

# Life Stories of Vulnerable Families in Connecticut:

## An Assessment of the Nurturing Families Network Home Visitation Program

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Life Stories of Vulnerable Families in Connecticut:  
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# Life Stories of Vulnerable Families in Connecticut: An Assessment of the Nurturing Families Network Home Visitation Program

## *Executive Summary*

This study was designed to learn about the Nurturing Family Network home visitation program from the perspectives of participants themselves. We began designing the study in the summer of 2001 and conducted interviews with 171 mothers and 48 fathers between January 2002 and March 2003, spending between three and four hours with each interviewee in two audio-taped sessions. This report is the culmination of our analysis of over 20,000 pages of transcripts that tell the life stories of vulnerable first time mothers in Connecticut participating in the program. In their own words, these mothers tell us about their daily struggles and triumphs as well as the role of home visitors in helping them to raise a healthy child.

### **Patterns of Vulnerability**

While each mother has a unique story, there are nonetheless patterns or shared characteristics. Based on their pregnancy stories, we developed a typology of mothers' vulnerabilities. We discuss four main groups: 1) cognitively impaired mothers; 2) young young mothers who delivered their first child between the ages of 13-16; 3) mothers living in cultures of crises with extremely chaotic family histories and/or behavioral problems; and 4) mothers in less distress (MILD), where vulnerabilities are not as severe.

We identified several patterns in the pregnancy stories of cognitively impaired mothers, who make up 12 percent of our sample.

- The pregnancies were often wanted, even when they were unexpected.
- The mothers tended to be older (in their 20s) and often had had previous pregnancies.
- The parents of the mother were not always enthusiastic about the pregnancy.

Twenty-three percent of mothers in our sample fell into the category "young young" mothers--that is, mothers who delivered their first child between the ages of 13 and 16. The narratives we report for the young young mothers focus on:

- mothers who were victims of statutory rape;
- mothers (and families) who normalize teen pregnancy;
- mothers we categorize as "good girls" because they have no history of violent behavior or extensive substance abuse and they were doing well in school; and
- mothers we label "bad girls" because of a history of truancy, violent behavior, substance abuse, and promiscuity.

Roughly a third of the mothers we interviewed were living in cultures of crises, representing the third type of vulnerable family. Those living in cultures of crises have a continuous set of problems that multiply and expand, interact and overlap. It is the continuous nature of the crises that creates the “culture.” In the extreme cases, hospitals, jails, and death are a part of the narratives; in the less tragic cases, the mothers living in cultures of crises are unable to establish functional everyday routines because of problems with work, relationships, or health. Some manage the crises better than others because they have more emotional, psychological, and material resources; others do not have the resources to do anything more than deal with the most immediate crisis. This is especially true for those who are cognitively and psychologically impaired, who are extremely poor, and who have scarring histories of child abuse. In these cases, mothers’ life trajectories lurch from one crisis to the next, and each life event carries with it the potential for crisis.

We identified the following themes in the stories of mothers living in cultures of crises.

- Violence: violent parents, violent spouses, violent neighborhoods, and violent behavior on the part of the mother; their narratives often include stories about police, courts and jails, as well as Department of Family and Children, foster homes, and juvenile centers
- Poverty: inadequate housing, insufficient food, problems with transportation and health care, utilities being turned off, evictions, sanitation problems, bug and rat infestations
- Substance abuse: which is linked to violence, criminal activity, courts, prisons, and treatment centers
- Psychological problems: high rates of mental illness, depression, co-dependency, anxiety, and stress-related illnesses
- Medical problems: disabilities that are often a consequence of poverty, abuse, and inadequate health care, including asthma, diabetes, botched deliveries, and children with low birth rates, respiratory problems, and complications from deliveries

We use the acronym MILD (mothers in less distress) to describe the last group of mothers because they do not have extremely traumatic childhoods, they are not currently encumbered with debilitating problems, and they were not young young mothers. Their needs are not as overwhelming as the needs of the other mothers in the program.

The MILD group consists of several subgroups, defined by particular conditions:

- Spanish-speaking immigrant mothers who are isolated linguistically
- mothers who are socially isolated
- mothers with histories of mental illness now managed with medicine and therapy
- working poor families
- mothers with a history of substance abuse but no current abuse or problems

## **Engaging Mothers Through Home Visitation**

Given the above description of family vulnerabilities among first time mothers, we next ask the questions: How are mothers engaged by the NFN home visitation program, to what extent do home visitors address these vulnerabilities, or how do their personal biographies intersect with home visitation? Participation in the NFN program is entirely voluntary. Mothers must demonstrate a threshold of needs and vulnerabilities to qualify. Nonetheless, mothers must have some initial motivation for accepting the services, and usually this motivation stems from some recognition of their family vulnerabilities or their parenting insecurities. But initial motivation does not always become program engagement. Mothers may be open to the program, but at the same time they must be convinced in the early stages of their participation that the program is worth their time and effort. We have developed a second typology to describe the ways in which these relationships get organized, and as before, we rely on the mothers to teach us what works for them in the context of home visitation. After reading carefully the mothers' stories of program involvement, we identified four general ways that home visitors connect with mothers--as baby experts, advocates, friends, and fictive kin.

Clearly, one of the ways that moms become connected to the program is through their relationships with home visitors as baby experts. We found this to be the case among more confident moms as well as moms who were unsure of themselves. The more confident, more educated moms liked having someone who could access parenting information and who could regularly talk to them about parenting strategies and child development. More often, however, the baby expert role was elicited by moms lacking confidence in their parenting abilities, who strongly wanted to show themselves and others that they could be a good mom. This was especially apparent with young young moms.

The second type of relationship between the mother and home visitor is organized around the home visitor-as-advocate. Moms often feel powerless (and often are powerless) in interactions with medical authorities, state authorities, landlords, school principals, and the like. Their powerlessness stems from a combination of poverty, language and educational limitations, and diminished self-images, which are all rooted in social characteristics that define power in our society, namely, race and ethnicity, social class and gender. Because the home visitor can correct some of the asymmetry caused by these power differences, the home visitor-as-advocate can be the basis of a very strong relationship.

As advocates, home visitors must be knowledgeable about services and make contacts within the community. In particular, they help moms who are linguistically isolated and they teach moms to negotiate their needs with state and medical authorities by coaching them or, in some cases, by directly intervening. For moms suffering with emotional problems, home visitors become important advocates in managing their health needs and in making sure that the child is cared for and safe. Finally, home visitors are advocates for moms who are in need of material resources, especially moms living in extreme conditions of poverty. Both the young young and those living in cultures of crises are more in need of services and advocacy.



In addition to the baby expert and the advocate, there is an emotional dimension to the relationship that develops between the mom and home visitor. Many moms--in fact our data would suggest the majority of moms--describe their home visitors as "friends," some as their best friend, and some as their only friend. Friendship reflects the rapport that home visitors establish with mothers and conveys the emotional intensity of the relationship as well. The vulnerabilities that many mothers in the program experience creates the possibility for emotional connection that very often gets articulated as friendship.

Friendship is grounded in varying contexts or situations. For several of the mothers, friendship is related to social isolation. For other mothers, friendship is construed as having someone always there to rely on, someone you can trust, someone to keep you on track. Trust was a common theme and the home visitor was often described as someone whom they could speak to in confidence.

While most of the moms that we interviewed described their relationships with their home visitors as friends, but friendship is often difficult to sustain since it is bound by a working relationship. There are limits on what a home visitor can and should do in the relationship. Moreover, both home visitors and moms do leave the program. The definition of friendship is confronted by these program boundaries. From the mothers' stories, however, it is clear that many relationships are organized around friend-like dynamics, which lays a groundwork of trust and mutual expectation, providing an opening in which to develop, examine, and change parenting practices.

Similar to relationships that get principally organized around friendship, the fourth type of connection between the home visitor and moms is also organized around emotional connection. In this case, moms often perceive their home visitors as mothers or aunt figures, and in some cases home visitors become what we would describe as fictive kin. Fictive kin refers to family networks that include individuals who are not related by blood, but rather through their collective efforts to raise children. Some home visitors develop family-like relations with the mom, child and other members of the family.

A maternal-like relationship allows moms to confide in their home visitors what they might not tell anyone else, including family members. For some moms, who have not had good relationships with their own mothers, the maternal connection provides an opportunity to feel closeness, to experience maternal support, and to learn to trust close intimate relationships.

The maternal relationship is an important dynamic that organizes the work that the home visitor does with many of the moms in the NFN program. In some cases, it shapes the relationship as the home visitor becomes an extension of the family--as fictive kin. In other instances it allows the home visitor the opportunity to engage a mom who is struggling with emotional problems, physical health issues, doubts about being a good mom, or destructive relationships.

In summary, while we have examined the four types of home visitor-mother relationships independently, by no means do we wish to convey that these types of connections occur independent of one another. Home visitors often find themselves in situations in which a mom may elicit different types of relationships based upon her needs, and the response by the home

visitor will emphasize one of the relationship types described above. But home visitors may also find themselves in situations where they have to move gracefully between roles--being a baby expert at times, a friend at other times, an advocate in some cases, or a mother figure when the situation demands. In fact, the mothers' stories suggest that a good home visitor is one who can excel in each of these roles and adjust to situations according to a given mom's needs. In other words, skilled home visitors patiently adapt to the needs of the mothers as they present themselves, which, to a large extent, allows the mom to dictate who and what the home visitor becomes in the relationship. Different relationship types require different skills, and a good home visitor must learn to master a repertoire of skills.

### **Barriers to Participation**

The most difficult obstacle for a home visitor to overcome is convincing the mom that she is not from the state Department of Children and Families (DCF). Many moms commented on how nervous they were in the beginning because they feared that the home visitor was from DCF. Getting beyond the DCF fears may give a home visitor entree, but she also has to make a good impression on the mom, or at least convince her that she has something to offer. We have seen the myriad ways that this occurs, but there are instances where it doesn't occur as well, where the chemistry between the home visitor and the mom is not right.

Participants' critiques of the program offer some lessons. While program engagement has a lot to do with the right interpersonal chemistry between a home visitor and a mother, it is clear that certain characteristics can become barriers to engagement. Moms are less likely to be engaged when home visitors don't show up for visits as scheduled, when they are not attentive to or comfortable with children, or when they appear distant or too professional. Moms clearly value home visitors who are friendly, caring, easy to talk to, non-judgmental, and dependable. The two most prominent barriers to participation would appear to be fears the moms have that the program is part of DCF as well as staff turnover--especially when the mom develops a close relationship with a home visitor who leaves. All programs have learned how to deal with the first issue, but the second one is difficult. Some programs have had a particularly difficult time keeping home visitors. To some extent, this problem is unresolvable--people move on in their careers. Nonetheless, where staff turnover occurs frequently, efforts to address it are important, judging from the stories of the moms we interviewed. In many cases, transition occurs smoothly, but given the intensity of the relationships that some moms develop with their home visitors, the loss can be devastating. This point exposes one of the contradictions of the program. Program engagement is often rooted in personal relationships that may take on a friend-like or maternal character. But when home visitors leave the program, the loss can be experienced as betrayal or abandonment. Helping moms to cope with these transitions then becomes an essential part of the program.

### **Father and Partner Involvement**

In addition to interviewing NFN mothers, we made an effort, whenever possible, to interview the fathers of the children or mothers' partners who are involved with the children. We didn't expect to make contact with many men in the study because mothers tend to be the target of services, but

we thought that interviewing fathers might supplement what we were learning from moms about neighborhoods, jobs, relationships, resources, and the NFN home visitation program. Further, it provided a chance to see if fathers are ever directly or indirectly involved in the program. In total, we interviewed 46 men--39 were the biological father of the child and seven were partners involved in the child's life.

Among this small group of fathers, employment was an impediment to participation in the program. Sixty-five percent were employed full time and were therefore rarely home during program visits. Further, many men held traditional gender attitudes concerning child rearing and believed that the program was for mothers, not fathers. Consequently, nearly 40 percent of fathers knew nothing, or else very little, about the NFN program. However, about a quarter of fathers interviewed participated regularly in home visits, while 38 percent had participated in a few of the visits.

Fathers who participated or learned about the program from the mother were overwhelmingly supportive of the program and of their partners' participation in it. Like the moms, they benefitted from the expertise of the home visitor concerning child development and parenting. Further, they received referrals from home visitors, and at times relied on their advice and counsel as well. Perhaps most importantly, for this smaller group of men, the home visitors were successful in engaging fathers and showing them that they too could be active participants in their children's development.

Nonetheless, reaching fathers in the context of home visitation will continue to be difficult. Schedule conflicts, cultural attitudes, and the stress that poverty creates for families will continue to undermine these efforts. But as these stories suggest, even when efforts to be inclusive are only moderately successful, the results can be positive, if not transformative for some fathers.

## **Conclusion**

Perhaps the greatest challenge to the art of home visitation is learning how to allow the needs of the mother to organize the relationship. The life stories teach us this important lesson. Home visitors intending to master their craft must hone their skills as baby experts and cultivate their social capital as community advocates; further, they must learn to manage the distance and closeness of their emotional relationships, allowing for empathetic identification of mothers' and children's needs, while maintaining the analytical distance necessary to respond to those needs.

## Introduction

The *Life Stories Study* represents the third stage of our research on the home visitation component of the Nurturing Families Network, formerly the Healthy Families Connecticut program. In the first stage we tracked families at five program sites and measured changes in parenting capacity and life course to see if participants exposed to program services for a year were making improvements in these areas.<sup>1</sup> Because the program was still in its formative stages, we did not compare our results to a randomly assigned control group, but instead assessed changes in mothers' attitudes and behaviors over time to see if changes were occurring in expected directions. Satisfied that the program was on the right track and that at least some of the positive outcomes *might* be attributable to program practices, we proceeded to the second stage of the research.

In the second stage we focused more on program dynamics and processes with the intention of strengthening program practices. Trained field researchers spent considerable time with home visitors to learn more about the craft. This involved accompanying home visitors to participants' homes and making observations, engaging home visitors afterwards about these observations, shadowing home visitors in the office, attending supervisory meetings, and discussing the strategies of home visitation with program staff more informally. This ethnographic study illustrated the variation in home visiting practices across the state, allowing us to make comparative observations. Our analysis addressed a number of concerns derived from our field observations, including the cultural broker role of the home visitor, the difficulty of working with multiple problem families, and supervision issues, to name a few.<sup>2</sup> This process created an information loop that led to restructuring the statewide program and to several policy changes.<sup>3</sup>

In this, the third stage of our research, we designed a study to learn more about the program from the perspectives of participants themselves. We began designing the study in the summer of 2001 and conducted interviews with 171 mothers and 46 fathers between January 2002 and March 2003, spending between three and four hours with each interviewee in two audio-taped sessions. Interviews were subsequently transcribed, translated when necessary, coded and entered into a data base using qualitative research software. This report, the culmination of our analysis of the interview transcripts, tells the life stories of vulnerable first time mothers in Connecticut participating in the Nurturing Families Network (NFN) home visitation program. Based on their life narratives, this report describes their backgrounds, their pregnancy stories, and their

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1 See Timothy Black, Jack Powell and Meredith Clay. *Healthy Families Connecticut: Final Outcome Report on a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment*. (2000, Center for Social Research, University of Hartford).

2 See Timothy Black and Stephen L. Markson. *Healthy Families Connecticut: Process Evaluation of a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment*. (2001, Center for Social Research, University of Hartford).

3 We presented our report at a day-long conference to all program staff and then organized a series of study groups to discuss these concerns and to make recommendations for addressing them. See Susan Diehl. *Healthy Families Study Circles Project*. (2002, Center for Social Research, University of Hartford.)

involvement in an assessment of the Nurturing Families Network program. In their own words, these mothers tell us about their daily struggles and triumphs as well as the role of home visitors in helping them to raise a healthy child.

Our interviews with a smaller group of biological fathers and stepfathers complement interviews with moms, by assessing how their lives are integrated into family dynamics, child-rearing, and contributions to the family income. However, in this report, our analysis of fathers will be limited to a social demographic characterization of them and an assessment of their involvement in and attitudes towards the home visitation program.

The report is organized into five sections, beginning with a discussion of our research methods. The second part characterizes the mothers we interviewed and assesses how representative they are of the larger population of participants in the NFN home visitation program. The third section provides a lengthy analysis of mothers' vulnerabilities, presenting a typology that categorizes mothers by their personal struggles and needs. In the fourth section, we examine how home visitors address mother's vulnerabilities, creating a second typology that illustrates how program services get organized around mothers' vulnerabilities. In the fifth section, we discuss our interviews with fathers as explained above, before concluding the report with some general observations about family vulnerability and home visitation.

## I. Research Design

Using qualitative research methods, the Life Stories project records the lives of young mothers and fathers served by the Nurturing Families Network, including such things as perceptions (e.g., how they perceive their needs and relationship with their home visitor), attitudes (e.g., toward state assistance, child care, spanking), and life strategies (e.g., how to find a place to live and work, how to raise their child in the best possible environment). The life stories method also allows us to explore social processes that help us understand how a person moves from point A in their life to point B, for example, from being not pregnant to being pregnant.<sup>4</sup>

The analytical process employed in qualitative methods is inductive, and as such our knowledge is emergent. We started with broad topics of interest--family background, school and work, relationships, resources--and constructed an interview questionnaire that would help to elicit participants' life stories. The questions were to be used as prompts to help participants narrate their childhoods, pregnancies, and circumstances of their lives.

As qualitative sociologists, we assume that narrations about "what happened" and "how I felt" are socially constructed by one person for another person. The first iteration of the story was constructed by the participant for the interviewer; the second iteration of the story (this final report) was constructed by the researchers for program staff and policy professionals.

We designed the project primarily to gather information, but we also wanted to empower participants. While we have an interview guide, its primary purpose is to guide a discussion that will allow participants to define their own story: to determine what is meaningful, which events are significant, and what is of value. Participants are still somewhat objectified in the research process (i.e., objects of our gaze or our analysis), but with the life story method they have more agency in constructing their stories. The second way this study empowers participants is by giving them a voice in the evaluation of the program. We allow them to define what the program looks like in their lives, how it is helpful, how it can be changed, and where it does and does not address their needs. As such they gain some authority in the evaluation of the program in which they participate.

### Preliminary Stages

The preliminary stages included designing an interview schedule, training interviewers, and contacting participants. We started designing the project in the summer of 2001. We designed two

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<sup>4</sup> Life stories are an appropriate methodology for collecting data on the process of how lives unfold as understood from the viewpoint of the person being interviewed. Social scientists have a long tradition of using life stories (also known as oral histories and case studies). For discussions about the use of life stories see: Sara Alpern, Joyce Antler, Elisabeth Israels Perry, Ingrid Withner Scobie, *The Challenge of Feminist Biography* (1992, University of Illinois Press); Daniel Bertaux, *Biography and Society: The Life History Approach in the Social Sciences* (1980, Sage Publications); Norman Denzin, *Interpretive Biography* (1989, Sage Publications); David Dunaway and Willa Baum, *Oral History: An Interdisciplinary Anthology* (1996, Altamira Press); Donald Ritchie, *Doing Oral History* (1995, Twayne Publishers); Shulamit Reinharz, *Feminist Methods in Social Research* (1992, Oxford University Press).

interview schedules, one for mothers and one for fathers (see Appendix A). Both schedules contained the following sections: childhood and family of origin; school; work; resources; interactions with the state; neighborhood; relationships; parenting (e.g., childcare and discipline); and, most importantly, involvement in and attitudes toward the home visitation program. We conducted a pilot study using the interview schedules in November and December of 2002, after which, we made changes. First, we eliminated some questions, added others, and, in general, changed the wording to better fit the language styles of participants. Second, we reordered the questions chronologically so that the interview would flow as a life story. One difference between the men and women's schedule was the ordering of the sections: for the women we talked about relationships (which included the relationship with the child) much earlier in the interview, and work and resources much later than we did for men. We want to stress that deviations from the interview schedule were encouraged--we were more interested in covering topics than in asking specific questions.

In addition to the interview schedule, we also created a fact sheet. Because we intended to collect several hundred life stories, we wanted to have a database of variables that we could use to help sort the cases and better understand the population. The fact sheet (see Appendix A) was based on data from the baseline questionnaire recorded on all families participating in the NFN home visitation program. We then modified, updated, and expanded the baseline information. We also developed variables to use as proxy measures of theoretical concepts. For example, for an indicator of school integration we asked about sports, extracurricular activities, peer groups, and relations with teachers. A proxy for socioeconomic status was whether they had a car in the household where they were living that worked.

The second step was to train interviewers. In total, we had twelve interviewers (including the principal investigators), seven of whom were women. Broken down by ethnicity, three of the interviewers were African American, five European American, and four Puerto Rican. Eight interviewers were hired at the beginning of the project. They participated in a one-day training session on interviewing and several mock-interview sessions that were designed to help the interviewers learn the interview schedule. In the pilot study, the interviewers were paired with a principal investigator who helped to further train them both in using the instrument and in understanding qualitative methods. Interviewers who joined the project later were trained by the other interviewers, through mock-interview sessions and by teaming up with experienced interviewers in the field. In addition to this preliminary training, we held regular meetings for all project members to discuss issues, problems, and analysis.

The third step was to contact participants. Several members of the team went to each site to explain the project to program leaders and home visitors and to ask for their help in recruiting participants. We requested that they encourage all of their families to participate and emphasized that we were interested in interviewing program participants with different experiences in the program (including time in the program) and with different backgrounds. We designed a letter of introduction describing the project and a consent form (see Appendix A). We asked the home visitor to explain both, to convey that we would pay participants \$50 for the two interviews, and to ask them to sign the consent form if they were interested. The home visitors passed the completed consent forms, with the mothers' phone numbers to us. We then contacted them directly to arrange the interview.

## **Data Collection**

We collected the life stories from January 2002 until March 2003. We met with each participant twice, for one and a half to two hour sessions. All of the sessions were tape recorded, and after the interview, the interviewers recorded their impressions of the participant, the setting, and the interview itself. Participants were given the \$50 stipend at the end of the second interview.

Before the interview, our interviewers familiarized themselves with the participant's life story by partially completing the fact sheet using the baseline questionnaire. This helped to facilitate dialogue. If we noted, for example, that the participant was involved with DCF, we made sure to touch upon that in the sessions. After the interview, the interviewer was required to complete the fact sheet and make any corrections to the baseline data.

Given the assumption that meaning is constructed through interactions between people, we paid attention to choosing interviewers who were similar to the participants in terms of gender and race. We always had gender compatibility, and for the most part we achieved racial compatibility, but not always. We never had a steady Latino male interviewer and so often our white or black male interviewer conducted these interviews. Similarly, we never had a steady black female interviewer, and so Puerto Rican women helped with these interviews. The narration of the life stories also depended on how the participants viewed us--as a DCF worker, a NFN worker, or a neutral listener. We reminded them repeatedly that we were not DCF workers, nor NFN workers and that we would keep their identities confidential.

We conducted most interviews in participants' homes.<sup>5</sup> In a few cases, the home was unsuitable for an interview (e.g., it was too noisy, the participant did not feel comfortable speaking with a parent or partner present) and so the interviewer took the participant to a local restaurant (or other convenient location).

Several problems arose as a result of the close and lengthy interaction between the interviewer and participant. The regular staff meetings helped to alleviate some of the stress associated with doing intense, intimate research and gave us a chance to develop and revise guidelines for interviewing. Below are some issues often discussed at these meetings.

- Many of the participants have had very difficult lives. For some women, narrating their life stories was emotionally painful. The participants at times cried and were visibly upset. We encouraged interviewers to be especially empathetic during these times and to make sure the participant was willing to continue. We asked interviewers to be respectful of feelings and to probe with compassion, asking, for example, "Would it be okay to talk about XYZ?" We also advised interviewers to encourage participants to talk to their home visitors about these issues and perhaps to seek counseling. This also allowed us to explore the extent to which they did talk to their home visitors about these matters. We made it clear to our interviewers that they were not counselors nor were they advocates. At most, they were active listeners. Some interviewers did provide informational advice regarding

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5 We initially tried a neutral location such as a hospital but turnout was low. We increased rates of participation by going to their homes.



agencies to contact for certain issues.

- We had problems contacting participants who have chaotic lives. Phones were disconnected, men went to prison, relationships ended, and families were evicted. We were most successful in contacting men through the mother of the baby and so the father sample contains this selection bias. We worked hard to interview everyone who signed a consent form, but in the end 67 women and five men who signed consent forms were not interviewed. We did a better job of making sure that once we had the first interview we got the second. Only two women and one man had only one interview. We did include the partial women's interviews in this analysis.<sup>6</sup>
- No shows were also a problem. We minimized this problem with a reminder call the night before the interview and by conducting the interview at the participant's house. Still, there were a lot of missed appointments, especially with men.
- A few participants were clearly under the influence of a drug. In those cases, we recorded their life stories anyway (sometimes the drug made them chatty and other drugs made them lethargic). Interviewers would note in their concluding comments if they thought the respondent was high. We use data from these interviews with caution.
- Other things that complicated the narration of life stories included mental illness, depressive personalities, cognitive impairment, and low levels of education which created an inability to articulate feelings. Some very young mothers who have not yet had experience talking about their feelings and perceptions were more likely to give one-word monosyllabic answers (or shrug their shoulders and say, "I don't know").
- Some participants lied. They lied to cover things up (e.g., illegal activity, drug use, income, DCF involvement). The interviewers would catch them in lies. When this happened, the interviewer did not challenge them but they noted their suspicions in their concluding comments.

As a result of these issues, we regularly revised the schedule. We added new probes and questions as we went along. Some of the conceptual expansions and changes are listed below.

- In the neighborhood section, we began to probe for information about clubs, organizations, and religious groups as we expanded our original notion of neighborhood as a geographic entity to include their larger community of support.
- We began to probe more about health and social services they received or were receiving. A common question became, "Have you ever discussed this with your home visitor" as we tried to better understand the relationship between the home visitor and the mother. This

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<sup>6</sup> Several interviews were not included in this analysis. Seven interviews conducted in Spanish were not included because their translations were returned too late to be included in this report. In addition, we lost seven sets of interview tapes (before they were ever transcribed), and two others were unusable because the interviewer partially recorded one over the other.

prompt elicited interesting stories.

- Initially we asked them about how the program served their needs and we continued to get pat answers like “fine.” To encourage them to talk, we began to probe more directly with questions like, “If there is one thing you could change, what would it be?” Or to ask, “Is there a time you were disappointed with your home visitor?” In this way we were fishing for program criticisms. In addition, we began to spend more time discussing their needs. Interviewers began to prompt them to talk about their “most pressing need” or a “need they had in the last week, and what happened” and “what does your child need?” By first identifying the needs and then asking how NFN (or other agencies) met these needs, we were able to get more descriptive data about NFN and other programs.
- We noticed that one of the ways interviewers differed from the home visitor is that the home visitor focused on the child while the interviewers focused exclusively on the mothers and fathers. And, we noted, many of the participants enjoyed the attention and they appeared to like telling their stories. This was very apparent in the men’s interviews. Male interviewers felt that men were reaching out to them as counselors, and male participants said that it was cathartic to have a sympathetic ear to listen to their stories. While the home visitor helps the mother of the child and in some cases provides this friendly listener ear, with perhaps a few exceptions, the men did not have a friend in the program.

### **Data Analysis**

All of the interviews were transcribed by a professional transcriptionist. After the transcription, the interviewer then read and cleaned the transcription. The interviews conducted in Spanish were transcribed in Spanish and then translated into English. The transcription, translation and cleaning were completed between January 2002 and October 2003.

After the interviews were transcribed (and translated) they were entered into a qualitative software program referred to as N6 (N6 is the latest version of the NUD\*IST series). The interviews were then coded. We developed a set of qualitative codes for the interviews and quantitative codes for the fact sheets (see Appendix A). The qualitative codes were analyzed using N6, and the quantitative variables using the Statistical Package for the Social Sciences (SPSS). The coding schemes were developed in spring 2002 and revised that summer. We added a few new variables and codes later, but otherwise did not make any significant changes.

To increase inter-coder reliability, at the beginning, two people coded each interview and then discussed any discrepancies. It was during this period that we revised and explicated our codes and concepts. By 2003 the primary coders were able to code on their own, while secondary coders had their work dual-coded to increase reliability. The coding was completed by August 2003 with the exception of several translated interviews.

The regular meetings with interviewers served as a site for the initial analysis of the data as we began to explore the question, “What are we finding?” We began to more formally analyze the data in the fall of 2003. The large volumes of data (over 20,000 pages) required that we begin to

read selectively. We used the quantitative variables from the fact sheet to help us create categories by which to read the sections. For example, if we wanted to read all of the discussion about their pregnancy--when they became pregnant, how they felt, what was happening--we could read them by age group (e.g., reading all the stories of the young mother), by race (e.g., reading all the stories of African American women), or by site (e.g., reading stories from Manchester or Hartford). We could also use the quantitative variables to create categories and then compare the categories. For example, we could compare the childcare strategies for all mothers who were working compared to those who were not working.

This report presents a social demographic description of the sample and provides two narratives: the narrative of vulnerability (what aspects of their lives made mothers vulnerable and thus eligible for this program), and the narrative of the mothers' involvement in and attitudes toward the NFN home visitation program. Finally we address more particular issues including school and pregnancy, and fathers' involvement in the program.

## II: Mother Profiles

During the fifteen months of interviewing, a total of 171 first-time vulnerable mothers discussed their lives with us, each providing three to four hours of narrative. Several initial questions need to be addressed: foremost, who are these woman, where are they from, what are their social characteristics, what makes them vulnerable first-time parents. But we also need to ask the question how representative are our interviewees of all families in the NFN program? This is particularly important since our sample is based upon voluntary participation. In general we found that our sample was quite representative. Before we discuss this, however, we first examine the social characteristics of the mothers we interviewed in the study.

### Who are the Mothers We Interviewed?

The following statistical profiles describe 171 women who were enrolled in the Nurturing Families Network home visitation program between January 2002 and March 2003 and who volunteered to participate in our study. While fifteen different NFN program sites are represented in this study, participation varied across sites as shown in Table 1.<sup>7</sup>

**Table 1: Number of Mothers Interviewed at Each Site**

Program Site	Women Interviewed	% of total at site	Program Site	Women Interviewed	% of total at site
Bridgeport	5	7%	New London	17	53%
Danbury	5	9%	Norwalk	6	29%
Derby	9	29%	Norwich	10	21%
Hartford, St. Francis	7	21%	Stamford	3	9%
Hartford, VNA	19	15%	Torrington	15	27%
Manchester	18	30%	Waterbury	12	15%
New Britain	11	33%	Willimantic	14	35%
New Haven	20	47%	Total	171	

Over one-half of moms enrolled in the program in New London were interviewed, while nearly half were interviewed from New Haven. Roughly a third were interviewed from Willimantic, New Britain, Derby, Norwalk and Manchester. On the other hand, less than 10 percent of moms from Bridgeport, Danbury, and Stamford participated in the study. Reasons for this varied. We had a particularly difficult time contacting moms from Bridgeport--several didn't have phones, didn't return calls if they did, or weren't home during repeated attempts. In Stamford, a newer site, the response rate was low and there were several "no-shows" when we arrived to do interviews. The distance to the site prohibited us from making additional trips unless we were confident mothers

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<sup>7</sup> There are currently 19 NFN program sites in Connecticut. Next year this number is expected to increase to 30.



Being a young mom does not in and of itself create vulnerability, the salient circumstances surrounding the birth play a larger role in determining vulnerability, and as such, the significance of young motherhood will vary. Briefly examining the family backgrounds of mothers in our sample, and particularly the problems in their families of origin, helps to illustrate this point.

As shown in Figure 1, over one-half (55%) of women interviewed had a history of substance abuse in their families of origin and many were also exposed to domestic violence (44%) and mental illness (37%) while growing up. More alarmingly, 45 percent were victims of physical or sexual abuse by family members or guardians. Sexual abuse within the family occurred among 17 percent of moms interviewed. When we include sexual abuse that occurred outside of the family, nearly 30 percent of our sample had been victims of sexual abuse.<sup>8</sup>

High rates of domestic abuse in the family of origin were also present in adulthood for many of these moms. Forty-five percent reported being victims of partner abuse at some time in their lives, while 27 percent reported an abusive relationship with their most recent partner. Similarly, high rates of mental illness in the families of origin also reoccurred in adulthood among many of the mothers--34 percent of our sample reported a history of or current mental illness, mostly depression, although bi-polar disorder, schizophrenia, and anxiety were also noted. Another twelve percent of the sample were categorized as cognitively impaired.

In addition to problems in the family of origin and current daily struggles, the educational levels and employment statuses of some moms contributed to their vulnerabilities. It is important to note, however, that there is variation in these data as presented in Table 3.

**Table 3: Highest Level of Education of Mothers Over Age 18**

Level Completed	Women Interviewed	Percent
8 <sup>th</sup> grade or less	5	4%
Less than High School	38	33%
High School Degree	34	30%
GED/Night School	8	7%
Vocational/Technical Degree	9	8%
Some College	19	16%
College Degree	2	2%
Total	115	100%

Thirty-seven percent of moms over the age of 18 in our sample did not have a high school diploma or equivalent. However, 18 percent of moms had completed some college education.

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<sup>8</sup> Our interviews revealed that 59 percent of these women did not tell anyone about the crime, or else did so at a much later date. Further, 66 percent of those victimized as a child never told anyone.

School dropout was common among young moms. Sixty-four percent of mothers who had their first child before the age of 19 dropped out of school. However, contrary to popular belief, only 21 percent dropped out during their pregnancy. Nearly one-half of these young moms had dropped out of school *before* becoming pregnant, while another third left school after they had the baby. We should also note that 38 percent of all moms were enrolled in school at the time of the interview.<sup>9</sup>

Virtually all of the moms in our sample were members of the working class, usually the lower working class. Some lived on the margins of the economy, structurally removed from the mainstays of the labor force. Reliable household income data were difficult to acquire and our interviews raised too many doubts about our income data to report it confidently. There are other indicators, however, that describe our household economic profiles. Two-thirds of moms in our sample who were older than 18 were not employed at the time of the interview. Only eight percent were working full-time while another 25 percent worked part-time. For those mothers who were older than 18 when they gave birth, 76 percent had worked prior to giving birth (49% full-time). Most of these mothers left the labor force after their children were born and did not return, in part this is because their children are still very young: 80 percent of mothers in the sample had a child younger than two years of age when we interviewed them. For those whose youngest child was older than two years of age (n=35), roughly half of them were working, and mostly part-time.

Without an independent income, over four-fifths of mothers in our sample lived with partners, family, or friends--in fact nearly half (47%) were living with the child's maternal or paternal grandparents at the time of the interview.

Fathers' contributions to the family wage were infrequent and irregular. A little over half (55%) of mothers indicated they were still in a relationship with the father of their child at the time of the interview, while a little more than a third (36%) lived with the father of the baby. There was considerable variation in moms' involvements with the fathers of their children by race (see Table 4). Seventy-two percent of African American mothers were no longer involved with the father, while 45 percent of Puerto Ricans and 36 percent of whites reported the same.<sup>10</sup>

**Table 4: Mothers' Relationship with Father of the Baby**

Race/Ethnicity	Partner	Married	Separated/ Divorced	Friends	No longer involved*	Total
All	44%	11%	2%	4%	39%	100% (n=171)

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<sup>9</sup> Most moms who were in school were enrolled in middle school or high school, including special schools for pregnant teens, or were undergoing home schooling. Twenty-nine percent of those in school were in adult education or GED classes, 18 percent were enrolled in college or post-high school correspondence school, while another 8 percent were taking other training, vocational or ESL courses.

<sup>10</sup> While Latinas from ethnic groups other than Puerto Rican constituted a small group in our study, still only eight percent of moms reported no involvement with fathers at the time of interview.

White	47%	15%	1%	5%	32%	100%	(n=66)
African American	28%	0%	0%	8%	64%	100%	(n=25)
Puerto Rican	49%	6%	4%	0%	41%	100%	(n=49)
Other Latina	61%	31%	0%	0%	8%	100%	(n=13)
Multi-racial	42%	8%	8%	0%	42%	100%	(n=12)

\* While not involved with the mother, the FOB may still be involved with the child.

Regardless of the father’s presence in the home, only 35 percent of mothers reported that the father of their child provided financial support on a regular basis, while another 17 percent provided informal support (occasional money and material items). Forty-nine percent did not provide any support at all.

Many of the mothers relied on state resources to make ends meet. As Figure 4 illustrates, almost all children targeted by the program lived in households that received WIC and state health insurance (Medicaid or HUSKY), and nearly half lived in households receiving cash welfare (Temporary Assistance for Needy Families, or TANF) and Food Stamps. The data on state assistance are a strong indicator of high rates of poverty among our sample. In addition, we also found that over one-half of households where moms resided did not have a car that worked.

These statistical profiles offer a strong statement on family vulnerability. Many (but not all) mothers have a history of family violence, poverty, and illness, and these patterns are often reproduced in their own lives.

**How Representative is our Sample?**

Given that our sample is based upon voluntary participation, it is important to assess how representative the sample is of the larger population of moms in the NFN home visiting program. We could have sampled more systematically, either through random or stratified sampling procedures, but would have risked a poor response rate and would have limited the number of moms who could receive a stipend for participating. Voluntary participation creates conditions for a selection bias and it is therefore important to identify any particularities of our sample. In Table 5 we compare our sample on a range of social characteristics to all other mothers in the program at the time that we were interviewing.<sup>11</sup>

**Table 5: Comparison of Sample Characteristics with NFN Population Characteristics at Program Entry**

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11 These data are taken from the baseline questionnaire that is filled out on all program participants at the time of program entry. Some of these data will differ from what we presented earlier because of the different time in which data were collected (program entry vs. time of interview) and because in some cases we measured variables differently at the time of the interview than we did at the time of program entry (e.g. race and ethnic categories were more refined at the time of the interview).



	Sample	Population
Age (mean age at time of interview)	24 yrs	25 yrs
	Sample %	Population %
Education (over age 18 with less than HS degree/equivalent)	49%	54%
Mothers over the age of 18 who were employed	18%	19%
Enrolled in school	37%	30%
Enrolled in High School	25%	19%
Marital status - single/never married	86%	87%
No relationship with father of the baby	28%	31%
Mother lives with father of the baby	39%	35%
Mother receives formal child support	26%	28%
Race/ethnicity		
White	40%	32%
African American	17%	19%
Hispanic	37%	41%
Other	5%	8%
Receives TANF	31%	33%
Receives Food Stamps	31%	34%

As we can see, our sample is quite similar to the larger NFN population on most variables. While our sample has fewer moms over eighteen who haven't finished high school or the equivalent and more moms who are still currently in school, these differences are small. Our sample includes a few more whites than are in the larger population and two or three percent fewer African Americans and Hispanics. Mothers in our sample are a little more likely to be involved with the fathers of their babies, but again the differences are small. Our measures of age and governmental assistance in the households are also very similar. These data are very strong signs our sample may indeed be representative of the larger population; in fact, we are not sure random selection would have produced better results on these measures. But what about our measures of parenting vulnerability?

In order to determine program eligibility, program assessment workers meet with moms, who qualified on an earlier identification screen, to administer a more in-depth assessment of the mother (and father if present) to determine parental risk of child maltreatment. The Kempe Family Stress Checklist (Kempe) is used for these purposes. The Kempe consists of a lengthy conversation, usually between one to two hours, in which the assessment worker engages the mother on a range of topics concerning her family of origin, the events surrounding the pregnancy, the current conditions of her life, and her attitudes towards motherhood. After the interview, the assessment worker then evaluates the mother on ten measures, scoring them as 0 for no risk, 5 for moderate risk, and 10 for extreme risk. A total score is then calculated and can range from 0 to 100. Program eligibility requires that a parent score above 25 on the assessment. We have listed the ten categories in Table 6, indicating the percentage of mothers with extreme scores

on each item, as well as the average total score on the Kempe for each group of mothers. Again, we find the scores remarkably similar. Mothers in our sample, on average, score a few points lower on the total Kempe score, but score higher on extreme childhood history of abuse and neglect. Moms in our sample scored the same on extreme histories of crime, substance abuse or mental illness in family of origin. In the other eight categories, moms in our sample exhibited a little less risk than the larger population, with perhaps the exception of the last category measuring the extent to which the child was wanted in the household. On this measure, our sample of moms scored ten percentage points less.

