings. Following their approval, the research team proceeded with more in-depth analysis. The

authors also engaged in researcher triangulation. Two of the three authors had engaged in data collection and analysis with pregnant and parenting adolescents, both in and outside of foster care, as well as in practice through relationship education implementation (Merriam & Tisdell, 2016). The findings are presented below using rich exemplars from the data (Braun & Clarke, 2006) and pseudonyms are assigned to protect participants' identities.

Findings

Program staff identified themes related to the residents' sexual and dating experiences. The first primary theme described mothers' *lived relationship experiences.* As subthemes to this first theme, program staff felt the mothers struggled to create *boundaries in physical and virtual spaces.* Difficulty setting physical and emotional boundaries stemmed from the mothers' desires to meet pragmatic needs through their partnerships, reflecting their lived realities as youth in foster care and the trauma they experienced. Program staff also described mothers' *experiences of teen dating violence.* A second primary theme, *the translation of trauma to present relationships*, captured youth's reasons for their current experiences as perceived by staff. This sub-theme included two subthemes *witnessing* and *experiencing family violence.*

Lived Relationship Experiences

The staff felt the mothers often struggled in their lived relational experiences and prioritized relationship components related to pragmatic concerns, such as having material and stability needs met, rather than those the staff felt were more developmentally typical, such as romantic attraction and communication. In the second subtheme, *experiences of dating violence*, staff discussed how there was often dating violence in the mothers' relationships.

Boundaries in Physical and Virtual Spaces

Staff shared that mothers had relationships both in person and with partners they met online. However, they also often described how the mothers struggled within these relationships in ways that impacted both themselves and their children, specifically that

mothers struggled to set boundaries. They partially viewed these boundaries as struggles to have needs met that the mothers did not in their own families. Rosario (65-years-old, Hispanic, child- care and development) stated, "I really, really don't think that they are looking for any kind of love. I think they're just looking for support." Adriana (26-years-old, Hispanic, education) differentiated the mothers' sexual development from those not in the foster system, "With our foster youth, it tends to be more like, 'Who's gonna care for me? Who's gonna love me?' I think that's why they're more willing to be physical with anybody that they meet." As Letty (44-years-old Hispanic, residence) explained, "They kind of just want attachment. They're seeking attachment or they're meeting their needs by filling it with sex." Erika (27-year-old biracial, education), noted, "I see them as so desperate to be loved and accepted by someone, they put themselves and sometimes even their child in situations that are not safe."

Although mothers were working to have their needs met, the way they set, or were unable to set, boundaries, sometimes had negative impacts on their own and their children's safety. Across the interviews, staff shared how the mothers would bring their children with them when they met sexual partners, sometimes engaging in sexual activity while their children were either unattended or with their partner's acquaintance. Paloma (39-years-old, Hispanic, residence) described concern around the mothers' struggles to set boundaries,

> I think [boundaries] are important things for them to learn quickly because that's the kind of thing that they need to teach their children. Then for safety reasons, of course, too, not bringing all kinds of strangers into your life that could possibly physically or mentally… abuse your child.

Creating healthy boundaries not only referred to physical safety, but also to the girls' emotional well-being. Adriana offered, "what [the mothers] feel about relationships is that they do need to be physical. There's no emotional side to stuff. It's all about being physical." Despite this, the staff also felt that the girls did not take sufficient time to know someone and let the relationship progress before trying to create a family, potentially to create the bonds they did not have in their families of origin. Letty described, "[A mother] wants somebody to give her the care and love that she needs, but also, well, 'This is going to be your daddy. We're going to get married. We're going to

move out …and get a place together.'" Cindy (36-years-old, white, childcare and development), referenced the mothers' need to incorporate a father figure into their relationships, "It's almost like a lot of them don't have the sense of, 'I need to take it slow….' They jump right into saying, 'Oh, this is your new daddy….' Move right in with them." Rather than defining their expectations of a partner as requiring mutual consent, communication, or commitment, Teresa (biracial, 32-years- old, mental healthcare) expressed, "I don't know that they really know what is off-limits." The staff felt that the norm was for girls to cycle through multiple relationships and that, though they engaged in different dating relationships, the girls were unable to conceptualize them as such. Although this is not uncommon for youth both in and out of foster care, staff felt that this might hold negative outcomes for the mothers due to their children's involvement.