**Table 6: Sample and Population Comparison on Kempe Family Stress Checklist**

	% Sample with extreme scores	% Population with extreme scores
Childhood history of abuse/neglect	61%	58%
History of crime, substance abuse, mental illness in family	32%	32%
Family history with child protective services	5%	6%
Low self-esteem, social isolation, depression, ineffectual coping	43%	48%
Multiple stresses	60%	63%
Potential for violence	23%	25%
Unrealistic expectations of child	11%	13%
Harsh punishment	3%	6%
Negative Perception	4%	7%
Child unwanted/poor bonding	14%	24%
Average total Kempe score (0-100)	39	42

Overall, the differences in social characteristics and risk of child maltreatment between our sample and the larger NFN population is quite small, increasing the confidence we have in generalizing the interpretations we derive from our life stories analysis to the larger NFN population in Connecticut.

### **Mothers' Involvement in the NFN Program**

The length of time mothers in our sample had participated in the NFN Home Visitation program ranged from less than one month to 59 months, with an average period of 18 months (see Table 7). Interviewing moms who have been in the program for different lengths of time allows us to capture the diversity of program experiences among moms. We not only hear stories from moms who have developed long-standing relationships with their home visitors, but also from moms who are in the process of developing these relationships.

**Table 7: Length of Time Mothers Involved in NFN Program**

	% Women Interviewed
0-3 months	15%
4-6 months	16%
7-9 months	9%
10-12 months	10%
13-24 months	20%
25-36 months	16%
37-48 months	6%
49-60 months	8%

Moreover, moms participate in the program at different intensity levels, divided into four levels. Moms on level one receive one visit per week from their home visitor. Mothers in families considered to be less vulnerable may be assigned to a different program level and receive fewer visits, but most moms begin at level one (97%). As they advance in the program, they move up in levels and the intensity of services declines. To move up, home visitors evaluate moms on topics such as maintaining a stable and crisis-free environment or responding appropriately to crisis, utilizing problem solving skills, expressing feelings and concerns, interacting positively with the child, decreasing factors associated with the risk of child abuse and neglect, utilizing a positive support network, and providing appropriate care of the child including medical needs such as immunizations, doctors visits, and well-baby care. At Level Two moms receive visits every other week, at Level Three they are visited once a month, and at Level Four, once quarterly. Figure 5 illustrates the participation levels of moms in our sample. A little more than two-thirds were at Level One, receiving the most intensive services. But another third had advanced in the program, a few to Level Four, providing us with some diversity of program experience.

As our profiles suggest, the moms we interviewed are representative of vulnerable first-time mothers in Connecticut. But understanding vulnerability requires that we go beyond simple statistical profiles and examine the nuances of mothers' life stories. Within these stories, our understanding of vulnerability deepens and the characterizations and needs of mothers receiving services in the NFN home visitation program become clearer.

## II. Patterns of Vulnerability

The statistical profiles provide a skeletal description of family vulnerability, while the descriptive life stories in the next sections add flesh and bring these numbers to life. Listening to mothers describe their lives provides a more intimate understanding of their daily struggles. Their stories are both sad and humorous and the women present themselves as both victims and fighters. We see pain and struggle as well as resilience and strength. Some of the mothers articulate their feelings and perceptions extremely well, other mothers, though less skilled in language, are nonetheless able to describe their lives in ways that tables and numbers do not. Statistical profiles provide a broad-brush understanding of the sample; in contrast, these narratives allow us to see the texture of individual faces. Through their witty, engaging, and sometimes extremely sad narrations, we hear their doubts, fears and joys as first time mothers.

These narratives are written around a selection of quotes, but whenever possible we tried to “get out of the way” and let the mothers tell their own stories. We want the reader to hear the humor, confusion, and anxiety in the voices of these mothers and we do this by keeping the stories in their own language. As oral histories, their narratives represent spoken language, which by its nature loops and repeats and dead ends. Moreover, the mothers use a lot of filler phrases (e.g., “like” and “you know”) and we have kept some (but certainly not all, or even most) in the text so that the reader can “hear” the women talking. In some cases, we spliced together sentences so that the story flowed more readably. Often this meant that we took the interviewer’s interjections out of the narrative.

The language itself helps us to understand the lives of these women. The way that they use language reflects, in some cases, their immigrant status, their educational level, and their cultural and class background. Reading words as they were spoken helps to illustrate those factors (e.g., language and educational limitations) that marginalize them. That is, their vulnerabilities are encoded in their language as well as their stories.

In this section we tell their pregnancy stories--that is, the narratives around how they became pregnant and the circumstances in their lives. Their pregnancy stories are their entree into the Nurturing Families Network home visitation program. Participation in the program is voluntary, but the potential participant is flagged using a screening checklist for vulnerability. This checklist of 17 items assesses such things as education, employment, income, marital status, substance abuse, mental illness, family problems and age. These pregnancy stories help us understand how these items make mothers vulnerable. For example, while the profiles tell us that only 10 percent of mothers in the sample are married to the father of their child, the narratives help us to understand what it means to be an unwed mother. Sometimes their singlehood is a source of shame and other times it represents empowerment because they have disentangled themselves from an abusive partner. Moreover, not being married does not always mean the mother is single; sometimes the father of the baby or a new partner is living with the mother or helps her out financially. Singlehood is less problematic when the mother is embedded in an extended family. In and of itself, singlehood does not make these mothers vulnerable, but instead, it produces more or fewer vulnerabilities depending upon the context. As such, the life stories provide us with the context to better assess the needs of families in the NFN program.

While each mother has a unique story, there are nonetheless some patterns or shared characteristics. Based on their pregnancy stories, we developed a typology of mothers' vulnerabilities to help explain why they are in the program, or what makes them vulnerable first-time parents. We identified four main types of pregnancy stories. These stories cut across racial groups and program sites, and they are not mutually exclusive categories, but more often overlap. There are also subcategories within some of the larger categories. In this section, we discuss the four main groups: 1) cognitively impaired mothers; 2) young young mothers who delivered their first child between the ages of 13-16; 3) mothers living in cultures of crises with extremely chaotic family histories and/or behavioral problems; and 4) mothers in less distress (MILD), where vulnerabilities are not as severe (e.g., linguistic or social isolation).

## Mothers Who are Cognitively Impaired

Angela<sup>12</sup>

*Before [this baby], I had lost a baby. Yes, because the first time I didn't know that I was pregnant or anything. I went to the hospital to do a check-up because my mother-in-law was, "I want you to give me a grandson." So, well, she continued with the craze and I said I will go do a check-up and the doctor told me that I was OK to have children. So a week later I felt a lot of heavy bleeding, and I thought that it was just normal, that your period goes up and down, but my husband said go get yourself checked-out at the hospital. I said I don't like for them to check me vaginally and all those things, so my mother-in-law forced me to go to the emergency room. The doctor told me, "did you know that you were pregnant?" I told him no. "You were pregnant and you lost it. That is why you were bleeding like that because you lost the baby."*

*For the baby girl, I had an appointment with the doctor, and the doctor called me and told me you are pregnant, you are one and a half months pregnant, yes. So my mother-in-law was very happy, very happy and she told me it will be a girl.*

*And it was a girl and for this girl I went through a lot, because the doctors said that she was going to come with formation problems, that maybe she would come out with mental problems or those things. Because for women over thirty years old the children come out bad. They wanted to put a needle here, in my belly-button, to take-out liquid from her brain. So my husband was with me, he told me if you do that test you will kill the baby, he told me, "if you do that I will leave you." I listened to him. He said: "She is going to have her daughter, however she is born, but that thing will not be done to her."*

*When she was born the doctor said that she was good, he checked her eyes to see if her hearing, everything was good, because in my blood they discovered that I had an illness. Nobody gets it but children, children can be born with it. It tends to make children have problems like, with talking, problems like, where they can't learn. Because the doctor told me, since I go there often now, he says that maybe because of that I didn't learn a lot in school either.*

Angela is a 37 year-old, Spanish-speaking Puerto Rican married to the father of her child.<sup>13</sup> Her cognitive impairment is evident in her lack of understanding about the reproductive system and her own cognitive conditions, and explains her childlike relationship to her doctors and mother-in-law. In our sample, 24 mothers were coded by the interviewer (using baseline data) as being cognitively impaired, and of those 17 were in special education programs in school; an

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12 Names used in this report are fictitious in order to preserve the anonymity of our respondents.

13 In this section age refers to age at the time of delivery of the first child unless otherwise stated.

additional 6 mothers had been in special education programs in high school but were not coded as being cognitively impaired. In this group of 30 mothers, we identified those for whom the cognitive impairment was an evident vulnerability. We removed mothers who we believe had been mislabeled as cognitively impaired because of behavioral problems or language problems (i.e., they were non-native English speakers); and we added one mother. This left us with a sample of 21 mothers (12 %) for whom their cognitive impairment was a salient factor in their lives.

This group did not vary much by race, though African Americans had the highest incidence of cognitive impairment (20% of all African American women) and whites had the lowest percent (14%). African Americans were also more likely to have been in special education classes (24%) and whites least likely (9%). Hispanics were between the two groups on both indicators.

We identified several patterns in the pregnancy stories of cognitively impaired mothers.

- The pregnancies were often wanted, even when they were unexpected.
- The mothers tended to be older (in their 20s) and often had had previous pregnancies.
- The parents of the mother were not always enthusiastic about the pregnancy.

#### Unexpected but Desired Pregnancies

The pregnancies were not always unwanted, even if they were unplanned. A few mothers had been trying to get pregnant, others had the attitude “if it happens it happens.” Some had been living with their boyfriends for several years and not using any birth control so it wasn’t a shock when they got pregnant. For older mothers who had been trying to get pregnant, it was a happy surprise, and for mothers who were told they would never be pregnant, the unexpected was “a miracle.” A white mother, age 24, said about her unexpected pregnancy: “Wasn't the right time in my life to be pregnant, but because of the fact that I was told I most likely wasn't gonna have kids, I stayed pregnant. . . . I was told at 18 that I most likely wouldn't carry a child in full-term. She's a miracle baby in my opinion.”

The following quote is from a 23 year-old African American mother of two who is with the father of the baby [FOB]. When asked, “Did you want to get pregnant?” she responded: “We planned it.” And yet when she first found out she was pregnant, she was “scared. I was crying, I was upset I didn't know how I was going to deal with it. I was happy but afraid at the same time. Didn't know if I could handle it.” Even though the pregnancy was planned, she still worried about her ability to parent. This was more often the case when pregnancies were unplanned.

#### Older Cognitively Impaired Mothers with Previous Pregnancies

This group of cognitively impaired mothers were slightly older than the rest of the sample; the mean age at the time of delivery was 22 compared to 19 for the rest of the sample. Half of the cognitively impaired were over the age of 20 compared to only of third of the non-impaired.

While three of them were “young young” mothers (younger than 17 when they delivered), these three were also victims of statutory rape (we will discuss their stories in the following section). Two of the three mothers in the sample who were older than 36 were also cognitively impaired.

Several of these mothers had terminated previous pregnancies by abortion (n=3) or miscarriage (n=6). Because of these earlier pregnancies, many of the mothers in their 20s and 30s were happy to be pregnant. A 32 year-old African American mother illustrates this pattern.

I've been pregnant two times already. The first time when I was young. My family didn't really want me to keep my baby 'cause they didn't think I could take care of her. My mother made me get rid of that one. And another one, I had got rid of two. And then I got pregnant with her and I kept her. I ain't really want no baby. But I had her and now I can take care of her. And they seen that I can take care of her--they investigate.

Her family expressed concern about her parenting skills because of her disability. By keeping her child, this mother has over-ruled family consensus but she is conscious of the fact that she is being monitored because of her disability.

The following story is from a Latina who was 20 years old when she delivered. She had been living with her boyfriend for five months before the pregnancy.

I was like ‘Oh god, I'm going to be a mom! Terrible!’ I was going to have an abortion, but it was kind of late I guess. I think I was like two months. I was on birth control. I guess one day I forgot to take it. And then I think I missed my period. I was like 'Oh, great.' Of course, I didn't [want to] to tell my parents. They didn't take it too well. They wanted me to have an abortion. But I said I was against that stuff. I never believed killing your own child. But I wanted to do that too, but my boyfriend at the time, he convinced me not to have [an abortion]. He was happy because he has three other kids. So that's the mistake, I didn't know about [his other kids].

So at the time when my water broke, I didn't know anything about that because my mother never told me what was going to happen. Let me go back when I was a teenager and I was still in high school. I didn't know anything what was going to happen. Nobody told me if I was pregnant or not pregnant because I find out that I was bleeding. [laughs] So I would have had two kids. [She had two miscarriages.] I didn't know anything about that. Of course I didn't ever ask my parents about the birds and the bees, you know how that stuff is. I was shocked. . . . My previous boyfriend didn't know what he was doing. And of course I was a teenager, you are supposed to do things like you are not supposed to be doing, having sexual things. [laughs] But I wasn't that crazy. I wasn't . . . I had protection. I made sure I had protection, condoms. Yeah, because I didn't want to get the diseases or anything like that. I wasn't that crazy for sex either.

Here is a women who takes responsibility for protecting herself (she uses condoms and birth control) but is not well informed about how the reproductive system works, at least not initially. She relies on her parents for information that never comes. Other parents were more proactive with their daughters. One mother, present at the interview of her daughter, said: “I was telling



her always about the condoms and about the risks of having a baby, of having sex, whatever. Since she was a child I was telling her a lot of things but they don't always listen, my two daughters.”

What we found is that if cognitively impaired mothers get pregnant when they are very young, they are more likely to have an abortion (or a miscarriage), which may be one reason we don't see cognitively impaired mothers in the program until they are older.

### Support Networks . . . Not Always Supportive

The parents of the mother were not always as enthused about the pregnancy as the mother and, at times, encouraged abortion or adoption. In only two cases, however, were these cognitively impaired mothers socially isolated. One reason is that it is almost necessary for these mothers to have some support system in order to take care of the child. Even though the family may be against the pregnancy, when it becomes clear the mother is going forward with the birth, their opposition often turns to support.

What follows is a quote from a 22 year-old white woman whose family was not supportive. She previously had an abortion and a miscarriage. When she found out she was pregnant a third time she was “very shocked and scared but also very happy. . . I wanted it to happen because I didn't want to lose another baby.” Her family and friends, however, didn't share her happiness. As she describes:

The day I found out I was pregnant I called my friends to let them know. They were furious. They wanted me to put it up for adoption because they told me, basically, I didn't know how to nurture her, I didn't know how to love her, I didn't know how to care for her. Um, that hurt me big time. I counted on these people to be there for me, to support me, to, you know, help me. Total opposite. . . . When my mother found out she freaked out. I said, “Mommy, I'm pregnant. I'm gonna keep my baby and, um, I'm gonna do everything in my power to be a good mom.” I don't claim to be the greatest mom in the world and I certainly don't know everything, but I try, and one of the reasons why I'm here is so I can learn how to be a better mom, learning how to do schedules and stuff like that. I know how to keep her clean. I keep my little girl real clean. I lotion her up. If nothing else I do, I keep her clean.

This cognitively impaired mother defends her decision to keep her child. Although she has every intention of being a good mother, we can see that her definitions of mothering are quite narrow.

In a few cases, the family encouraged the mother to keep the child. In one case, a bi-racial, bilingual 19 year-old mother who dropped out of high school before she was pregnant, initially wanted an abortion. Her mother talked her out of it because she wanted “my first granddaughter.” In other cases, the family helped the mother to leave an abusive relationship by allowing the mother to return home. One mother went home after her cesarean delivery required post-delivery care for over a month. The FOB had started “talking mean” and “doing things he

used to not do.” The family helped to remove this mom from a potentially abusive relationship and provided support for both the mother and child during her recovery, minimizing her vulnerabilities.

One white mother was helped by her family once they got over their initial frustration. The father of the child was around, but he was not able to provide support for the mother. When asked, “What it was like when you first got pregnant” she responded:

I was with my mother. She will ask me like, ‘have your period come on’ and stuff like that and I’m like, no. Cuz she was always on me if it didn’t come on. She was like it’s been a whole month, it hasn’t come on. She would take me to the doctor and I’ll get like a test and then that’s how I found out that I was pregnant. At first, I thought she was gonna kill me, be mad at me. Then, she was happy in a way. I told her that I’m pregnant and she was happy. At first, she was getting mad at me. She was fussing with me on the way to the doctors. . . . She was like happy that I got pregnant at 19 and didn’t get pregnant at a younger age like all these other girls out here that’s getting pregnant at a younger age.

[At first] I was like sort of shaken and sort of nervous. I’m like, oh my God! [laugh] That was from like if I had a baby there wouldn’t be nobody would be there for me, stuff like that, or I’ll lose respect, lose trust from my family and all that because I thought maybe they wouldn’t help me out and do things for me but they did. They’re like, when I was in the hospital with him, they came to the hospital and saw me and brang me stuff for the baby and stuff like that.

In her case, the FOB supported her emotionally and financially. But mothers especially need help if they are isolated as a result of the breakdown of the family, geographic isolation, or linguistic isolation, which can all exacerbate the cognitive impairment.

The following is the story of a young 18 year-old African American mother who dropped out of high school before she became pregnant by an older man who was already married to someone else. She is young and vulnerable because of her age, diabetes, mental illness and cognitive slowness. While she perceives the FOB helping out eventually, he is not a bedrock of support. The FOB lives with the mother occasionally, but he is also still living with his wife and his three other children.

We didn’t rush right into the relationship, it was after his third child was born though, me and him became getting close and he was having some problems that I helping him with, you know I helped him go through his divorce and what not so. It worked out from there. Until [my son] came along, [he] was unexpected. I knew but I wasn’t praying for it. I was still going crazy that he was still married. [she laughs] . . . I would see him maybe Sunday when he didn’t work. So, it was like all week he would be gone work, work, work. He’d go over to his mother’s house, and we lived like separately, but for awhile I was asking him to move in, things started working out, but I was worried ‘cause I was going through a lot of changes with the diabetes.

It took 'til [my son] was almost born, he was going through this transition and he lived with me for a long time but it was always on and off, on and off. Well when I was almost ready, I told him I need you, you have to stay by me 'cause I was having a lot of complications, I need somebody here with me. He never stopped working I can say that much but once I moved and got a bigger space he started going through his divorce, I started helping him and it worked out from there, but I was still having bad thoughts about carrying [my baby], at one point I could've lost [him] and didn't know it, by my sugars going up and down. It made him worry more and he decided you know then, about seven months, no eight months into my pregnancy he started realizing then 'she needs me, so I'm gonna stay and not leave her side.'

This mother also had no support from her chaotic family. As she said: "I was on the outside really with my family 'cause they put themselves in so much drama so I try to stay far away from them." This woman needs support from her home visitor because she cannot rely on her extended family nor, always, her partner.

These cognitively impaired mothers are often unsure of themselves as mothers and defensive about being good mothers. They may feel a need to prove to others that they can be fit mothers, and at the same time they need reassurance that they can mother. In some cases, they need help understanding their own bodies, as well as their children's development.

Although cognitively impaired, they are functional adults, and many deny or ignore their vulnerabilities because it draws attention to their disabilities. Consequently, developing a trusting relationship with their home visitors is key. If the relationship is not strong then the mother may work at hiding her disability, which is a problem particularly if family support is not available.

In addition to family and home visitor support, these mothers often need state support as well. In some cases the extended family supports the young mother (and fathers) and helps them to care financially for the child. In other cases, the decision to keep the child alienates the mother from her family and she needs more help accessing state services. This following vignette is from a white women who was 41 years old when she delivered. She didn't think she could get pregnant and the father was in the picture until he died four months ago. This is how she felt when she first found out she was pregnant.

The first thing that went through my head was 'Oh shit. I am in trouble now.' My mother and my father always tell me that if I ever got pregnant, if it wasn't too late, I was going to get an abortion. If it was too late, I am giving it up for adoption . . . [o]nly because I am not capable. Because of my disability. I don't make enough money. Finance reasons. They'll give you the reasons. I am doing good. There is a lot that I still would like for him that they tell me I can't get. I [got] a nice toy box for him. Someone threw it in the garbage. Still in good shape. That's where I got a lot of his stuff. All his clothes are hand-me-downs, except for maybe 10 or 20 of them.

It is clear that she needs material resources, and she may not have the ability to access them on her own. She also needs some assurance and support to counteract the family's lack of belief in

her ability to provide for her child.

We would like to end with a story of a 20 year-old African American mother with a family history of substance abuse, child abuse and domestic violence. Before giving birth, she had two miscarriages and expressed some ambivalence towards this pregnancy.

I had him after I've been out of school for like three years. We broke off before the baby was born. I was really kind of messing with someone else before I knew I was pregnant. Then, I had to take a blood results with both of 'em to see who the father was and then, [my boyfriend] ended up being the father.

When I realized I was pregnant, I was like really nauseous one day and it was hot. I don't know what to do. I feel funny, so [my boyfriend] asked me are you pregnant, cuz I guess he either thought or he felt nauseous or something like or he felt something was wrong. He must've felt the same thing and so I went to the hospital and I took a free pregnancy test and after it came back and they said you were pregnant, you were three months, and I was like, okay, what you mean? [laugh] So I said, okay, well, I'll have to deal with it. They asked me whether I want to keep it. I said I had to. It's too far along now. Basically, I can't get rid of it. I was only three months pregnant for it, so I, basically, after that I couldn't give it up cuz he was too big already.

I wanted him cuz I don't want to--I don't believe in killing babies but if I have to one time I will only do that only one time but no.

[The FOB] was kind of happy then, at first, he waited for awhile to tell me. I didn't want him at first. I didn't tell him that I didn't have a chance to get rid of him, but I didn't want to do it because he want him gone, so I feel like even though he was my child and he's my flesh and blood in my body, so I felt that it was right to keep him so I don't want to get rid of him because of who says what or how they felt about it so.

My family, I told 'em, they really got happy cuz I had twins before by him but I lost them [at four months] and I figured that when I had this one I couldn't really do anything so. [The twins] died inside of me because they're not that big. One baby heart stopped and they checked on the little one to see if the baby heart stopped. It stopped. Then, they told me to come back next week. I came back next week. The other baby was already dead. So I guess the blood was rushing from the little one too much and it went in his body or either way it had to go. I don't know how it really happened but I think blood must've rushed through the big baby too much. That's how he probably died or the blood must've rushed to his skull too far or something so that's how I feel that that baby had to die that way.

[The FOB] was happy at first. Then, he was feeling like, nah, we shouldn't have this one because you lost the twins and I figured that he wasn't ready for him but now, I was like, okay, well, I really don't want to give him up or even really like kill him so I couldn't. I was like, nah, I don't want to. So I just go on with the pregnancy. I felt that it was right for me to do it.

He got more violent with his anger. He couldn't control his hands and stuff so now, after we had the baby, he still is short tempered, basically, you could say like that, cuz I've never really seen him go really violent with me. He hit me before a couple of times--he didn't hit me hard but the way he hit me, it hurts. He usually like to just tap me like, take my arms and squeeze it. He didn't shake me or nothing like that. He'll just yell at me and that was about it that he would do. [After I got pregnant] I was kind of like I didn't want to really like be around him anymore and things like that. I really wanted to be to myself and go hang out with my friends and have my child with me.

## “Young Young” Mothers

Mollie

*I was the least likely person to get pregnant to tell you the truth. I have a friend who is quite sexually active and we all thought she would be the one but it turned out to be me. All the other kids in school, they're like “Oh my God you, you! Goody, goody two shoes, having a baby!” Yeah, the least likely person in the entire school.*

*We were seeing each other for a few months. I was 14. And then after I turned 15 that's when we started getting sexually active and all, or I should say ‘more.’ I knew I was pregnant the day my period missed. I was scared out of my mind. [My boyfriend] was scared and we didn't tell anybody until the week before Christmas. [She was five months pregnant]. He was really scared and worried just like I was but he comforted me and held me and stroked my hair and made me feel happy.*

*After we told our families and after they got over the initial shock, they started to get happy about it, I started getting happy about it. At first I was depressed almost all the time and not happy at all. I was worried that my mom was going to ring my neck. She said she wasn't, she wasn't mad or anything with me or disappointed. She was just kind of sad that I didn't tell her first. They took it okay. There was no furniture being thrown.*

*I was in grade 10. I just stayed out of school postpartum. Six weeks postpartum. So when I went back to school I was a little bit behind but I did eventually catch up. They gave me a little more time than they would have given someone else.*

Mollie is now 17 and she is still in school. Like most young mothers she is learning to juggle the responsibilities of school work and parenting. Mollie represents the “young young” mothers in the sample, that is, mothers who delivered their first child between the ages of 13 and 16. In our sample, this represents 40 mothers (23%).

Young mothers' responses to pregnancy are mixed. They are scared and happy, shocked and excited, depressed and elated. One mother said: “I thought I was gonna go crazy. In one way I was happy and the other way I wasn't.” Most of them did not want the pregnancy, but a few had been trying to get pregnant. In general, the parents and relatives of the young mothers were not happy about the pregnancy, mostly because the mother was too young (exceptions are discussed below). Some also objected to the father (e.g., because he was older, abusive, or unreliable). One grandmother said disapprovingly, “Ah you're pregnant from *abandonao* [someone who abandons], from a *sólido* [referring to a gang member].”

Puerto Ricans and African Americans (including bi-racial mothers) were more likely to be young mothers than whites and other Latinas (see Table 8). One half of all mothers 15 years or younger were Puerto Rican.

**Table 8: Age of Mother at Time of Birth by Race for Population of Young Young**

	13 yrs	14 yrs	15 yrs	16 yrs	Total
White (n=66)	1	0	2	5	8 (12 %)
African American (n=25)	1	1	2	4	8 (32 %)
Puerto Rican (n=49)	0	2	9	5	16 (33 %)
Other Latina (n=13)	0	0	1	0	1 ( 8 %)
Bi-racial and other (n=18)	0	1	2	4	7 (39 %)
<b>TOTAL</b> (n=171)	2	4	16	18	40 (23 %)

The narratives we report for these 40 young mothers focus on the following issues:

- mothers who were victims of statutory rape;
- mothers (and families) who normalize teen pregnancy;
- mothers we categorized as “good girls” because they have no history of violent behavior or extensive substance abuse and they were doing well in school; and
- mothers we labeled “bad girls” because of a history of truancy, violent behavior, substance abuse, and promiscuity.

Sometimes these four narratives overlap and they may also include struggles with cognitive impairment, chaotic family backgrounds, and linguistic isolation.

### Statutory Rape

A quarter of the mothers in this young young group were victims of statutory rape (n=10). Of those victims, three of them were “good girls” without violent behavior or substance abuse problems, six of them were living in chaotic family conditions marked by violence and abuse, and three mothers were cognitively impaired. In all cases, the statutory rape would fall under second degree sexual assault in Connecticut, which is ‘to have sexual intercourse with a person between ages 13 and 16 if the actor is more than two years older’ (the maximum penalty is 20 years and the mandatory minimum is nine).

Most mothers do not press charges against the men, nor do they define the intercourse as rape. Only two FOBs were arrested. In one case, the family did not press charges; in the other case, the FOB went to jail for the rape (against the mother’s wishes). This latter mother explains:

I had got pregnant and I was under age and he was older so he got hit with statutory rape. DCF had found out, and DCF kept telling him he had to get a job and he was like trying but they make it seem like someone’s just gonna hire you like that. It wasn’t like that. He would try, but they locked him up for statutory rape. The day I had my son last December was the last time I saw him. They arrested him the very next day.

Most of the mothers did not see the age difference as a problem.

We identified three types of statutory rape scenarios. In the first scenario, the statutory rape takes

place within a chaotic environment so that the mother's consent to sexual relations is dubious. The mother is not in an identified "relationship" with the man, and there is a predatory quality in these cases. In the following story, the Puerto Rican mother who delivered at the age of 16 is cognitively impaired and she has a history of family and behavioral problems.

I've been on my own since I was 15. . . . [When] I came out pregnant [the father of the baby] put me in a house, you know, he gave me a place, stuff for my child. He was good at the beginning and then no. . . . My family can't say nothin' to me, only my mom. She was pretty straight because she knew I was fine, you know, cuz I had my own apartment.

That father, he started bein' a ass after a couple years, but at the beginning he was straight, you know. He has 11 kids. He's only 29. When my daughter was three months, he had left to [go abroad]. I was already pregnant with the other one. When he came back my daughter was seven months and the other one was a year and two months and then like I couldn't take his shit no more cuz he used to stay out two, three days. I wasn't gonna have that baby and I didn't want her when she was born. I got the post-partum stress and . . . my mom, she said, if you don't get this baby, I'm gonna fuck you up and she said for me to grab--I had to grab her. I had no choice but I had her, right.

He was 23. I was 15. I was already pregnant but he had hit me and I went to the hospital. The cops ain't stupid, you know. And so they arrested him cuz when the cops asked my age they asked his and he said he was 23, so my mom had to go drop the charges and pay the \$5,000 bond to get out. But I left.

She leaves the father because he is an "ass" not because of the age difference. Given her cognitive impairment and his 11 children, while she may define it as consensual, his sexual behavior appears predatory. Nonetheless, she did have two children with him, and he did find her a place to live for a while.

The second and most common scenario (n=6) is when the mother and the father are in some sort of relationship at the time of the pregnancy (from 2 months dating to a live-in relationship). The mothers (and their families) do not define the act as rape or exploitation, and express no desire to prosecute the men. Age differences in this group include: 23 and 15; 20 and 14; 20 and 16; 18 and 15. In the following example, a white mother with a history of some behavioral problems was also a principal caretaker in her single-parent family. She describes the scene in the doctor's office when she found out she was pregnant.

I asked [the doctor] to bring my fiancé in. And I told him I was pregnant. He goes, "We'll get through it." And then after that I was like, I was scared to tell my mom. But me and my doctor went into her office and brought my mom in and I just said, 'I'm pregnant.' And she started crying and flipping out and, not screaming, but she was like, "How did this happen? You were on birth control all along! I should've never let [him] move into our [house]!" Ahh! Cuz I was horrible. I was a brat and I like basically forced her to let him move in or else I was going to kill myself or everything else. He's 23, I'm almost 18 and when I was 14, that's when I got involved with him and he was 20. But he didn't know I was 14. I've always looked older and always been more mature, so I told him I



was 17, and I told my mom that he was 17. So, meanwhile, he doesn't know that I'm 14 and my mom doesn't know that he's 20 and we're seeing each other for six months. And then the truth came out cuz my birthday came up and my mom brought out this cake that said 15 years old and he's like, what! He thought I was turning 18. But by then we'd already been going out for six months. I lost my virginity to him and he's the only person I've ever had sex with, so.

This mother is still with the father and their household is somewhat stabilized because she has stopped drinking and doing drugs and he works steadily at a slightly-above minimum wage position. Her mother lives nearby and helps them with transportation, childcare, and material resources.

In the third type of statutory rape scenario, the sex takes place outside of a relationship, and the consensual nature of the sex is extremely doubtful, most likely rape. In one case, the perpetrator lived in the neighborhood; in the other case, described below, he was a friend of the family. The following story is from an African American mother who gave birth at age 14.

At first, see, when I got pregnant, it was a statutory rape thing. The guy that my aunt was seeing, we were staying with them, and my mom would leave and everything so . . . there happened to be the nights when my mother wasn't there or when she used to go down South to visit or something and we used to have to stay cuz really don't be enough room in the car for their clothes and our clothes and everybody to fit. And at that time that's one of them things that messed up everything and she was upset at first and they called the police looking for him. He left. He went somewhere. Nobody knows--he skipped town. Nobody knew where he was at, but, they supposed to be on the verge of finding him now.

So we don't know. My mother's like, well, as long as he ain't around me, that baby or you or my family, we'll be okay. He just stay where he at. We're going to Charlotte. He ain't got to know we going and nobody else know we going and when we leave to go we don't have to worry about it. We just go and we don't have to worry about these people in Connecticut cuz they don't got to worry about us and we don't got to worry about them.

I was in the seventh month in ninth grade. I got pregnant in the summer. [The other students at school] always go, well, who's your baby father? I said he stayed in Charlotte. Don't ask nothing else. That's what I would say. That's what I would say cuz I don't feel like why should I tell them that when it's really none of their business. Sometimes it was hard because they would ask over and over again and it would make you frustrated and I was like, he don't stay here, you don't know him, don't ask me no more.

My mother, we both cried. We cried for a long time. Afterwards, my mother was like, well, they wanted to know if we wanted to give the baby away for adoption or if we want to keep it. And my mother was like, "Do you want to give it up?" I said, "No, because it's gonna be blue outside if I give it away, that's gonna be the pain I go through and not these people are going through and they're gonna never let--I'm never gonna see the baby again and it don't seem right to me to have a baby and give it away."

So the family was upset, but then [my mother] started dealing with the counselors and she started dealing with it more and now she's okay with it, just as long as I help keep up with him and not just like, 'Ma, can you keep him? Can I go outside or run the streets all the time?' She want me to at least spend time and help her with him and not just let her do it by herself.

The family supports the young mother and helps her to raise the child. While there is some mention of the fact that they are looking for the father of the child, there is no indication that they will press charges against him.<sup>14</sup> Once they relocate, they hope that any stigma from the young pregnancy will lessen.

### Normalized Pregnancies

In a small number of cases, pregnancy at a young age and outside marriage was not considered problematic. In these scenarios, the families supported the pregnancy. Even when the pregnancy was unexpected, it was desired. Often there are other family members (parents, cousins, siblings) who had children when they were young. These mothers generally did not feel "shame" about being a teen mom. For the most part, the families were not extremely chaotic and the mothers did not have behavioral problems. Twelve mothers normalized pregnancy at a young age (this includes four mothers who are cognitively impaired); eight of the mothers were Puerto Rican. Only half of them were young young mothers, and it is these we will discuss in this section.

Normalizing pregnancy at a young age does not necessarily mean the mother wanted to get pregnant. In fact, most were unwanted pregnancies. What it means is that the pregnancy was not considered abhorrent, it was not a life-shattering problem, but instead, something that happens, and happens often. Pregnancies among young moms were normalized by having peers who were also pregnant and family members who delivered at a young age.

In the following story, a 16 year-old Spanish-speaking Puerto Rican mother explains how the discovery of pregnancy was a family affair.

I was sleeping a lot, I was hungry, you know I was nauseous. Then my boyfriend bought the test, that one from Walgreen's for pregnancies, and I took the test and my mother, my sister-in-law, my sister and my boyfriend was there. I gave everyone the news and everyone was happy and joyful. Everyone was waiting for me to come out of the bathroom and when I came out I told them--they were glad and all.

This same scenario plays itself out at the house of this 15 year-old Puerto Rican mother.

No I always wanted to have him and I was happy to have my baby in my body and everything. I went to do the test in the bathroom of my mother's house. And when I came out I told my mother, and mother got very happy. Quickly I came out and I showed [the FOB]. He got happy. He behaved very well, he bought me everything that I wanted, he

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14 In addition to these cases of young women, there were many incidences of rapes in the larger sample that took place before their pregnancies, after their pregnancies, and in one case, while she was pregnant. Thirty-five women reported being raped and another five were victims of attempted rape.

behaved like a good father with the baby in the stomach. But when I was at my nine or eight months, he gave me a beating [and] they put him in jail.

In these cases, the mother does not hide the pregnancy, which contrasts greatly to the secrecy and shame that accompanies the pregnancies of most young young mothers as will be illustrated in the next section.

Pregnancy also becomes normalized by peers. One Puerto Rican mother who gave birth at age 15 explained how pregnancy became routine in her high school.

Everything just popped and we were, like, wow, you're pregnant too! Now half of the school is, like, all daycare. It was only [this girl] before me, she was pregnant with twins, and then I got pregnant. And after me it was [another girl] and after that it just went on. It was all of a sudden like the style. It just blew up. It even came out in the newspaper. Largest percent pregnant high school was [my high school].

The following mother knew nine friends who were pregnant. As a result, this 16 year-old African American mother loves her pregnancy. She is supported by friends and family, and overall has a very positive pregnancy experience, in part, because it is normalized.

I was just being careless. I just thought I wasn't going to get pregnant. I got about twelve friends, but nine close friends that just got pregnant. And we were all pregnant and hanging together and just talking. I loved when I was pregnant, like when it was too late to do anything about it--like when I just got over it like. I liked my stomach. I liked being pregnant. I just felt good about myself. And I didn't feel down and I didn't feel crazy, you know, how somebody get miserable and stuff. I wasn't like that because my baby's father was there for me. I had support so. I kept my hair done. I dressed nicely. And I was pretty to me. My face was a little chunky, but I was pretty so I didn't care.

The normalization of pregnancy also means that pregnancy is not a violation of a moral code. Any problems attached to the pregnancy are practical issues. The practicality includes using birth control and disease prevention practices as well as a matter-of-fact attitude after conception: What are you going to do? Keep it? Abort it? Adopt it? These mothers had open relations with adult females they were able to talk to about these issues. The normalization is a result of the removal of value judgements. In the case described above, the family supports her, even though the pregnancy is viewed as a mistake, but she shares her situation with friends, close friends and this helps her experience the joy of pregnancy rather than the stigma of being young and unmarried.

Finally, there is the normalization of young marriages and pregnancy. In one case, a 15 year-old mother was married to the father of the child and pregnant even before they emigrated from Mexico. She said, "Since I was married, we wanted a baby for more than one year." Similarly, a young Puerto Rican couple had been trying to get pregnant ever since the mother was 14. Unable to conceive, she eventually went to a doctor who said "You're not able to have kids." She wanted to get pregnant because "I would feel lonely," but then resigned herself to the fact that she wouldn't bear children. At the age of 18 she conceived and, though happy, she was less excited

because she had other plans (e.g., to finish school and get a good job). Though she didn't deliver until she was older, her early desire for pregnancy was normalized in her family.

### Good Girls

A third of the young young mothers (n=16, or roughly 10 percent of the entire sample) represent what we call the "good girl." This category cuts across race. The good girl narrative has these patterns: a middle-school mother is sexually active, sometimes for the first time, with her similar-age boyfriend. They didn't plan the pregnancy, nor want the pregnancy. These girls are often integrated in school (e.g., they are involved in sports and student organizations, they plan on going to college, they know teachers, counselors, and have a good friendship network). These are not mothers who have dropped out of school and, for the most part, they are not abusing drugs and alcohol, nor trapped in physically abusive relationships. These are girls whose teachers and parents don't "expect" them to get pregnant. As the mother in the lead narrative said, she was "the goody, goody two shoes."

The FOB is often similar to the mother in that he does not want the pregnancy. Some deny paternity or exit the relationship, but most take some interest (if not extreme delight) in the pregnancy and child. In two-thirds of the good girl cases, the mothers still have a relationship with the fathers of the baby (in only one case are they married).

Once the family gets over being upset by the pregnancy they are usually supportive. They worry mostly because the mother is young, has not finished school, and doesn't have a job. The mother and child usually continue to live with family and the mother continues to attend school. The families are generally not extremely chaotic, although half of the good girls have a history of some family problems.

Good girls had no major behavioral problems prior to the pregnancy--no truancy, drug abuse or violence. While one-fifth of the mothers were labeled as having a "behavioral problem," it was mild teenage rebellion. In only two cases did the mothers use drugs, and the pregnancy helped to throw the mothers back on a healthy trajectory by forcing them to "clean up." As one 15 year-old Puerto Rican mother said:

Once I knew I was pregnant it was kind of like a reality check as to you need to get your life together. You need to not do this. Even though you are so young, you need to grow up. You're pregnant. You're not getting an abortion, not going for adoption. Go to work, get your life together, stop playing around on the street. Stop fighting. Stop!

A few of the mothers had histories of partner abuse and mental illness (mostly depression), but generally these were not extreme cases. They left abusive partners and received treatment for their mental illness. In general, the girls were on a healthy developmental trajectory. For them, the pregnancy created the problems.

One key indicator of being a "good girl" is their positive attitude toward education. None of the mothers dropped out of school before she was pregnant. All but two of them continued in school while they were pregnant, and all but three were in school after they delivered. Moreover, when

in school, 83 percent of them were in regular or advanced placement courses.

A typical case of the good girl is the following bi-racial mother who gave birth to twins. She was 14 when she met the father in a pizza shop. As she describes:

We got close really fast . . . I kind of pursued him so it was my decision. Maybe it wasn't the best decision because I was really young, but I met him in October and I was pregnant by January. I knew in the back of my mind that I might be pregnant but I wasn't really facing up to it. . . . [W]hen I found out, I was really scared. . . . I wasn't ready for it. I didn't know the first thing about taking care of babies. I didn't know how to change a diaper even. I was like devastated. I don't want to say that in a negative way because I love them so much but I was just terrified. I was a little girl. . . . I considered abortion and I look back at that and I feel terrible that I considered it, but I did. I was very confused.

The family also encouraged her to consider abortion, but when they found out she was having twins, everyone changed their minds. The mother continued to go to school while she was pregnant but it was not pleasant.

When I was pregnant everybody [in school] looked at me funny and it was not fun because . . . some people would come and like touch my belly and stuff which is kind of weird . . . [W]hen I was pregnant I was a lot more cut off and I didn't have as many friends and you can't go out.

She finished her sophomore year, gave birth in August and she was out for several months until she could arrange childcare. She is back in school now, plans on going to college, and she and the father plan on getting married.

In the following story this good-girl mother was a victim of statutory rape. She is a Jamaican immigrant whose mother was very active in a church community and it was this community that supported her during the pregnancy. The 20 year-old father took off because he felt "too young." The 16 year-old mother kept the child on the insistence of the mother and members from the church. She continues to excel in school, as a way of "holding up her head."

. . . keep my grades up, you know, and like a lot of my teachers they commend me for that because they know a lot of girls they say, 'oh, I'm gonna finish school' but they don't actually do it and then a few do it, it's like they're real proud of you. Your teachers are proud of you because, you know, you showed them like you beat the odds and you held on. Cuz a lot of, even teachers, they expect, when you have a kid, they kind of 'oh, she's just gonna give up,' cuz it's like that's what they're used to seeing so it's like you always want to prove people wrong. That's how I feel, like I always want to show people that I'm better than that and I know I can do it so I'm gonna do it.

She works hard to show she is a good girl. Another mother in the study graduated *summa cum laude* from high school. She is a bi-racial mother who took advanced placement courses at a parochial school. She got pregnant the first time when she was 15 and her partner was 26, and as

she says, "That is rape." He was a charismatic drug dealer in her neighborhood and, as she said: "All the girls used to go crazy over him. We seen him and he had his eye on me. I was all happy and all stupid. I felt like an idiot now. Now that you think about it but, yeah, all the girls liked him. So stupid." Her mother, a strong role model who has a career in the military, encouraged her to have an abortion, and she did. "She was steamed about that the first time and then for me to do it again, it's not a mistake the second time so she was--How can you be so stupid?! . . . She just felt like everything she worked so hard for, you know, for me to go through school, was just being flushed." Her mother wanted her to have a second abortion, but her grandmother intervened.

I was in denial when I first got pregnant cuz I was on the Depro shot and I remember I used to miss a period all the time. I was off the Depro shot for six months and started birth control pills. And I was messing up on those all the time and doubling up on those. I realized I was in my third month. My third month I went to the Planned Parenthood and that's when they told me. "I'm like, oh man, what am I gonna do? I can't believe this happened again." Oh, it was a whole bunch of mixed emotions, but in my head I'm like I'm not doing that again, the abortion thing again, and I'm like I'm just gonna have to make a plan to make it work.

I told [the FOB] and he asked me what you want to do cuz he had an apartment there and I'm like, no, I can't see myself, you know, doing that. He was 19. I didn't want to live like that. It was an ugly apartment and I knew that I wouldn't have everything I needed and I just couldn't see myself doing that, living there, so I told him, "I can't be living here in this raggedy apartment." He wasn't working. He was selling drugs and I was like, nope. You'll get locked up and I'll be left with this apartment. When I turned four months pregnant, he went to jail and he did a year and came home when [my daughter] was two months and he came up here to Connecticut.

I went through school the whole time, even though I stopped working in my eighth month, I went to school still. I had [my daughter] in November and I went to school four weeks later because they were doing finals and I took the finals and I passed and then I lowered my workload to only the classes that I needed like, my English and my math and I think the science, and I took those three classes up until the end and I got real good grades with those. Yep. So my mom was so proud. You should've seen her. She was so happy cuz she thought by me having this child that I was gonna not go through with my goals that I always had and she was hurt by that and I'm like, yeah, I'm gonna make this work, so I did. I was so happy and I was in the top ten. I was summa cum laude. I think I was number eight. I was so proud of myself because I'm thinking I got all of this, you know, on my shoulders and, and I still made it. It was a big accomplishment.

Even though the FOB is involved with drugs and unstable, the mother manages to avoid his life style and living standard by returning to school, living with her grandmother, and working hard.

The following story is from a white 15 year-old mother who talks about her fear and denial around the pregnancy as well as her desire to continue in school.

[Interviewer] How did you feel when you found out you were pregnant?

[Mom] I was happy. It's a surprise cuz a surprise is something you don't expect but it's good. I kind of got sick and my monthly thing was a little bit off and my stomach was getting hard down here. I didn't know till I was like three or four months pregnant. You couldn't tell. My hips just got wider and it looked like I just filled in. That's it until September. I got pregnant in March and I could wear, like shirts like I'm wearing now you couldn't see it until September. . . . I used to be in color guard, which is a section of the band which dances. Yeah. I was gonna do it this year but we were trying to hide my pregnancy and wearing those tight outfits doesn't help.

Like I would always wear big baggies and I swung my shoulders over so you couldn't see it, but on the last day I wore like a regular shirt and I was like--I wasn't too big, though. I only went out about up to here--two inches. I told a couple of my friends. They were like, what? Nuh-uh! No! Then I showed my belly and they were like, holy crap! It was in the middle of the school year at the end of the first semester. I got my finals in. I was lucky. Like my due date was the Monday after the finals so. . . . I got six weeks after I had the baby and then went back to school.

My parents didn't find out that I was pregnant until I was eight and a half months pregnant. During the wintertime I always wear baggy clothes. [The father of the baby] told me that if I told my parents he was gonna break up with me and that if I had the baby he was gonna kill himself so. I didn't really tell my parents, they kind of found out, but [laugh] I had the baby and he didn't kill himself.

He started ditching me. He didn't want me to tell anybody anyways and I told my friend and he got pissed off at me. It turned into like ditching me once a week to four or five times a week to not seeing me at all and not returning my phone calls. I asked him to go to church and then he broke up with me cuz we usually go to church with each other. Oh well. It was kind of stupid. I saw it coming. I had two classes with him last semester. He doesn't want to see the baby. She was born the day before his birthday. He came in the hospital and then three times afterwards. I haven't seen him since. He hasn't seen her for over three months.

This young mother's parents suspected she was pregnant and even made her take a pregnancy test. She deceived her parents. As she explains, "I brought in someone else's pee to put in the jar." As a result of her denial and secrecy, she did not get much prenatal care. "I got about six weeks of pre-nate care and that's it. Popped out a 8-pound, 14-ouncer." This mother was athletic, did not use drugs, and came from a stable home environment, all of which contributed to a healthy child despite the lack of prenatal care.

Compare this extreme hiding behavior to those mothers mentioned above who took a pregnancy test with the whole family in the living room waiting for the results. The same hiding behavior occurs with the following mother. This young bi-racial mother who delivered at the age of 15 was the victim of a cruel high school prank among malicious boys.

[Interviewer] What it was like when you first found out you were pregnant?

[Mom] I didn't want to tell my mom, so I hid my tampons behind my TV and I came home from school and she had them on the table and she started screaming at me and then she took a pregnancy test. And it said I was pregnant. My mom was crying and she said it was my decision and she said that she would support me and everything. And my stepdad punched a hole through the wall. And my dad said he didn't want to talk to me anymore. He said he was going to get a lawyer so I can have an abortion, but I don't believe in abortion. Because it was a mistake and everything, but I think if you have a baby, that you should let it live because it wasn't the baby's fault, it was your fault, so you have to live with the consequences. I was scared.

I told [the father of the baby] and he yelled at me and he was really mean, and he always tried to hit me. He did once—in school. He smacked me across my face and shoved me against the locker and then I ran into the bathroom so he couldn't follow me and then he went right in and started like hitting me. And he got suspended. He's the same age. It was my first time [having sex]. He said if I didn't do it he would never talk to me again, so I did it. And then I have a baby. I don't know what happened. He's an idiot. He probably poked holes in [the condom] because at school all the boys made a bet how many girls they can get, and out of all them girls they had to poke a hole out of at least one; and I didn't know it until after I got pregnant. And then all the boys started to talk to me saying, "Oh, you know I made a bet" and everything else. The one that had sex with the most girls won--or something--I don't even know what they won. But I didn't know that until after or I would've never done it.

This young mother lives with her mother who has taken a very active role in raising the child while the young mother continues with her schooling. The FOB is now in jail and he has no contact with the child or the mother.

One of the main patterns we found in these “good girl” narratives is the mothers’ dedication to school. The mothers themselves don’t have substance abuse problems and they were not marginalized in school. They had strong peer networks, they were not failing their classes, many played sports, and they enjoyed the social atmosphere of school. Their main problem was that they got pregnant. Sometimes the pregnancy itself is enough to push the mother in a new direction, in particular, to push them out of school. We will conclude with this following story of a young 15 year-old bi-racial mother who was a good girl involved with a less-than responsible man and living in a somewhat chaotic environment. She tries to keep her head above water, but she does not have a strong support network. We use this as a transitional story into the next and last group of young mothers, the “bad girls.” We want to emphasize that these categories are not discrete, and the good girl can easily transgress into the bad girl.

When I first came out pregnant that was real scary. Her father was my first boyfriend, the one who took my virginity. That was my first everything. We used to go to school together and we just started talking and we started going out and one thing led to another. We was together for like two years, and then like a year-and-a-half and then I came out pregnant. We told my mother and she accepted it. I had went to go get my Pap smear



done cuz I usually go like every six months the way you're supposed to go, and when I went they had asked me when was my last period and I was like January, and she was like January? She was like, well, let's take a pregnancy test, and it came out positive and I'm like, uh-uh, you're lying. You need to take another pregnancy--I made her take like three pregnancy tests to really believe that I was pregnant. I was real in denial about it. I always had a irregular period, it was a normal thing to me that I just thought I didn't get it because it was just one of them months, you know.

I didn't want no babies. I never wanted kids. I didn't want no kids. It was like, eh, no. I don't want it. I want to take it out. Then, [the father of the baby] was like, no, don't take it out. We told my mother I had to break the news to her that I lost my virginity and that I was pregnant at the same time. She took it really hard. She was mad because I hid it. I just

didn't feel comfortable speaking about--still to this day I don't speak to my mother about my personal life like that.

When I found out I was pregnant I was a month and two weeks. We started really going downhill when I turned like almost seven months. He had got arrested. He went to jail. Truancy, larceny, possession of marijuana, a bunch of stuff. And he had got arrested and he did a month and then they let him go and he started doing parole or whatever. But everything was going downhill since then. I didn't want to deal with it. You're not dragging me through the same thing my mother went through. So I told him either you fix up or you gotta go, you know, and he fixed up his act but he used to still sell drugs.

He wanted the baby when she was in the stomach but when she came out it was a whole different ball game. Now, it's just like he acts like she's not even born, like she doesn't even exist. . . . He doesn't want to step up and be a father. Like he doesn't want to help me, if I tell him the baby needs milk, 'oh well, I ain't got no money.' What you mean you ain't got no money? You hustle all day. How could you not have no money? You know what I'm saying? Oh, I don't have no money but, yet, he be buying Timberlands every week. He smokes trees. You don't have five dollars to get us a gallon of milk but you have five dollars to cop a bag of trees, right?

My mother told my father [about the pregnancy] and then my father told everybody else. They couldn't believe it cuz I was the little baby of the house so they would never think that I would be the one to come out pregnant. They would always think it was my cousin to do it. [She's] like the fast one of the family. You know what I'm saying? She's the one that experienced everything ahead of time. So everybody would picture that she would come out pregnant before anybody else and she would be the one on her own before anybody and it wasn't her. It was me. So my cousin's like the black sheep of the family but I just took her place. You know what I'm saying? They pushed me all aside, I don't know. It's not like it used to be no more.

Everything went downhill when I came out pregnant. Everything changed. I became the black sheep of the family. And I started messing up in school and everything just really

changed, basically. I wasn't prepared for all that changes, so I feel like if I would've never came out pregnant, everything would've been the way it used to be. I'm not saying I regret my daughter, but I would've just waited till I was a little bit older.

After I gave birth and my daughter was like six months, they sent me back to the high school and then I was in the high school and I was doing good but then, I don't know, I just started messing up. I don't know why. All my grades started going down. I started just slacking off for some apparent reason. To me, it was hard being a mother and going to school and coming home and you have to clean your room and help your mother cook and clean and it was too much for me. And then she started getting sick on me a lot. She's asthmatic so she would get asthma and I would have to run back and forth to the hospital. That's one of the reasons why I dropped out, too, because they left her in the hospital for two weeks because of asthma so I would have to go to the high school and get pamphlets of homework that I was gonna miss out for them two weeks and I would do them and when I go back I was like lost in-between because I wasn't there for what was going on and then I would be late on exams that I had to do and it was just a bunch of crap so that's, you know, it was hard.

For this young mother, the line between good girl and black sheep is thin. It is a depressing pregnancy and she spirals downward. It doesn't help that the father continues to engage in drug use and drug sales, but mostly she is feeling the existential lethargy of lost childhood. She is a parent at the same time that she still needs a lot of parenting.

### Bad Girls. . . Who are a Little Older

We developed this category of 'bad girls' to explain young mothers who have a history of behavioral problems, which includes truancy, running away from home, violent behavior, substance use and abuse. While these mothers are young, only one of them fits our definition of the young young mother. Nonetheless, they offer a nice contrast to the "good girl." All of the mothers defined as "bad girl" had exhibited behavioral problems, and one-third lived in chaotic conditions.

The following mother was 17 when she delivered. She is African American, has a family history of abuse and violence, and is rebellious. She has a rocky relationship with her family and the school system.

We had problems that I had to go to a group home and [my aunt] didn't want to deal with me. And then I got pregnant and she didn't want to deal with that. Then, I went to Job Corps and that's when I found out I was pregnant with my daughter. And from there it's like she kicked me out when she was like four or six months and then from there I moved in with my cousin and that was fine. I mean I grew up in a Christian home but I was always rebelling. But after I moved in with my other cousin, and me and her didn't get along, and from there I went to a shelter. I got my CNA license and I was just out because they found out I was pregnant so they told me I had to choose between my GED and my trade and they told me, well, it's better for you to get your trade and then you just go home and get classes for school and stuff like that. I was kind of upset because I was just

trying to get my stuff together. I went to Job Corps so I could get my GED and my CNA license so I could start over and I was kind of upset when I found out I was pregnant with her but her father was happy. But I was kind of upset because I was trying to get everything situated so my aunt could be proud of me and stuff like that. Then I came out pregnant and she was like, well, there's nothing I could do and that was it. That's all she said to me. He's older than me--he's about to be 25, I'm 18. He was there at Job Corps, he has his high school diploma. He went there, you know, to get a trade.

This mother has no stable home base but continually moved from relative to foster home to state-sponsored work program, and so when she gets pregnant she has no firm foundation from which to weather the changes created by the pregnancy.

In the following story, this bilingual Puerto Rican mother who was 16 when she delivered has a history of family chaos, abuse, and poverty. She was also very marginalized in school even before the pregnancy.

Me and my uncle ended up fighting when I was pregnant and I told them I'm tired of this cleaning for them and all this, so I came and used to just stay in the street. Just stay in the street. She like, "Oh I'm gonna call DCF on you." And I was like go ahead so I can just tell them what the fuck is going on. And she don't do it.

I stood back in ninth grade three years. The teachers they was being too stupid they was like, if I asked them I need to use the bathroom, they was like no you can wait to the end of the--I'm like, What! I used to just get up and use the bathroom, they wrote me up, I went to the office and I was like, "Hey I'm pregnant whenever I need to use the bathroom I'll go use the bathroom, whenever I need to drink something I'm gonna go drink something cause none of y'all gonna tell me what I can't do when I'm pregnant as long as I get y'all work and all that." I be straight and the principal, he always supported me.

The only time [my friends] used to skip was when I was pregnant but if I wasn't pregnant they wouldn't skip with me. I used to be skipping all the time. Before I left school, when I was pregnant by him, I was in ninth grade two years. And when after I had him, that's when I found out that I was gonna stay back again but I told them, "I'm not going back no more to the same school to be there again no, no, no!" So I just didn't go for like six months, the second year when I was in ninth grade. But that was because I really didn't care about being in school. I was young, I was, I just wanted to chill.

When I first got pregnant it was because I wanted to change my way, chilling in the street, drinking, smoking that's enough out there, so I had my baby's father in [the hospital] and I had just turned sixteen. I was like I started going out with him, he was staying over.

He was staying over my mother's house so it was like one time I was like, "Ma the day I get pregnant I'm gonna have a boy." And he was at the table like "What are you saying, that's asking for trouble." We went to sleep whatever and he was like "Yo what you mean by that." I was like "I want a kid," and he was like "With who," I'm like "With you if you

ready, if you ain't ready well then I'm gonna have it anyways." So it happened. The day he found out I was he tried to say it was somebody else's and all that. Then I was still with him, I was pregnant, when I was two months pregnant he was messin' with other girls. He got infected. He gave it to me then I got it cured--chlamydia, gonorrhea, [inaudible] the three of them at the same time. So I was like, "Yo, if anything happen to me or the baby I'm a kill you," this and that. But he went to jail because he had pushed my grandmother. He did a year for pushing my grandmother. I waited for him until I was six months when I was six months I stopped writing to him. I left him because I was already tired.

This mother is disenchanted with school. She was repeating the ninth grade for the second time when she got pregnant. It appears that she deliberately got pregnant trying to create a life with more meaning than she found in school.

The following is the story of a 17 year-old white mother talking about moving in with her boyfriend.

I got pregnant when I moved out of my house, the three-month thing. I moved out in October. That month that I moved out I got pregnant and I was not in school from October until January. When I came home in December, after that three-month thing that I had, me and my mom became very close and that's when things started to like work out and she helped me out a lot. Not only with the whole growing up thing, but with dealing with everything. She was very supportive in everything that I did. It is not the first time I've been pregnant by [the FOB]. It was the second time. The first time I was 14 and I had an abortion because I was so young. The second time I found out basically because I didn't get my period and I knew but I kept denying it. I kept saying okay, I'm not pregnant, I'm not pregnant, I'm not pregnant, I can't be pregnant, this isn't gonna happen to me. And I denied it for a long time, for the first four months. I didn't even tell him. I didn't eat right so I wasn't showing and he didn't know until January but it was basically I didn't get my period and I knew. I kept thinking, I don't know what was wrong with me but I kept thinking if I didn't admit it, it would go away. I tried to make it go away by not eating and it didn't work. It was basically like it was meant to be. I moved home in December and [my mom] found out in February when [the FOB] called from jail and told her that I was pregnant. He was afraid that I was gonna do something stupid to lose the baby and he wanted me to have the baby. I didn't want to tell my mom because I was afraid of what she might think of me.

But when she found out it actually worked out for the better cause it brought us closer. And for awhile I was going to give the baby up for adoption but then me and my mom sat down and had a talk and it was, basically, the baby was meant to be. Everything I tried to do to not have the baby didn't work.

When I was pregnant I was never home, I was always working, cause I was the only one. There were three people in the house of seven that worked so I was always working so he never really, I never really got to see [my boyfriend] then. And then through the last half of my pregnancy he was in jail. Then after I had [my son] it's kind of like we would hang

out at my best friend's house cause he was living there. He would say stupid things and then he'd get on my nerves, or he would do stupid stuff. He would act immature and I just didn't get how he could be so immature when he has a son.

One of the main differences between “good” and “bad” girls is whether they stay in school. School provides them not only with an education and the potential for a better career, but it also serves to increase their self-esteem and it provides them with a network of friends. Dropping out of school isolates them, increases the chances for substance abuse and partner abuse, and decreases their chances of finding adequate employment. In many cases, the “bad girls” had dropped out before they were pregnant, so the pregnancy did not create the problem but was introduced into an already precarious lifestyle.

Another difference between the two groups is the relationship with the FOB. Good girls can make bad choices but they usually dump deadbeat dads and abusive partners, as in the earlier story when the mother said to the father, ‘no, I want something better.’ Bad girls are more likely to become entangled in unhealthy relationships and try to reform their partners who often end up bringing them down with them.

### Common Themes in Stories of Young Young Mothers

Being Scared: One word these young young mothers used a lot was “scared”--scared they were too young, that they would not know how to care for the child, that they didn't have the financial resources, that they were not ready. When asked what it was like when she found out she was pregnant a young young mother responded: “I was scared, nervous and I didn't really think I was going to have her because I was young and I knew I had a whole bunch of things to finish before having any children.” Another said: “Afraid. Because I was still too young, I didn't know how to have a baby.” Another young mother said:

It was scary at first but then my mom was like there's no need for you to be scared now because there ain't nothing you can do. . . . you're gonna still have to have this baby. So, I was like, I was scared at first but then I went to the classes, they have pregnant classes for younger people, and I went to those classes and then I had my mother's support and my older sister's support and everything so it was really, it was kind of easy for me.

For these girls, knowledge about child development as presented either in the Nurturing Families curriculum or in child development high school classes help to allay some of their fears. They need reassurance they can parent and knowledge about how to parent. One mother said: “Because I was too young and I never was around a baby that little, I was afraid of him. I still am. He still scares me sometimes, like when he tries to jump out of his car seat.” Good practical knowledge that babies don't have the muscular development to jump out of the car seat, along with knowledge about how to secure a car seat so they won't fall out, will help this mother.

Another sense of being scared comes from the stigma of pregnancy. This is especially true for the case of the “good girls” as well as those who were victims of statutory rape (many of whom were also “good girls”). Those for whom young age pregnancies were normalized and for those with a history of behavioral problems, the pregnancy itself did not invoke stigma, but instead was a

more joyful event.

Mothers who experienced the young pregnancy as a stigma are afraid to tell their parents, for fear they will disappoint them; afraid of telling the FOB, for fear he will leave; and afraid of their classmates' gossip. Pregnancy is something undesired--a problem that they wish would go away. The following quotes are from young young mothers.

I think I was just scared of like, I don't know, of like disappointing [my mother]. I think that's the only thing that scared me.

[My mother] was gonna kill me. She was pissed because I didn't tell her. And she was disappointed. She didn't think that I would do that again and she was worried about my future because she knows that I want to have a future and I want to go to school.

During the pregnancy I was very depressed. I was in church and I was like very ashamed of myself, you know. [My mom] was disappointed, very disappointed, cuz she had got pregnant when she was 16, too.

I was scared to tell him that I probably be pregnant cuz I think that he will leave me and he'll go to a some other girl. . . . I was scared to show my belly in school cuz there's a lot of girls that talk.

Because the pregnancy is undesired and because there is a stigma attached, many of these young young mothers tried to hide or deny their pregnancy. One Puerto Rican 16 year-old mother said:

I was five and a half months, going on six months. . . one and a half months before I gave birth that's the exact time because I remember. . . . because you couldn't believe that until six months I was flat. Like right now I got a little gut. That's exactly how it looked. There was no way you could tell. I went to the doctor in Planned Parenthood. I went over there because I always get checked down there. You always want to know to see if you are fine. Whatever. So I went and got checked and they were like, "You know what? I'd like to take a pregnancy test on you." I said, "Why?" She was like "I've been a doctor for over 30 years now and I know females bodies and I really think you should take a test," and I am like "Okay, whatever." The thing is that no one ever talked to me about sex or anything. Not my mother, not nobody. They never let me know, 'if you do this you should use protection.' They never talked to me about anything. So I didn't know. . . . If I never went to that doctor I wouldn't have known. I just thought I was getting fat. I got my first check up, the first time at six months. They said, "Girl you are so late."

This denial is linked to both lack of knowledge as well as the shame of young, unwed motherhood. Many of these young moms had irregular menstrual cycles (because of their young age and/or birth control), and so missing a period was not a red flag (or at least not one they want to recognize--many just wish the "problem" would go away). The problem is that, because they find out late in the pregnancy, they often do not receive adequate prenatal care. One mother only had six weeks of prenatal care before she delivered twins.

Growing up: With these young mothers, we here the refrains of individualism and responsibility as the pregnancy and child forces the young mothers to “grow up.” Change is especially evident for several of the “bad girls,” for whom growing up also means reforming their behavior. Talking about her child, one young mother said, “The only thing it changed about me is like ok you have to be more mature and you have to grow up years older and that's what I did. I was like okay this is no joke and I have to do it myself, and that's what I do. That's why I go to school.”

Other comments included: “We just had to grow up really fast.” Another said: “At first I was really worried and I didn’t know what to do at the time. I’m strong. I can work. I can do this and my mom’s coming to help me.” And another: “It’s my responsibility. I know what I did wrong. I had the choice before.” And finally another said: “And at first I didn’t want to have the child but then, I realized, you know, it was not a mistake but there’s consequences for things that you do so you have to learn to accept them and learn from them.”

These young mothers grow up fast--their social lives change, the routines of their days change, their emotional responsibilities change. But many grow into these new roles. They accept their pregnancy, “What's done is done. I can't change it. I can just make it better.”

Bonding Issues: Given the immature level of emotional development and the fact that many did not want the pregnancy, these young mothers may not always develop a strong bond with the child. The mother may be more interested in being a high school student who attends basketball games and Friday night dances instead of a mother nurturing a child.

The issue of bonding is a particularly trying issue for young mothers who are victims of rape outside of a relationship. In the following case, this young African American mother was raped by an older man in the neighborhood. She says, “I was raped when I was fifteen . . . this African guy raped me.” This man subsequently left the country, but she still sees his brother. She talks about her initial reluctance to accept the newborn as a result of both the rape and racist beliefs.

[Interviewer] Did you tell your doctor how you got pregnant?

[Mom] Yeah. And she was just like, "What do you want to do?" And she tried talking me into an abortion. I was like I don't believe in those. Then I met my doctor that's like my GYN now, and she was like my mother. She just helped me through everything. She made me love him 'cause I didn't like him. 'Cause of what he was. It was like I was looking at the dark skin. I was like, "God if this baby looks anything like that man, I'll give him away." So when [he] was born, he was black. He wasn't breathing. So I was like, "Nope!" and I just laid down and went to sleep; and they revived him and brought me this big, fat, this yellow skinny baby and I was like, "I'll keep him." But after, like the next day, I didn't want him. I didn't know what to do with him. I was sixteen. I had never wanted a kid anyway. I had no job, no nothing. I was thinking about going back to school.

This mother was also cognitively impaired, she has an extensive history of family problems (substance abuse, domestic violence, child abuse, mental illness) and she herself has abused

substances and suffered physical abuse from her partner. Finally, she is also diagnosed as having depression. There are certainly more than enough reasons for this young mother to feel depressed, and she needs a lot of support. Her ability to bond with her child is linked to how well she can deal with her panoply of problems.

Pregnancy and School: Young young mothers faced the added problem of trying to finish school while they were pregnant or young mothers. In our sample, 50 mothers younger than 19 years of age had not completed high school; of these, 36 were still in school. We found it was easier for them to go to school while they were pregnant than it was after they had the baby. Childcare issues created the most problems, and schools with day-care centers were better able to keep young mothers in school. Along with childcare, the responsibilities of mothering also complicated their schooling.

In the entire sample, 87 mothers delivered their children when they were under 19 years of age. Of these mothers, 26 of them dropped out before they were pregnant; 30 dropped out after they got pregnant (12 dropped out during pregnancy and 18 after the baby was born); and 31 mothers stayed in school. Of the 40 young young mothers, 36 of them attended school while they were pregnant. After they had the baby, 31 mothers went back to school at some point.

The first group to drop out are those who leave school before they get pregnant. For these mothers, the problems in school preceded pregnancy. As one mother who dropped out said: "I really didn't care about being in school. I was young, I just wanted to chill." Some had behavioral problems in school that included violence and truancy. The following quote provides an example.

When I got in ninth grade I just started skipping school and doing drugs and smoking. Everything I could do. Uh, tenth grade was, my fifteenth birthday I got pregnant. First time I ever had sex. Three months after that I stole somebody's car and crashed it. How much more rebellion can you be and say that I don't like the situation I'm in. Um, when I was sixteen I ran away for a week. When I came home my mom sent me to my dad's house to live, which means I had to switch schools. Um, he bought me a car and he let me get away with murder. And I was pushing my limits. And he wanted to yell at me downstairs and I wouldn't go downstairs. I was like just yell at me here, let's get it over with. So he proceeded to push me down the stairs. And I left his house then and I never went back.

Other mothers felt socially marginalized in school and several suffered from anorexia, anxiety, depression, and poor body image, as this mother explained:

I was a good student. I'm smart. I could learn. I've always had reading and language skills above my grade. But 9th grade, all throughout school I dealt with not having the clothes that everyone and, you know, and my mom she bought me clothes all the time but there was like a self-esteem issue. I didn't look good in them so I'd throw 'em out. I haven't been always skinny, skinny. I've always been a little bit chubby.

The second group of mothers are those who dropped out while they were pregnant. Many of them were marginalized before the pregnancy, but the pregnancy itself creates additional



physical, mental, and social discomfort. Medical problems included mandatory bed rest, toxemia, and swollen ankles. One mother described her difficulties attending school.

I kept going to school even though I was big. I was going to keep going to school but I went to a regular appointment and they said, “Hey, you got to stay. You are not in good condition. The babies could die. You could have a seizure and they could die instantly inside of you.” And they kept me in the hospital because they said my blood pressure was either high or low. I don't remember, one of those. And they kept me there for two weeks.

In addition to these more serious medical conditions, many mothers spoke about the physical, mental and social discomforts of attending high school. The physical discomfort included such things as uncomfortable desks, crowded hallways, heavy books, and bathrooms too far away. In addition, these mothers were often very tired.

Regarding physical discomforts, one mother said: “The desks were kind of hard too because the desk was attached to the chair so I had to sit sideways in the desk.” Another mother developed a different strategy for the desk-chair: “You have to sit in 'em and scrunch down and slowly pivot to the right.” This mother also had a problem with, “People running into ya in the hallway. Our school is so crowded. It's unbelievably crowded.” Other mothers also mentioned the need to protect their stomachs from the hallway rush.

Some mothers had more nauseous pregnancies. “When I wasn't sick, I was throwing up.” Another said that “being on a bus with morning sickness was awful.” In some cases the mothers were uncomfortable when they were in their third trimester, “I was too big and I couldn't walk.” Or it became too difficult “walking up the stairs and walking through the halls.” The following young mother dramatically articulates many of these difficulties.

It was hard for me to get a key to take the elevator. They would make a big deal out of it. My belly was this big. And I tell them I need a key because I can't walk. My back is broken and my legs don't move. My feet are swollen. They say well, we need a doctor's note proving that you are pregnant. I opened my shirt and said, “This is not proof enough?” She said “I am sorry, honey. Those are the rules.” You people are real assholes. I told her. She was Puerto Rican. I said, “You people are real assholes.” She said, “Come here young lady.” I said, “No, forget it. I am okay. I'll just deal with it and I'll walk.” And I would always walk and break my back to the first floor all the way to fourth floor to go back to the third, to go back to the basement, to go to the gym. It was horrible.

Another mother also captured the experience of being pregnant in school.

There's a bathroom every ten thousand miles [laugh] and the fact that there's a water fountain at one end of the school and at the other end of the school and it's one huge maze that takes you about an hour to walk in-between classes. And if you were late then you couldn't get into class and with being pregnant and being slow and waddling and not being able to get through people because they won't move and you're protecting your stomach, it was hard.

One thing these mothers liked about alternative schools for pregnant girls was that they were smaller and physically easier to maneuver around in.

The mothers also feel social discomfort including shame, the sting of gossip, rejection and denial from the father of the baby who is a classmate, nosey questions from peers, and criticism. “People look at you like ‘oh my god look at her.’ You know people always have comments.” And “there’s a lot of girls that talk” while others would “give you weird looks . . . like there's the people that talk crap about you.”

The third group of mothers are those who drop out after they have the baby. As hard as going to school pregnant can be, the young mothers have even more problems after they deliver the child. Childcare becomes an issue and their workload increases. Lack of childcare was the most important reason for dropping out. One mother said:

I didn't have nobody to stay with him. My boyfriend, he was staying with him until like almost a month and then he couldn't make it cuz he had to go to programs. He had to go like get a job and everything. So after that, um, I stopped goin' to school and then some of my teachers, she visit me and then she was talkin' to me about some program she had.

Another explained, “At first [when I was pregnant] when I went I was doing good, but then when my baby was born I didn't have anybody to baby-sit and they didn't have an opening [at the school day care program] so I missed two months of school.” Other mothers just could not handle the workload of pregnancy and school and work. One mother said, “I had to work and support myself and between working and supporting and going to school I was just not physically capable of doing it and taking care of a child. I wasn't physically capable. I'm only human.”

Education is not as pressing of a need as childcare and financial resources and, as a result, it can move to a lower priority. This mother explained:

And getting my daughter situated in school and trying to get my bills caught up and trying to get help through the State. And I can't get State and I am trying to piece all that together in my life. And right now my GED is the last thing on the list. It should be the first thing but right now it's the last thing. I focus more on what I have to do for my child and for what I do for my house before I deal with me.

And finally, their lives become even more complicated and the demands on their time increase when the child is sick. Sick children forced several moms, including the one quoted below, to leave school.

I was s'posed to go last year and, of course, I had missed the deadline cuz my daughter was sick. She was getting bad ear infections and I couldn't go cuz I had nobody to watch her that night cuz I didn't like to leave her with somebody when she's sick.

Mothers can drop out before, during, and after pregnancy. And yet, despite these problems, of the

50 mothers in the sample who are under 19 years of age and who do not have a high school degree (or its equivalent), only 14 of the mothers have dropped out; 72 percent are still in school.

What keeps these mothers in school? It is not their friends. The mother often drifts away from her school friends after the pregnancy because she no longer shares their routines. She is also more confined to the house taking care of the child. One mother's friends stopped calling her because "I can't really go outside." Another said, "I had a lot of friends before I got pregnant and now I only have a few, I don't really hang out with anybody, I'm always in the house."

Some mothers are motivated to stay in school because of the educational pay-off, in particular their perception of the connection between a degree and a paycheck. One mother said, "I don't plan on quitting school and I know in order to have a good life and have something good for my child in the future I have to graduate." A 16 year-old bilingual Puerto Rican mother elaborated:

I didn't drop out because [my parents] were like if you drop out of school you aren't going to be anybody. You're going to be working in a factory and we don't want you to do that and we want you to go to college, or if you don't even want to go to college but you could have a decent job. You finish school, things are going to be so much easier for you. So that's what I'm doing. I was like hey it's true if I don't want to work in a factory when I make what, \$7.00 an hour at minimum wage, no. I prefer to have a job that pays well.

Those who stayed in school often had some support. Their boyfriends and mothers motivated them, their mothers provided childcare, and school officials helped them out. One mother said, "My boyfriend made me go back to school," and another said, "He pushed me more to 'Get up. I don't care if you're pregnant. You go to school.'" One young mother asserted:

My mom told me about it and she talked to [the FOB and said] "I don't care what you say, she's going to get her GED because she's not being some low-life with no schooling, you know. She at least needs that." She's like, "She's gonna have a baby and she needs to get a good job and she needs her GED."

The most important support they can get is childcare, and the maternal grandmothers are most likely to provide this. One young mother said, "I was kind of mad because I wanted to finish high school. I felt that I would have to drop out of high school to take care of the baby, so my mom told me I could still go to high school and they would take care of her." And another said that when the child was "sick and I need to go to school I would tell her, 'Ma, don't go into work tomorrow.' She would call out like she was sick or whatever so that she can help, you know. So my mother was always there, even putting herself at risk but she was there."

School support generally comes from an administrator or counselor who mediates between the needs of the mother (to come to school late, complete assignments late, be excused for long periods) and the needs of the teacher (to teach and evaluate the students).

Some of the teachers I got along real well with, and then the others--after I had the baby it was like, "Well, I could care less if you had a baby. I want my work done and I don't care if you don't get nobody else's work done, do my work and take care of your baby

after you do your homework.” So I didn't like them. There were a lot of them like that, too.

Counselors would help mothers reschedule classes, and get them tutors to help them catch up. When one mother needed to miss school “I had to call [the counselor] and he always worked it out with the school.” Their main job was to keep the mothers in school. Principals and counselors intervened with teachers to ask for leniency. Other times, these officials were the ones to reach out to the mother and motivate them to return. In one case, a feminist English teacher provided some adult support.

My English teacher in my senior year was like I became pretty close with, cuz she's really involved in like women's rights and stuff like that. So she was like, if my boyfriend and I were having a problem or if my parents and I were having a problem, she would always talk to me and like she was like, "I'm really not supposed to like give you advice and stuff." But like she was always like there for me and like really helpful.

Some young mothers were motivated to “beat the odds” and stay in school, but there were also certain kinds of institutional arrangements that give them better odds. Schools helped mothers by providing home schooling, tutors, and alternative schools. Home schooling and tutors eliminated some of the physical and social discomfort of having to attend school. Alternative schools for pregnant girls also helped keep them in school. The mothers talked about several programs. What they shared were smaller teacher-student ratios, more intimate and friendly settings that did not have the physical complications of a large high school (e.g., stairs or crowded hallways), and more flexible schedules that allowed them to eat, drink, and go to the bathroom whenever they needed. And finally, as the mother describes below, these all-girl schools served as havens in a gendered world where women are the sociological minority.

I enjoyed [the alternative school]. It was more mature people--all females. We didn't see any boys cause I can't stand boys like sometimes they aggravate you. And like [at school] basically they treated like--you needed to lay down, they'd let you lay down. If you needed to eat right then and there, you can eat a snack, an apple or orange or whatever, in class. Give you a pillow to lay down in class, like you could rest, get comfortable basically. If you needed to leave school, you didn't need no parent or no guardian to sign you out of school. You sign out of school yourself and go handle your business, like if you got a WIC appointment for your milk or something like that. I would sign myself out. I didn't have to call my grandmother. They just go by your word.

This school created a “gender timeout” for her. The all-girl population helped to liberate her, the small classrooms gave her confidence, and school rules and procedures respected her dignity.

The alternative schools mainstream the mother after six months and, unless the school has child care facilities, mothers are likely to drop out at this point. Those schools that have built-in day care centers are better able to retain young mothers who can neither afford to pay for childcare nor have anyone else who can pay.

We end this section on young mothers with the narrative from a bright, witty, and engaging

mother who delivered her child when she was 17. In her story we can see the role the school nurse and her mother play in supporting her during her pregnancy and in helping her stay in school. The mother ran track for three years before she got pregnant.

I didn't know I was pregnant until I got sick. I got the flu or something and I was like, okay, I'm late. Let's go to the doctor and find out what's going on. And she was like, "You're pregnant. You have to stop track." "I don't want to stop track. How about I go for a couple more weeks?" She said, "No. You have to stop." I didn't like that. I had a meet coming up so I went and did my meet and then I told my track coach I couldn't run no more. He got mad at me cuz I didn't tell him why.

My mother helped me through my whole pregnancy. I was scared to tell her but the school nurse told her--told me that if I didn't tell her she was gonna tell her. [The nurse found out] cuz I had got dizzy and she was like, "You all right?" She asked me, was I pregnant and I said, "Yeah." She was like, "Oh, okay." And then she started having me come in to make sure I was okay and stop by the office. She told me that if I didn't tell my mother she was gonna tell her, even though it was supposed to be confidential.

[I called her at work] I was like, "Mommy." She was like, "What?" I was like, "You busy?" She was like, "Not really." I said, "Oh. Guess what?" She's like, "What?" I was like, "I took a test today." She's like, "Did you pass?" "Yeah." She was like, "Well, yeah, what you get?" "A plus sign." She paused for like a whole minute. She was like, "A plus sign. Are you pregnant?" "Huh? Yeah." She goes, "Okay. We'll talk when I get home." Now I'm all terrified and don't want to come home. I'm home sitting on the couch just like staring at the TV, sitting up straight, not talking to nobody. She came in the house, "You know you gotta get a job, right?" "Okay," and that was it. I'm thinking she's gonna come home yelling and screaming. No. She just tells me, "You gotta get a job." She was always bothering me. "You need to eat." "I don't want to eat." "Eat." "I don't want to eat." "You better get up and eat or you can't watch TV." "I don't need to watch TV. I can go to sleep." "You're not. I'm not gonna let you go to sleep."

The baby's father is on the football team but he eventually found out. He didn't believe me, so I got the white paper that the doctor gave me and I gave it to him. He sighed. He said, "Well, guess we're having a baby now." He sucked it up and he said, okay. [A few weeks later his feelings changed] He stopped talking to me. He started ignoring me. We used to go to school together. He would tell all his friends that it wasn't his baby. He wasn't sure it was his and all this other stuff. And I didn't say nothing. They all knew the truth. They all knew it. He didn't care. He left school and I couldn't reach him. His grandmother didn't know how to reach him.

He was at the hospital. I don't know how he found out about it but he was there. He looked at me. She wasn't in the room. She was in the nursery. I didn't really want him there. I just stared at him and looked at him. "What are you doing here?" Everybody turned around and looked at him. "Thought you said she wasn't yours." "I want to see my baby." "Thought you said you wasn't sure she was yours." "I knew she was mine." Then he had to come when I was getting ready to leave to sign the birth certificate but he will

not pick her up. "I'm afraid I'm gonna break her." "Okay, fine." I picked her up, "Oh! Oh! I got a cramp in my arm! I got a cramp! Can you take her before I drop her! Take her before I drop her!" He took her. "Okay, well, I'm gonna have to go get me some milk." He was like standing still. "You can walk around. You can hold her. It's okay. If she falls you're in the hospital." "That's not funny, I might break her." "You cannot break her."