The staff observed how difficulties setting boundaries in physical relationships were often prefaced by a lack of boundaries in virtual spaces, for instance, in meeting their partners through online social networking platforms. Francisca (30-years-old, Hispanic, education) felt that, "Social media is very important to [them] …. It seems that a lot of the girls meet their gentlemen… on social media now." The mothers might have had relationships primarily through online platforms because they were unable to have their relationship needs met by living in a residence where dating was not permitted. Adriana discussed the negative ramifications of this,

> They'll meet guys on different websites, social net- working sites, and they will just meet them downtown. They don't know this person… but they will meet them without even thinking twice. To me, I think that's a little scary 'cause I feel they put their children in danger when they do that, but it's just whoever's willing to care and love for them.

> Silvia (43-years-old, Hispanic, spirituality), gave a similar example about when the mothers would meet and have sex with partner they had just met, the child, "was in the room… you not only put yourself in danger by going with someone you didn't know, but you also put your daughter in danger."

Despite these concerns, it should be noted that, although in the minority, some of the staff, such as Cindy, did state that some mothers were even more mindful of their relation- ships through their goals of keeping their own children out of the foster system,

We have had some really strong girls that really… wanted to really make a better life for their kids. Those were the girls that most likely had been in some CPS since they were younger. They didn't want their kids to repeat that.

Experiences of Teen Dating Violence

Staff further felt the mothers struggled to differentiate between what they wanted in relationships with what they felt obligated to do. As the result of sexual coercion, this included engaging in sexual activities to keep their partners. Teresa described how a mother told her that, "if you're not giving it [sex] up, they're leaving." When Rebecca (22-years-old, white, spirituality), was asked about the mothers' most pressing needs regarding their dating and sexual relationships, she responded, "they need to know that they're valuable."

In addition to coercion through fears of relationship dissolution, staff described how they felt the mothers were manipulated into sexual activity because they did not feel refusal was an option, particularly when their partner was their child's father. Paloma recalled discussing, "Just because it was the baby's dad or your boyfriend, if you don't want to [have sex with him], you don't have to." Nina (35-years-old, Asian, mental healthcare) offered a similar story,

A resident went on a visit with her child to the baby's father's place, and the dad actually forced himself on her…. She later had a crisis because of that because she really didn't want it, but she felt that, "I had to because that's my baby's father."

Staff relayed how the girls would frequently return to past abusers, for instance, reconnecting with their child's father or abusive childhood caregivers. Adriana explained, "They tend to always go back to the baby's father, even if he was the initial abuser." She shared,

We had one resident who came when she was 15, and at that time, her little boy was maybe 5 months old. It was interesting because the baby's father, he was abusive, verbally and physically abusive…but she would continue to go to his house on the weekends, if she would go on pass.

Often the abuse was also emotional. Rebecca described these relationships as,

"manipulative is the best word." Silvia shared one example of when, "the father of her child… told her that she was ugly, and that every time he would have sex with her, he was picturing someone else. Yet she was only drawn to him, being the father of the child."

Staff characterized the mothers' relationship experiences as struggling to create relationship boundaries that sometimes placed both themselves and their children in danger as well as dating violence. The staff attributed the mothers' relationship struggles, including those related to dating violence, to their experiences of past trauma in their families of origin.

The Translation of Trauma to Present Relationships

The mothers entered Child Protective Services as the result of victimization; however, staff described that their experiences in the system did little to offer stability. The staff as a whole felt that, although the mothers had left traumatic homes, they still were not privy to healthy relationship models. Without exception, the staff attributed the relationship dynamics described above to these past traumas. What the staff described as unhealthy relationship components in the previous theme should be understood in the context of their family histories, namely, *witnessing family violence* and *experiencing family violence*.

Witnessing Family Violence

From a young age, the mothers lacked positive examples of relationships and conflict resolution in their homes. As Teresa described, "All they've been modeled is 'I'm gonna beat you' or 'I'm gonna shut you outta my life altogether.'" To staff, some girls, having witnessed unhealthy parental relationships, developed cognitive frameworks which viewed sex as an exchange to meet material needs or in ways that normalized sexual coercion. Letty explained, "They've seen their mothers manipulate men or prostituted in exchange for different things. These girls develop this habit or they think it's okay." Paloma compared the experiences of mothers in her care to their parents, "Some of our girls are getting money from peo- ple that they meet online just because they're talking to them." The staff felt the girls normalized many of the behaviors that were modeled in their childhood, carrying them into their own

relationships. Per Teresa, "there is no concept of what even quasi-healthy might look like…. It's one thing to have knowledge, but to really understand, I don't even know that they have the knowledge of it."