## Mothers Living in Cultures of Crises

Gale

*Well, I met [the FOB] after I got out of jail the first time. I went for a month and they let me out to go to a program, which is where I met him. But I kept messing up and kept getting kicked out so, finally, they put me back in jail and I only got sentenced to six months but I had already done a month and I only had to do two more. I was on parole and after I got off parole I went on the clinic and me and [the FOB] hooked up and we were messing up and it started, you know, coming back. I was gonna violate, he was gonna violate, so we took off to Florida. I was working in a gas station. I was the assistant manager so we took the money and I kicked the methadone. I bought two bundles of dope and kicked the methadone and that was horrible but I kicked it and after I kicked it I was just smoking crack. I didn't go back to the dope but I got pregnant with him and I didn't find out till I was, um, about four months pregnant.*

*I got arrested on a prostitution charge. The first time I went to jail for prostitution they asked me when was my last period and I was like, well, I just came off a lot of methadone and heroin and I never get my period when I'm using, but the next time I went, which was almost two months later and I still hadn't gotten my period, they made me take a test. And I found out I was pregnant.*

*Well, my mom wanted me to get an abortion and I just I'd never been pregnant before. I'd been on the street when I was younger, never--you know what I mean? You get sloppy, but I've never gotten pregnant. And so the fact that I got pregnant, I feel, is like a gift. But it was really bad cuz I didn't know how far along I was. I was out on the street. I'd gotten raped out there and beat up. The lady in the Florida jail told me I was only two-and-a-half months pregnant, which was scary because that meant it was a trick baby. You know what I mean? But I just, I couldn't [abort] it, so when I came home and turned myself in, that's when I found out I was like four months pregnant, I was seventeen weeks and I knew when I went back that I was like just kicked the methadone. I wasn't even on the street, yet.*

*[The FOB] was still incarcerated when I got out and had the baby. We kept in touch, even in jail we wrote each other. He just got out last month. He only got nine months so it's almost like, you know, I mean I've never been very religious but I know it's almost like, like this is our gift and this is my last chance, because it gets uglier like every time I went out. Like when I was 21, I was on the street and I was like, well, it can't get any worse than this if I go back out because, I'm only on the street, I'm homeless, I'm working the streets. It can't get any worse, but it did.*

Gale is a white mother who delivered when she was 22. Her story is repeated several times with some variation among other women in this sample. She represents mothers with extremely chaotic backgrounds. In contrast to the young young mothers for whom the pregnancy itself creates a crisis in their lives, this group of mothers had serious problems before they were pregnant. For mothers living in cultures of crises, the pregnancy exacerbates an already troubling life. In some cases, the crises stem from the family of origin (child abuse and neglect, abandonment, poverty); in other cases, the crises are related to the behavior of the mother (e.g., violent behavior, substance abuse, bad relationship choices); and in most cases, the problems are linked to both the family of origin and the behavior of the mother. In these stories, the trifecta of

abuse--child abuse, domestic violence, and substance abuse--is pervasive.

Roughly a third of the mothers (n=52) were living in cultures of crises. What we mean by cultures of crises are those lives have a continuous set of problems that multiply and expand, interact and overlap.<sup>15</sup> It is the continuous nature of the crises that creates the “culture.” In extreme cases, hospitals, jails, and death are a part of the narratives; in less tragic cases, the mothers living in cultures of crises are unable to establish functional everyday routines because of problems with work, relationships, or health. Some manage the crises better than others because they have more emotional, psychological, and material resources; others do not have the resources to do anything more than move from one crisis to another. This is especially true for those who are cognitively and psychologically impaired, extremely poor, and who have scarring histories of child abuse. In these cases, mothers’ life trajectories lurch from one crisis to the next, and each life event carries with it the potential for crisis.

We found that some mothers who are born into conditions of poverty, violence, and abuse engage in behaviors that reproduce the poverty, violence and abuse. And yet, while a history of family problems is often correlated with behavioral problems in the mothers, this is not always the case. A third (n=16) of those living in chaotic conditions did not have any obvious behavioral problems; in addition, there were 17 mothers with serious behavioral problems who were not living in cultures of crises. Furthermore, some mothers aged out of the behavior or resolved the problem, for example, by leaving an abusive partner, quitting drugs, or moving away from a chaotic lifestyle. Nonetheless, 69 percent of the mothers with behavioral problems were also living in cultures of crises.

In the sample, one third of the white and Puerto Rican mothers lived in cultures of crises and half of African American mothers did (see Table 9). Interestingly, no other Latinas (all but one was born abroad) lived in such chaotic conditions. Moreover, not one of the mothers living in a culture of crises was linguistically isolated. Although young young mothers were the age group most likely to be living in cultures of crises, at least one-fourth of all age groups had chaotic conditions in their lives that preceded the pregnancy (see Table 10).

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15 Judith Stacey refers to this as “calamity culture” in her ethnography of postmodern families, *Brave New Families* (1998, Basic Books). In reference to one family she states that they were “victimized by an inordinate share of tragic events, but their circumstances and the lives they lived made them accidents waiting to happen” (pp. 244-245).



**Table 9: Race of Mothers in Cultures of Crises**

	Total Number	Number in Crises	% of racial category
White	66	22	33%
African American	25	12	48%
Puerto Rican	49	15	31%
Latina Other	13	0	0%
Bi-racial, Asian, West Indian	18	3	17%
TOTAL	171	52	

**Table 10: Age at Time of Delivery for Mothers in Cultures of Crises**

	Total Number	Number in Crises	% of age category
13-16 (young young)	40	16	40%
17-19	68	20	29%
20-29	52	13	25%
30-41	10	3	30%
TOTAL	170	52	

\* One mother was prenatal at the time of the interview.

We identified the following themes in the stories of mothers living in cultures of crises:

- Violence: violent parents, violent spouses, violent neighborhoods, and violent behavior on the part of the mother; their narratives often include stories about police, courts and jails, as well as Department of Children and Families (DCF), foster homes, and juvenile centers
- Poverty: inadequate housing, insufficient food, problems with transportation and health care, utilities being turned off, evictions, sanitation problems, bug and rat infestations
- Substance abuse: which is linked to violence, criminal activity, courts, prisons, and treatment centers
- Psychological problems: high rates of mental illness, depression, co-dependency (19 women in this group had dysfunctional relations), anxiety, and stress-related illnesses
- Medical problems: disabilities that are often a consequence of poverty, abuse, and inadequate health care, including asthma, diabetes, botched deliveries, and children with low birth rates, respiratory problems, and complications from deliveries

Below in Table 11, we compare the group of mothers living in cultures of crises to the rest of the sample. Those living in chaotic cultures had higher rates of family problems and behavioral problems, they were less likely to have a high school degree, and the fathers of the children were less likely to be involved with the mother and the child and more likely to be incarcerated.

Interestingly, immigrants and Spanish-only speakers were less likely to be living in cultures of crises.

**Table 11: Comparison of Mothers Living in Cultures of Crises to Those Who were Not**

	% living in cultures of crises	% not living in cultures of crises
mother was a victim of statutory rape	12%	3%
mother has behavioral problems	69%	14%
mother has history of dysfunctional relations	69%	14%
mother delivered child before she was 17	31%	20%
child abuse/neglect in family of origin	81%	35%
domestic violence in family if origin	65%	35%
substance abuse in family of origin	86%	42%
mental illness in family of origin	44%	35%
mother/family own a car that works	42%	52%
mother was born abroad (inc. Puerto Rico)	12%	34%
mother's primary language is Spanish	2%	20%
mother has history of substance abuse	49%	18%
mother was victim of partner abuse	65%	32%
mother has history of/ current mental illness	54%	25%
FOB is incarcerated	22%	7%
FOB has no relation with mother*	64%	29%
FOB is not involved with the child at all	37%	14%
mothers older than 18 do not have a high school degree or equivalent	47%	33%

\* Although they do not have a relationship with the mother, they may still have a relationship with the child.

The needs for these mothers in crises are many and varied. They need information and advocacy to help access state resources, utility companies, and the legal system. They have material needs for their children (e.g., pampers, food, formula, strollers, high chairs) and the household (e.g., rent, transportation). They have social needs, for example, a friendly ear, the presence of someone who counters isolation, support during times of crises, and help seeking out domestic violence shelters. Relatedly, they have psychological needs, including referrals for substance abuse or mental illness treatment and follow-up support.

The following excerpts are from the story of a 22 year-old Puerto Rican woman who was pregnant the first time at age 13.

We went to the hospital for an abortion. I was 13. I was like very slow-minded in everything and I wouldn't know what to do with a baby. I would have to [give it to] my mom. [But] my father was beating her up every day, you know, like every single day.

Every time she comes home she get beat up for money for drugs. So, getting beat up every day, there's no way you can take care of a kid. She was trying to take care of me and she would get drunk, [to] hide her pain you know.

She and her mother left the abusive father, and she got pregnant a second time at the age of 14 and had another abortion. She got pregnant a third time in her late teens, and during an argument she "just got mad, you know, just one of those days, had a argument with your man, went to have fun and just drink, drink, drink, drink and just lost it. It's my very first time that I had ever lost a baby like that." Complications from the miscarriage made her think she was sterile, but she got pregnant again:

I was having my fun and I got pregnant. I didn't want to get pregnant. . . . I thought I was sterile. [My fiancé], um, we separated and I was going out with three different guys, so that's how I got pregnant. I still don't know who the father is. I told all three of them--one of them said it was crazy, one of them was married, and then the other one was bisexual.

Her family was not supportive of the pregnancy because they didn't think she was able to raise a child at this point in her life.

But I'm ready, [the baby] has everything she needs. Well, I didn't have no apartment yet. I found my apartment and I went through hell with the super cuz she was a bitch--my daughter was newborn and she had turned off the heat in the winter and shit like that. She was a crazy ass. [When] I was pregnant, she used to tell me not to go downstairs with half shirts, like, you know, all the shirts during pregnancy never used to fit me. I don't got no maternity clothes.

At one point during the pregnancy she was living with her mother and she got into a fight with her stepfather who was drunk. She spent the night in a shelter and came home to a brother who was angry because she had upset their mother. "My brother heard about it and [he] came over, he smacked the shit out of me while I'm pregnant. I'm like fucking seven months pregnant. He smacked the shit out of me. I'm in a lot of depression." The story speaks for itself: having grown up in poverty exacerbated by a violent father and a substance-abusing mother, the young woman reproduces the chaos in her own adult life. The pregnancy does not create her problems, and her real needs stem from a matrix of economic, social, psychological, and emotional problems.

The following vignette is from a white mother who is 24 years old.

I was told at 18 I most likely would not go through a whole pregnancy. I had my son four months early and he passed on. That was when I was 18, and I've had several miscarriages, so Little Miss here was quite unexpected. I had two miscarriages prior to having my son that passed away. The very first time I got pregnant, I had been raped and I was 13. And then I was 15 for the second miscarriage and that was somebody that I had been in a relationship with off and on from the time I was 14 till like 17. It was a fairly abusive relationship and he and I had gotten into an argument and I got slammed into a wall and his shoulder was right in my stomach.<sup>16</sup> I was only like maybe a month-and-a-half, two months. He was legally my foster brother but he was my boyfriend before he became my foster brother.

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16 In this incident, both of them were charged with disorderly conduct.

Um, with my son I was 17 and I would've turned 18 right after he was born. That was very hard, very hard, especially when I found out it wasn't my fault at all. It was the doctor's and everything. I went into labor with my son twice and the first night I went into labor we found out that I had a urinary tract infection that my doctor had known I had had for a month and supposedly couldn't get in touch with me. I had four different numbers that he had to contact me at and didn't receive a phone call at any of them and they said when my son was born they could smell infection--that's why he was born early cuz I had an infection. I held my son the entire time he was alive. They didn't try to save him or nothing. They told me he probably wouldn't even live two minutes. He lived for two hours and they didn't attempt to do anything, um, which I'm still having problems dealing with, cuz I know, I know now if I had had him at [another] hospital, [where] they have the Neonatal Unit and there's a chance--there's a strong chance my son would've lived. Like I said, I was told at 18 that I most likely wouldn't carry a child full-term. She's a miracle baby in my opinion.

It was a big surprise because I didn't think I was gonna get pregnant. I had tried for a year-and-a-half and nothing--nothing and then, bam! The first time I had sex with [him] I got pregnant. Blood test came back positive. I'm going okay! Wasn't the right time in my life to be pregnant, but because of the fact that I was told I most likely wasn't gonna have kids, I stayed pregnant. I'm for abortion but I'm against abortion at the same time. If a woman is perfectly capable of taking care of a child and there's no real reasons for them not to have that child, then, no, I don't think it's right that they have an abortion, but rape cases, yeah, that's when I'm for it.

At that point in time I was definitely not in any situation. I didn't have a stable residence. I was bouncing from place to place. Um, I was under a severe amount of stress. I didn't have a job. I got pregnant with her in August and I didn't get on state until January, cuz I didn't want to go on state. I didn't but I had to because of the insurance. [The FOB's] family started treating me like crap and he wouldn't stand up for me. Now, here I'm pregnant with his child and he's not standing up for me with his family. What's gonna happen once the child is born? I'm a high-risk pregnancy. I didn't need the added stress on top of what I already had, so I said you know what? You're not worth my time. You may be my child's father but if you can't stand up for me, then you can't respect me and I don't need that and my child isn't gonna need that so see ya later, bye. And I got together with [my new boyfriend] and as soon as I got together with [him] her father swore to God she wasn't his

until she was four months old and he saw her the day of the paternity test. He swore to God she wasn't his.

I've been friends with [my new boyfriend] since, since I was about 15, 16 years old. [He's] been there since I was a month pregnant. He was there throughout my entire pregnancy, talking to my stomach, getting all excited whenever she kicked. He laid his head on my stomach one night and she kicked him right in the face. Um, he was there the entire 38 hours. He went with me basically ever time I flew to the hospital thinking I was ready to go and I was at the hospital at least eight times before I actually had her. He threw his back out when he lifted me on the gurney because all the doctors and nurses were just standing there looking at me. He was there the entire time. He held her before I did. He's

the one that handed her to me, so I fully believe that old wives' tale about bonding, that why the baby is supposed to be put directly on the mother for the bonding. They have an unbelievable bond, an absolutely unbelievable bond, um, to the point when he first went to jail, even though I kicked him out a month-and-a-half before he got arrested, he was still coming here and he was still spending time with the both of us, but after he totally wasn't in her life there was a big change. She wouldn't listen period, constant temper tantrums, hitting, kicking, screaming for no reason.

Chaos follows her through her life, from the rape that left her pregnant the first time, to the relationship with her foster brother, to the violence and abuse she experiences with her present partner who, though he is in jail and she kicked him out, she considers good for her daughter.

The following story is from an older Puerto Rican mother who delivered when she was 33. She has a family history of child abuse, domestic violence, and substance abuse and her pregnancy is a result of a date rape.

His father is one of the biggest drug dealers there is in Miami and I got away from him, very, very lucky. He doesn't know where I am at, either. I left when I was like four months pregnant. He held a gun to my head so I was like 'This is it.' He busted my mouth and I was like 'Uh-uh.' I wasn't gonna risk that he make me lose the baby. I mean fist fighting with him because he was always seeing you know things that were not there. Like you know he used to use drugs and he used to come in and wake me up and tell me that I was with friends. So then he put a gun to my head and I was like that's it. I was pregnant and I didn't tell him. Cause he used to just push me and I used to fly into the bed. And then I used to stand up again and that's when he slapped me but he didn't know I was pregnant. I didn't want to tell him because then I think he would have get more upset. Because he was obsessed with me.

I got on the bus, that Cubana bus that takes you to Manhattan. And I came back to New York. From there my brother told me, "Come over here. It's good. It's quiet. It's good to raise a kid." And I say "Yeah, fine."

I was never pregnant [before]. I always took care of myself because I liked going out. The way I came out pregnant with the baby was because this guy forced himself one day on me. And he didn't want to wear a condom and he just continued. And I told him to stop because I knew I could come out pregnant. So I guess that what his idea. My sister, when I tell her, she says that I was raped. When you tell somebody no and they continue, it's being raped. But I didn't feel like it was rape. It just felt like he didn't listen to all that I was saying. But it's rape. That's what my sister said. But I don't say like that because for the baby that sounds very bad. You know? In case he one day hears that. I don't want him hearing things like that. So he came out of love, okay. I love him to death. I just didn't love the fact that I wasn't ready for a baby.

In the next narrative, the white mother was 17 years old when she delivered. She dropped out of school before she was pregnant and has never returned. She engaged in a lot of oppositional behavior--truancy, drug use, fighting--and then she became dependent on a relationship with an abusive man.

My son was born in July. In June, my baby father went to jail. Last time he hit me was, I

was pregnant. We broke up in September and I got pregnant. I was two-and-a-half months when I found out I was pregnant. Then we got back together. I was in love with him then. He's my world. He's my all. He's my everything. That was it. We were gonna be married. Then we broke up again because my best friend decided to start going out with him. He cheated on me with her. He broke my heart then. I didn't want nothing to do with him. I was like just so depressed and I smoked two packs of cigarettes a day. It wasn't that I didn't love my child to smoke those cigarettes, it was just there was so much stress, I felt alone. Like without my baby father, I was just like--I was nobody without my baby father. I thought I couldn't live without him. I was just so depressed . I thought it was me. I thought it was he wasn't sexually happy. I didn't think that I made him happy.

This pattern of abuse, exit, and then reunification was found more often among white women. Almost 40 percent of women in chaotic unhealthy relationships characterized by violence, drug abuse, and infidelity were white women as compared to only 25 percent of African American women.

In the following story, the 23 year-old single white mother wanted the pregnancy, and referred to the FOB as a "sperm donor." She appears desperate for a relationship, and like a popular song lyric, "she was looking for love in all the wrong places." Her story starts at a strip bar.

I was there with my girlfriends and one of the dancers jumped on my ankle and destroyed my whole foot. So I had my own apartment then, so then I said to my boyfriend, "Well you know you have to pay all the bills because how am I going to work in a nursing home with a cast on my foot." He wasn't really feeling that, so then he just takes off. So then, now I'm out of work. So I sold all his furniture [laugh]. I gotta do what I gotta do. Stayed with my girlfriend and dumb, stupid me, income tax season came up and I paid for him to fly from Florida to come get me and then we went down there. He's like, "Oh let's have a baby." I'm thinking oh okay. So I get pregnant. He ends up beating me. It was terrible. Not that he did that on a regular basis. One time he like broke my fingers, so then I ended up having a miscarriage and then I must have like woke up one day and said you know what, I'm going to beat him with a bat, I'm going to put him in the trunk of the car and feed him to the alligators.

Instead of making him 'gator bait, she moves out.

And so I got a job with a nursing agency. My friend, the guy friend who picked me up helped me get an apartment. I got like a little studio apartment everything was like included. It was my first own thing. My girlfriend introduced me to her brother and I felt like oh he's the one. He's the one and so he like started coming to my house and vomiting all over the place. And I'm like he's an alcoholic. Great! He's younger than me so now I'm like, here I am mommy again. With the other one I was mommy. I was like I gotta get rid of him and then I met this guy in the building who lived like two below me. Well that's how I met my son's father. He just whiddled his way in. It was like one was coming and the other one was going. I was like okay. Well you know, what do I care, I was 22 years old and I'm having fun you know.

So then he started moving stuff in and sleeping over and I'm thinking oh okay. Next thing you know he's living with me. He's like we gotta move. There's no room in this studio apartment. So then we moved. He's Puerto Rican and he's very slick. I was 22 and he's 34.

He was all sweet and sweet. Got another apartment, now mind you I pay for the deposit and all this other crap. So I'm somebody's mommy again. And I started talking to this other guy, the alcoholic one, and he heard me talking to him and I come home and he takes all the furniture. I have no furniture. Everything was on the floor, just the phone and the answering machine and the key. Calls me at work, I'm leaving you. Well now I got to pay the rent by myself, well okay. I just got to keep chugging along so I do it. I let him move back in, he moved out for a year, but he's still sleeping at my house, eating my food, I'm washing his clothes.

He has three kids already. He's like, "Oh I don't want anymore kids"-- yeah yeah well whatever. So I stopped taking my birth control pill and I tell him. I'm not taking the pill anymore. So then he's all pissed off and I'm like well I don't care. Leave like you usually do, you know. I can do it by myself so, I was pregnant. I still worked. I worked all but three days up until I had my son. He wouldn't go to any doctor's appointments with me.

The FOB was living with her when her contractions began. He was sleeping and didn't want to take her to the hospital.

I'm like okay what am I going to do? The baby's coming. I can't sit there and argue with him. So I said I'm going to the hospital, I'm going to have the baby, I'm in labor now. Grab my overnight bag with stuff, smoke a cigarette, driving down route 8 going about 80 because they're getting stronger. Pull right up to the emergency room. I'm smoking still because I'm scared as can be and who knows when I could smoke again and I'm just I gotta smoke and the guys like what's the matter? I'm like I'm in labor and he's like well come on. I'm like can I finish smoking my cigarette.

The FOB didn't pick her up from the hospital nor did he help her when she came home. She did finally leave this relationship. "I just got sick of it. I kind of grew up because he didn't really help me do anything." Having the baby provided her with some resolve to help leave him.

The following African American mother dropped out of high school before she got pregnant. She delivered when she was 20 and has a history of domestic violence and mental illness. Her chaos is linked to her poverty and in her narrative she talks about the problems of getting Food Stamps and accessing other state services. She describes what happened when she and the FOB found out she was pregnant.

He cried. We cried. We sat up hours on end thinking of baby names and stuff like that. To me, it was a fine relationship. Like I said, everybody has their fights and whatever. Me and him started getting into a lot of fights. Constant abuse. We could fight five times a day. By then I was so depressed and I was putting on weight at a rapid, rapid pace. I was gaining a lot, a lot of weight. By the time I was five months pregnant I was like 175 pounds, when I got pregnant I was only 115 pounds. Constantly depressed. All I did was eat. It was just one of those things. And then more abuse, more abuse. It finally stopped by my fifth month, he had beat the shit out of me for the last time. My stress level was really high. I was on medication for depression at the time. I signed myself into [a hospital] mental ward.

The following story is also a case of chaos linked to poverty. The bi-racial mother has only an eighth grade education. She is living with the family of the FOB who is a drug addict, doesn't

work, and has spent time in a mental institution because of a drug overdose. She lives in a four bedroom house with eleven other people, some of whom sleep on the front porch. The pregnancy “wasn’t planned, but I wasn’t just going to have an abortion. I mean I had to follow my responsibility.” Because the FOB doesn’t work, and she doesn’t get any support from her own family (she was 16 years old), the mother found herself a job.

I know I am supposed to work. I would have to take like any little job. Like I used to work at Dunkin' Donuts. I would go there at like 4:00 in the morning. And I would have to walk there because there is no buses. It was hard walking there too. I had to quit because it was starting my contractions up and they were worried about early labor.

When asked if she considered putting the child up for adoption she replied:

I would just never do it. It's my responsibility. I know what I did wrong. I had the choice before. I used to take pills but you have to take them like every day and while I was working I wasn't really taking them. I would forget some days. [The FOB] voluntarily put himself in [an institution] because he thought he had a problem and they diagnosed him with like schizophrenia or something because he heard voices. And he was taking pills for like medical reasons. And taking pills and smoking dust at the same time I guess. You can't do that, obviously.

Though still living in the household of the FOB’s family, she continues to “pull herself up by her bra-straps.”

When I was pregnant I learned that I don't need him because I did it all by myself. I just did it all by myself. It was just like living alone. They basically had like no food over there. I mean the little kids live on like crackers and butter and water. I mean it's like jail. Like bread and butter, crackers and butter. Then I just came home from the hospital I was trying to look for a job and I was trying to do things more quicker. But that was bad because I sort of had like a little tiny break down. I was trying to really get into school and trying to get a job. I was like going out to places like everyday to go into other programs with like job assistance for youths and everything and that kind of caught up to me.

Her life is now limited by complications from the delivery (the spinal needle affected her back and she can no longer lift even a shopping bag of groceries). She cannot depend on the FOB to help her and has developed a “buck up, do it alone” attitude. She is trying to not use drugs (she smoked pot and took ecstasy before her pregnancy) and she doesn’t want to raise her child around drugs. “But there's only so much you can say. I mean their family, I would tell their mother. There's only so much I can say to her without disrespecting her in her own home. I mean that is her house. She would do drugs too.”

This final story is one of the most tragic stories in the study. The young mother has a family history of child abuse and domestic violence. She was gang raped when she was twelve and then she left home and moved in with an older heroin dealer. Her story underscores the problem that “when you're a junky, drugs come first.”

He was the meanest, most abusive person I have ever met. I got hooked on heroin being with him. He was cruel, I mean crazy cruel. I stayed with him for like three years, got



pregnant, I was 15. So I got this heroin habit and I still have to go to school. I had to be a wife cuz he was, cook and clean, and everything had to be done and sex every night, he was sick. He was cruel and so things got even worse. I got suicidal cuz of the abuse. Then after a while, a few years I got pregnant, he abused me brutally when I was pregnant.

One night I was pregnant, I was like seven months pregnant and he kicked me in my stomach and I remember my knees buckling and I just fell and the pain was so bad, and I was bleeding, I couldn't walk and the whole time, and he's telling me I'm faking it. I'm on the floor and I'm like help me, and he didn't give a shit. He didn't care. And, finally, once I started bleeding, then he finally gave me the phone and I called my father. He took off, so I went to the hospital. I lied. I said that I was washing the floor and I tripped and fell. That's what I said, because he would also hit me where nobody could see. He hit me here on the back of my head so like no one could see bruises.

I lied [to my parents] and made it seem like he was okay, I lied about the abuse. I lied about the dealing drugs. They didn't know I had a dope habit. I mean I hid everything for years. I told 'em he had a job, this and this and that, but eventually it came evident that he

was crazy and they were totally against it but there was nothing they could do. I had just turned 16 when I moved so I mean there was nothing they could do.

I was like eight months pregnant, had a dope habit, I mean for the most part, he was supporting my habit. Well, then he left to Puerto Rico and I was getting state. I would blow all my money on dope, wouldn't pay my rent, would lie to my mother say my check never came, she'd have to pay rent. So one night it was in--I remember being like, you know, huge down on Main Street, looking for drugs, it was the middle of a snowstorm, I was eight months pregnant, huge, I had no money, I was kickin.' I was so sick. At that time I wasn't prostituting yet, so I couldn't get any money. There was no way to get to a store to return something. There was no money to steal. I just didn't have any money. If I had had the money I would've boughten some, but I didn't have any money. It was the middle of a snowstorm, I'm sick so five o'clock in the morning, at this point, I hadn't talked to my parents in a little while, cuz after, you know, all that happened and they were fed up. Or they were sad. I ended up calling my stepmother's friend and saying, I need help. Half an hour later, my father shows up. He knocks--he comes in and I'm in the bed. There's puke, crap, throw-up, everything all over the floor, pee all over the bed. *I mean when you're dope sick it's horrendous, especially being pregnant.* He picked me up and he started crying and he carried me down the stairs and brought me to the hospital. That's when my mother found out I was a heroin addict. She didn't know. Everyone kept telling her. My mother didn't believe it. I was still sniffing. I sniffed for years before I even started shootin' up.

So anyway, I went to the hospital. They put me on methadone. I stayed on methadone, had the baby, DCF got involved, had to go into treatment. They didn't want me on methadone. Had the baby, had to go right into treatment after I had him. Miraculously, she came out with no detox, no nothing. She came out fine, which is a miracle. My baby went with my mother. So, then I went into treatment, stayed in treatment, for months, and ended up getting back with my daughter's father while I was in treatment. He'd come and pick me up and I'd go out with him and I started sniffin' dope again.

The second time I got arrested I was boostin' at Wal-Mart. I mean hundreds, you know, every day I'd go, me and [my boyfriend] would go and we'd get two DVD players, twenty DVD movies and an air conditioner, every day but like a different Wal-Mart. Some days the same Wal-Mart, whatever, so I got busted. We had a real good scam, and so anyway, I got caught. I was sick when I got arrested, so I went in, I fell asleep and when you wake up bein' dope sick is the worst time. If you wake up and you don't have anything, that's the absolute worst time and that's exactly what happened. I was so sick. I mean I was so sick--it was disgusting. Going to the bathroom everywhere, puking everywhere. They brought me to the hospital and I don't know what they were doing. I was so sick and they had a thing on my stomach and they're like, "Oh, there's the second heartbeat," they said. That's what they said, "There's the second heartbeat." And I was like, "What?" I was like five months pregnant and I didn't, I thought but I wasn't sure because like I said, I had lost that baby. This is what I was thinking, either I had a miscarriage or I'm still pregnant. That's what I thought but I was junky so it was just like, I didn't care. It was like, whatever, you know. I really didn't believe I was pregnant at that point.

I was like, what am I gonna do? You know, what am I gonna do? I screwed up with my first. What am I gonna do with another baby, you know. I wanted to put the baby up for adoption. [The FOB] was like, you know, we'll figure somethin' out. You know, he'll go with our parents, somethin.' He didn't want to put him up for adoption. And I'm like, you don't want to put him up for adoption but you're not gonna get clean, either. You're not gonna take care of this baby and so I don't know. We had a meeting with my parents. My mother came and picked me up. We went, me and my mother and my stepfather, my father and my stepmother, this is what they said. Go into treatment right now, have the baby and we'll take the baby. My father, because they got my daughter, they wanted him. They wanted me to sign over all my parental rights. They didn't want to take the baby while I got my shit together, they wanted to take the baby forever. That was it. They wanted to raise the baby like their own. I was like, I don't know. I can't do that. They're like, that's the deal. If that's not it, there's nothing. We're not gonna support you. We're not gonna help you. Either you give us the baby or that's it. So I was like, all right, I'll think about it. I'll call you in a day. Months went by, I never called them. I continued to use, so eight months pregnant I got arrested again.

I called my mother. My mother came to the hospital, got me into a program and got all this stuff worked out, supposed to go Monday. Monday came and I blew it off, so at that point she was like, that's it. That's it. So from then on, I got in here on my own. I got on methadone. I came in here. She wouldn't help me until the day I came here. The day I came here, she came and got me, brought me what I needed and brought me here. So the plan was they wanted to have the baby. They figured I'd have the baby and I'd take off and they'd end up gettin' the baby. Well, I got here, I stayed, I had the baby, he was in the hospital for two months, I was there every day, I brought him here and he's been here with me ever since.

## MILD : Mothers in Less Distress

Laura

*I'm the black sheep of the family, I was pregnant with Austin when I got married. I was eight months pregnant when I got married. We were engaged and I'd gotten pregnant, surprise, surprise, and we had upped the wedding; and the Catholic Church wouldn't marry me because I was pregnant.*

*[When I got pregnant], I had a job and everything. I think we were both upset because I never, first I wasn't married which is a big thing. I never thought I would have kids. I always thought I would be a business woman, make lots of money, travel. That was like, you know, so now I'm pregnant and I was like, "Oh, my God." And he was like thinking money, "Oh, my God."*

*But once I felt him move inside of me, it completely changed; and I would not change anything in a heartbeat. It was--the first couple of months it was like, "Well, I'm pregnant. Oh, God, what am I going to do?" That was both of our feelings like, you know, how are we going to pull this off? I just moved up here. Our plan was to save money, get married, get a house, have a baby. And it was just--how are we going to do this? Am I ready to be a mother? You know, my whole life is going to change. What am I going to do?*

While she calls herself the black sheep of the family, when compared to mothers living in cultures of crises, this mother's only claim to that title is that she was having pre-marital sex with her fiancé. She does not have a history of family problems, she does not have any behavioral problems, and she has an associates degree in the medical field. While the pregnancy was an accident, the child is wanted and the mother does not live with a lot of stress, especially as compared to the previous group of mothers. We use the acronym MILD (mothers in less distress) to describe this last group of mothers because they do not have extremely traumatic childhoods (though some have a history of family problems), they are not currently encumbered with debilitating problems, and they were not young young mothers. Their needs are not as overwhelming as the needs of the other mothers in the program. Almost an equal number of mothers were at each end of the continuum--52 mothers living in cultures of crises and 51 mothers living with milder vulnerabilities.

Their stories stand out in their contrast to the other groups for several reasons.

- They do not have destabilizing cognitive impairments.
- Their histories of family problems are less extreme and current problems are less severe. No mothers in this subgroup live in cultures of crises, have current behavioral problems (e.g., violent behavior, drug addiction, illegal activity), or were victims of statutory rape.
- The pregnancy is often wanted, even if unexpected. Almost a third of the mothers in this group had been trying to get pregnant. Some are married, others are in long-term relationships, and still others are single older women who wanted to have a child. One 34 year-old first-time mom said, "God gave me a miracle because I was becoming hysterical not having children. I longed to have a child, yes. I wished for it a lot. For me it was a joy.

I could not believe it.” Another said, “We were very happy. I really wouldn't say planned, but if it happened, it happened. I was taking birth control so. Kind of you can say planned, but kind of chance. Whatever happened we were happy with it. We've been together-- tomorrow will be three years.” These stories stand in marked contrast to the young young mothers' stories of dread and shame.

Regarding the race and age of mothers in this category, roughly a third of whites and Puerto Ricans were in this MILD category; African Americans were under-represented in this group (see Table 12). Other Latinas were over-represented in this category; mostly because 12 of the 13 other Latinas were immigrants and their key vulnerability was linguistic isolation.

**Table 12: Race of Mothers with MILD Vulnerabilities**

	Total Number	Number in MILD	% of Racial Group
White	66	23	35%
African American	25	1	4%
Puerto Rican	49	16	33%
Latina Other	13	8	62%
Bi-racial, Asian, West Indian	18	3	17%
TOTAL	171	51	

This MILD group was also older, but one reason is that, by definition, the young young were excluded from this category. Over half of mothers with milder vulnerabilities delivered when they were in their twenties (see Table 13).

**Table 13: Age at Time of Delivery for Mothers in MILD Category**

	Total Number	Number in MILD	% of Age Group
13-16 (young young)	40	0	0%
17-19	68	18	26%
20-29	52	29	56%
30-41	10	3	30%
TOTAL	170	51	

\* One mother was prenatal at the time of the interview.

Mothers in this MILD group are not unencumbered by past problems, but compared to the rest of the sample, their less tragic family histories and less problematic current behavior make these mothers less vulnerable (see Table 14).

- Family histories: Almost half of the mothers in this subgroup have family histories of substance abuse; a third have histories of domestic violence and mental illness (slightly

less than the rest of the sample but not significantly so). However, there are fewer and less severe cases of child abuse and neglect. For example, only 34 percent have a history of child abuse compared to 57 percent for the rest of the sample.

- Schooling: The mothers in this group are more likely to have graduated from high school, and more likely to have attended college. Moreover, the education of the MILD sample is negatively skewed as a result of the immigrants-- all of the mothers over the age of 18 who have only an eighth grade education were immigrants with milder vulnerabilities.
- Mothers' behaviors: Mothers in this group are as likely to have a history of substance abuse as their counterparts, but more likely to be recovering abusers. They are also half as likely to have abusive partners.
- Relationship with the father of the child: The mothers in this sample are more likely to be married and the fathers are more likely to be involved with raising the children.

**Table 14: Comparison of MILD to Non-MILD Mothers on Select Variables**

	% of MILD (n=51)	% of non-MILD (n=120)
mother is linguistically isolated	33%	2%
mother is socially isolated	28%	8%
the pregnancy was an accident	33%	1%
mother wanted the pregnancy	29%	6%
mothers primary language is Spanish	32%	8%
mother was born abroad (inc. Puerto Rico)	43%	21%
mother has family history of child abuse	34%	57%
mother scored Extreme on Kempe1 for childhood history of abuse	41%	72%
mother has not finished high school*	32%	42%
mother attended college*	26%	12%
mother has history of substance abuse	22%	29%
mother has history of partner abuse	28%	52%
mother has history of mental illness	18%	41%
mother is married to FOB	22%	6%
FOB very involved with the child	55%	23%

\* For mothers older than 18.

The MILD group consists of several subgroups, defined by particular conditions:

- Spanish-speaking immigrant mothers who are isolated linguistically
- mothers who are socially isolated
- mothers with histories of mental illness now managed with medicine and therapy
- working poor families

- mothers with a history of substance abuse but no current abuse or problems

The two largest groups within this sub-sample were mothers who were linguistically or socially isolated. Only two cases were coded as both social and linguistic isolation. Linguistic isolation refers to the language disjuncture between the mother and the larger society and is often experienced where mothers' lives intersect with social institutions—schools, health, civic, and human service institutions particularly. Those who are linguistically isolated are not socially isolated if they have close extended family and friendship circles.

### Linguistic Isolation

In our sample, of the 17 mothers linguistically isolated, all but two were born abroad, ten of them in Puerto Rico and the rest in Latin American countries. This group tends to be older (the mean age was 24 when they delivered their first child); and over half of them were trying to get pregnant. The mothers have no history of substance abuse, and only a fifth have family histories of child abuse and neglect (compared to more than half for the rest of the sample). A quarter have histories of partner abuse (compared to almost half for the rest of the sample), but a fifth are also married to the father of the baby.

These mothers were often happy to be pregnant because of their desire for the child and the fact that they were in loving relations. As a 19 year-old Puerto Rican mother said when asked how she felt:

Oh very happy. Well, because he was the person I loved, and well we were going to have a child. And a child always fills one with happiness, you know, one's life with happiness because they're children and I don't know, well. And because he was the first, so one always has much hopes and dreams.

Their most obvious vulnerability is connected to their language needs, evident in the pregnancy story of a Mexican mother who had met her husband while working in the tobacco fields in Connecticut. "I got nervous and then I got more nervous." She went to the hospital for a pregnancy test with, "my brother and my husband and another girl that spoke English. This girl that was from Puerto Rico, she'd speak English and then she'd take me to the clinic, the hospital." Their bilingual Puerto Rican friend served as her translator throughout the pregnancy.

The following story is from a Mexican immigrant mother who was 27 when she delivered. She and the father, also a Mexican immigrant, were living in Chicago but moved to Connecticut because he had promise of work.

When we came here to [CT], I was pregnant, I really didn't know anybody here. I knew only the family I live with [and] two people who are friends of my husband. When I was pregnant, my worry was where could I find information to get checked-ups. [I was] looking for a hospital to give birth [but] they said that if I wanted [to deliver here] that there wasn't anybody who spoke Spanish. . . . I was four months pregnant but I didn't know what to get for [the baby] and they told me that there are people who donate things to people who need it. That embarrassed me, but I did take it because I needed it more

than anything. And I was scared that maybe Medicare wouldn't cover the bills because it was going to be like five thousand dollars or more.

In her story we hear the fear that comes from linguistic isolation and economic insecurity. The mother stopped working before she delivered but the father worked steadily. Still, they have problems making ends meet. She needs information about what services are available to her, and she needs Spanish-speaking help accessing state resources and medical services. It is linguistic and cultural barriers that create isolation and vulnerability.

Since immigrants come mostly because of the job opportunities available in this country, pregnancy can be at cross-purposes with immigrants' need to work. In the following story, this 25 year-old Ecuadorian mother had not yet paid off her debts before she was pregnant, which created some tension within her family.

My brother at the beginning he was bothered because I still owed a little money and he told me you are already with your stomach now you will not be able to work, I mean because his woman, at four months stopped working. Then he thought maybe I would also not work anymore or things, but I have worked, missing [only] fifteen days to have him.

Often it is the act of immigration itself that exacerbates the pregnancy and makes the families vulnerable. They not only have to learn a new language but they have to find housing, jobs, and learn the layout of a new city. The following Colombian mother emigrated with her husband while she was pregnant. They were forced to leave Colombia because of threats to her and her families' lives as a result of political turmoil in her homeland. She emigrated with her extended family and describes the issues she faced when they first arrived.

We started looking for work and at about a week we were all set I was pregnant but I managed to get work in a supermarket. Ever since I got here I've been working there. My father first started working in a laundry. We looked for apartments and I found one really close to my work and my husband was really happy because we didn't have a car yet. And from the apartment to work it was only two blocks walking, and then he could go without worrying about it, there was no risk that during the pregnancy I might be walking alone and since I didn't know the place too well, he didn't really like the city that much, we didn't like how it was, it wasn't what we expected. He worried about his wife walking around there with a big belly, and that seemed ideal at the time because it was close by.