The staff was concerned that, given the transmission of past trauma, the mothers strived for relationships even if they came with further harm. Francisca observed how the unhealthy and abusive relationship dynamics the mothers currently experienced were informed by, "their own trauma and their past, a lot of these girls have low self- esteem." Similarly, Nina shared,

> If they have experienced domestic violence with mom [or] mom's boyfriend, some are more accepting that their own boyfriend is also being control- ling and is also being verbally aggressive and even physically aggressive. Cuz they've seen it, and mom's tolerated it, and they lived through it.

Cindy shared, "A lot of these girls have had the trauma and… it's almost when they feel that affection, or the attention from somebody, that they naturally equate that to, 'okay, he likes me.'" Their need for support was a recurring idea, which Teresa attributed this to a lack of self-worth, "There's no respect for anything, for a boundary, for anything. I think all of that, for me, that stems back to the lack of self-respect. They don't even have any kind of positive feeling towards themselves." Silvia expressed that, "they've not experienced love—not just from a boyfriend, but from a parent, or a stepfather who has sexually abused them, a mother who has neglected them—they don't understand that concept of love."

Experiencing Family Violence

As expressed in the Silvia's quote, many experienced sexual and domestic violence addition to witnessing it in their families. Teresa stated, "A lot of our girls have been prostituted by their moms or their parents, their dads, uncles, grand- mothers in exchange for money, drugs." Sabrina (30-years- old, biracial, residence) also compared these mothers' experiences to those not in care,

> A lot of our girls have been sexualized by adult men, family members, things like that. Whereas other teenagers are exploring with other teenagers in a nor- mal way, they've already been experiencing that since they were very young in a very

inappropriate way.

Some instances of victimization resulted in pregnancies and the fathers of their children were sometimes a family member or older man. As a result, the girls usually could not maintain a relationship with the baby's father. As exemplified by Francisca, "Some of them don't have any relation- ships with their baby daddy anymore or can't because of [child protective services] … her daughter is the product of the sexual abuse from her actual stepfather." Letty shared, "A lot of them [children's fathers] are not involved…because it was rape, prostitution, incest. Very rare it's a girl who got pregnant by a boyfriend within her own age gap." In considering these factors, Sabrina urged experiences of trauma to be accounted for when working with this population,

> Our girls have huge traumatic backgrounds. It's that piece that nobody sees…. [It
> is critical to see] a per- son, not even just a teen, but as a full human where you
> have sexual help as part of mental health as part of relational health.

The staff, such as Cindy noted, how past experiences directly influenced their experiences in the residence, "they might not be able to have contact with their baby's fathers… because it was mandated by the court, or their [child protective services] placement." Despite this, some of these relationships did continue, as reported by Sabrina, "Some of them try to hold onto relationships from inappropriate adults who they were abused from in the past when they come on campus and they consider that a relationship." In addition to maintaining relationships with past abusers, Francisca noted how abusive dynamics manifested in later relationships, "A lot of them tend to be the victim of sexual trauma or physi- cal abuse from their parents. It definitely affects them in how they choose, or maybe once again not choosing, the most appropriate suitors." Sabrina corroborated this, "A lot of it is just, they've been sexualized since two, three, four, five years old. They don't know anything else but to have a man involved in some way." Summing up, Letty felt the mothers' relationships diverged from their peers who had not experienced trauma, "It's not going to be the traditional boyfriend-girlfriend story that you might get compared to somebody who's been in a facility that has experienced a different type of trauma and sexual experiences." Given the culmination of witnessing and experiencing violence, staff felt the difficulties in conceptualizing potential ramifications of their relationship behaviors impacted the mothers' current lived

relationship experiences.

Discussion

This study provided the perspectives of program staff at a residential foster care facility for adolescent mothers in which they described the experiences of their residents as they related to dating and sexuality. Staff discussed how the mothers prioritized meeting basic needs for safety, security, and provision in their dating and sexual relationships, including struggling to set healthy boundaries with partners which sometimes put children at risk of harm. These patterns were likely rooted in histories of having witnessed and been victim to violence within their families of origin as adolescent mothers experienced physical, emotional, and sexual violence in their relationships. Although the staff's dialogue primarily reflected deficits and problems, youth resiliencies were embedded by some and genuine care was evidenced on behalf of program staff who desired to improve dating and health services for young mothers in their care.

Adolescent mothers in foster care often experience violence, housing instability, and inconsistent caregiving, which might influence them to establish families of their own (Aparicio et al., 2015) and potentially conflate sexual and romantic feelings (Senn & Carey, 2010). Program staff described the mothers' struggles to develop and maintain healthy boundaries and offered descriptions of problematic scenarios including sexual activity with relative strangers, at times with their children present (Connelly et al., 2012). Although their relationships were often unhealthy, even dangerous, the staff described the mothers' efforts to develop or maintain them and outlined how the mothers might stay with an abusive partner if he was the father of their child or provided a fathering role (Aparicio et al., 2015). Staff also reported that the mothers sometimes felt obligated to engage in unwanted sexual activity to maintain their relationship (Radey et al., 2016). Indeed, although foster youth are able to recognize and describe positive relationship components, they also often struggle to implement them, which might be attributable to a lack of modeling on *how* to do so (Forenza et al., 2018).

Despite the staff's desire to improve the residents' health and safety, they tended to hold a deficit view of the mothers' experiences. Although teen dating violence holds negative outcomes for mothers and their children, adolescent mothers in foster care are

resilient and often able to navigate relationships in the face of trauma (Aparicio et al., 2015; Kulkarni et al., 2010; Pryce & Samuels, 2010; Radey et al., 2016). However, these experiences were largely left undiscussed by staff during their interviews, with a few exceptions. This is unfortunate as, despite the consistently voiced negative perspectives, the program staff wished to help the mothers to create healthy expectations and boundaries. Instead of viewing the mothers' relationships as inherently, or entirely, negative, it might be more beneficial to assess relationship strengths and then work to help build healthy relationship skills (Freed & SmithBattle, 2016). Importantly, this collaborative study prompted staff to recognize the importance of dating and sexual relationships among the girls, and to continue discussion of how they could support this area of their lives, as in subsequent staff meetings.

Program staff attributed the struggles youth faced in their current relationships to their prior experiences of trauma. There is a large body of literature documenting the traumas faced not only by foster youth in general (Gonzalez-Blank & Yates, 2015; Salazar et al., 2013; Winter et al., 2016), but by those who become mothers (Aparicio et al., 2015; Matta Oshima et al., 2013; Putnam-Hornstein, Cederbaum, King, & Needell, 2013). Histories of abuse, neglect and involvement in the foster care system is linked to insecure or avoidant attachment styles (Zinn et al., 2017). Although some of the mothers' relationships, as reported by staff, were likely influenced by poor attachment styles (Purvis et al., 2009), it is important to also be attuned to normative adolescent behaviors (Collins, 2003). Specifically, outside of sexual coercion and dating violence, some of the partnering experiences that the staff viewed as negative might also be reflective of developmentally normative relationships, such as multiple consecutive dating partners and sexual exploration (Collins, 2003; Gómez-López, Viejo, & Ortega-Ruiz, 2019). Staff frequently viewed monogamous and long-term relationships as the healthiest options. Unfortunately, many residential foster care facilities either do not allow, or heavily monitor, youth's dating behaviors (Bermea et al., 2018). A punitive approach likely inhibits open dialogue with youth about their positive experiences and directs staff perspectives to negative happenings discussed in therapy or through observation.

Instead of a punitive approach, program staff should work to assure that the mothers' basic security needs are met through trauma informed practice. Staff already

had begun to do this through understanding the impact the mothers' traumatic experiences on their current relationships (Kennedy et al., 2017). However, a trauma informed care model is also grounded in a strengths-based perspective that highlights the mothers' experiences to overcome these traumas. To fully understand these relationships, it is important that staff refrain from value judgements about the morality of the mothers' relationships and imposing their own relationship expectations (Bermea et al., 2018; Kulkarni et al., 2010). Instead, trauma informed care focuses on providing consequences to immediate safety concerns (Purvis et al., 2009). It would be beneficial to better understand and provide for mothers' safety (Freed & SmithBattle, 2016), which may in turn help youth to recognize other important aspects of intimate partnerships such as friendship, authenticity, and communication.

Staff also frequently discussed how they had noted increased instances of the mothers forming and maintaining relationships through social media (Rueda et al., 2019), which are increasingly common among youth (Lernhart, Anderson, & Smith, 2015). Although there is limited research examining online relationships among youth, even less considers the needs of adolescent mothers in foster care (Rueda et al., 2019). A focus on this population is important give the unique histories of trauma which might impact youth's experiences with online dating. Consistent with a trauma informed approach, mothers should be able to discuss their online relationships with a trusted caregiver and make plans to safely engage in them.