Their vulnerabilities are attached to their immigrant status--they need to learn the language, routines, and institutions of the new country. These immigrants, however, often emigrated with their families or came to families already settled here, so while they may be linguistically isolated they are not socially isolated.

### Social Isolation

In our sample, 23 mothers were coded as suffering from social isolation. In nine of these cases, the isolation was connected to other more severe vulnerabilities (mostly chaos and behavioral problems); the remaining 14 were in the mild category which we discuss in this section. None of these 14 mothers wanted to become pregnant, none of them were African American, more than half were white; and 62 percent delivered between the ages of 17 and 19. Their family histories of child abuse (50%) are a little higher than others in the MILD category (41%), but lower than the rest of the sample (72%). This is a very educated group comparatively: almost 30 percent of these mothers have attended some college and 86 percent were in regular courses in high school. A third of the isolated MILD mothers have histories of partner abuse and substance abuse or both.

Mothers can become isolated when they move away from abusive relations (from spouses or family), when they change their social behavior (e.g., stop using drugs and drinking heavily), or when they transition into work or school environments that have a new set of routines. They experience mild normlessness as they transition from one environment to another.<sup>17</sup> Another form of isolation is more spatial and that is when the mother is living in a more rural area, without a car, and stays home with the child much of the day alone.

The following story is from a white mother who was attending a community college when she got pregnant by accident. She delivered at the age of 18. Though she is with the FOB, their relationship has alienated her from her parents because they don't like him. It is a case of a "good girl" with a "bad boy."

I didn't find out till I was like two months pregnant. I didn't know how to tell [the FOB]. I think we were fighting or something and I just yelled at him. "I'm pregnant!" He was like walking down the stairs and he was like, "What?" He just said, "Oh, well, we'll just have an abortion." Great. I was gonna have an abortion and I went like three times and I couldn't do it. And then it was too late and then he didn't want to either, you know, so. I never said a word to [my dad] the whole time. We still haven't really ever discussed it. I told my mom at like seven months. They don't like [the FOB] cuz he was in a lot of trouble with the cops. . . . I got arrested for interfering with [his] arrest and I was put on probation for a year. I was pregnant and then the dogs were biting me and I had to go to the hospital to check for like rabies and all that. He had lived with us for up until [my child] was three weeks but we got into a big fight and he moved back to live with his mother.

This mother said she was "having a hard time just like adjusting with everything" after she had the child. The interviewer asked, "Did you have anybody to talk to?" The mother replied, "No, cuz nobody really knew." She kept her problems to herself. Although she was living with her family, she didn't confide in them, and now estranged from the FOB, she is alone with her problems.

In the following story, this African American mother is both isolated and has a history of

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17 Sociologist Emile Durkheim would refer to this as a condition of *anomie*, when people feel adrift and have momentarily lost their social bearings. This often occurs during transitional periods when a new set of norms or rules of behavior have not yet firmly taken hold while an old set of norms are no longer useful.



dysfunctional relations. She delivered at the age of 18, and the pregnancy interrupted her career plans for the army. She suffers from depression, which began at the time of her mother's death. She is also trying to leave an abusive relationship. While the FOB had wanted a baby she said, "in my mind planning, I'm not really gonna get pregnant. I'm gonna go to the Army, I'm gonna live my life, everything's gonna be okay, but it didn't happen that way. I left Connecticut not knowing I was pregnant at all." The FOB did not want her to leave.

He cried. He's emotional. He cried and cried. He didn't want me to go but something that made up my mind when I used to live with him he used to hit me and when I came back he said he'd never hit me again but the day before New Year's he did hit me. So that kind of made up my mind. He lied to me. He'll never change. It's like my mom said, "If they hit you once they'll always hit you." I just said I have to live for myself and live my own life and do what I need to do for me, you know. This is what my mom wanted me to do. This is what I need to do. I'm not gonna be a statistic. I mean because he wanted me to live this life. He wanted me to get on welfare. He told me his mom was on welfare. All I had to do was have a baby and I could get on welfare and I didn't see that for myself and just being that he was telling me these things I felt like he didn't have my best interest at heart. It was like those things and him hitting me again made me really realize that we weren't--we had no future of being together. So I left and he cried and he cried, but I left. I didn't know I was pregnant. He didn't know I was pregnant. I just got on the train and I left and I got back to Virginia and before you go into the Army, you take a physical. At that physical I found out that I was pregnant. I was like days pregnant, days, literally days pregnant, four or five days pregnant but their pregnant tests is so advanced that it picks it up.

I came back to Connecticut and I lived with him for a couple of months, not long. We were gonna move out and get our own apartment but when I was gone he met someone else, this Mexican girl and I hate her! I guess her boyfriend was in jail or something and she knew I was going into the Army. And when I was gone she was messing with [the FOB] and coincidentally when I came back she got pregnant, too, by him.

So I went my way and I had my apartment and I was living my life and I just went on. I went to work. I came home. I just had freedom. I was just alone. I wanted to be by myself. I wanted to think by myself and that was like the worst pregnancy I went through because pregnancy alone was like horrible. I took up swimming. I swam. It was the summertime. My family had saved up some money so I still had money, I was still pretty free. I was working and my spending budget was whatever at this point in time so it was good for me. Throughout my entire pregnancy I was happy. It was a freedom that I never had. I was on my own for the first time, free to do whatever I want because I had the money to do whatever I wanted to do so there was no limit to what I could do. It was a good and a bad time in my life. It was like up and down.

This mother eventually moved away from the FOB, but found another boyfriend and is now pregnant with her second child. She is still living on her own.

Mothers with a History of Mental Illness

In the group of mothers who are in less distress, nine women suffered from mental illness, for which they were all receiving treatment. In most cases, they were suffering from depression, but some mothers had been hospitalized in the past for more severe psychoses. Most of these mothers were white. In several of the cases they were also socially isolated. In one case, the white mother became pregnant while studying in England. She suffered from depression which she managed with anti-depressants. This changed, however, when she got pregnant. She said, "I had to stop taking the anti-depressants. I had to quit smoking. I was far away from my family and my friends. It was very early in the relationship and I think that because of that it just intensified everything." She moved back to Connecticut but, as a result of the uprooting, she still does not have a strong support network.

The following white woman was 29 when she had her child. She has no history of family problems and no violence or abuse in the relationship. She was institutionalized for depression a few times when she was a teenager, because of what she defines as "relationship problems." She stayed several months at a treatment facility, took medication, and received therapy. However, it has been ten years since she has needed treatment and as she says, "I really don't think about that stuff cuz it's a long time ago and I look at it as in the past and it won't occur again in the future." She and her husband had been married four years when she got pregnant and the pregnancy was, as she says, "really planned cuz we wanted kids." She has a post-secondary vocational degree and her husband works full-time and earns enough that the mother can afford to stay home (the child was four at the time of the interview). Their life is centered around the domestic sphere and the child. As the mother said, "We try to make her happy, you know, and concentrate on her. Getting her happy and we'll try to do what we can for her, like he'll work and I'll make him his dinner and do all this other stuff around the house, so it really, it works out good."

She has been in the program for four years. When she was in the hospital to deliver "the person from Healthy Families asked me if I wanted someone to come over to my house for the visits, so I told her, yeah, so they've been coming ever since she was born." What she has received over the four years has been information about child development and general help with child rearing, including learning how to bathe her newborn, toilet training, child-proofing the house, learning to manage temper tantrums in stores, learning nutritional information, and learning how to teach her child to read. All of this is extremely ordinary information that mothers need to learn. The mother calls her worker when she has questions regarding her child and her life. At the moment, she is thinking about returning to school and buying a house, and she is getting assistance and support from the home visitor to do so. She said she trusts her worker "and tells her everything." This mother who stays at home with the child is socially isolated because she does not work and she does not have a network of family and friends outside the immediate nuclear family. She appreciates the visits for the company they provide her as well as for what her daughter gets from them.

The following mother has a more severe history of mental illness. This white mother delivered at the age of 24. Although she has a long history of mental illness, with proper medication and therapy, she is a fully functioning adult. She is also academically talented and in a stable relationship with the FOB.

I was everything, paranoid schizophrenic, and that's why I was on almost every single med

you can possibly think of. I'm not kidding you. I was on everything, so many tranquilizers. So, when I finally left and I was getting my life together, I'm going back to school and I never drank and I still don't today. I mean how can you miss something you've never had? So I never really had a party life. And I started with a girl from work, we started going out like on weekends. I literally only had two weeks of freedom, like party freedom my entire life because the first, first week I went out I met [the FOB]. He has an accent and I was just like, I ended up staying out until five or six in the morning. And all we did was go to like Howard Johnson's and I was drunk off my ass. This was the first time I ever drank anything and it was bad judgment, but I started sobering up and then I was like I'm not gonna do anything with you tonight. [laugh]

So he called me a couple days later and we started seeing each other and we were only together about a month and in that month I got pregnant and we broke up because he didn't really want a relationship and I was gonna go to school in September. I met him in May and I was like, I can't feel like this. I can't be with somebody who doesn't know what they want to do. I was working two jobs. I was working like 60, 70 hours a week cuz I wanted to go to school and I wanted to be able to go to school and still be comfortable and be able to pay my bills and cuz I was gonna quit one of 'em and keep the other one and, uh, I found out I was pregnant.

So then I had to get in touch with [the FOB] and it was very hard cuz his phone wasn't working and I went to his job and told him to come by the house the next day and I told him I was pregnant and it was just like, so what--what do we have to do? Just think that we have to get along for the sake of, you know, we're gonna have a kid. I told him in the end of June and then at the end of August we were really getting along and it was like why don't we get a place together. We've been to couples therapy together. We're trying really hard to make our lives work together because we--I love him. I really care about him.

I hadn't started school yet. I don't know if I was sad. I was like, shit. I just fucked up my future, cuz that's what I felt like. I was like I can't be pregnant! Finally, I just get my life together, cuz I really did! I hadn't been doing anything except for just sitting on my butt and watching TV for the past eight years or sitting in a hospital letting everyone else cater to me. So I was just like scared that I was not gonna be able to fulfill what I wanted to do. And I was contemplating not starting school in September. I wasn't due until February but I was afraid that I was just not gonna do good, so I started anyways. I took five classes. I ended up being on the Dean's list while being pregnant. I don't think I actually really faced the fact that I was pregnant till I was about seven months because that's when I started to show. I knew I wasn't gonna. I'd be like, "Okay, Mom. I'll check it out. Yeah, I'll look into it." That's when I got involved with Healthy Families. I got a worker and, honestly, I really look at my worker as somebody that's just a nice person to have as a companion because I mean I'm--I'm not stupid. I'm not--not that other people are, but it's probably a bad statement to say! But I don't feel like I need this person to make it through every week. I like having her come because it gives me somebody to talk to or ask any questions I don't have answers for or, you know, just to count on just seeing somebody. It's a nice little time to see her or see somebody. I don't know how to explain it, there's times when she'll bring stuff and I'll be like, oh yeah, you know, I knew that because, you know, my sister's got

four kids. I don't think that my life depends on Healthy Families. I find it as a nice interruption to my life.

The following white mother who delivered at the age of 19 has a history of both substance abuse and mental illness, two afflictions that often coexist.

I didn't find out until I was about four and a half months because I was on the shot and you don't get your period. It was a big shock. I was in college and it was around finals. I called him at work, "Hey! Guess what? We're pregnant!" He was like, "Uh, I'll call ya back." He was in the middle of lunch. He works at Subway and so I called him back, he's like, huh? It was just a big shock. I never expected me to be pregnant before I was 25 but it was okay. It was stressful because I was in college and I wanted to get my life going instead of having a baby.

[The FOB], he's 28, well he was at work so he called me back I was like so nervous, so when he came home we sat down and we talked about it. It wasn't really real because he's 28 but imagine he's with a 20 year-old; therefore, he's not as mature as a 28 year-old could be. He didn't want to have one yet because he's still growing up and but now he just--once he came it was, it was good. We've been together for almost four years now so it's not like it's just some relationship where we just started having sex and then we had a baby.

Well, my mom was pretty cool. I called her at work--it's easier over the phone. I was like, "Hi, Grandma." She's like, "No, this is mom." I'm like, "Uh, hi, Grandma. I'm pregnant." She's like, "Oh! Okay, I'll talk to you later." So we talked and it was fine. She's cool. She would never put me down for anything. It doesn't matter if I like, you know, was a prostitute, she would just always try to help me. My grandmother was the hard one.

I was far along and I had smoked cigarettes and done things that I wouldn't do if I was pregnant ever and so I was worried about the baby's health and I was so scared. I wanted to be the best mom in the whole world. As I got fat it just, it just came more real. It wasn't such a fake thing. Cuz when you're pregnant, first of all, you know, boobies here. I got chubby like the next day, I swear. I got a pot belly and then about a week-and-a-half later I felt him moving so.

I just went through a lot of things when I was younger. Therefore, I grew up fast, which is good because I'm glad that I have experience with life to ya know teach him--to be mature enough to grow up fast enough to have a baby and know that you have no time for yourself and showers come when they come and food comes when it comes. He needs you and you take care of him so.

This mother is in a stable relationship, she has an emotionally and financially supportive family structure, and she is no longer abusing drugs. She is a mature loving mother.

### Mothers Recovering from Substance Abuse

There is a small group of mothers who have a history of substance abuse problems but are now

“reformed” or “recovering.” This group of about a half a dozen mothers make frequent reference to having “cleaned up their act.” Often the pregnancy or child “helped them grow up” and “become more responsible.” These mothers are older (with a mean age of 23 compared to 18 for the rest of the sample) and they have been in the program longer (50 percent are participating at level two or higher).

In the following case, a white mother who is mildly cognitively impaired gave birth when she was 23. She has a long history of drug use and mental illness, but she is no longer using and she takes anti-depressant medication. She had an abusive relationship with a drug addict but left him.

I used to roam the streets all the time. Partying all the time. [My mom] hated that. She was worried about me but I finally calmed down, so. I'm thankful I did it now. I started partying at the age of fourteen and I didn't stop until I found out I was pregnant with him. When I got pregnant it made it so, like, I kind of grew up a lot more when I come to realize that she's the only person I really have so I better accept what I have and like it. I didn't do anything other than pot while at the beginning, while I was pregnant. See I drank but I didn't know that I was pregnant. But after that, I stopped everything except cigarettes.

She had known the FOB only a few weeks when she became pregnant. Her story continues.

[The FOB ] told me that he was going to shove a coat hanger up me. So that's when I said okay. I'll be your friend but nothing more. He's only seen him for ten minutes of his life. He's not an adult. He already has a six-year-old daughter. I didn't purposely get pregnant cuz if I chose him as the father then that'd be pretty bad. [laugh]. He told me I used him as a sperm donor. I looked at him, I said, "If I used you as a sperm donor I should have got the manager of this place instead of the boy that delivers furniture off the truck." [laugh]. He had nothing to say after that.

He went to rehab while I was pregnant for three months and I used to go up once in awhile to see him. One time when I went up there, he flicked me so hard in my forehead that he left a big welt on my head so I haven't talked to him since then, but [cough] he was writing me threatening letters after that from rehab telling me I was a crazy, psychotic bitch and all sorts of stuff. I'm like you're the one in rehab, I'm not, okay. But anyways, he came out of rehab. He lives with his new girlfriend in low-income housing. He said that [the baby] wasn't his and we had to get a DNA test that proved to him that it was--it came out 99.9--and then he, um, I went to court to get full custody of him and supervised visitation cuz he's a drug addict and he's using again and I don't think that my kid should have to be put around it, because I don't bring him to places where people are drinking. That was three months ago. Never heard from him again.

When she first found out she was pregnant she was “scared.”

I knew what type of person he was and plus I knew that I was drinking and stuff and I had stopped but I knew I wasn't going to have an abortion because I had one when I was 18 and I was never going to have another abortion because that's not a method of birth

control. So I was really like, I wasn't going anywhere in my life and I wasn't doing the right things and then all of a sudden I have this baby inside me and all of a sudden I had to grow up real quick. [laugh]. Real quick! So I actually like where I am today. I just want to get a job and I'll feel better about myself and be able to support my kid by me working instead of the state and be able to give him more things. I think everybody thought that maybe that's what I needed to grow up was to have a responsibility cuz I never really took any responsibilities when I was growing up.

This mother is now in therapy and she talks to her therapist about these issues. She also has won full custody of the child and she no longer has any contact with the FOB.

### **Summary of Mothers' Vulnerabilities**

While the vulnerabilities in these stories overlap, some differences do emerge among the various groups. The intellectual limitations of the cognitively impaired and, for some, their need to prove to family and friends (and perhaps social workers) that they can parent, creates a particular need for reassurance and affirmation as well as a need for parenting information and support.

Young young mothers are trying to emotionally and socially mature as well as finish school, get a job, and raise their child. They too need information and support, especially in accepting the role of mother for which most were not yet prepared. They can feel marginalized from their peers as well as isolated, particularly if all childcare responsibilities fall on their shoulders. Further, they often feel the stigma of being a single teen mom, and thus seek acceptance. Finally, these young young mothers cannot support themselves financially, and they often need help completing school and accessing social services.

The mothers living in cultures of crises are besieged with multiple needs, including material, social, psychological, medical, and emotional needs. The chaos in their lives creates instability and they move through their days putting out brush fires (and sometimes fighting major fires). Many are living in violent households or neighborhoods, while some lack permanent residences altogether. Nonetheless, within this chaos, we see mothers working hard to make improvements for their children. We see a 16 year-old mother walking to work at 4:00 in the morning because she knows, "I'm supposed to work" even though most of the adults in her life do not.

Their stories stand in contrast to those mothers living in less distress whose milder vulnerabilities include linguistic and social isolation. Some mothers are in recovery from substance abuse and mental illness. These moms are often older and more educated. Their needs are less pressing but important nonetheless--they need friendship to overcome isolation, help overcoming language barriers, and information about things such as buying a house, and enrolling in school, and raising children.

What is most striking in these stories is the range of vulnerabilities and the complex of needs among these first-time mothers. The informational needs of the cognitively impaired differ from the educational needs of the young young mothers for whom the pregnancy itself creates problems. In contrast, the pregnancy for those in cultures of crises only adds to an already overloaded matrix of needs, which also differs greatly from the older more stable mothers who are

linguistically and socially isolated. Moreover, many of the women have multiple vulnerabilities that interact with one another:

- cognitively impaired moms who are also very young;
- young, rebellious moms living in cultures of crises;
- victims of statutory rape living in environments where teen motherhood is normalized;
- “good girls” living in chaotic families with abusive partners;
- socially isolated mothers, impoverished and cognitively impaired;

... and the possible combinations go on. The vulnerabilities we have identified merge, diverge, and re-emerge across the life course. Consequently, a “one size fits all program” is not useful. We now turn to the mothers’ stories to examine their relationships with their home visitors and to see how home visitation addresses their particular vulnerabilities.

## IV. Engaging Mothers through Home Visitation Services

Given the above description of family vulnerabilities among first time mothers, we next ask the question how are mothers engaged by the NFN home visitation program to address these vulnerabilities, and how do their personal biographies intersect with home visitation?

Participation in the NFN program is entirely voluntary. Mothers must demonstrate a threshold of needs and vulnerabilities to qualify, which is determined through an initial checklist concerning the family, and then a more rigorous assessment of family stress and parenting capacity.

Nonetheless, mothers must have some initial motivation for accepting the services, and usually this motivation stems from some recognition of their family vulnerabilities or their parenting insecurities. But initial motivation does not always become program engagement. Mothers may be open to the program, but at the same time they must be convinced in the early stages of their participation that the program is worth their time and effort.

We have developed a second typology to describe how mothers' relationships with their home visitors get organized. As in the previous section, we rely on the mothers to teach us what works for them in the context of home visitation. After reading carefully the mothers' stories of program involvement, we identified four general ways that home visitors connect with mothers--as baby experts, advocates, friends, and fictive kin.<sup>18</sup>

### **Home Visitor as Baby Expert**

Many vulnerable mothers are noticeably grateful to home visitors who can help them do what many fear they might not do well--raise a healthy child. Some doubt their abilities to be a good mom, and their relationships with their home visitors get organized primarily around the quest to prove to themselves and others that they can indeed be good mothers. As baby experts, home visitors actively work with moms identifying developmental milestones and facilitating their children's development. Self-appraisals of mothering are often attached to developmental assessments of her child. A mature, but young young mother from Manchester describes the satisfaction she gets in knowing that her child is developing well.

I only know one other person . . . she has a son four days apart from mine, and [my son] is way more advanced than hers is, so I know I'm doing a good job. . . . And [my home visitor] comes to visit me and we do the Ages and Stages and I love that program! Oh, my God, it makes me feel so secure because she knows I'm a lunatic about him. I'm just--I just want to know. Is he doing this? Is he supposed to do this? I read in the book! He's supposed to do this! . . . And he is totally on target and I'm so psyched, you know. I feel as if I am a good parent. . . . He's pretty much always good and he doesn't ever seem to have any developmental problems and that makes me very happy so. It's like I said, it's like a checklist and it makes me feel good about us.

Another young mother who was the victim of statutory rape demonstrates the intensity associated

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18 In this section, unless specified, the age of the mother refers to her age at the time of the interview.



with this issue.

That's what [my home visitor] is even helping me do. You know, when I have concerns about [my son]. Oh, god! When he wasn't crawling I was like, Oh, god! He's not crawling! What's wrong with him? He's seven months! He's not crawling and, and she was like, don't worry and she would bring me pamphlets on how old and what they were supposed to be doing. If they're late it's okay and what to do to help them, encourage them to do things. So, I was like, ohh! So she brings me relief sometimes, too. It's like, you know. (laugh)

As the above quote suggests, acknowledging that a child is developing slowly can be particularly difficult for moms who already doubt their ability to mother, especially young young mothers and those living in cultures of crises. In the following quote, a 23 year-old, white mother from New London who lives in a culture of crises defensively struggles with noted developmental delays.

[S]he did say that [my daughter] probably needs to go to a speech therapist 'cause she wasn't talking as much and, you know, I tried to tell [my home visitor] that I had problems, you know, growing up as a kid. Uh, all my sisters were very slow at catching on and its been stated in so many books that, you know, kids that don't speak right away are actually earning more mental progress, doing, you know, mathematics, calculations, things like that before they start speaking, because there's so many research books about different things out there that tell you different stuff.

A bi-racial mother of twins who delivered when she was 16 years of age also worries about her child's slow development, which the home visitor helps her to identify and accept.

[My home visitor] tries to get them to do certain activities to see if they're up to their stage, like the 12-month stage. . . . She thinks that they're still a little bit off because they were born two months early, which I don't think is--I think everybody does it differently and she's not judgmental at all. She's like they're doing fine but she thinks that they're still two months behind so she brought, like last time she came, I think it was last Monday, she brought like the 12-month stage and it was true cause like some of the stuff they didn't really know how to do. But I think that it's different for every baby so.

Several moms were grateful when developmental delays were identified early by their home visitors, as the following 24 year-old New London mom living in a culture of crises indicates.

If it wasn't for her coming in, I wouldn't know that there was something wrong with [my son]. I would never have--it never would have crossed my mind. Um, never would've crossed my mind that he needs, you know, around this age to be able to point at a book and say what it is and he's starting to finally, he's six months behind. So, that's one thing we're not, you know, we're still not sure on but, you now, we're working on it so it's really good to have her there to help me out.

In a few cases, early developmental screens led to the discovery of serious problems, in which immediate treatment was arranged. These moms were, of course, extremely appreciative, as this following 30 year-old white mom illustrates.

When [my son] first came up with his autism, they actually increased the visits to two times a week to work with him more and, um, actually, we would've never found out about his delays because I just assumed that he was, you know, just a good kid who wanted to play by himself, but they did the Ages and Stages and we saw delays then, so that's when we went to the doctor and got the referral for Birth To Three.

Clearly, at all sites, the focus on child development is central to program services and often becomes the organizing dynamic around which moms make connections with home visitors. Some moms, especially the young young mothers, rely on the home visitor as an important resource for acquiring information about their child. A West Indian mom who was the victim of statutory rape articulates well the central importance of this part of the program when asked to define what she thought were the most important things she learned from her home visitor.

The most important things I've learned is that like it's very important to monitor your kids because a lot of parents might not want to admit it but their children might be progressing slowly and a lot of parents think, oh, there's nothing wrong but it's like she showed me to pay attention to little things she does to notice any signs of anything that might be serious. Because it's like what's important to me is my daughter's health and I know a healthy baby is a happy baby and I'd like to keep it that way.

A 20 year-old African American mom who suffers from depression and has a history of partner abuse also relies on her home visitor to help her access information.

[Interviewer] So why have you stayed in the program?

[Mom] Because I thought it was very helpful and I didn't know whether or not he'll still need the assistance, you know, as far as he goes, you know, because he changes every day. Different days he's doing different things and I need to know. I really don't have time to go to the library so [my home visitor] knows a lot of the things, you know. She has a lot of different clients and she sees similarities in the children and I'm glad to know that I'm not alone. You know, other kids go through things like this, too. . . . I mean just the help that she gives me like with the books and things like that and not just books on his temperament but books on things that he should be doing at this stage, you know, his developmental things like drawing, and then she, you know, she knows what he should be doing at this time. I think it's--I think she's really good.

This mother is socially isolated herself having left an abusive partner, and the information that her worker brings into her home helps her to assess her child's development.

Many of the moms made similar comments about the home visitors involvement in monitoring and providing information concerning the medical needs of their children, especially information pertaining to colicky babies, high temperatures, ear problems and the like. Moms also rely on the expertise of their home visitors for more routine health issues and often use their judgments about when to contact a pediatrician.

Home visitors also played the role of the baby expert in helping moms develop parenting strategies for bonding with a child or communicating with a child. In the following quote, a white young young mother who delivered her baby when she was thirteen and also lives in a culture of crises talks about how her worker helped her bond with her child. The interviewer asked her to talk about the most important thing she learned from her home visitor.

I don't know. She taught me so much stuff it's like hard. I was, I was real nervous that [my son] didn't like me cuz he always wanted to be with my mom. So she showed me that if I took him out by myself for a walk or with her, me and her, he wouldn't want to go to [my mom]. He'd wantin' to be with me more. So, we had the day and she had showed me that it wasn't that he liked my mom more, it was he wasn't used to me. Cuz I was never home. I was always at school, doing this, doctor's appointments, here and there, so he was mostly with my mom. So she showed me that I shouldn't just jump to say, oh, he doesn't like me. Cuz I was telling I'm not holding him, he doesn't like me, he cries. So she really showed me that I had to be with him more and not be around my mom. That's why I like the group that I go to cuz I'm not around my mom. It's just me and him . . . he likes to be with me.

Much of the work around communicating with a child emphasized the importance of verbalizing intentions and reasons for behavior and encouraging the child to do the same as he or she acquired more language. A Puerto Rican mom who is from the Hartford VNA program explains this in concrete terms when asked what are the most important things she learned from her home visitor.

How to treat my children. . . . To understand them, that sometimes you, they don't, when they want to put something on that you don't want them to or something to explain to them why it is that they can't put it on. Explain to them and to encourage them to tell you why they want to put it on and all that.

Another Puerto Rican mom living in chaotic conditions who delivered when she was 16 years old but has now been in the program for four years learned that even very young children can comprehend a mother's language, and that she must therefore be careful what she says in the child's presence.

So like I don't swear now. I'd be like, what the hell! What the fuck! You know, but she showed me how not to say that and like I used to talk junk to them about their father that their father is a no good piece of shit and she used to say you can't say that to them.

Moms also consulted with home visitors about parenting strategies, often concerning children's temper tantrums or excessive crying, or in dealing with the so-called terrible twos. This is a period in the mother-child relationship that can be difficult for the mother as she develops methods to establish her parental authority while the child experiments with his or her autonomy. Another young mother who delivered at the age of 16 and has also been in the program about two and a half years discusses the work she is doing with her home visitor.

[Mom] His terrible two's, yeah. [laugh] His terrible two's have an effect on me right now.

[Interviewer] Does [your home visitor] explain to you what goes on when he gets 2 years old?

[Mom] Yeah, she definitely went through that cuz I was like, I don't believe him. He's way too out of hand for me, and she explained some of the things that they do. They're, um, they're ornery, you know, they're trying to be independent now, so me and him are struggling with that [laugh] . . . and [my home visitor and I] just be observing how he's acting. And then I'll say, see what he's doing right there? Like he'll get frustrated and then she'll explain to me why he's, you know, maybe why he's being so frustrated and what to do, and she stays for about an hour-and-a-half sometimes. It's supposed to be an hour but she'll stay a little longer.

The following quote also demonstrates the emotional intensity this stage can create, especially when the mom is socially isolated and has few places to turn. In these cases, the home visitor can play a vital role in providing support and strategies for dealing with a difficult two year-old. A 23 year-old white mom living in a culture of crises explains this well.

[Interviewer] What are some of the things that [your son] does that upsets you?

[Mom] He has a temper like crazy. [My home visitor] and I have been dealing with it, as much as we can. He's got a temper and it started six months ago, so it started when he was young. Well, we have tried a lot, but [my home visitor] and I just finally have come to that the only thing that works is as long as he's safe and he's not going to hurt himself, to just let him do his thing, and when he realizes that I'm not going to do anything about it then he eventually stops. And at first it took two hours for him to stop and that was, what a day. I'm telling you that was a day that didn't stop, but now, you know, it's getting a little bit less and a little bit less as he knows well, jeez, the last ten times I've done this she hasn't done anything, so. But it's a long process and there have been days and nights where it's so tempting just to go pick him up and just say, no, ok, you know, whatever you want, just stop [laughs]. And sometimes it's really hard when they don't sleep because sleep is very important when you have to deal, when you're trying to be patient and in my situation where I don't ever get a break from him, ever. I'm with him day in and day out, and he doesn't have a grandma and a grandpa that can get him, or I mean I'm with him all the time. Sometimes I struggle with trying, trying to make sure that my lack of sleep doesn't make me too irritable at him for nothing. [laughs]

In this case, the chaos already in her life is exacerbated by the normal chaotic behavior of a toddler. Knowledge from her home visitor helps her manage. But we can also see the problems caused by social isolation—without an extended family available the mom is unable to take her own “timeout.” We see the role the home visitor plays in the lives of more isolated mothers as this mother continues talking about the most important things she learned her home visitor.

That, don't sweat the small stuff because there's gonna be a lot more important things down the road. Um, that, and that to use your creativity in doing stuff with him because

he's not the textbook kid, he's got the whole temper thing, and stuff. And um, so she's taught me to rely on myself and that I'm a pretty smart girl and to kind of do what I feel is right and not to let anybody else tell me, this is what you have to do to raise your kid. And then I have to do what I'm comfortable with. I think the best thing is that she really makes me feel like I'm doing a good job, which some days you really wonder, you wake up and your like, my kid's throwing a temper tantrum, he won't eat, he won't sleep, my house is a mess, I feel like crap, you feel like a lousy mom and um, she always makes me feel like I've done a lot to get here, I've done a lot, I've, you know, I've had him all by myself and, you know, I think it takes somebody special to kind of remind you that on daily basis sometimes.

Finally, one last quote again demonstrates how trying parenting at this stage can be. In this case, the home visitor and mom are forced to be innovative. A 20 year-old socially isolated mom from New Haven discusses her two year-old son.

[My son] has a real bad temper. [My home visitor] always brings me over magazines and books and things to look at, you know, to try new things with him, to control that, so I'm really thankful for that because he's gotten so much better with his temper so.

[Interviewer] So what do you feel is the most important thing that you have learned from her?

[Mom] How to handle [my son's] temper. . . . [My home visitor] thinks it's a good program for me because she, she actually told me I needed to seek help for his temper but I said it's not gonna do any good right now because he can't talk. It's not like he can say I'm angry because, you know, he can't talk. And she taught me the thing where you turn him around and it helps because it makes him focus. Like you turn him around in a 360. And it works! You know, because he like forget what he was doing or mad about or whatever but he just calms down a little bit so I don't know what it is.

As children age, disciplinary techniques become central to the work with the home visitor as well, and again moms often rely on the home visitor as a baby expert. However, this was not a common theme in our interviews, most likely because only 29 percent of moms interviewed had children over two years of age. For moms who did have older children, discipline was a central topic and home visitors worked assiduously to persuade moms to adopt alternatives to spanking. In the following quote, a 21 year-old Puerto Rican mom, who has been the victim of past child abuse and partner abuse and lives in a culture of crises, demonstrates the desperation that moms sometimes feel.

It seems like the older she gets, like right now, I've been going through, so much personal issues that I really for these last couple of weeks haven't been able to stay with [my home visitor] and come up with a plan on something to do because this time when she do stuff, it even makes me cry because it makes me feel like I just want to spank her or hit her and stuff. And it makes me cry and I be like, 'Okay I'm going to give custody to your grandmother. I'm calling DCF or something.' There's times that I feel that I can't take it cause she's just too much. She's a handful. Okay.

Over time mothers develop parenting skills, especially the foundation of these skills, patience, and the home visitor can play a role. A 21 year-old Puerto Rican mom from New Haven shows how changes in her self-esteem have made it easier to control her anger and manage a difficult child.

Well, when I first started with them, I had a real low self-esteem. And [my home visitor] helped me build my self-esteem high. She helped me be strong, you know what I'm saying? In other words, don't let no one break you down. She's helped me a lot. She's helped me a lot with my self-esteem. You know? Taught me to be strong you know? Not to let no one break me down. And in terms of just how to deal with [my daughter] and not getting upset and hitting her to hurt her like. How to deal with my anger, when I'm mad, not to take it off on her you know? Like I said, she's helped me a lot.

Many of the home visitors urge the mothers to use timeout as a form of discipline rather than spanking or hitting their children. The following quote from a 23 year-old Hartford mom living in a culture of crises was typical.

And [my home visitor] just tell me to put her in timeout or I would take her toys, her favorite toys away or take her TV, or don't put nothing in the room, just let her sit in her room and after she's in timeout, just take her out of timeout and tell her why I put her in timeout, why was the reason that what she did was wrong, that she's not supposed to do that and, and not to remind her that I'm the parent cuz she knows I'm the parent.

In nuanced ways (e.g., “not to remind her I'm the parent”), the home visitors taught the mother not to abuse power differentials in the relationship. A few moms interviewed indicated that they were ambivalent about alternative methods of discipline. Many had been spanked and, in some cases, beaten when they were children, and believed strongly in the old adage, ‘spare the rod, spoil the child.’ Home visitors try to persuade moms that these techniques can emotionally injure a child or that excessive use of corporal punishment could lead to state intervention. They often model for the mother alternative ways of punishing a child so that the mother can see the technique practiced and the results. But some moms are hard to convince. In the following quote, the mom's reluctance is evident. She is a 22 year-old cognitively-impaired mother from New Haven talking about her two year-old son.

[Interviewer] So do you ever talk to [your home visitor] about disciplining [your son] or does she talk to you about it?

[Mom] Yeah. She talks to me about disciplining but she tells me not to beat him with a belt at this age now so. Once in a while I just like pop him with my hand so cuz she said don't beat him with no belt because that's like child abuse so. Every once in a while I just give him a pop when he's doing something bad.

[Interviewer] What do you mean by a pop?

[Mom] A pop on the hand.

[Interviewer] What does [your home visitor] suggest would be a good thing to do? Does she say, oh, you should try this or anything?

[Mom] Yeah, she tells me to try some stuff but.

[Interviewer] Like what kind of stuff?

[Mom] Like, um, like taking all his toys away from him.

Clearly, one of the ways that moms become connected to the program is through their relationships with home visitors as baby experts. We found this to be the case particularly among higher functioning moms as well as moms who were unsure of themselves. The higher functioning moms liked having someone who could access parenting information and who could regularly talk to them about parenting strategies and child development. Several moms identified the willingness of their home visitors to do research for them when they had questions--research on the internet, in parenting magazines, or at the office. Home visitors provided information on many topics beyond the ones already discussed, including potty-training, bathing, home safety, breast feeding, eating problems, fine motor skill development, circumcision and cleanliness, laundry tips and more.

More often, however, the baby expert role was elicited by moms lacking confidence in their parenting abilities, and who strongly wanted to show themselves and others in their lives that they could be a good mom. This was especially the case for young young moms. In these cases, as we have seen, home visitors monitor and assist with child development, with monitoring the health needs of the child, and with parenting strategies to address varying needs. The intensity of the relationship that some moms develop with their home visitors around their baby expert role is a function of their desires to be good moms, especially when they so deeply doubt their capacities for doing so.

And finally, moms living in chaotic conditions benefitted from the knowledge the home visitors gave them regarding behavioral issues. The presence of the home visitor provides a modicum of stability and continuity. The home visitors can also help identify and provide referrals to help with anger management for the mom herself. Parenting knowledge includes information about what to expect of the child as well as helping parents how to better understand themselves.

### **Home Visitor as Advocate**

The second type of relationship between the mother and home visitor is organized around the home visitor-as-advocate. Moms often feel powerless (and often are powerless) in interactions with medical authorities, state authorities, landlords, school principals, and the like. Their powerlessness stems from a combination of poverty, language and educational limitations, and diminished self-images, which are all rooted in social characteristics that define power in our society, namely, race and ethnicity, social class and gender. Because the home visitor can correct some of the asymmetry caused by these power differences, the home visitor-as-advocate can be the basis of a very strong relationship.

One obvious power differential appeared with immigrants who, as newcomers to the society, need help overcoming language and cultural barriers. Many of the non-native English speakers expressed their sole reliance on home visitors to translate letters, phone calls and visits to doctors, state offices and schools. A Puerto Rican mother from Willimantic captured the sentiment of many non-native language speakers in our sample when she said, "With the baby's appointments, [my home visitor] goes with me when I can't, when I don't understand. One time I had a medical problem and [my home visitor] went with me. She's always there, and they usually follow up to see if everything is okay." Another Willimantic mom from Mexico explains, "When my baby gets sick I ask her to accompany me as an interpreter and she's interpreted for me and helped me for a long time."

Another Mexican mom from Hartford with less than an eighth grade education can not read in English or Spanish. She is dependent on her home visitor to read mail and contact state services.

[S]he visits to ask how I'm doing, so she'll read these pamphlets in English that I get in the mail. . . . When they come in Spanish, she helps me. . . . She helps me to call the clinic, and to call the hospital . . . WIC and all that, she helps me with it.

All three of these mothers were defined as being vulnerable because of linguistic isolation.

The home visitor also helped many non-immigrant mothers access state services. Mothers needed advocacy because of complicated bureaucratic procedures and often less-than-friendly state workers. Several mothers expressed anger and frustration with state services, especially with state workers whom they considered negligent, dismissive, arrogant, or derisive. In the following quote, a 20 year-old isolated white mom shows her frustration with a social worker who made her feel stupid.

I feel my social worker has an attitude problem sometimes, where I just want to hang up on her because she seems like she doesn't care that you're calling her and asking her something. That's why I don't want to call her. That's why I want [my home visitor] to call her because she just seems like she has an attitude all the time, and I don't want her to think I'm an idiot that I'm calling her and asking her that. . . . I don't want to have anything to do with her. I do my monthly reports for her because I have to, or she's going to totally cut me off. But I was supposed to go for an orientation, and I told her I don't want any of the jobs that they offered--only like secretary things--and I don't want to do that so I didn't go. Cuz then I would have to spend four hours with her and I didn't want to.

Home visitors intervened in several cases to help moms secure state resources, or to mediate strained relationships with state workers--sometimes to no avail, as a white woman from New Haven explains.

I even talked to the supervisor and that lady was even rude to me so I had [my home visitor] ask for the number so she could talk to her to find out what's happening. But that lady never even called [her] back, so. They're all, like, the same down there to me. But



right now [sighs], I don't have to deal with them too much right now. I just got through dealing with them like, like two months ago, but I dread going in there all the time. I know everybody does 'cause it's crazy down there. I know it's not just me either cause my mother was on state to get Food Stamps and she had a male worker and he just would, oh my gosh, she had so many problems with him too.

Some of the moms described incidences in which a home visitor intervened assertively on their behalf. The home visitor's refusal to cower in the presence of state authorities was admired by moms on more than one occasion. A 29 year-old Latina immigrant describes her home visitor's insistence that she be treated with dignity.

[For] redetermination, I told them that they never sent me the papers, I don't know if it was that she was a bit forgetful of things, or whatever, but I don't know. . . or she lived a really busy life or something, and so [my home visitor] tried to help me with that. Wow, and she was so rude towards [my home visitor]. . . . [My home visitor] left her a really strong message on her answering machine, she told her that just because her client is a Spanish person that isn't reason to limit the service given to her. [She said] "When they have to renew each year with any of their paperwork, they grant us the authority to speak on their behalf and support them in any way, we are here to help them with these cases. So, I really need you to return my phone call, please." And that was resolved immediately.