Due to trauma, these mothers might have a more difficult time regulating impulsive, sometimes hostile, behaviors (Freed & SmithBattle, 2016). Trauma informed care models urge caregivers to promote cognitive development through mindfulness (e.g., breath regulation, meditation, identifying emotions). This can lower feelings of aggression and foster self-regulation (Freed & SmithBattle, 2016; Purvis et al., 2009). Further, although patterns of dating violence can continue from adolescence into adulthood (Exner-Cortens, Eckenrode, Bunge, & Rothman, 2017), there are multiple pathways in these experiences indicating that one violent relationship is not always indicative of continued abuse (Martsolf, Draucker, Stephenson, Cook, & Heckman, 2012). However, staff felt the mothers' experiences of dating violence were likely to continue given the lack access they had to role models who exemplified healthy

relationships (Radey et al., 2016) and insecure attachment styles from experiences of neglect (Aparicio et al., 2015). Staff should be trained in teen dating violence prevention and intervention to be able to provide impactful dating health programming (Bermea et al., 2018).

Unfortunately, there is currently limited empirically supported and fully evaluated relationship education programming that is designed specifically for this population (Scott, Moore, Hawkins, Malm, & Beltz, 2012) to address the issues described here, including extended histories of family trauma, severe abuse, and sexual assault resulting in pregnancy. However, programs that have been partially evaluated (e.g., *Love U2: Relationship Smarts PLUS*; Pear- son, 2007) have found that including supportive adults, such as the practitioners in the current study, can help promote positive outcomes related to attitudes about positive sexuality and dating violence (Scott et al., 2012). Foster youth who engage in this program might also be less likely to engage in sexual intercourse and be more likely to use contraception (Futris, O'Neal, Dockter, Mancini, & Brown, 2019). However, this program does not address unique factors related to sexual trauma and co-parenting with past abusers and/or family members. Future researchers should develop recommendations on how to design and implement programming that considers these factors, which can be informed by the current study.

Limitations and Future Directions

This study is not without its limitations. The staff interviewed held various roles, such as religious-based positions, that might impact how they viewed the residents' relationships. Similarly, given the limited number of participants in each role, we were unable to differentiate the perspectives of each. Future research should do more targeted studies concerning the perspectives clinical practitioners as compared to other direct care providers who work with adolescent mothers in foster care. Further, only staff members provided perspectives concerning youth's dating and sexual health experiences whereas youths' own perspectives should be included in further research. A prior study with these data compared youth and staff perspectives concerning online platforms, although youth were not asked to speak to the impact of trauma on their relationships (author citation). The sample was also drawn from the clinical director's

recommendation, which included those in more highly educated roles. Future research should interview case managers and others (e.g., resident floor staff) who may have less education and hold more informal relationships with the mothers (Silver, 2015).

Implications

Findings from this study support the need to conduct research towards developing relationship education programming for adolescent mothers, specifically as it includes family planning, relationship expectations and boundaries, and dating violence (Futris et al., 2019). Staff offered insights on working with youth, and buy-in was fostered concerning the importance of youth programming and direct practice specific to dating and sexuality. These staff interviews offer implications for programming efforts, which typically focus on pregnancy prevention. Given findings, including the deficit-focused lens through which staff viewed the mothers' relationships, one implication is a need for more strengths- focused family planning services, particularly regarding trauma. These should not only include those related to pregnancy, as many of the mothers had been pregnant by sexual assault, thus out of their control. Instead, mothers would likely benefit from trauma-informed relationship programming. Unfortunately, there is currently little empirically supported programming specifically for adolescent mothers in foster care; however, some do exist for foster youth that might serve as models (Futris et al., 2019). It would be useful to adapt existing relationship education programming for adolescent mothers to be trauma informed and include the topics identified in this study. Finally, residences for mothers should reconsider policies that limit dating relationships to increase communication between residents and staff about their relationships.

Conclusion

This study provides an examination of the unique circum- stances that can influence the dating and sexual health needs of adolescent mothers in foster care. Namely, findings indicate how past experiences of trauma can impact mothers' viewpoints concerning their own relationships and contribute to struggles of implementing boundaries and dating violence. Staff who work directly with the adolescents have a critical opportunity to model healthy relationship skills and to provide

safe forums through which to discuss sexuality and dating. Thus, understanding their perspectives has been an important step towards designing effective practices and programs for this population. Future research should expand upon these findings to include youth perspectives, as well as to pilot healthy relationship programs that can address histories of trauma among adolescent mothers in foster care. Targeted practices for this unique population are required and crucial to stop cycles of abuse.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional review board [name omitted] and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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