Another 19 year-old Puerto Rican mom describes how her home visitor refuses to take no for an answer. "I was having problems with the state, you know, she would call, she helped me out. She would call the social worker and then she called the supervisor and then . . . she called the supervisor's boss."

The advocacy role often meant that home visitors help moms acquire needed resources. In some cases moms were not familiar with the state system and home visitors showed them how to access public entitlements. A white mom, a young young "good girl" who was also living in a culture of crises shows the diversity of information the home visitor provides in such cases.

She helps me a lot because I'm very naive about a lot of things that I don't know about, you know, like state and, um, housing, Section 8, insurance, cash assistance, Food Stamps, stuff like this I don't know. I don't know anything about this stuff. I don't know how to get it. I don't know how involved, you know, I don't know anything like that, phone numbers, people to call and she just, she knows everything about that stuff and she has a whole book of just like every type of number you can think of for help in any type of situation-- anything. If I tell her I needed like counseling or anything, well, you could call these people up, you could call these people up. And like with the state, they were taking so long to get back to me that she would call for me and they're still not getting back to me so then she called their supervisors. You know what I mean? To make sure stuff got done and I'm pretty sure the reason why I have insurance right now and I have cash assistance right now is because of her cuz she made things work for me.

Intervening in state matters also included moms involved with the Department of Children and Families (DCF). A few of the moms described how home visitors helped them close cases,

including this white cognitively impaired mom.

[My home visitor] was there when I had DCF involved and she would talk to my DCF worker. I was signing releases for her to speak to them, to speak to my case manager, so she was helpful. It's pretty much thanks to [her] that I have DCF not involved. [laugh] Cuz she pretty much helped with getting the case closed and stuff. She was the first person for me to call when I had DCF at my door.

A 28 year-old white mom living in a culture of crises tells a similar story.

I think they're good to have because like when DCF came out, [my home visitor's] been with me all that time and [she] said to the DCF worker, 'This is a volunteer program. It's not like she's mandatory to be in it and she could have told us to get out of her life at anytime and she still chooses.' And they're an advocate for me.

A 43 year-old white mom makes a similar observation.

She's helped me. I've had problems with DCF. But she's been right behind me all the way. She was here when they came to interview me. It's seems as though every year I get a call, an anonymous call. And it's because she is in my home enough I feel very comfortable having her, working with her and being involved in a program like this because when DCF is around I have someone that's been here that can actually vouch for me, which is great.

In addition to intervening as advocates for moms in state-related matters, home visitors also make copious referrals to local agencies for moms to acquire needed services. We have identified this as one of the strengths of the program in prior reports.<sup>19</sup> Moms articulated the importance of these community referrals in their stories. Referral types vary considerably and may include medical services for the child or mom, GED or job training programs, job openings, child care or babysitting services, or referrals for housing, homeless shelters, state welfare, Head Start Programs, Birth to Three, counseling, domestic violence shelters, English language services, and Infoline. Moms are often very appreciative of these efforts, as a young Puerto Rican mother with a history of behavioral problems describes.

[My home visitor] from the Healthy Families is the one who got me involved with the Nurturing Program. She introduced me to [NFN staff] and she got me into the program and everything. She helped me out to get my GED there and then she helped me out getting my job so I owe it all to [my home visitor]. I owe it all to her.

In the following quote, a Bridgeport mom, who gave birth when she was 15 years old and lives in very chaotic conditions with multiple pregnancies and unstable housing, illustrates well the role the home visitor plays in identifying and referring her to needed services.

[My home visitor] help me put my first daughter in daycare. And now she helped me put this one in daycare. . . . If I want to rent a living room set for my apartment she'll be able

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19 See Black, Powell and Clay. 2000. *Healthy Families Connecticut: Final Outcome Report on a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment*.

to give a referral. She'll say yes if I . . . ask anything . . . she'll say yes, just help out. . . . Since my past history, I got a temper and they don't want me to have the same temper as my mother and everybody else in my family. So now I go to counseling because every time I get mad I keep everything inside me instead of just talking to people. And I'm not used to talking to people. The first time I was talking to [my home visitor]. Before I didn't have that.

She identified her "most pressing need right now" as "housing. Get my own place." She then talked about how her home visitor helps her with that.

If I don't call, she'll call. And if I call her she'll call me and let me know and I call her and let her know what's going to happen with the [housing]. . . . If housing contacts her first then she'll contact me and tell me what's going on with the housing.

Just about every mother identifies services that the NFN program has helped her access. As one last example, we quote a white mother from Derby who describes the extent to which some home visitors go to take care of their moms' needs.

[Interviewer] Has she referred you to other agencies?

[Mom] Well, she told me about Section 8 and she told me about, um, what else did she tell me about? WIC. She helps me find jobs. She knows I want to be like an EMT or a nurse or something, so she looks in the paper for me and she's been helping me try to find apartments. So she's really good.

[Interviewer] What about the Housing Office? You're still just filling out paperwork for Section 8?

[Mom] Yeah, I filled out the paperwork and it's right on the table, but I haven't sent it back yet. Well, [my home visitor] came this week, and she checked it over to make sure I filled everything out because she said if I didn't fill everything out, they'd send it back to me. Then I'd have to fix it and send it back to them, and it takes longer. So she made sure I filled everything out and I now have to send it out before she comes back again and sees it on the table.

[Interviewer] Do you think she could do more to help you find an apartment?

[Mom] She does a lot 'cause I used to get the [newspaper] and now I don't get it. And that's where I used to look for apartments. And she still gets it for some reason and she looks for apartments. She calls me with the phone number and all the information, the whole ad. And she helps me find jobs so she's really good because she knows I don't have time to just sit there and read the paper, so she's kind of, when she's got a free moment or when she's on lunch she kind of just glances through them and calls me, she leaves it on my answering machine.[talking to baby] Yes, [our home visitor] takes up our whole answering machine tape, huh? Yes she does. Yeah, she does because she leaves me like four or five ads on the answering machine, and then I call her back. I'm like. . . "you owe me a tape."

She's like, "Oh, be quiet. You know your answering machine's digital."

Referrals are often bolstered by home visitors' social capital--the utilization of their knowledge about and personal networks within local service communities. They can often tell moms which daycare or babysitting services are the best. They have referred moms to their own doctors or to apartment buildings where they know the manager. They write referrals for moms, especially when there are waiting lists for services as in the case of daycare or educational programs, or when demand exceeds supply as is often the case when searching for safe, low-income housing. They also utilize their social capital at times to get moms into counseling or linked with domestic violence services.

Home Visitors also act as advocates for mothers who struggle with emotional problems. Thirty-four percent of moms we interviewed had either a history of or current psychological problems. Several mothers indicated that home visitors had made referrals for their depression, as was the case for the following 18 year-old mother from Derby who has a history of partner abuse and behavioral problems.

She brought me . . . so much stuff. Like when my boyfriend went to jail she told me, she brought me this booklet on how to like, I don't know how to grieve or whatever, how to take care of the baby and about depression and all that. I was having, I was really sick and she recommended me to her doctor and her doctor is like awesome and [my home visitor] is so cool.

Given the high percentage of mothers with histories of mental health problems, home visitors must learn to manage incidences like these. There are many ways that home visitors do so--through connecting moms to mental health services, to working directly with established counselors or therapists, to making sure children are taken care of when mothers' conditions dissipate, or even to providing lay counseling in some cases.

In addition to advocating for moms in the contexts of health and state services many of the NFN home visiting programs are particularly resourceful in collecting material items that they can give to moms in need. Some mothers live in extreme poverty, to the extent that having food and paying rent each month is an on-going challenge. Home visitors across the state seem to have collected unending supplies of needed resources--diapers, formula, milk, cribs, blankets, winter coats, clothes, changing tables, rattles, toys, stair gates, and high chairs. Some programs also provide gift certificates, vouchers, and bus tokens. And home visitors often show up with coloring books, toys and reading books for children, gifts during the Christmas season, and in some cases turkeys for Thanksgiving. A 16 year-old Puerto Rican mother of twins illustrates how providing material resources for moms in need can be an important way to establish a relationship, especially in an early stage of program involvement.

[Interviewer] What did you think the program was going to be like?

[Mom] The exact same way I think of it now. The same thing they said they did. They said, "Okay, we are going to be coming to your house once a week and seeing how you and the babies are doing. We'll talk about stuff. We will do activities together as they grow

older. If you need anything let us know.” And [my home visitor] was asking me . . . she was like, “Do you have a swing?” And I was like, “No, I don’t have a swing. I don’t.” And she said, “You know that will be real helpful because you have two and you are always by yourself, nobody helps you. So having a swing you could put one in there and let the swing rock them and think it’s another person and then you could just hold the other one.” And I was like, “Oh.” And she was like, “You know what? I’m going to get you one.” And I didn’t believe it because most people say that they are going to get me stuff they won’t do it. She actually went and got the swing. The next day she came and she brought the swing. She called me, she was like, “I need some help.” [both laugh] She came with a swing, with a whole set of clothes. I was like, “Oh my god, this girl!” And she has been bringing me a lot of clothes. She was like, “If you need anything, don’t be scared to call. If you need anything, anything at all. Even if it’s diapers or wipers, or whatever time of the morning. Even if it’s 3:00 in the morning, give me a call.”

When the interviewer asked this mom to describe what the home visitor does “from the minute she gets here until when she leaves” the mother again replied by talking about the provision of material resources and how this serves as a basis for trust.

She’s always got something to bring, always. Last time she came she brought the swing and the pictures. Before that she brought a lot of clothes. Before that she brought me frames. Now next time she comes she is like, “Do you have any albums? I’m going to bring you a bunch of albums.” And I believe her because she always keeps her word. From the minute she gets here she brings something. She always have a subject. The first thing she’ll say, “How are you doing, mama? How are the babies doing?” And then she’ll start talking about them and we’ll start talking about them. And then if there’s a party or something she’ll just let me know about it. So that’s what she does basically when she get here. And when she is about to leave she says, “Well, mama, I got to keep going because I got another person after you. I wish I could stay but I got to go.” So that’s what she does every time she comes basically.

A young young African American mom living in a culture of crises describes the material support her home visitor has provided.

[My home visitor] would bring me milk. She would bring me Pampers. Um, when my mother would put me out of the house, she would come to where I was staying and bring my son clothes and Pampers and milk. She gave me a lot of encouragement to just stay in school and keep doing what I’m doing. Um, she, um, helped me apply for state. When it was time for me to apply for state, she helped me with that. She, um, it was just a lot of support, the support that I needed.

A poor African American mom from Hartford with a childhood history of abuse and a pattern of behavioral problems describes how vital the material support was that the VNA program provided. When asked why she stayed in the program, she responded:

Because, I love it. I love [my home visitor]. . . . Plus, they’re very helpful. Like when I didn’t have no food in my house, they helped me to get food and Pampers, formula, so I

mean it's really helpful and plus, they stay until he's five years old. [laugh] Oh! When I kept running out of food. When it was, um, the last few months it was like whew! This was before I was getting state assistance, I would run out of food. I mean [my son's] grandmother would give me like meat, luncheon meat in the can and she'd give me some of those or tuna fish but, uh, man, I mean I was really buggin' it then. But the only person I could go to was [my home visitor] and she brought me some pasta and some meat and some sauce and stuff like that for like, for that whole two weeks. But she only had to do that, what, about once or twice and that's it.

In the following quote, a 30 year-old white mom talks about how the program helped her meet the material and emotional needs of her son as he prepared to start school.

[Mom] And she came over and she took a picture of him on his first day of school and he was so happy. He got a brand-new backpack. He's never had a brand-new backpack before.

[Interviewer] Hm-hmm. And how about for clothes, like how do you get clothes for [your son] and for yourself?

[Mom] I don't get clothes for myself. Um, [my son] gets clothes for his birthday, for Christmas from, you know, family members, and the Healthy Families, the thing with them bringing the school clothes was a big help, cuz I had like no winter clothes for him and she knew I needed winter clothes and that was a big help cuz they, I think you got like five or six outfits, brand-new sneakers, package of socks, underwear for whenever he gets potty-trained. [laugh]

In summary, home visitor advocates must be knowledgeable about community services and make contacts within the service community. In particular, they help moms who are linguistically isolated and they teach moms to negotiate their needs with state and medical authorities by coaching them or, in some cases, by directly intervening. For moms suffering with emotional problems, home visitors become important advocates in managing their health needs and in making sure that the child is taken care of and safe. Finally, home visitors are advocates for moms who are in need of material resources, especially moms living in extreme conditions of poverty. Young young mothers and those living in cultures of crises are most in need of services and advocacy.

## Home Visitor as Friend

In addition to the baby expert and the advocate, there is an emotional dimension to the relationship that develops between the mom and home visitor. Many moms--in fact our data would suggest the majority of moms--describe their home visitors as "friends," some as their best friend, and some as their only friend.

Friendship reflects the rapport that home visitors establish with mothers and conveys the emotional intensity of the relationship as well. Certainly not all moms desire this type of relationship. Several are comfortable with a more impersonal relationship built upon the home visiting roles discussed earlier--as baby expert or advocate. But the vulnerabilities that many mothers in the program experience creates the possibility for emotional connection that very often gets articulated as friendship.

Friendship is grounded in varying contexts or situations. For several of the mothers, friendship is related to social isolation. A 22 year-old African American mother living in a culture of crises said that when her partner hits her, "the only person I call is [my home visitor]. And that's the only person I can talk to with anything and my problems in my life." This woman does not have a familial or friendship support network, she doesn't even have a permanent place to live.

A Puerto Rican mom who is linguistically isolated describes how the home visitor fills an emotional void in her life.

Only one person comes to visit me. I find in her a friend because she's like the only person I speak to about my things and the only one I can let out my feelings and thoughts with. Oh, I like her a lot. She is the only friend I have here, she is like the sister that [I] never [had]. . . . I love her very much, you understand me.

Another young Puerto Rican Hartford mom with behavioral problems describes her home visitor as "someone who I can talk to, cuz I don't really have, like I said, I don't have no friends so she's a good friend." A 23 year-old Puerto Rican mom who is linguistically isolated discusses the opportunity that her home visitor provides for her to overcome isolation and develop trust.

[Interviewer] What do you think are some things that you have learned from her that are important?

[Mom] At least to have a little more trust in people. . . . Here I was alone and I almost never spoke with anyone. With her, at least when she comes, I can let go with her, talk with her, explain to her, tell her, you know.

Social isolation was experienced not only by immigrant mothers living in urban areas, but also by mothers in more rural parts of the state. A white mother in the Torrington program with a history of dysfunctional relations appreciated home visits because "it was really good just to have somebody else to talk to because I always felt that I was alone and so it was nice having somebody else to talk to." From the Derby program, a young mom illustrates how comfortable and close she is to her home visitor.

We're pretty casual, like I've known her for a time already and, you know, it's like oh, he's sleeping, you know, we talk and we just, you know, if I need any help and stuff like that. I enjoy it because sometimes I'm alone here by myself and I have to talk to someone.

For other mothers, friendship is construed as having someone you can rely on, someone you can trust, someone to keep you on track. Trust was a common theme and the home visitor was often described as someone whom they could speak to in confidence. For those living in smaller towns, or even in racially or ethnically isolated urban communities, the potential for gossip can prohibit participation in social programs. Moms were often leery about this and had to be convinced their home visitors were trustworthy. A 23 year-old mom from Torrington explains:

[My home visitor's] just someone that I've learned to trust. And I've learned to have a friendship with. And I've learned that well me and her have an understanding that whatever I tell her is confidential and not to tell anybody else. So she understands me and I understand her and that's something you really can't find in too many people. Cuz some people go back and blab. Oh I just got back from so and so and they said this had happened.

This same mother, who was living in a culture of crises and in a dysfunctional relationship, continues by describing how this trust was developed.

I knew that no matter what I did, [my home visitor] was trying to help me. She wasn't trying to hurt me. . . . After I had [my son] I was ready to put him up for adoption because I was just like, I'm not ready. Being pregnant, it was simple. I was just going to bed, eating, taking my prenatals. It was good. It was great. And when he was here it was like "Oh I gotta take care of you now." And when I went through and said [to my home visitor] I want to put him up for adoption, she came over and stayed for about two and a half hours just to talk to me. Just to say, you know, is this what you want? Do I need to start looking? And she was, it was an instant trust. She didn't go back and she didn't tell [her supervisor]. She did tell [her supervisor] there might be a situation but nothing to be worried about yet cuz [she] gave me a week to think about it. And then after a week, of course, obviously, I came to my senses and said I'm not giving my son to nobody. But it was a trustworthy thing because she supported me. You know whatever my decision was, she was fine with it.

In the following quote, a 16 year-old Puerto Rican mother, a "good girl" from Hartford, describes the initial stage of developing a trusting relationship with her home visitor. She starts by talking about her "first impression" of her home visitor.

I thought she was just trying to be nice just because it was the first time she met me. But, no, she's like that. I never met a person like her. She's really friendly. Like you could be in a pissed off mood, you could try to get mad at her, there's no way you could get mad at her. Because when I first met her she was like "Hi, mama", she even gave me a kiss. And I'm like, "Okay, what's up with her. Is this really her? Or is she just faking it?" And the days went by and every time she calls, she's never in a bad mood. I hope I catch her one day in a bad mood to see how she is, but I don't think I'll never catch her. Because ever since the first day she's came she's been the same person. That's how you can tell she's a real person and she's real friendly. . . . First day, she is always telling me everything is confidential. "Don't worry about me telling anybody. Your business is your business. Whatever you tell me stays with me, it won't come out of my mouth. Whatever I tell you I hope you keep it to yourself." You know? So that's how we been ever since that day.

For many moms, the significance of establishing a trusting relationship with a home visitor



provides an opening for human connection that has been sealed off due to personal trauma--either due to childhood abuse or partner abuse. This explains both the emotional intensity that was conveyed in many of the mothers' descriptions of their relationships with their home visitors, but also the caution and reluctance that some moms expressed about trusting their home visitors. The following quote from a mother who gave birth when she was 16 and has been in the New Haven program for nearly two years illustrates the difficulty that some mothers have with trust, and the ambivalence that they feel towards their home visitors.

[Interviewer] You said you're friends now. You must have liked something about her if you think of her as a friend.

[Mom] Yeah. I don't know what you call it. Friends or whatever. I know that like if I was to see her out on the streets, I would speak to her, stuff like that. We aren't close friends or nothing like that. She's just an associate.

[Interviewer] What do you like about her though?

[Mom] She's nice. She's-I don't know.

[Interviewer] Do you trust her?

[Mom] No.

[Interviewer] Why?

[Mom] I don't trust nobody.

[Interviewer] So what would it take for you to be able to trust someone like [your home visitor] completely, just to know that they're trying to do what's best for you?

[Mom] Just be honest and don't be sneaky and just be real with me.

[Interviewer] And so is she being honest with you?

[Mom] Oh, yeah, but still, I don't know.

This mother lives in a culture of crises. Her young pregnancy was normalized by her mother, who gave birth to her at age 15, and her peer group which includes numerous young mothers. This mother has not experienced a lot of material nor emotional stability in her life. Mothers like her are not always willing or capable of developing trusting friendships with the home visitor.

It is easier to develop friendships with people who have similar life experiences. Many home visitors share cultural and social experiences with the mothers in the program. The Nurturing Families Network program has its origins in Healthy Families America (HFA), a program that adopted a para-professional home visiting strategy. In theory, the para-professional model promotes the idea that using lay home visitors who share cultural characteristics with program participants will create a strong bond between the home visitor and the mother that will provide the basis for a constructive working relationship. In the strict sense of the term, para-professionals lack a professional degree, but share social characteristics with participants that create the foundation for the working relationship. However, hiring practices in Healthy Families programs

across the country have deviated from this objective. Based on a 1999 national survey, 45 percent of Healthy Families home visitors's had at least a bachelor's degree, while another 36 percent had completed some college. Our 2000 survey in Connecticut found that 26 percent of home visitors had at least a bachelor's degree, while another 15 percent had an associate's degree.<sup>20</sup> Compared to the national average, Connecticut is more likely to hire home visitors without a bachelor's degree, and if we use this as a defining criteria of para-professional, nearly three-quarters of home visitors in Connecticut would be defined as para-professionals.

Much debate surrounds the para-professional home visitation strategy. Some in the field, particularly David Olds, argue that para-professionals are not as effective in improving child development, child health, and parenting practices as professionally trained home visitors, particularly nurses.<sup>21</sup> They argue that para-professionals lack the education and training to identify problems and to teach effective parenting interventions. Further, they argue that while the relationship between the mother and the professional home visitor may not get organized around shared cultural characteristics, personal connection does occur around issues of child health and development in much the same way that medical relationships, or doctor-patient relationships, are organized. Olds and other critics may be correct. It is not unreasonable to assume that professionally-trained home visitors may produce better health and parenting outcomes. But professional home visitation programs are more expensive and nurses are in short supply in the U.S. Certainly, the percentage of vulnerable families far exceeds the capacity for nurse home visiting programs.

The NFN home visitation program in Connecticut attempts to address this issue in two ways: one, by emphasizing the importance of the supervisory role in which professionally, and often clinically-trained supervisors meet regularly with home visitors to discuss their work with families, and two, by implementing credentialed training requirements that all home visitors must complete.<sup>22</sup>

Our life stories study was not designed to enter into the debate on para-professional home visiting, but it is clear from the stories that the intensity of the "friendship" type of relationship as described by the mother is often attributable to the para-professional nature of the home visitor. A 22 year-old African American mom from Hartford describes her relationship with her home visitor.

Oh, me and [her], we're just like friends. We don't even like as for that social worker stuff, it's like no social worker. Me and her are just like friends because like we treat her just like she was just family and we love her to death. And you don't never get to meet social workers that's like that so. She's just loving, she's caring, she's respectful so, yeah.

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20 See Black and Markson, *Healthy Families Connecticut: Process Evaluation of a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment* (April 2001).

21 See D. L. Olds et al., "Home Visiting by Paraprofessionals and by Nurses: A Randomized, Controlled Trial." *Pediatrics* 110(3): 486-96 (September 2002); and J. Korfmacher et al., "Differences in Program Implementation Between Nurses and Paraprofessionals Providing Home Visits During Pregnancy and Infancy: A Randomized Trail," *American Journal of Public Health* 24(1):129-140 (1999).

22 The Family Development Credential requires 80 hours of training on ten different modules. The credential is issued by the University of Connecticut and emphasizes a family-centered strength-based approach to family intervention. Staff focus on issues such as recognizing emotions in their work with families, setting boundaries, and working with multiple problems families. Participants develop a portfolio for each training module and must pass an exam to earn the credential.

A 24 year-old white mom who is cognitively impaired and lives in a culture of crises also favorably compares her home visitor to social service and mental health professionals.

I like [my home visitor] so much [because] she doesn't speak to me like I'm just her client. She speaks to me like I'm a person and I really like that, cuz with dealing with the DCF workers and everything, you're just a number to them and they treat you like that. . . . [My home visitor] treats me as if I'm somebody, that I'm a person. I'm not just a number, that I have feelings and I have different concerns. Everybody else I've dealt with, like the therapist I had at Mental Health, she was just errrr, like she was talking down to me, like she was here and I was here, and I can't deal with that because nobody in this world is better than anybody else. We're all equal and I just--that just really irks me. I've had that happen to me my whole life and it really bugs me. I like the program. I do like the program. Um, I can ask [my home visitor] questions without feeling stupid or feeling dumb for asking them. No matter how stupid I feel the question, [my home visitor] doesn't treat me as if it's a stupid question. She's not like the other workers, like my social worker. She doesn't treat me as if I'm just some kind of number, like just somebody she has to deal with. [My home visitor] treats me as a person, the person that I am, somebody with feelings, that has emotions and everything.

My mother loves [the program]. . . . She feels because I don't have many friends and, yes, [my home visitor's] not really supposed to be my friend but, like I said, she doesn't treat me like I'm just somebody, um, which makes me feel a lot better because I don't like being treated as like I'm just a body that they have to deal with. I'm a human being and I have feelings, I have emotions, and I like the fact that I am treated as that, opposed to my, my DCF worker.

The home visitor does not speak “down” to this mother and treats her with dignity and respect. She establishes a more egalitarian and humanistic relation with the mother rather than adopting a hierarchical service-directed attitude more typical of professional workers. In the context of a friendship, a higher functioning cognitively impaired mother is best able to reveal her vulnerabilities because she is certain her home visitor won't think she is stupid.

The para-professional home visitors also shared cultural and social characteristics with many of the mothers. For several of the moms, home visitors were role models who had overcome similar difficulties. One young Manchester mom describes what she likes about her home visitor.

The way she acts. She's like, oh! Crazy girl! [laugh] . . . The personality that she has, she's so smart. She's really smart. Um, she had a baby at fifteen and she's gone on to do high school, college, gotten married, um, has a very respectable daughter and I respect that a lot. I mean, look at all she's been through, so. . . . I would love to do things that she did. I mean, people don't give enough credit to people who do that, and I give her all the credit in the world. Cuz now I have a child and I know how hard it is. I can't imagine going to work, studying for a GED or high school education and taking care of [my son]. And she did that without anybody's help, so. And I have [my boy friend] and she didn't have the baby's father.

This mother was very bright herself and had dropped out of high school before she delivered her child at the age of 16. She has plans to return to school. In the following quote, a young young African American mom with behavioral problems and living in chaotic conditions describes the first time she met her home visitor from Bridgeport.

I thought she was gonna be a older lady, like way, way older, but she wasn't. That's another good thing, too. She was close to my age. She came across as, you know, she was a single parent. She know what I'm going through and everything and that made me feel really comfortable. She was a really down-to-earth person.

In addition to similarities in background, mom's connections with paraprofessional home visitors were also grounded in the practical experience of motherhood. Usually home visitors were mothers themselves and, as the above quote suggests, many had faced similar obstacles. In a few cases, mothers were assigned home visitors who did not fit the para-professional profile, but were instead recent college graduates, young and childless. Some of these relationships were short-lived; home visitors either left the program or in a few cases moms asked for a different home visitor. In the next few quotes, moms compared their experiences with young home visitors who were "book smart," to home visitors who were experienced mothers and fit the para-professional profile. In the first case, the mom asked to switch home visitors.

I asked for another worker because I didn't want to be with the one that I was with the second time. I talked to [the program supervisor] and I told her, I said, "I'm not trying to be mean. She's a really nice person, as a person, but I need someone that I can talk to that has had experience, that knows what they're doing." Going to college isn't enough experience is what I believe, you know. They need to have their own personal experiences and it's just something that I really like.

Another mom compares home visitors.

When she comes to my door [my son] will fly from the side of the room like this to her and I'm like, oh, I just love it. He loves her to death. She gets on the floor and plays with him, and, [my prior home visitor] never really did that, she was, she was not a mom though, and she was very young, and uh, so, I guess to me I really never gave her a chance. I know it's not right but, to me I was not willing to listen to advice from a textbook, and she had a ton of schooling, but my kid is not a textbook and, she wasn't a mom and so I didn't relate to her and when she would tell me things I was like, yeah, yeah, yeah, you're not a mom you don't really know what it's like to be up twenty-four hours a day for months on end. . . . She finally left to go back to school and that's when [my current home visitor] came and I just love her. I don't know what I would do without her, I mean she, she's been, she's definitely my best friend here. . . . She's just a genuinely nice person and sometimes when you've gone through what I have you don't really believe that these people exist anymore [laughs]

The next quote is from a mom who gives more validity to the advice she receives from her paraprofessional home visitor than from the program supervisor who is more professionally trained and childless.

[The home visitors] always have a lot of experience for a lot of different things compared to [the program supervisor] . . . [My home visitor] would sit here and [she] could tell me things to do with [my son] because she had experience with it, compared to talking to [the supervisor] who could tell me what to do with [my son], but I'm not going to pay that much attention because she has no experience of her own. . . . I don't think you can tell somebody what to do unless you have some kind of experience with it, or dealt with it. Got to do more than read a book to raise a kid.

As the quotes suggest, several of the moms valued and trusted the practical experience of para-professionals. They said home visitors were easy to talk with because of these shared experiences and because they did not adopt a bureaucratic “professional” demeanor.

In addition to having similar backgrounds and shared experiences of mothering, another identified strength of the para-professional home visitor is that they share racial and ethnic cultural characteristics with the families. For several of the moms, having a Spanish-speaking home visitor who understood their family culture was central to the relationship. In these cases, cultural ties were rooted in their linguistic-minority status. Other mothers commented on the significance of having a home visitor of color who can relate to their experiences of being black in a white-dominated society. In the following quote, a 20 year-old Puerto Rican mom explains to one of our Puerto Rican interviewers the difficulties she is having in connecting with a white home visitor:

[My home visitor] helps me out, yeah, she do. Yep. Cuz like I want to get in school, too, and she helped me out, you know, but I'm just--I don't know. Like me, I'm like slow at this, you know. Like if I don't know you, like right now I'm talking to you, you know what I'm saying? And it's because I'm straight, you know, like you can understand me and I can understand you. But sometimes white people just come at me talk like straight up white! You know what I'm saying? And don't speak to me.

Most of the time, home visitors were racially and ethnically matched with moms, reducing the awkwardness or the misunderstandings reflective of cultural difference or majority-minority racial status. Racial and ethnic matching fostered mentor relationships as well as close, friend-like relationships.<sup>23</sup>

Overall, the strength of the moms’ relationships with para-professional home visitors was attributable to characteristics such as age, mothering experience, shared racial and ethnic experience, or in short, the experience of having “walked in the same shoes” as the mom. These connections allowed moms to let their guard down, and in several cases became the basis for “close friendship.” This quote from a Puerto Rican mom living in a culture of crises who gave birth at a young age again illustrates how the overlap in experience between the mother and the home visitor becomes a basis for trust.

I found out that [my home visitor] used to work right in the factory with my sister, and she knew my sister for a long time, I was like well look what a small world it is. . . . I trust her with my personal things. I have told [her] many things. [My home visitor] like any young person, well, one suffers, and she has her daughter [and] her disappointment with the father of her daughter . . . so [my home visitor] and I relate a lot.

She also trusts her because the home visitor keeps her confidence. This mother said that when she goes to the NFN office she has never heard that her home visitor “is talking about my things.” The shared experiences increases their willingness to trust, and the discretion of the home visitor reinforces that trust.

A friend-like relationship with a home visitor can also serve to counteract negative influences that the mom is exposed to through her peer group. This is especially true for young moms. These

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23 We should mention, however, there were a few cases in which close relationships developed inter-racially as well.

influences may be subtle, but a 16 year-old Puerto Rican articulates them well in her description of her work with her home visitor.

Knowledge is contagious, you know what they say. If you chill around a certain person that does bad stuff, most likely the chance is 50 percent you are going to be doing bad stuff. Because whatever that person is doing that's what you are seeing, that's what you are getting used to, so you are going to do it. So example, [my home visitor] comes over and she's a real nice person. She is always laughing. When she comes over I laugh. Anybody could see that. I laugh when she's over. I change . . . my whole personality changes to a different person just because she is around. So that's how the program helps me personally. Just the need of a companion. Just a person being there for you so you could talk to them, probably 24/7. Because every day you have new things to say. And a diary will do you good, but it's not the same as talking to a person. I have a friend right now that she has a baby. Her baby is four months like mine. She just had a baby like two weeks after mine. And she is a good friend and all, but [my home visitor] is the only person I like to talk to about everything.

Of course, when friendship becomes central to the relationship it also means that home visitors will, at times, go above and beyond the line of duty to assist their mothers. Many of the moms indicated that they had an open invitation to call their home visitors anytime, and some would rely on their home visitors during times of emergency. In the following quote, an African American mother who gave birth when she was 15 and lives in a culture of crises talks about how she came to trust her home visitor.

[Interviewer] So basically you didn't trust her at first. So what changed? What made you trust her?

[Mom] When I needed her she was always there. She just nice and friendly and I can always count on her.

[Interviewer] What do you like about her?

[Mom] Her sense of humor, how she treat people in the program. She'll sit down and tell you exact what the problem is and how you need to react to the problem. Just like a person, like a best friend you could say. . . . Like [my home visitor], when I was trapped in Middletown when my sisters got taken away, she came up there off-duty at night like around 12:00 in the morning to come and get me and my daughter. And like some of them don't do that. *I guess you got to feel the way your client feel.* And some of them don't do that. . . . I consider her like as a family member [more] than some of the family members in my family.

Another Puerto Rican mom who gave birth at a young young age and who lives in chaotic conditions describes an incident in which her home visitor went “above and beyond” in response to a crisis.

They really help a lot. [My old home visitor] even went as far as one day she had called my son's father's house . . . and we were in the middle of a huge fight and she actually heard the whole thing going on and within probably twenty minutes . . . she must have flew there. She was there getting me out of the house and taking me home to my mother. I mean they are really good with stuff like that. She probably wasn't supposed to do that.

She probably felt the need to do it though.

A white mom from Willimantic with a pattern of dysfunctional relations also tells a story of a home visitor responding to an emergency situation.

[Mom] One time there was an emergency, she came, she brought me to the police station, she stayed with me, you know. She came back here. She stayed with me. She's very, very like helpful person if something arises, you know.

[Interviewer] What had happened during that incident?

[Mom] Like the police called and wanted to speak to me over something and I didn't know what was going on. I didn't know what to do. I didn't have a ride and I called her up. She came and I had the baby and she came and picked me up and brought me and watched the baby and brought me home and made sure I was okay before she left.

Most of the moms that we interviewed described their relationships with their home visitors as friends. But friendship is often difficult, if not impossible, to sustain since it is also bound by a working relationship. There are limits on what a home visitor can and should do in the relationship. Moreover, both home visitors and moms do leave the program. The definition of friendship is confronted by these program boundaries. As the above examples suggest, home visitors may indeed go beyond what some might view as program boundaries. The work that the home visitor does with her supervisor is an attempt to evaluate boundaries regularly. But a friend-like relationship can create tension between personal commitment and professional expectations.

Quite a few moms discussed the tension they feel due to this apparent contradiction. Several said that if their home visitor were to leave, they would quit the program. For them, their personal relationship with their home visitor *is* the program. A 35 year-old Puerto Rican mom exclaimed, "I told her if they change her I don't want nobody else!"

Some moms maintain the hope that they will maintain contact with their home visitor even if they leave the program. A 21 year-old Puerto Rican mother from New Haven illustrates.

I can't sit here and say anything bad about that program. I have nothing bad to say about them. . . . They helped me out a lot. A lot! And the workers there, they're all nice. And every worker I've had is nice. I've gotten attached to them. Sweethearts. [My current home visitor]—that's my girl. That's my girl! I can sit down and speak to her on a serious level, you know what I'm saying. Off the records, like, you know, I can just sit down and speak to her. Like, best friend type, you know? Because that's the kind of relationship. . . . I've grown attached to her like that. And my daughter gets along with her. The girls, they're crazy about her. My mother's crazy about her. Everybody you know? It's real nice. I like the program a lot. That's the reason why I continue to just stay in the program. Although the program is up to . . . she's five. I can get out the program whenever I feel like it. If I feel like they've helped me enough, I can just tell them look, I feel that you guys have helped me with everything I needed help on and get out. And although they've helped me with everything. . . . Everyday is not always gonna be the same. A problem is always gonna come up. You know? And [my home visitor's] always there . . . to grab me when I'm ready to fall. And help me pick myself right back up and get right back on the train tracks you could say. Just keep on going. I don't wanna leave [laughing]. I don't want to get out the program. It's gonna hurt [my family support worker]. I know she's gonna cry when I tell her I wanna leave to Florida and all. . . . But like I said that's my girl. I'll continue . . . even if I'm out there, I'll call her every

day and just let her know what's going on. You know? She'll hear from me practically every day. I'll let her know what's going on every day. So you know, I would never lose contact with her.

Another mom, a sixteen year-old Puerto Rican “good girl” discusses the reluctance she initially felt about participating in the program and the anguish she now feels knowing that her participation is restricted to five years. She fantasizes about a continued relationship.

I really didn't want to be in it all like that. I said it would be nice but I didn't like the fact that they would stay with you for that long and try to know about you and about your business. But once I got in it, and now that I'm in it, now it gets me mad that I know that after five years I'm not gonna see [my home visitor] no more. Unless we become best of friends, and then I would be in her life just because of a good friend, instead of just being in the program. So now I get mad.

A friendship type of relationship is highly valued by many of the mothers in the NFN home visitation program, and is central to a para-professional service strategy. Of course, as critics have pointed out, friendship alone cannot foster good parenting support and education, but needs to be combined with the roles of baby expert and advocate in order for the home visiting practice to be most effective. From the mothers' stories, however, it is clear that many relationships are organized around friend-like dynamics, which lays a groundwork of trust and mutual expectation, providing an opening in which to develop, examine, and change parenting practices.

### **Home Visitor as Maternal or Fictive Kin**

Similar to relationships that get principally organized around friendship, the fourth type of connection between the home visitor and moms is also organized around emotional connection. In this case, moms often perceive the home visitor as a mother or aunt figure, and in some cases home visitors become what we would describe as fictive kin. Fictive kin is a concept taken from anthropology in which family networks include individuals who are not related by blood, but rather through their collective efforts to raise children. Some home visitors develop family-like relations with the mom, child and sometimes other members of the family. This child-rearing arrangement is more acceptable in some cultures, especially Latino cultures, where fictive kin has become formalized through the role of godparents.

At the Hartford VNA program, where 81 percent of mothers are Latina, the home visitor as fictive kin is normative, so much so that it often remains unspoken, and becomes defined simply as the normal way in which home visitors work with moms. Moreover, this family-like relationship has been programmatically expanded into a community of care. Moms often participate in group activities--celebrations, outings and even parenting educational groups--in which the moms take an active role in collectively researching issues that most concern them. The result is that while moms may be particularly close to their home visitor, they also feel as if they are part of an extended network of home visitors, supervisors, and, to a lesser extent, other moms. In the following quote, a 34 year-old Puerto Rican Hartford mom, who lives in chaotic, impoverished conditions exacerbated by behavioral problems and dysfunctional relations, describes this stabilizing community that the program provides.

Oh my God! They are nice. From [the program manager] to all of them--they're great! The first great person is [the program manager]. She really cares about her girls, about the families. They care. You tell them “I need this,” they come to you. “I need that.” They try to help you as much as they can. They can't do miracles for you but they help you. They're



there when you need them you know. And [the program manager], she is very wonderful. She picked the right job for her. She is into it. She is very understanding. When I was in labor she went to the hospital to see me. She was asking the doctors all a bunch of questions. "What is that for? What is this for?" And she wanted to know what they were doing.

The next Puerto Rican mom has been in the Hartford program for nearly five years. Her involvement is so integral to the network of care that some of the staff have suggested that she might want to become a home visitor once she has graduated from the program. Her language shows the extended network practices of the program, especially her reference to the plural 'them' in the description of her program involvement.

They got me my first apartment, they got me everything. They paid my bills for a year. It's like they helped me a whole bunch of times, you know, and now I'm graduating out of the program like in a week, on Thursday, my daughter graduates. . . . They did a lot for me cause I wouldn't be here right now if it wasn't for them. I love them. They want me to work for them.

While the ease by which home visitors become fictive kin may be more evident among Puerto Rican families in the program, the involvement of the extended family in home visitation practices does occur across race and age groups. A white mom from New Haven with a history of dysfunctional relations illustrates how the home visitor became a part of her extended family network.

Oh, my grandmother she likes [my home visitor]. Like, since I moved out, she hasn't seen her and the last time [my home visitor] was here last week, my grandmother came with my father and my nephew and she jumped up and my grandmother gave her a hug and everything, like, you know, they haven't seen each other for awhile. But my grandmother always sits down and starts talking to her forever. Yup. My grandmother likes her. They think, they think it's a good thing that she comes.

In the following quote, an African American mom who is a young "good girl" and doesn't like sharing her home visitor's attention, petulantly describes her mom's relationship with the home visitor.

[Interviewer] What do you do first when she comes?

[Mom] Sit down. Let her talk. Then my mother will come out, they want to talk to her so I'll just start watching TV while they talk.

[Interviewer] What does your mom talk to her about, anything in particular or?

[Mom] No. "I haven't seen you in a while. What's going on? How have things been?" "She didn't come to see you, Mom. She came to see me." "But I just wanted to see how she was doing."

Finally, a 27 year-old white mom with milder vulnerabilities show how the home visitor has become a part of her family.

[My home visitor] knows my husband. She met my mother-in-law, my father-in-law. She's

met the family. They've come on outings with us or what not, or they've been here so they can meet her because she's such a part of [my son's] life.

Being part of the child's life is what very often earns the home visitor her place in the family dynamic. It is frequently her entree and it often takes the form of a maternal relationship with the mother of the child, whether the home visitor becomes a parenting model or someone the mom can rely on for advice and support.<sup>24</sup> Many of the moms expressed how much they valued the relationship that the home visitor had developed with their child, and for some it was the basis of their commitment to the program. A white mom from Manchester explained that her son "really loves" the first home visitor and that he is "warming up" to his new one because "she gets right down there and starts playing." She described his relationship with the first home visitor: "I'd tell him [the home visitor] is coming over and he'd get all excited, you know, and now it's the same thing with [the new one]." Her trust of the home visitor is a result of how she interacts with her son and the "bond between them two."

A cognitively impaired mom from Danbury talks about how the relationship between her daughter and the home visitor enabled her to overcome the awkwardness she felt the first few times the home visitor came to her house.

I felt very awkward because I have a hard time opening and fully trusting people, um, and being that she was supposed to be a worker, I expected to be treated like a number and it was totally different. Um, after a few visits we developed a type of relationship where my daughter gets excited when [the home visitor] comes. Tell her [the home visitor] is here and she starts running towards the door.

A 20 year-old African American mom who is socially isolated also positively describes her son's relationship with the home visitor:

I think he loves her. He always goes to the door first. She says, "Hi, [son's name]!" And then she sits down right where you're sitting and I sit here and [my son] is walking around, walking around cuz every time he gets so excited.

Perhaps a 20 year-old white mom best summed up the genuine feelings of affection that so many moms expressed in our interviews by saying that if her home visitor "had her way I think she'd probably end up adopting [my son]. I'm serious. She likes him a lot."

The moms' appreciation of the home visitors' attentiveness to their children can, however, have deeper meanings. Some of the moms we interviewed had serious doubts about whether they could be a "good mom." The maternal support that the home visitor provided and the relationship she developed with the child reduced the mom's anxiety in these cases. This was particularly important if the mom didn't have a good parenting model while growing up, as the following 18 year-old Puerto Rican mom with mild vulnerabilities suggests.

[My home visitor] is basically helping me in a way to build my esteem cause you know I

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24 In cases where the home visitor becomes integrated into the family as fictive kin, or where she develops a strong attachment to the child, a maternal relationship between the mother and the home visitor often develops. But in some cases, their relationship is less maternal and more grounded in a peer relationship, or friendship.

had my esteem, it was there, and I felt like I am a good mother, but when she comes she'll tell me, "You are doing a good job. Sometimes I think you don't even need my help. You're doing such a good job on your own." That basically built my esteem. I would tell her I'm afraid to come out and be like my mom and not treat her good. I don't want to be like that. And she's like, "Oh you're doing a good job." And she helps with my esteem. I think that's important, especially if you're, you're a parent cause you want your kids, you know, to feel secure the way you feel about yourself. I want to teach her to have good self-esteem.

The following 35 year-old white mom who has been a victim of both child abuse and has a past history of partner abuse and substance abuse (but no current problems), illustrates how significant maternal support can be when a mom is fighting the demons of her past and attempting "to do the right thing."

Now I'm a little bit more comfortable because [my son's] a lot more durable now. But, like, I was so afraid that I was doing something wrong or there was something wrong with him, and she would like tell me, "You're doing an awesome job. You're doing great," you know. And it would kind of, I mean I wouldn't say at one point, I wouldn't say it was postpartum, but there was times where, I was just ready to run away 'cause I thought, oh my god what do you think you're doing? You know? You're a drunk, you're a drug addict, you just, you've been in jail, what are you doing with a kid? What, you know, what are you trying to accomplish?

When the interviewer asked this same mom what the most important things are that she's learned from her home visitor, she said:

That I'm not doing it wrong. That I need to stop being so critical of myself that you know. Everybody goes, all kids are you know the same, it's just a matter of learning and not to panic. You know, I mean, like even him, I still, I mean, I'm much better now, but I mean really I thought I was doing everything wrong. I mean I was just so scared.

The maternal relationship between the mom and home visitor also engenders a dynamic where the home visitor takes care of the mom, and this can take many different forms. In some cases, taking care of a mom may mean helping her cope with emotional problems, in other instances it may involve assisting the mom with relationship problems. In the latter instances, moms confided in the home visitor about their relationship problems and the home visitor intervened, especially in cases where domestic violence was occurring. But intervention strategies varied. In the following quote, a home visitor attempts to counsel an 18 year-old Puerto Rican mom and her boyfriend.

What really helped us out was when [my home visitor] spoke to him apart and talked to me, too, about the relationship. That really helped us a lot. . . .The way she speak, the sweetness of her voice and, you know, the tenderness and stuff made him be convinced that he needed help but he don't want to accept that, but he knows he do and I do, too, cuz I got a real bad temper so we both need helps. Cuz if he changed, I know I'm gonna be the one bothering him and if I change he's gonna be the one bothering me so we both gotta change in a way so there won't be anymore problems. . . .I don't know what really she said to him but she spoke to me and she told me that, you know, me and him we should try to help ourselves a little bit because we got a daughter. We gotta think about our baby and that if we love each other so much we shouldn't be disrespecting each other like that. And, you know, what else did she say? Oh, she just was like explaining to me what the

consequences of domestic violence is and how it affects the child. So that really hit me cuz I love my daughter and I don't want her to grow up what my little sister went through with my mother and my stepfather. So, I just decided, you know, that we spoke and we told 'em that we should change and that's what we're trying to do right now.

In another domestic violence situation, a 23 year-old bi-racial mom from Torrington, reaches out to her home visitor for help removing an abusive partner.

I have a home visitor from Healthy Start that comes over and helps me, and [she's] been here, you know, knowing what was going on and finally . . . I called her and I said, "Please," I said, "I gotta get rid of him. It's just too many things." So she came over and she said the best thing for you to do is just take all the pictures off the wall, either have a police escort here or have my father here because I was pregnant and she had a feeling he was going to hit me. Um, she said have somebody here. Take everything down by the time he comes home. If you want, pack his bags so he doesn't have to do it. But whatever you want to do, just tell him he has to go. So [my home visitor] came over and gave me the confidence to really do it, cuz I knew in my heart it had to be done whether someone said no or yes. It was getting done. I just kind of needed someone to be here. I called my mom and I told my mom. I said he's got to go. I can't do this. And she agreed . . . . So when I announced it, I called everyone and said he's going. And ah, everyone said fine and my sister actually came over to help me. My dad was here. Everyone came over to support me and I was in tears. I can't take it no more. I couldn't.

Supporting moms who were dealing with relationship problems went beyond addressing domestic violence issues and included help with divorces and separations as well as encouraging and sometimes arranging couples counseling. In the following quote, a 21 year-old bi-racial mother who has a history of dysfunctional relations discusses the deep empathy her home visitor provided in helping her with a separation.

She's very concerned, I can tell you that much. You know, you know right off when somebody comes up to you knowing that they wanna pry into your business, wanna find out [inaudible, kids making noise]. You can tell the difference if somebody is coming to you and is concerned about you and your children and want to help. And that's, that's what the [program] is about. They're concerned more than trying to get into your business. They're concerned, they wanna help, they wanna make your environment and your life better. I can say and I'm gonna say this right into the recorder, [my home visitor] has been one big, the most biggest part of my recovery from being separated from my husband. If it had not been for that woman that I can talk to, cause sometimes there's things that you wanna get out that you can't even talk to your own mother about cause you know it'll hurt. [My home visitor] has been, she's cried with me. She's been there for me. She's understood. And I can never thank her much for, you know, every time she comes over I'm always trying to do something for her. Can I cook for you, can I do something.

As the prior quotes suggests, a maternal relationship allows moms to confide in their home visitors what they might not tell anyone else, including family members. For some moms, who have not had good relationships with their own mothers, the maternal connection provides an opportunity to feel closeness, to experience maternal support, and to learn to trust close intimate relationships. A 21 year-old cognitively impaired mom from New Haven with a history of child abuse said, "If I had to choose between my mother being my real mother and her being my real mother I think I'd take her." Similarly, a young young mom who has been in the program several

years said, “I trust her because she . . . treats me like her daughter, basically. It's a good feeling.”

Having a stable, reliable confidant in one's life can be personally transforming, especially if the mother has no one else in her life she can trust, and if the experiences of her past have created emotional instability. Consider the way in which the following woman, a Puerto Rican mother who was a “good girl” living in a culture of crises when she gave birth at the age of 16, describes her relationship with her home visitor:

Instead of me doing my work, I would let them know in the department, I'm going to see my social worker [actually home visitor]. I need to see her before I explode. They were like okay fine. Just go. And I would see [my home visitor] and we would talk for hours and, you know, try to make my point, she was trying to make hers, you know, try to make me see things a little bit different. Either way, you know, try to help me out. She was like, “I know I cannot be more supportive but I'm trying to help you out.” I was like that's fine and, you know, and then I would come out of the office relaxed. Just okay, just a different way for me. They've been so good to me because I have been through so many [things] and she always have my back through [it all], I be able to cry and everything but I'm able to do with [my home visitor] what I can't even do with my parents or with my best friends or whatever . . . she never gives up on me.

Consistency, reliability and support are particularly valued among moms with difficult, if not traumatic, familial relationships. In a clinical sense, these characteristics provide the mom with a reliable mother-figure, towards whom “transference” of prior feelings may find expression and an opportunity for healing may occur. We don't want to overstate, however, the therapeutic dynamic. Home visitors are not trained therapists and therefore are not trained in “counter-transference.” Nonetheless home visitors' clinical supervision can help them to deal with some of these issues--most prominently, how to maintain boundaries between the mothers and themselves.

Several of the moms commented on the non-judgmental and unconditional support they receive from home visitors. An 18 year-old mom from Derby with a history of behavioral problems and dysfunctional relations illustrates this point.

[Interviewer] What do you like about her? What makes you trust her?

[Mom] Well the fact that she's not judgmental. You know what I mean, like when I tell her stuff, about like when I told her about my boyfriend, a lot of people I get horrible results from them and she's not mean about anything. She doesn't tell me she doesn't like what I'm saying. She doesn't, you know what I mean, I can't say anything to her she'll get mad about or upset about it. She's really cool and always has like suggestions for me about everything. So.

A 24 year-old white mom who has completed some college, but who has had a series of dysfunctional relations made a similar comment. Her quote shows how the “fictive mom” is more helpful at times than the biological mom.

[Interviewer] And your relationship now with [your home visitor]--how would you describe it?

[Mom] It's close. It really is. I know that every week I have someone to vent everything to and not get judged and that's really nice to know. It really is. I mean, yes, I can vent to my

mother but I'm gonna get judgment from her no matter what.

[Interviewer] Yeah, mothers are like that. [laugh]

[Mom] You know, exactly, but at least with [my home visitor] she doesn't judge me. She helps me out, instead of causes more problems, so that's a real nice thing, too.

Last, a 34 year-old Puerto Rican mom with a history of child abuse, partner abuse and substance abuse, emphasizes the importance of the unconditional support she has received from her home visitor.

She's very understanding. She's a good friend. She doesn't criticize anything. She just try to like, she gives me good advice you know. She knows I'm confused she gives me that space. I remember one time she called me and I was so pissed at the world that she said, "You know what? I don't want to listen to this. I don't want to deal with this." Because I had no apartment yet and I was living in the living room. And I was like I don't see what I'm doing with this program anyway. It's not doing anything for me. And I was very pissed. And she gave me that time. She did. She says, "Okay, I'll call you back when you feel more comfortable." And she gave me at least like three or four days and then she called me, "How you doing?" I was in a different mood. Hey, you know, because it was the pregnancy shit.

One final way the maternal relationship gets expressed is with mothers suffering from mental and physical health problems. As we have seen, 12 percent of our sample are cognitively impaired and another 34 percent have histories of or are currently struggling with psychological problems. The maternal role of taking care of the mom during episodes of depression or psychosis was articulated by several moms. The following quote is from a 21 year-old Puerto Rican mom who suffers from psychotic episodes. She lives in a culture of crises and has attempted suicide.

Yeah, like right now I'm going through like a lot of drama but nothing for me to hurt myself or hurt others. And so it's like I get depressed when I feel like, you know, I give up. You know, that's when [my home visitor] come in. You know, when I feel like I'm going to give up--like call DCF and give them custody of my daughter and just leave everything--that's when [my home visitor] comes in and be like, "You know, you've got to do it for your daughter" and helps me out with my daughter and stuff.

The interviewer asked this same woman to define the most important things she has learned from her home visitor.

How to set my goals and really going for my goals and how to see stuff, like, okay, this time when I'm seeming real down, like I have a history of my depression, my schizophrenics and stuff like this-and [my home visitor's] familiar with that. You know, so like she knows when I'm feeling like that because you could just tell it on me and she's real supportive. She's like or try to like go out of her way and get numbers for me to call places, set appointments and see if I can could find some help and support.

The following is a quote from a young white mother who has struggled with mental illness. She is also cognitively impaired, and a victim of child abuse and partner abuse.

Um, my heart is partly sleeping since this all started in May. The second week of May, I

was 135 pounds. The last time I weighed myself I'm 104. I have my mother's problem that she had when she was my age--a nervous stomach. I get upset I either throw up or have diarrhea. My worker from Healthy Families is constantly yelling at me, 'You better be eating.' 'I'm eating! I'm eating! It's not my fault if it doesn't want to stay in!' [laugh] I'm not made to feel scared to ask her a question or to discuss different things about what's going on with my daughter with her, and it's been somebody else to talk to, somebody else to relate, not necessarily to relate but I feel if had to just like met [my home visitor] some place else, that she and I could've ended up being friends anyway. . . There have been days where I've just been ready to just--even before everything started happening with [my boy friend] where it just feels like my whole life is just going bzzzzzzz and closing in on me, and I just call [my home visitor] leave a message, she'll call back and she's like, well, "C'mon, you gotta focus. You know what you've got to do! You just gotta chill out! Everything's gonna get better! You just need to relax." And she agrees, too, that for the most part, I do spend way too much time with my daughter. I'm here constantly with my daughter and it's just been within the last couple of weeks that I've actually been getting breaks and it's--I've needed the breaks with the major stress build-up. I don't want to take my stress out on my daughter, and [my home visitor's] helped me keep focused and I really honestly don't know what I would've done without her to like help keep me focused and help me facing down the right line.

The maternal relationship is an important dynamic that organizes the work that the home visitor does with many of the moms in the NFN program. In some cases, it shapes the relationship as the home visitor becomes an extension of the family--as fictive kin. In other instances it allows the home visitor the opportunity to engage a mom who is struggling with emotional problems, physical health issues, doubts about being a good mom, or destructive relationships.

In conclusion, while we have examined the four types of home visitor-mother relationships independently, by no means do we wish to convey that these types of connections occur independent of one another. Home visitors often find themselves in situations in which a mom may elicit different types of relationships based upon her needs, and the response by the home visitor will emphasize one of the relationship types described above. But home visitors may also find themselves in situations where they have to move gracefully between roles--being a baby expert at times, a friend at other times, an advocate in some cases, or a mother figure when the situation demands. In fact, the mothers' stories suggest that a good home visitor is one who can excel in each of these roles and adjust to situations according to a given mom's needs. In other words, skilled home visitors patiently adapt to the needs of the mothers as they present themselves, which, to a large extent, allows the mom to dictate who and what the home visitor becomes in the relationship. Different relationship types require different skills, and a good home visitor must learn to master a repertoire of skills.

### **Barriers to Participation**

It was rare that we came across transcripts that were critical of a home visitor or of the program. Despite prompting about how a home visitor could be different or how the program might be improved, most mothers were very happy with the services and didn't want to change anything. There were exceptions, and had we interviewed mothers who had left the program rather than just volunteers still receiving services, we might have elicited more critical responses. But critical observations of the program are important to improving the program, and though few criticisms were forthcoming, there were some that are worth discussing.

The most difficult obstacle for a home visitor to overcome in making initial contact with a mother is convincing the mom that she is not from the state Department of Children and Families (DCF). Many moms commented on how nervous they were in the beginning because they feared that the home visitor was from DCF as exemplified by this quote from a 20 year-old white mom with milder vulnerabilities.

I thought she was somebody from DCF. I was nervous around her the first three times she was here because that's what I thought. Because the only time people told me people come to their house to visit is people from DCF, and that's what I thought. But she assured me that, you know, that she wasn't from DCF and I kind of got more close to her.

Another 35 year-old white mom with mild vulnerabilities also initially thought that the program was “like state.” She and her husband wanted a child and they had no current problems except economic uncertainty, and yet she worried about having home visitors.

Like they were going to come and tell me my house wasn't clean or either I wasn't changing the diaper right or you know what I mean? I thought they were going to like be critical. And I can't tell you how many times [my home visitor] would come and I'd be like, “I meant to vacuum this morning but I.” She's like, “Would you relax your house is spotless compared to most of the ones I go into.” I really, I thought [she] was going to be judging me and reporting to DCF and telling me I'm a bad mother, you know what I mean?

A 34 year-old Puerto Rican mom living in a culture of crises who also has economic difficulties worried that the home visitor would call DCF, and as a result she said, “It took me a while to trust her, to trust her truly and entirely.”

I think I was always worried that she might just call DCF on me for the reason that I didn't have a place for [my daughter], that I was in the living room. But then she tells me “I am not here to call DCF on you. I am not here to do anything. They can't take the baby away because you don't have a place as long as the environment is safe and there's nothing abusive or nothing, they won't mess with you.” Because people were telling me “Oh, you know, those State, they get involved in your life so they can take the kid. All of a sudden you got DCF in your house.” I was kind of like, I had like a little wall with [my home visitor]. But then I realize that it wasn't that. And then I found out that DCF only takes the kid when they see the abusive, alcohol or something like that with drugs. And I'm not into that so I was like I have no problem. There is nothing that DCF has against me with my son. The only thing that I don't have a place for him right now and that's not my fault.

Getting beyond the DCF fears may give a home visitor entree, but she also has to make a good impression on the mom, or at least convince her that she has something to offer her. We have seen the myriad of ways that this occurs, but there are instances where it doesn't occur as well, where the chemistry between the home visitor and the mom is not right. For some moms, they are very sensitive to being viewed as inferior, or “to being talked down to.” The inequality in the relationship, or the power differential, is something that home visitors need to be aware of and prepared to confront. In several of the cases where the relationship didn't work well, moms talked about their home visitors as “snotty” or “stuck up.” A 21 year-old white mom with milder vulnerabilities and a history of dysfunctional relations illustrates this point.

[Interviewer] And how long did you have [your prior home visitor]?



[Mom] She was with me for a year and some months.

[Interviewer] So she's been the longest one. When you first met [her], what was it like?

[Mom] She was all right but she was kind of stuck up. You know, she was like she was better than all of us, you know, like she was, I don't know. She just thought she was like just, eh, you know. She didn't really work with [my son]. I mean, she did but she was just, she was just so stuck up, you know, but [my current home visitor] feels where we're from, you know. She was a total different person.

Inability to empathize or not sharing the mom's experiences can create distance between the home visitor and the mom. In the next quote, an African American mother living in chaotic conditions and the victim of statutory rape discusses her perception of a program supervisor.

[T]he coolest people in here to me was [names of staff members]. Like [the supervisor]--I don't know--she's just got something about her that look like she's kind of snotty, stuck up. . . . She like me, but she might like me because it's her job and she has to like me and deal with me, but what if it was like, you know, I met her on the street and she might be a little snobby.

There were other characteristics that moms found problematic as well, most notably when home visitors routinely showed up late for home visits, or in a few cases missed visits and didn't inform the mother that she wasn't coming. Not surprisingly, in virtually all of the cases where home visitors didn't show up for visits, the home visitor was eventually fired. A 29 year-old white mother with a cognitive impairment said very clearly that the program did not live up to her expectations because "my worker wasn't showing up so I didn't get what I should've gotten out of the program." She continued.

[Mom] She'd say she'll come, she'd make the appointment and she wouldn't show up so she did that like a couple weeks in a row and didn't come. . . . I don't remember how many, like how many times she didn't show up but she didn't show up most of the times.

[Interviewer] So did she call later to reschedule or anything?

[Mom] No. I would, I would call her and say that we had a visit . . . so then I called [the supervisor] and she told me that she was no longer there--so she would be making the visits so she's been coming since I got in touch with her. But it was my fault cuz I should've called and I should've said something [sooner] . . . but I'm not a person to get anyone in trouble and I didn't want to get her in trouble but [her supervisor's] like, you should've called and you should've let me know cuz they thought that she was coming and she wasn't coming so. [The supervisor] was very helpful with that, you know, cuz if I have any problems, if I don't like the way that they're doing something, just to let them know . . . she's like they can't change things if they don't know what's wrong.

Similarly, a 35 year-old white mom with milder vulnerabilities complained about the missed visits.

I really liked [my home visitor] but in the end it was annoying me because she was like

blowing me off all the time. She would come, I know Mondays were bad days because a lot of holidays fall on Mondays and they would have in-service things or whatever. But it just seemed like she was sick or she would call me and say she couldn't come for this reason or that reason. . . . But like when I sit here and I wait and it's quarter to nine and nobody's here so I call the office, oh she's not in today. But nobody called me. And if I had known that I could have had what I wanted to do done already and I wouldn't be in the store with a tired, whiny baby. So I started getting mad. And then it started happening more and more frequently. And, I get mad, I guess I get irritated easily. I don't like to be inconvenienced. No one does . . . and getting blown off and I have no patience. I mean I can't stand people who do that I mean even in my own personal [life], people that are late, it annoys me. I just want, I'm on time. You know to me it's rude. You're being rude or disrespectful or whatever to the person. It's like you don't think enough of them, of their time.

Other barriers to engagement that moms identified included home visitors who were not good with children, who did not get down on the floor and play with the children, or who appeared awkward or uncomfortable with children. This observation usually occurred in the context of describing a home visitor who was not a mother herself, or who may have been “book smart” but was not child-oriented. Some of these we discussed earlier. In the next quote, a 23 year-old white mom expresses this sentiment when asked what she didn't like about her home visitor.

Just that she didn't have kids and she really didn't get down and play with [my son]? Well she really never wanted to hold him. And see for me, when I had him I couldn't wait to show him off because he's beautiful and he's a baby and he's mine and I was so proud of everything that I had done, you know, cause I had come a long way on my own. I basically did it all by myself and so I was so proud of this little baby and from the time she started to come over like she never really wanted to pick him or play with him or any of that kind of stuff. And I just look at that and go how can you not want to hold a baby like that and she just really had no interest in that, and I don't know if it was just me. I have no idea, but to me that wasn't working for me.

Most of the programs match home visitors to moms by racial or ethnic characteristics, but at some sites, this is not possible or may not be viewed as important. Racial or ethnic differences were sometimes viewed as a barrier by the mom, even though it was usually communicated to us subtly, as illustrated by the following twenty-five year-old white mom's description of a home visitor she did not like. She started by saying that her home visitor had a “very low-toned voice.”

[Mom] And then she talks slow sometimes that I just want to repeat myself what she say, but I don't want to be rude or anything like that.

[Interviewer] Is it because you thought she didn't hear you or?

[Mom] It's just how she talks, it's always slow and she has some kind of accent to her, which I don't know what it is, maybe Puerto-Rican or something.

In some cases, racial differences were directly addressed and overcome within the relationship. A 23 year-old Puerto Rican mom explains what was it like when she first met her home visitor.

I told her up-front in her face, I was like, you know, you're white? I said, you white? She was like, yeah, I'm white. I was like, yeah, I know you white but I really don't get along

with white people. I said white people in general are, you know. She was like, well, I'm a nice white person. [laugh] And that's how I got along with her, you know. At first I copped an attitude but then I found out she was really nice. And we grew together.

This same mother who lives in an extremely chaotic culture of crises said that although she grew to like her home visitor, she still doesn't trust her.

In one case, a father's racism became a barrier to a mother's participation. A 20 year-old white woman explains how both racism and fear of home visitors in general can interact and create barriers. In this case, the mother is living in a culture of crises.

[Interviewer] When you were living with him, did [the home visitor] ever come visit you?

[Mom] No. She wasn't allowed to. He didn't want her coming over because she's black.

[Interviewer] Did you ever think about calling and asking for like a different Healthy Families worker, or do you think he wouldn't have let anybody come over?

[Mom] No, he wouldn't let anybody come over. He was like so nervous that I was gonna leave so he didn't want anybody over.

[Interviewer] Did you ever talk to anybody about that?

[Mom] Yeah, I talked with [my home visitor] after that and she was like, she just rolled her eyes like, whatever, you know. I mean she understood because she knew how he was and everything but. I tried to talk him into letting me let her come over, you know, and he just wouldn't let her, so.

Other barriers that a few moms identified as impeding engagement included the home visitor being too old in some cases and too young in others, being too judgmental or inflexible, being distracted and unfocused, focusing too much on the child and not enough on the mother's issues, or just being boring. In a few cases, moms questioned the expertise or knowledge of the home visitor, challenging whether she was qualified for the position. In a few other cases, moms found the program to be too simple and not challenging enough.

The issue that caused the most angst among moms was staff turnover. Losing a home visitor who has developed a maternal or friend-like relationship with a mother, and who is someone the mom emotionally relies on, can be extremely difficult and sometimes results in moms leaving the program. A 23 year-old bi-racial mom with a history of behavioral problems and dysfunctional relations talks about the loss of her home visitor.

I kind of said if the new staff that's in there now changes, I'm done. Or if [my home visitor] leaves because like I said, um, with [my first home visitor] leaving, [my second home visitor] leaving, [then the third one] gone and a lot of the home visitors gone, I always said if [my current home visitor] left that's it. It's over. Um, cuz I can't trust somebody that way. [My home visitor] knows. It'd be too much for me to bond with a new person and go back track everything I've already done to get to where I am now with [her]. So it's either I'll finish it until the whole things over. If [my home visitor] leaves, I'm done. And or if I just get, or if this whole new staff is changed over again, I'm out of there. Cuz I can't keep becoming close to someone and them being ripped apart and like I said, when

[my old home visitor] left it was like I cried. She sent me a card. And me and my friends that knew her just sat on the phone and cried. And when we went to go bring her, you know we had planned on bringing her flowers and stuff to really say goodbye, she was already gone.

The following 33 year-old white mom with mild vulnerabilities blamed herself when her home visitor left.

At first, I took it like personally. I thought they didn't want to come here, you know, to see my daughter, but then I thought about it and then once I found out the reason and they told me what the reason was, I said maybe, you know, it's not me. . . . It's probably cuz they have different things going on. Either they got a different job or they have other things going on, so I said that I shouldn't take it personally and I do that, you know, with a lot of things.

The following 41 year-old white mom with a cognitive impairment has had three home visitors.

[Interviewer] And when you first met her what was it like?

[Mom] [Sarcastically] Oh good, I got another worker. . . .Someone else to pry in my business and know what the hell is going on and what the hell happened. [crying]

In the next quote, a 21 year-old white mom discusses how disorienting program changes can be in general.

[Interviewer] So why have you stayed in the program for so long?

[Mom] I honestly am not sure. I was actually thinking of dropping out of it because it's just not the same anymore. In the beginning, there was a certain caseworker--well, family support worker--that worked with me and she's no longer there and then there was another woman that was also there and she is now no longer there, and it seems that every time I turn around they're losing people. And it's just not the same anymore. It seemed more family oriented in the beginning, but ever since they moved into the new building it's just not the same anymore. The same people aren't there. It's not the same attitude. And in the beginning it was all about the families, and now it just doesn't seem that way. It just seems like they're looking for grants to buy new things and I don't know--I just don't know.

As a last example, an 18 year-old white mom describes the hardship of losing a prior home visitor and how it creates anxiety knowing that her current home visitor could also leave at any time. This cognitively impaired mom lives in a culture of crises that includes dysfunctional relations, oppositional behavior, and jail time for the FOB.

[Mom] I had three different workers in that program.

[Interviewer] You've had three?

[Mom] Yeah, because of everybody keeps leaving.

[Interviewer] What was it like switching between workers?

[Mom] Oh, [my first home visitor] broke my heart because I was so close. [She] was the only one that I really talked to. [She] came here all the time, got close to my son or whatever, and then, you know, she found a better job and it broke my heart because of I, “I clinged to you. I told you everything and I put my all into you and I'm not--I don't open up to people.” You know what I mean? . . . I was so heated. And I had another lady, I forget her name. I only had her like three times but still, it's annoying because of--now I could see [her] leaving.

As our profiles of vulnerability suggest, mothers living in cultures of crisis may find value in home visitation services or in their relationships with home visitors. But there will be moms in the program whose needs exceed what the program can offer. Most of these mothers leave the program quickly. We did interview one mom whose needs clearly did exceed the program limits. She has an extremely chaotic life pocked with violence, poverty, and drug abuse. She was receiving services from one of the most respected home visitors in the state, but could not find value in the program after five months of spotty participation.

[Mom] Well, the program was in [name of site] when I had my first baby and. . . a fucking woman called me saying that, ya-ya, you know, Healthy Families and you don't have to but it would be good to take it so, you know, so we could help you and stuff like that. This bitch was no help whatsoever. [laugh] . . . She wasn't really no help, you know. The only thing I liked was when Christmas came was my gifts for, you know, the baby and me. That's about it. But she always say things and she never do 'em. You know what I'm sayin? I'm like, you Puerto-Rican. [laugh] You forgot everything I told you to get. But, um, she was not responsible enough so, um, and what else? That's about it. Oh, yeah, yeah, she told me, she told me how I know you probably wondering how I got your number and everything because the thing is they figure you a single mom, since you have no education, they figure you don't know how to take care of a kid.

[Interviewer] She said that?

[Mom] Yeah, they told her that in the hospital. The hospital told them to do that to, you know, bring somebody and like, you know, Healthy Families in my life because I don't have no education. They figure I don't know how to do a damn shit, a damn thing with the baby. What assholes aren't they? I think, you know, okay, I don't have my education but I'm saying I'm capable to take care of the baby. You know what I'm saying? That's no reason to do that. She was like, she told me in the end, you know, you're very smart and everything and you're capable to take care of the baby. I was like, yeah, I know. You ain't help me no damn shit. You didn't help me for shit! [laugh] You know, you just come in my house and be like, hey, everything's all right? That's it.

What can we learn from these critiques of the program? Some of the lessons should be useful to program leaders. While program engagement has a lot to do with the right interpersonal chemistry between a home visitor and a mother, it is clear that certain characteristics can become barriers to engagement. Moms are less likely to be engaged when home visitors don't show up for visits as scheduled, when they are not attentive to or comfortable with children, or when they appear distant or too professional. Moms clearly value home visitors who are friendly, caring, easy to talk to, non-judgmental, and dependable. The two most prominent barriers to participation would appear to be fears the moms have that the program is part of DCF and staff turnover, especially when the mom develops a close relationship with a home visitor who leaves. All programs have

learned how to deal with the first issue, but the second one is difficult. Some programs have had a particularly difficult time keeping home visitors. To some extent, this problem is unresolvable-- people move on in their careers. Nonetheless, where staff turnover occurs frequently, efforts to address it are important, judging from the stories of the moms we interviewed. In many cases, transition occurs smoothly, but given the intensity of the relationships that some moms develop with their home visitors, the loss can be devastating. This point exposes one of the contradictions of the program. Program engagement is often rooted in personal relationships that may take on a friend-like or maternal character. But when home visitors leave the program, the loss can be experienced as betrayal or abandonment. Helping moms to cope with these transitions then becomes an essential part of the program.

## V. Father and Partner Involvement

In addition to interviewing NFN mothers, we made an effort, whenever possible, to interview the fathers of the children or mothers' partners who are involved with the children. We didn't expect to make contact with many men in the study because mothers tend to be the target of services, but we thought that interviewing fathers might supplement what we were learning from moms about neighborhoods, jobs, relationships, resources, and the NFN home visitation program. Further, it provided a chance to see if fathers are ever directly or indirectly involved in the program. Reaching fathers or partners required that we contact moms to set up interviews or get phone numbers. Thus our sample tends to include fathers who are more involved in the child's life than is characteristic of fathers we didn't interview.

In total, we interviewed 46 men--39 were the biological father of the child and seven were partners involved in the child's life. Table 15 identifies the program sites where the fathers' children receive NFN services.

**Table 15: Number of Men Interviewed at Each Site**

Program Site	Men	Program Site	Men
Bridgeport	1	New Haven	4
Derby	1	New London	7
Hartford, St. Francis	1	Norwich	2
Hartford, VNA	8	Torrington	2
Manchester	7	Waterbury	2
New Britain	5	Willimantic	6

As Figure 6 demonstrates, almost half identified themselves as Puerto Rican and another third were white. In addition, three fathers were Guatemalan, Honduran, or Mexican. Of all men interviewed, 37 percent were born outside the mainland U.S., mostly in Puerto Rico. Fathers ranged in age from 16 to 45 years, but almost half were in their early 20s (see Table 16) and the mean age was 24. The age at which they fathered their first child ranged from 16 to 44 years with an average of 22 years. Nearly half (48%) of the fathers we interviewed had two or more children as indicated in Figure 7.

**Table 16: Fathers' Age When Had First Child and Age at Time of Interview**

Age	% When had first child	% At time of interview
16-17 years	23%	7%
18-19 years	16%	11%
20-25 years	47%	51%
26-30 years	7%	15%
31-35 years	5%	7%
36 years and older	2%	9%

Seventy-one percent of fathers and partners interviewed lived in the home with the mother and child at the time of program entry. As we expected, this rate was much higher than among fathers we didn't interview, where only 39 percent of fathers or partners lived with the child. Similarly, as illustrated in Figure 8, moms reported that 56 percent of fathers we interviewed were very involved with their children compared to 28 percent of fathers we didn't interview.<sup>25</sup> Interestingly, fathers we interviewed rated their own involvement higher than the mothers did, with 69 percent reporting they were very involved in their child's life.

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<sup>25</sup> These data refer to the father's relationship with the child targeted by the program, not any other children that may be in the household.



Like the mothers we interviewed, fathers were exposed to a range of problems while growing up as presented in Figure 9. Over half of the men interviewed had a history of substance abuse in their family of origin and 42 percent were exposed to domestic violence. Thirty percent were victims of child abuse or neglect, while just less than 20 percent were exposed to mental illness in their families. The majority of men also reported having other problems in their family of origin which, for the most part, consisted of custodial issues (absent parents, multiple caregivers, family separation) and problems with shelter and financial insecurity. Some of these problems also consisted of dealing with a death or imprisonment of a parent or family member, behavioral or violence problems, and problems with the health and physical well-being of a family member.

In addition to problems in their family of origin, many fathers also face problems of their own. Thirty-three percent of men interviewed had been involved in the juvenile court system and 59 percent had an arrest history. One-half of the men reported having a history of or currently using drugs or alcohol on a regular basis, 26 percent reported a history of or current mental illness, and 20 percent reported having a learning disability or cognitive impairment. A quarter of the men also stated they had abused a woman in the past.

As illustrated in Figure 10, a little less than half of the men interviewed over the age of 18 did not have a high school diploma or equivalent. Three percent had some college training and another 13 percent were enrolled in school at the time of the interview (either in high school or vocational/technical school). Furthermore, 67 percent of these fathers/partners had dropped out of high school at one point in time. Finally, 69 percent of men interviewed over age 18 were employed, mostly in full time jobs (67%).

## **What Fathers/Partners Knew about the NFN Home Visitation Program**

When asked about the home visitation program, 39 percent of fathers and partners knew nothing, or very little, about the program. They were unsure of when the visits occurred or what happened during the visits, and they rarely knew the home visitor, at best, having met her in passing. Similarly, these fathers were usually unaware of program materials given to the mother. As was common among this group of fathers, when asked about the program, a 23 year-old Puerto Rican partner of a mother living in a culture of crises responded, "I don't really know. I know there's a few people that comes to see her and the kid, but the time that they come I'm not here. I really don't know who they are." Or invoking a gendered division of labor in the household, another 21 year-old Puerto Rican partner of a mother living in a culture of crises stated, "It's more woman stuff than, you know, than man stuff so I don't, I don't really get into that."

While this group of uninvolved fathers made up a large minority, they were nevertheless still in the minority. Most fathers and partners interviewed knew a fair amount about the program. When asked about the program, they described when and how often the home visits occurred and had a general understanding about what occurred during the visits, either from personal experience or from discussions with the mothers. For instance, the following white 29 year-old father, living with a cognitively impaired mom, describes a home visit.

She says hi and then she says hi to [our son] and she comes into the living room and she'll sit down and she'll set up, do whatever she has to do to set up. Or if she brings a special toy for [him], he'll play with it. She'll give it to [him] and then she'll, you know, she watches us. She watches us interact with [our son] and she'll give us suggestions if we're doing something that should be done a different way or if, if we approach him the wrong way where it could be--not right now but in the future it could be something that could be considered . . . you know, she'll let us know that . . . She's here for about an hour and a half. Well, maybe a little longer, sometimes a little longer. . . . It depends, I mean, it depends on what we go through and what we're talking about. You know, most of the time it's an hour--between an hour and a hour and a half.

Descriptions of the program tended to focus on parental education, as this 37 year-old white father living with a cognitively impaired mother, indicates.

When they came . . . they do, you know, things with [my son]. They'd bring him like some objects to see what--see if he knew what they were. . . . just stuff like that, like to me, it was like bein' in a classroom and two teachers teachin' him but I mean they were nice people. They'd ask us questions.

Some fathers/partners described learning about basic child care as explained by this 21 year-old, Puerto Rican partner from Hartford:

So it's like when you got somebody that's educating you or just speaking to you like what you should be doing if the baby gets sick, what you should do if the baby breaks a leg or something, you know what I'm saying, how should you handle this, you know, if the baby, um, catches the flu or she gets, I don't know, just like any type, any type of, um, predicament that you might find yourself in you know.

Similarly, a 38 year-old father from Waterbury describes learning about parenting skills and discipline, “She explains to us children’s behavior, you know like, how you have to behave with them, how you have to behave with a child, not to hit him or anything.”

In addition to parenting, many fathers/partners described learning about child development. This 36 year-old father from Hartford discussed the activities the home visitor does with the child to assess and promote the child’s learning and development.

Well I tell you that there are times that, ah, she starts to play with the children to see how they are going with their development. Later she, well let’s say I play with her, she likes to make games with the toys to see if they understand them, to see where they are. She puts them to . . . paint sometimes to see if they already hold a pen or things like that--activities with them.

The white Manchester father quoted earlier explains:

I guess they got a thing called Ages and Stages they use . . . and she always has the paperwork and when it comes time for the Ages and Stages test, um, she’ll have the toys and if need be, if we have a question, she has something to refer to if she can’t answer it, which I think is really good about the program cuz they always have some sort of reference to refer to.

While in some cases the fathers’ knowledge of the program was based upon their participation, they still tended to frame the program as something for the mother and the child. One white 23 year-old father living in a culture of crisis conveyed his aloofness, even when he participates: “Well, I wasn’t really listening cuz [the mother] was the one that was really the one most interested in it, but, um, I like [the home visitor].” Another 32 year-old Manchester father discussed the program in terms of the value it has for the mother, who in this case has milder vulnerabilities: “I think having them come, it’s made her more aware of certain things, you know . . . About her, you know, a little about herself and a little bit about her relationship with [our son].”

Most fathers who discussed the program with us did not usually participate in the home visit, but knew about the program from the mother. The information the mother shared tended to focus on child development issues. This 27 year-old, African American father explains:

It might’ve been [at a visit] more than three times and I just didn’t know because, like I said, I wasn’t always there for the meetings and she wouldn’t always tell me when they were, but I let dates go by. [My partner] will just be like, hey, uh, look at this paperwork that I have . . . like, oh, hmm, this is neat stuff, you know, and oh, is he doing all this stuff already? You know, yeah, this is great. You know, I’d go over all that and then I’d take from that and try to use some of it on [my son] if I could from that, or if I couldn’t then I couldn’t, but I’d take what I can when she brought it to me, like if I wasn’t around for the meeting, you know.

In short, these fathers were involved either through direct contact with the home visitor or through the mothers’ involvement.

### **Fathers’/Partners’ Involvement in Program**

Although most fathers/partners who know anything about the program, learn about it from the mother of the child, others take a more active role. Twenty-four percent of fathers or partners interviewed participated in most or all of the home visits and 38 percent participated in a few of the visits.

Many fathers/partners who did not participate said they were at work or school during the day when the home visits were scheduled. A typical response, as given by a 29 year-old father from New Haven, was, "Once in a while I see her. She usually comes during the late morning, early afternoon . . . I am usually working." A Torrington father concurred: "The only time I see them is if I wind up having to stay home from work that day for some reason or, if they have a, one of their little get togethers, dinners or something like that, you know, I go."

When fathers and partners were at home, they often chose not to participate, again invoking gender differences. A 21 year-old, Puerto Rican father from New London living with a mother in a culture of crises reconsiders these assumptions.

I've been in the living room sometimes when she's there. I never actually paid attention cuz I thought all that stuff was relating to [her] but [she] tells me now that, actually, this is, you know, some of the things [the home visitor] says cuz they're not all just relating to just [her] so. They have do with [her son] so.

Others remain in the room, but aloof, waiting until the session is nearly over before they enter the discussion, as exemplified by this white, 28 year-old father, also living in a culture of chaos.

Most of the time I'll sit here on the couch and I'll play my game and they'll sit here. . . . They'll just basically do their thing. They'll basically do a thing most of the time and then sometimes after they get through the information that she has to go over, then we'll all talk sometimes.

Fathers rarely, if ever, participate on their own accord. In virtually all cases, fathers only participated when the home visitor actively reached out to them. As one 33 year-old, African American partner living in a culture of crisis reported:

Some of the times like at the beginning, I would like probably come outside and sit, you know. And then one day I was getting up to leave, she said, "You don't gotta leave. You're included." So I sat there and then more and more--that day while I was sitting there I felt more comfortable, you know, and more, you know, secure that, you know, I could sit here and just talk to her and, you know, things like that.

Another 21 year-old, Puerto Rican partner from Hartford explained:

Before she would come and like I'd be, you know, . . . I'll just let her talk to [my girlfriend] and she'll explain whatever. But [my girlfriend] was like, you know, she wants to talk to you. She wants to see you, whatever, so I'll go. I figured it was like a one-on-one thing. . . . Like she's here to see [my girlfriend] and the baby, whatever. She's like "No, she's cool."

Some home visitors appear to be more inclusive than others, and, we could imagine, in some situations the home visitor would not want a father or partner involved (e.g., where the father is

controlling and might impede the relationship between the home visitor and mom). But some home visitors seem to go out of their way to get fathers involved. In the following example involving a white Manchester father, the home visitor intentionally schedules appointments when the father is not working.

After a month or so with [the mother of the child] talking to me and the worker talking on the phone, um, cuz most of it between her and I was on the phone being a truck driver . . . And she's telling me things that are going on, the progression and, and the way things were working. That's, I started building, you know, more of a respect level for her, um, with her telling me exactly what was going on, what needs to be improved on, what I can do when I'm home. . . And after I got off the road and started working local I got more involved and that's where the trust factor started coming in, where I saw how she was with my child. I saw how she was when she was at home and she wasn't doing anything to make me feel uncomfortable. . . . She comes on Tuesdays when I'm home.

In other cases, the home visitors try to preserve their privacy with the mom, but would involve the father as an on-call basis. A twenty year-old Torrington father elaborates:

I would talk to her if I needed to, or I would go and watch TV if they don't need me or something. She wants to talk to her or something by herself. Usually what she wanted to do is she wanted to like talk to her first, I would go watch TV and stuff. If she wants me to go do something I would go do it.

While some fathers/partners don't mind not being involved, others expressed a desire to be more involved. One 21 year-old father involved with a "good girl" expressed disappointment that his only interaction with the home visitor is to say hello on his way to work: "I want to be there when she's there . . . when she's talking and stuff . . . Because every time that lady comes over I'm about to go to work, or I'm already at work." When asked if the home visitor showed much interest in wanting to talk to him, the father replied, "Not really."

Fathers and partners that were involved in the program described pamphlets and other information they receive from the home visitors, but also talked about more personal interactions they have with the home visitors. In some cases, men involved in the program received advice and counseling from the home visitor, often concerning their relationship with the mom. A 23 year-old father from Manchester explains how this happens.

Like if me and [my girlfriend] frustrated each other about some problem that we're having, she'll sit there and talk to us about it and tell us both what she feels how the other one should be doing things differently and stuff like that. So she does help us out also.

Other men discussed assistance and advice they received from the home visitor concerning their own personal issues, as illustrated by this African American father from New Britain.

Me and her, you know, we talk, you know, if I have problems, you know, um, within myself, if I feel depressed or if I feel someone to talk to, I could talk to her. You know, it's not like, you know, she's for . . . [the mother] and the kids . . . she said if you need anything or you have a problem with something, you know, you can talk to me and that's what I do.

When fathers are directly involved in home visiting, some home visitors engage them specifically around issues that most concern them, such as disciplining or relating to the child as a father. As one African American father from New London explains:

A lot has to do with the discipline, because in my perspective, she hands out the flyers and stuff and [we] talk about our problems--instead of just yelling and having one-sided arguments and stuff like that. And I want to try my best to get along with my son, rather than to boss him around. I don't want to boss him around. I want to be able to do things with him later on and I want him to be able to come and talk to me and if I'm just the boss all the time he's not gonna want to come talk to me.

Another 26 year-old, Puerto Rican father of twins, who serves as the primary caretaker for the children, described his investment in the program.

So she helped me . . . because I didn't know how to play with them, babies, you know, with the games. I didn't know so, yeah, [our home visitor] was showing me . . . I love that she keep on coming here cuz she showed me some activities, um, she loves the baby . . . She was showing me more, you know, and sometimes I look at the books, but like I say, I can't read, you know.

Like the moms, fathers and partners involved in the program also receive service referrals and material resources, as well as job tips. In some cases, home visitors provide transportation (although rules about this vary across sites) or they might provide interpretive assistance for fathers whose first language is not English or who can't read well. A 25 year-old father from Norwich living in a linguistically isolated home explained some of the ways his home visitor has helped him.

The first time they helped me, the first time I had been unemployed for two months, they brought me to Madonna Place.[Our home visitor], well she brought us, she does everything with us . . . They explained everything to me and they helped me. She helped me a lot, she brings me to the appointments, she brings me to the state. She found me state . . . what I ask her, she does it . . . they have not left me behind . . . She comes, she stays all day until she finds something . . . She has been five hours with us.

### **Fathers' / Partners' Perspectives of the Program**

Most of the fathers and partners we interviewed had a positive perception of the NFN home visitation program. The majority approved of the visits, thought it was a good idea to be in the program, and found the program beneficial and helpful. A 27 year-old father from New London, quoted earlier, described his views of the program.

She comes with a lot of information, a lot of helpful information about [our son] and what he should be doing and, uh, games that we could play with him to get his mind going, um, exercises, uh, that we can get going with [him]. Anything that we can get help for with [him] that she offers nine times out of ten it's good and it's helpful, it's useful and I use it, I appreciate the fact that she brought that to our attention and, uh, and I think--I commend [my wife] for actually taking on this, uh, Healthy Families thing because she was gonna do it whether I said yes or no, anyways. [laugh]

Some of the men interviewed said they learned a lot from the program, and received useful information, especially concerning child development and parenting, as another white father quoted earlier recalled.

A couple of things that I've learned is, um, I never understood child development and I'm not one for, you know, knowing about that stuff. I know they grow up and the next thing you know they're moving out. You know, they're getting married. Yeah! That's, that's what I knew, you know! [laughs] Um, I start--you start learning more, um, especially with the little test that they do, you start learning. Wow, this is what he's supposed to be doing. He's already doing it, and you're not, you know, it's something you don't realize just thinking--just everyday you don't realize it until somebody points it out to you and I get to see what he's doing, see how good he's doing.

Fathers' and partners' positive perceptions of the program was usually based on how helpful the program has been for the mothers. A 28 year-old partner from New London said:

Well, a lot of things that I see are good. There are just a lot of things that she helps [my girlfriend] with and gets her goal-orientated towards bringing [her son] towards a different level. I don't know, just everything she tells her is usually very helpful and never misguiding.

Fathers and partners generally liked how the [home visitor] treated them, their partners and their children, in addition to the activities and other assistance they provided. One 23 year-old Latino father from Bridgeport, living with a socially isolated mother, describes the benefits of the program outings.

Those are nice things, they pay for everything and you have fun with the kids. When [my girlfriend] goes by herself the ladies in the program have to help her, because my boy is like a lightning rod and I am his father and I sometimes can't take him . . . The ladies always tell me that when they have a trip I should take the day off to help them with my kid. They take them to games and everything is nice, and what I also like about them is that I never see that they like one kid more than the other . . . they treat everyone who is in the program the same. . . . They are always offering him things, they are really good with the kids. . . . It's good they also give him toys and clothes, they give them a lot. I don't have any complaints. . . . I admire that, that in this country they take care of kids a lot, and the kids have different people who give them gifts, even I get some.

While most fathers and partners viewed the materials they received from their home visitors as helpful, valuable, and informative, a few of the men were not impressed by the curricular approach to parenting. One 27 year-old, Puerto Rican father from New London living with a mom with mild vulnerabilities explained, "I mean parenting is a lot different than what it is in a book. I mean it's good for what it is--information. I mean nothing in life goes by the book. [laughs]"

Since men often assume a protective role in the family--what is sometimes referred to as "protecting

the family borders”<sup>26</sup>--several fathers expressed initial nervousness and uneasiness, especially about the home visitors being mandated reporters of child abuse and neglect. Most of these men grew more at ease with time. When asked about trusting the home visitor, a 24 year-old, white father living in a culture of crises replied:

Not right off because, you know, with anything, you know, she’s--she’s supposed to report to the state so, you know, I was always worried about the house being just a little bit messy and, you know, it was like, you know, is she gonna call DCF because the house isn’t a hundred percent spotless. So at first, you know, I was kind of uneasy about it but, you know, she understands too that sometimes kids just make a mess and you can’t always go up run around behind them with a dustpan and hand broom. And she, she understands that people have to work too, and everything so, you know, after a while I was able to open up with her and everything and she’s really nice. I mean she doesn’t give you a hard time about anything. She gives a lot of suggestions but doesn’t say, ‘well, this is how you should do it.’ You know, she does it in a way of a suggestion.

A few men expressed negative perceptions of the program. One father was upset that the home visitor had asked the mother if he ever hit her or their child--a question required by the research. Some fathers felt that the information they were given was not helpful, as one 19 year-old father from Manchester, living with a “good girl” commented.

She shows how the kid is supposed to be walking at this age, how the kid is supposed to be talking and eating, but that’s all, but my kids do all that. I know that all--I mean, I’m not trying to be a smart ass but I know all that. Give me input of what I’m supposed to expect when they get bigger, how am I supposed to help them when they get bigger, what am I supposed to do if they’re not going to the bathroom at three years old or five years old--more stuff like that. Not more stuff that’s already happening that we already know.

When asked if he thought the home visitor knew what she was talking about, a bi-racial 20 year-old father also living with a “good girl” stated, “Nah. You know, they’re like, ‘Oh, this is how you go about this situation.’ You know, they weren’t givin’ information-- in some ways they do but some, you know, it’s a bunch of bullshit, you know.”

Negative perceptions of the program or the home visitors among the fathers we interviewed were rare. Most expressed a positive relationship with home visitors and liked the advice, assistance, and resources they provided. Most fathers/partners felt they could trust their home visitor. A New Britain father who is very involved in the program said:

She made me feel part of what was going on in, you know, in the meetings. . . . I mean she comes over, we talk, um, it’s, it’s more like a real close friend more than just we’re her clients. It’s--the atmosphere is it’s just like friends.

Another New London father, quoted earlier, concurred.

I think she was really helpful, you know. She was personable, you know. She would actually get into our business, you know, as I used to not want, but now it’s helpful that she knows so

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26 See Michelle Fine and Lois Weiss, *Unknown City* (1999, Beacon Press).



much and she's just like, hey, look, you can do this because, you know, he's going to work and you can go to school now and you can probably take him to daycare there and she helped, uh, figure that whole situation out and, you know, and when [my wife] gets frustrated she feels like there's nowhere to turn and sometimes my answers aren't always good enough for her.

Most men also positively described their home visitors' personal qualities and characteristics as being friendly, funny, professional, smart, caring, open, honest, and sweet. Further, they emphasized that the home visitor made them feel comfortable. A 25 year-old, Puerto Rican father from New Haven stated, "She was real nice . . . she was real, you know, polite, very, like I said, I felt real comfortable, you know, talking to her."

Several fathers/partners simply trusted their home visitors because the mothers did or because of the relationships they had developed with their children. A 21 year-old Hartford father said:

I think she's a sweetheart. I think she's the best and when she, she grabs my daughter, she's like her own baby. She treat her like her own baby. . . . She's the best. She's friendly. She knows how to talk to you. She knows how to get your attention.

## **Summary**

Our selection process for interviewing fathers depended on the willingness of mothers to either contact or provide contact information for fathers or partners involved in their children's lives. Consequently, we sampled fathers who were much more likely to be in a relationship with the mother and to be involved with their children. No doubt, our sample included fathers much more likely to participate in the home visitation program. Given this selection bias, it is important to remember that our findings do not represent all fathers of children in the NFN program.

As the above quotes suggest, fathers who participated or learned about the program from the mother were overwhelming supportive of the program and of their partners' participation in it. Like the moms, they benefitted from the expertise of the home visitor concerning child development and parenting. Further, they received referrals from home visitors, and at times relied on their advice and counsel as well. Perhaps most importantly, for this smaller group of men, the home visitors were successful in engaging fathers and showing them that they too could be an active participant in their child's development. However, this often required that the home visitor assertively reach out to fathers and bring them into the program. As the stories suggest, when this occurred the results were positive.

Nonetheless, reaching fathers in the context of home visitation will continue to be difficult. Schedule conflicts, cultural attitudes, and the stress that poverty creates for families will continue to undermine these efforts. But as the above quotes suggests, even when efforts to be inclusive are only moderately successful, the results can be positive, if not transformative for some fathers.

## VI. Conclusion

These mothers' life stories have provided us with an opportunity to see the struggles of families throughout Connecticut--in our larger and smaller cities, in towns and rural areas. Family vulnerabilities are located at the intersection of social history and personal biography. Many of these mothers struggle with crushing poverty and with social marginalization, produced and reproduced through the dynamics of race, ethnicity, social class and gender. Many have been physically and sexually abused--by parents and other family members, by the fathers of their children, by boyfriends or partners, by classmates. Some struggle with intellectual limitations because of cognitive disabilities or educational deprivations. Many question their self-worth, worry about their abilities to parent, and fear becoming mothers like their own mothers. Some come from other countries and struggle with language differences and need help accessing the institutions that govern social life. Some practiced careless sex at a young age, are opposed to abortion, were unwilling to give up a child to adoption, and now find themselves young mothers, and in some cases what we call "young young" mothers. For a few, early motherhood was not a deviation from their family histories and was therefore normalized. Some are regularly depressed, beaten down by the travails of life. Others struggle with psychosis, with bi-polar disorder, or with physical ailments such as diabetes, asthma, high blood pressure, broken bones, and back injuries. Some find themselves socially isolated, wrestling with the anxieties of loneliness.

The particular constitution of vulnerability for families varies, but for first time mothers there are patterns that are discernible. We have distilled these social and personal histories into four types of vulnerabilities among mothers in the NFN home visitation program. While many mothers' biographies cut across categories, there is usually a primary vulnerability that defines a mother's struggle in being a first-time mom. Similarly, these vulnerabilities elicit different home visitation strategies. For cognitively impaired moms who suffer the indignities of intellectual deficits, and whose parenting abilities are often scrutinized by family members and sometimes doubted by the mother herself, the home visitor often becomes someone to rely on as a baby expert to coach her through the trials of parenthood. When good rapport is established, the mother is able to confide in the home visitor her fears and insecurities around being a parent. The home visitor often assumes the role of both baby expert and maternal figure.

Young young moms, those 16 or younger, often endure stigma, interrupted adolescence and life trajectories, fears of the unknown, financial burden, and the loneliness of isolated child-rearing. Familial support varies. In a few cases, the pregnancy is celebrated, normalized, and networks of women in the family step-up to help raise the child. In other cases, disappointment severs the relationship between the young mom and her family and all support is withdrawn. In most cases, a practical attitude surfaces, in which new mothers make adjustments as do other members of the family, and life goes on, albeit in new directions. New mothers with limited life experiences often elicit the baby expert role from the home visitor. Further, the home visitor also tends to be drawn into the relationship as a maternal figure, a surrogate mother in some cases. This often depends on the particular nexus of the current family relationship. Home visitors find their place within this nexus, sometimes taking the form of additional adult support (someone the new mother can talk to when she is not comfortable talking to her own mother) and sometimes it takes the form of sole maternal support (when mothers have been abandoned by the father or by her family members, or when family relations are unhealthy or unsupportive).

Mothers living in cultures of crises usually suffer from economic and social dislocation as well as from violent family histories. They struggle with multiple problems, including violent relationships, psychological disorders, emotional instability, insufficient material resources, family or personal drug and alcohol abuse, unsupportive and unhealthy family environments, and inadequate housing. These mothers' needs usually exceed what a home visitation program can provide and require structural economic changes as well as new state policy directions and large investments of funds. With the political will, these initiatives could occur, but would require long-term anti-poverty investments that unfortunately do not appear to be on the political and social horizon. In lieu of these changes, mothers' life stories suggest that home visitation can ease some of the burden, but demands on home visitors are excessive. Home visitors assist mothers by focusing on child development and parenting strategies amidst the chaos that continually defines their lives. In this respect, home visitors offer themselves as baby experts, but the even greater demand is for needed services. Home visitors often advocate for these mothers in securing needed state resources, housing, counseling, job training and education, domestic violence support, childcare, and legal services. The emotional demands can also be extreme, as mothers often develop intense relationships with their home visitors that take the form of friend, confidant, mentor, or mother figure. In some cases, the home visitor is regularly available to mothers who call frequently, and, in some relationships, home visitors provide the only semblance of stability and continuity in lives consumed with disorder and chaos.

Finally, there are groups of mothers who make up our last vulnerability type that we loosely label as mothers in less distress or MILD. This group includes subgroups of mothers whose vulnerabilities are defined by linguistic isolation, social isolation, economic insecurity, alcohol and drug dependencies, and physical or emotional health problems. These moms tend to shape relationships with home visitors that emphasize their roles as advocates and friends. These mothers are typically in their late teens and early twenties, and they have more stability in their lives. Nonetheless, they value their home visitors and rely on them to help them overcome isolation, manage health-related issues, or, as peers, to discuss life's burdens. Many also experience economic instability and home visitors help them procure resources for the child.

Of course, many of the personal stories we heard cut across these groups. Some mothers are cognitively impaired but living in cultures of crises. Others are young young moms who are socially isolated, and so on. While one of these types of vulnerabilities may be primary, the interaction of two or three vulnerabilities presents differing challenges to home visitors.

Judging from the mothers' stories, what they value most in their home visitors requires that home visitors develop a range of skills, and that program leaders provide training and support accordingly. Home visitors need to be baby experts. They need to learn and keep abreast of new research on child development. With current breakthroughs in brain research, for instance, the need for continuing education is paramount. Similarly, home visitors have to be prepared to help mothers deal with child health issues--high temperatures, colicky babies, feeding problems, to name a few. Further, home visitors need to assist mothers with parenting strategies to facilitate bonding and better communication, to address excessive crying and temper tantrums, and to explore disciplinary issues. All of this requires good training and effective program supervision.

In addition, home visitors have to learn the nexus of services available in their communities and cultivate social capital to help mothers access these services. For home visitors to be effective advocates, they not only need to know about community services, but need to make personal contacts with these service agencies to better coordinate comprehensive services for the families

with whom they are working.

Addressing mothers' emotional needs is no less important; in fact, engaging mothers often requires that home visitors make emotional connections that often take the form of friend or mother-figure. In these relationships, mothers value their home visitors as someone they can trust, confide in, talk to about relationship problems, rely on for sound advice or counsel, turn to for self-validation, or depend on to simply break up the monotony of their days. In many cases, these mothers considered their home visitors their closest confidant--they told them things they didn't tell anyone else.

Learning to manage the emotional needs of mothers requires that home visitors learn about themselves--how and why they develop emotional connections with mothers and how to identify and manage their own emotions concerning these relationships. Most importantly, it requires that they learn to manage both the need for closeness and distance in relationships where they get defined as friends, mentors, mothers, or fictive kin. While these types of relationships are extremely valued by many of the moms we interviewed, the limits or boundaries of the relationships become painfully clear and problematic when home visitors leave their jobs. Loss in these instances is often experienced as abandonment, and can become a reason for mothers to leave the program. Dealing with the emotional vagaries of the job requires that home visitors receive some clinical training and regular, intensive clinical supervision from the program.

Perhaps the greatest challenge to the art of home visitation is learning how to allow the needs of the mother to organize the relationship. The life stories teach us this important lesson. Home visitors intending to master their craft must hone their skills as baby experts and cultivate their social capital as community advocates; further, they must learn to manage the distance and closeness of their emotional relationships, allowing for empathetic identification of mothers' and children's needs, while maintaining the analytical distance necessary to respond to those needs.

As a final point, it is important that we not conceptualize home visitation as a panacea--it is not. It will not solve family problems caused by larger structural forces. It may help mothers to manage these forces a little better, but structural forces that reproduce poverty and related problems require structural solutions far beyond the scope of home visitation. Nonetheless, neither should we underestimate the value of educational and emotional support. These life stories are testimonies to the contrary.

## **VII. Appendix A**

### **Introduction Letter**

Dear Healthy Families Participant,

The Center for Social Research has been evaluating the Healthy Families Connecticut program for the past six years. During this time we have studied the effectiveness of the program and how the program works at different locations in the state. We have also established a forum for program managers, supervisors, home visitors, assessment workers and researchers to help improve the program. **This year we would like to learn from you!** We will be conducting interviews with numerous parents, like yourself, participating in Healthy Families programs throughout the state.

Your participation in this research would be strictly **voluntary** and would not affect any Healthy Families services you receive. Furthermore, we would guarantee you **confidentiality** if you choose to participate—that is we will not use your name for any purpose, and it will not appear on any transcripts or in any reports. The interview would take place over two time periods, approximately one and one-half to two hours each, and would be tape recorded. If you choose to participate, you will receive **\$50 in cash** from us at the end of the interview. If you would like to help us learn more about families receiving Healthy Families services by participating in this study, please sign the attached consent form and return it to your Family Support Worker. Again, your participation in this study is completely voluntary and any information you give to the interviewer will not be identifiable by name. If you have any questions about this, you may want to ask your Family Support Worker, or else you can call Meredith Clay at the Center for Social Research (860-768-5059). Thanks so much for your help.

Sincerely,

Meredith Clay

**Consent Form**

***Life Stories Consent Form***

For the past six years, the Center for Social Research has conducted research on the Healthy Families program to determine the effectiveness of the program and to improve program services. This year, we would like to do extensive interviews with parents who receive these services. We are calling this a study of life stories, for we are interested in learning about your lives (for example, your childhood, neighborhood, and schooling), and how the Healthy Families program fits into your lives. Specifically, we would like to learn about why families are volunteering for parenting services, what they are hoping to gain from these services, their personal reactions to the program, and some of the reasons for why they have remained in the program. *Most importantly we want to know how we could change the program to better meet your needs.*

For accuracy, we will tape record the interviews. We will not use real names at any time during the research and your name will not appear in any report. As always, we will only identify you by an identification number. Your confidentiality will be protected at all times.

**We would like to interview you on two occasions, for 1 to 2 hours each time. For your effort, we will pay you \$50 in cash at the end of the second interview.**

Your participation in the study is voluntary. You are not required to participate. Your decision will not affect any services you receive from the Healthy Families program. At any time during the interview you have the right to stop the interview and withdraw from the study. By signing below, you are giving your consent to participate in this study. We appreciate your willingness to participate in the study.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
Name

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Address (Street and Town)

\_\_\_\_\_  
Phone Number \_\_\_\_\_



Mother's current relationship with father of baby:

Partner/Boyfriend \_\_\_\_\_ Married, but separated \_\_\_\_\_ Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_ Married \_\_\_\_\_ Not Known \_\_\_\_\_  
No Relationship \_\_\_\_\_

If the mother has a boyfriend/husband, how satisfied does she appear to be with that relationship?

Very Satisfied \_\_\_\_\_ Somewhat Satisfied \_\_\_\_\_  
Rarely Satisfied \_\_\_\_\_ Not Satisfied At All \_\_\_\_\_  
Don't Know \_\_\_\_\_ Not Applicable (no partner) \_\_\_\_\_

Father's involvement with the child:

Very involved \_\_\_\_\_ Somewhat involved \_\_\_\_\_  
Sees the child occasionally \_\_\_\_\_ Very Rarely involved \_\_\_\_\_  
Does not see the baby at all \_\_\_\_\_

Father of child incarcerated: Yes No

Length of time mother knew father (at time of baseline) \_\_\_\_\_

Does mother have another partner (not father of baby)? Yes No

**If yes, will the partner be involved as a primary figure in the child's life?**

No \_\_\_\_\_ Yes \_\_\_\_\_ Not Known \_\_\_\_\_  
Not Applicable (No Partner) \_\_\_\_\_

How old was baby when partner became involved with mother? \_\_\_\_\_

MOB FOB

KEMPE 6: Potential for Violence \_\_\_\_\_

Domestic violence a problem in mother's household? Yes No

What characteristics describe mother's relationship with partner.

No abuse noticeable \_\_\_\_\_ Partner is physically abusive \_\_\_\_\_  
Partner is emotionally and verbally abusive \_\_\_\_\_  
Mother sexually abused by partner \_\_\_\_\_ Not known \_\_\_\_\_  
Not applicable (no partner) \_\_\_\_\_

Has mother ever been abused by any man? Yes No

Has mother pursued any of the following interventions:

None necessary \_\_\_\_\_ No, even though incident of abuse occurred \_\_\_\_\_  
Spoken to a social worker/counselor \_\_\_\_\_  
Stayed in a shelter at least one night \_\_\_\_\_  
Took part in a domestic violence program \_\_\_\_\_ Other \_\_\_\_\_  
Not known \_\_\_\_\_ Not applicable \_\_\_\_\_



## Parenting Experience

Age when mother had first child: \_\_\_\_\_ years

	Yes	No
<b>Was this mother's first live birth?</b>	_____	_____
Was baby born addicted to drugs?	_____	_____
Did mother use drugs during pregnancy?	_____	_____
	<b>MOB</b>	<b>FOB</b>
CAPI	_____	
HOME INVENTORY	_____	
NCAST	_____	
KEMPE 7: (expectations of infant)	_____	_____
KEMPE 8: (discipline of infant)	_____	_____
KEMPE 9: (perception of infant)	_____	_____
KEMPE 10: (bonding/attachment issues)	_____	_____
Total KEMPE	_____	_____

## Neighborhood/Culture/Household/Family

# of adults living in home with child? \_\_\_\_\_

Adults living in the home with the child? (Check all that apply)

Mother _____	Father of baby _____
Maternal grandmother _____	Maternal grandfather _____
Paternal grandmother _____	Paternal grandfather _____
Mother's siblings _____	Father's siblings _____
Friends _____	Other relatives of mother _____
Other relatives of father _____	
Other non-relatives _____	
Mother's boyfriend/spouse (not father of baby) _____	

# of children under age of 18 living in home with child? \_\_\_\_\_

Children living in the home with mother/ and their relation to the child? (Check all that apply)

Brother _____	Sister _____	Aunt _____	Uncle _____
Cousin _____	Niece _____	Nephew _____	
Other _____		No relation _____	

Child's primary caregivers:

Mother _____	Father _____	Maternal Grandmother _____
Paternal Grandmother _____	Daycare Provider _____	Other _____

# of emergency room visits: \_\_\_\_\_ appropriate \_\_\_ inappropriate \_\_\_\_\_

	Yes	No
Does mother abuse drugs?	_____	_____
Does mother abuse alcohol?	_____	_____
Does father abuse drugs?	_____	_____
Does father abuse alcohol?	_____	_____
Is mother seeking other housing?	_____	_____

## Program Involvement

**Name of Program:** \_\_\_\_\_ **# of months mother in program:** \_\_\_\_\_







# Life Stories Fathers Fact Sheet

ID# \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's date of birth: \_\_\_/\_\_\_/\_\_\_

Mother's date of birth: \_\_\_/\_\_\_/\_\_\_

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_/\_\_\_/\_\_\_ sex: \_\_\_

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_/\_\_\_/\_\_\_ sex: \_\_\_

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_/\_\_\_/\_\_\_ sex: \_\_\_

Race: \_\_\_\_\_

Parent's primary language: English \_\_\_ Spanish \_\_\_ English & Spanish \_\_\_ Other \_\_\_

Date Baseline Last Completed: \_\_\_\_\_

Current FSW \_\_\_\_\_

## Childhood and Family of Origin Experiences

	MOB	FOB
KEMPE 1: Childhood history of abuse/neglect	_____	_____
Problems in family:		
Substance Abuse	Yes No	
Domestic Violence	Yes No	
Mental Illness	Yes No	
Other _____		

## School Experiences

Father's highest grade completed?

8 <sup>th</sup> grade or less _____	Less than high school _____
High school degree _____	GED/Night school _____
Some college _____	College degree _____
Graduate work _____	Vocational/technical degree _____

Is father currently enrolled in school? Yes No

If yes, what type of school?

Middle school _____	High school _____
GED _____	College _____
Vocational/technical school _____	Other training school _____

Play sports in school Yes No

Did father ever drop out of high school? Yes No

Type of classes in high school

___ Regular	___ advanced placement	___ spec ed
___ vocational/tech	___ bilingual	___ other specify _____

## Work Experiences

Current employment status:

Not working \_\_\_\_\_ Not working, but looking for work \_\_\_\_\_  
Working part-time \_\_\_\_\_ Working full-time \_\_\_\_\_  
Working more than one job \_\_\_\_\_

# of hours father works per week: \_\_\_\_\_

What type of job does father currently have? \_\_\_\_\_

**Resources: Economic and Social**

Household annual income:

under \$5,000 \_\_\_\_\_ \$5,000 to \$9,999 \_\_\_\_\_  
\$10,000 to under \$14,999 \_\_\_\_\_ \$15,000 to under \$24,999 \_\_\_\_\_  
\$25,000 to under \$34,999 \_\_\_\_\_ Over \$35,000 per year \_\_\_\_\_  
Unknown \_\_\_\_\_ Not Applicable (Not Employed) \_\_\_\_\_

Is household income based on FOB only? Yes No

Type of health insurance family has:

Medicaid \_\_\_\_\_ Medicare (Disability) \_\_\_\_\_  
No Insurance \_\_\_\_\_ Unknown \_\_\_\_\_

Other, (please indicate) \_\_\_\_\_

Does father pay child support: Yes No

How much money received? \_\_\_\_\_

Does father provide informal support? (diapers, clothes, etc) Yes No

Is mother socially isolated? Yes No

Is father socially isolated? Yes No

Do they own a car (that works)? Yes No

Type of housing where mother resides?

Home owned by mother \_\_\_\_\_ Home owned by mother & baby \_\_\_\_\_  
Home owned by mother & partner/boyfriend \_\_\_\_\_ Apartment or rental unit \_\_\_\_\_  
Homeless shelter \_\_\_\_\_ Group Home/Treatment Ctr. \_\_\_\_\_  
Shared Apt./Home with other family members \_\_\_\_\_  
Shared Apt./Home with friends \_\_\_\_\_ Shared Apt./Home with strangers \_\_\_\_\_  
No housing \_\_\_\_\_ Not Known \_\_\_\_\_ Other \_\_\_\_\_

**Interactions with State**

Father receives services from the state:

SSI \_\_\_\_\_ amount \_\_\_\_\_      General Asst. \_\_\_\_\_ amount \_\_\_\_\_  
SSDI \_\_\_\_\_ amount \_\_\_\_\_  
TANF \_\_\_\_\_ amount \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
WIC \_\_\_\_\_  
Other \_\_\_\_\_

Note: Probe on interview: if father gets TANF/SSI/SSDI see if also gets food stamps (they should) and update fact sheet if necessary

Has father ever received services from the state:                      Yes                      No

General Assistance \_\_\_\_\_  
SSI \_\_\_\_\_  
SSDI \_\_\_\_\_  
TANF \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
WIC \_\_\_\_\_  
Sect. 8 \_\_\_\_\_  
Other \_\_\_\_\_

Does father have any DCF substantiated cases?                      \_\_\_\_\_                      \_\_\_\_\_  
How many? \_\_\_\_\_

Does father have any DCF unsubstantiated cases?                      \_\_\_\_\_                      \_\_\_\_\_  
How many? \_\_\_\_\_

Father ever been arrested?                      \_\_\_\_\_                      \_\_\_\_\_

**Neighborhood/Culture/Household/Family**

Does father live in home with mother? \_\_\_\_\_

If so, what other adults live in the home with the baby (relation to baby)? (Check all that apply)

Maternal grandmother \_\_\_\_\_                      Maternal grandfather \_\_\_\_\_  
Paternal grandmother \_\_\_\_\_                      Paternal grandfather \_\_\_\_\_  
Mother's siblings \_\_\_\_\_                      Father's siblings \_\_\_\_\_  
Friends \_\_\_\_\_                      Other relatives of mother \_\_\_\_\_  
Other relatives of father \_\_\_\_\_                      Other non-relatives \_\_\_\_\_  
Father's girlfriend/spouse (not mother of baby) \_\_\_\_\_

Child's primary caregivers:

Mother \_\_\_\_\_                      Father \_\_\_\_\_  
Maternal Grandmother \_\_\_\_\_                      Paternal Grandmother \_\_\_\_\_  
Daycare Provider \_\_\_\_\_                      Other \_\_\_\_\_

# of emergency room visits: \_\_\_\_\_ appropriate \_\_\_\_\_ inappropriate \_\_\_\_\_

	Yes	No
Does mother abuse drugs?	_____	_____
Does mother abuse alcohol?	_____	_____
Does father abuse drugs?	_____	_____
Does father abuse alcohol?	_____	_____

**Relationship with Mother**

Father's current relationship with mother of baby:

Partner/Girlfriend _____	Married, but separated _____	Divorced _____
Widowed _____	Married _____	Not Known _____
No Relationship _____		

Father's involvement with the child:

Very involved _____	Somewhat involved _____
Sees the child occasionally _____	Very Rarely involved _____
Does not see the baby at all _____	

Father of child incarcerated:	Yes	No
-------------------------------	-----	----

Length of time father knew mother when child was born: \_\_\_\_\_

	MOB	FOB
KEMPE 6: Potential for Violence	_____	_____

What characteristics describe mother's relationship with father? (Mother's self-report)

No abuse noticeable _____	Partner is physically abusive _____
Partner is emotionally and verbally abusive _____	
Mother is sexually abused by partner _____	
Not known _____	Not applicable _____

Has mother pursued any of the following interventions: (Mother's self-report)

None necessary _____	No, even though incident of abuse occurred _____
Spoken to a social worker/counselor _____	
Stayed in a shelter at least one night _____	
Took part in a domestic violence program _____	
Other _____	
Not known _____	Not applicable (no partner) _____

Has man ever abused a woman?	Yes	No
------------------------------	-----	----



### Parenting Experience

Age of father when child born: \_\_\_\_\_ years

	Yes	No
Was baby born addicted to drugs?	_____	_____
Did mother use drugs during pregnancy?	_____	_____
	MOB	FOB
CAPI	_____	
HOME INVENTORY	_____	
NCAST	_____	
KEMPE 7: (expectations of infant)	_____	_____
KEMPE 8: (discipline of infant)	_____	_____
KEMPE 9: (perception of infant)	_____	_____
KEMPE 10: (bonding/attachment issues)	_____	_____
Total KEMPE	_____	_____

### Program Involvement

Name of program: \_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_

# of months family has been in program: \_\_\_\_\_

# of home visits family has received: \_\_\_\_\_

Has family ever been in creative outreach?                      Yes                      No

Level family is currently participating in: \_\_\_\_\_

Family had more than one FSW?                      Yes                      No  
 How many? \_\_\_\_\_

FSW uses curriculum                      Yes                      No

Does father receive other services?

Substance abuse treatment \_\_\_\_\_

Mental health counseling/therapy \_\_\_\_\_

Day care/Early intervention \_\_\_\_\_

Case management \_\_\_\_\_

Parenting Classes/Support \_\_\_\_\_

Job training \_\_\_\_\_

Education \_\_\_\_\_

Domestic violence \_\_\_\_\_

Other \_\_\_\_\_

**Mothers Interview Schedule**

**Young Mothers Interview**

**Interviewee's Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Interviewer's Name:** \_\_\_\_\_

**Date Interview 1:** \_\_\_/\_\_\_/\_\_\_

**Date Interview 2:** \_\_\_/\_\_\_/\_\_\_

**Location Interview 1:** \_\_\_\_\_

**Location Interview 2:** \_\_\_\_\_

**Interviewee's Primary Language:** \_\_\_\_\_

**Current FSWs Name:** \_\_\_\_\_

**Baseline Last Completed:** \_\_\_/\_\_\_/\_\_\_

**Child's name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Father of child (first name):** \_\_\_\_\_

**What is your racial or ethnic ancestry?** \_\_\_\_\_

## Childhood and Family of Origin Experiences

Kemp Score \_\_\_\_\_

**1. Where did you grow up?**

**If immigrant: When did they arrive? Why did they come? Where did they settle?**

**2. Who lived in the home with you?**

Did your father live with you?

Did your mother live with you?

Did your siblings live with you?

Did any other relatives live with you?

**3. What do you remember most about your childhood?**

**4. Who took care of you most of the time growing up?**

Primary Caretaker: \_\_\_\_\_

**(If not mother or father ask the following questions; else go to Q: #5):**

What was he/she like?

Did you have a good relationship? What was that like?

**5. What was your mother like?**

Was she around a lot?

Did you have a good relationship?

**Did she work? (If yes) What did she do?**

**How far did she go in school?/ Did she graduate from high school?**

**6. What was your father like?**

Was he around a lot?

Did you have a good relationship?

**Did he work? (If yes) What did he do?**

**How far did he go in school?**

**7. What sort of problems did your family face while you were growing up?**

Was there any **alcohol or substance** abuse in your family?

Substance abuse: Yes No

**(If yes) What was that like?**

**Mental illness** or serious health problems?

Disability: Yes No

**Domestic violence?**

Domestic Violence: Yes

No

**Any other sorts of abuse or problems?**

**8. If yes, to any of the above: Did your family try to get any help for this?**

What happened? What was the turn out?

**9. Was your family involved in any religious or spiritual community?**

For example: attended church services, member of a church, meetings

Are you involved in any such community?

## School Experiences

Highest Grade completed \_\_\_\_\_ Currently Enrolled in school \_\_\_\_\_ Type \_\_\_\_\_

1. Where did you go to high school? (If more than one school, ask questions for all schools)  
If immigrant did they attend school in their country?

What was your school like?

Public vs. private

Large vs. small

City, suburban, rural

Was your school mostly \_\_\_\_\_?  
(ethnicity of interviewee)

2. Did you enjoy high school?

Why or why not?

3. What kind of student were you?

What kind of grades did you get?

Were you ever held back?

What do you remember most about being a high school student?

4. How involved were your parents in your schooling?

Did they meet with your teachers or attend PTA conferences?

Did they supervise your homework? Issues of truancy?

Were they available after school?

What did you do after school? After school events? Who supervised you?

Did they show up for your concerts or plays or sporting events?

5. What kind of classes did you take?

Type of classes: \_\_\_\_\_

Regular, vocational/technical, advanced placement, bilingual, spec ed?

6. What were your teachers like?

How did you get along with them?

Were there any that you were close to?

If yes, how so?

7. What about the principal and vice principal?

Did you spend much time with them?

8. What about school counselors?

Did you see him/her much?

9. Did you play any sports?

Sports: Yes No

(If yes) Which ones?

What was that like?

10. Did you participate in any other school activities?

(If yes) Which ones?

What was that like?

11. What were your friends like?

Did you know them from school?  
Were they older, younger?

**12a. It says here that you graduated high school. Is that correct?**

**Were you still in school when you got pregnant?**

**(If yes) Did you continue to attend?**

**Did you attend school after you baby was born?**

Yes No

**Did you stop attending school at any point?**

Yes No

**If yes, when did you go back to school?**

**Did you ever think of going on in school?**

**OR**

**12b. It says here that you got your GED/ did not finish high school. Is that correct?**

**When did you drop out of school?**

**Why?**

**Were you still in school when you got pregnant?**

Yes No

**(If yes) Did you attend school while you were pregnant?**

**What was that like for you?**

**What was the most difficult part of attending school when you were pregnant?**

**Who helped you out the most during this time?**

**Did you attend school after your baby was born?**

Yes No

**(If yes) What was that like for you?**

**What was the most difficult part of attending school when you had a new baby?**

**Who helped you out most during this time?**

**How so?**

**(If GED) When did you get your GED?**

**Do you think you'll go on for further schooling?**

**(If no GED) Do you think you'll go back to school or get your GED?**

Interviewers, make sure you have the answers to the following two questions (fill in on fact sheet)

Did mother ever drop out of high school? Yes/ No

Did they drop out before they were pregnant? Yes/ No/ Not applicable (never dropped out)

## Relationships with Men (partners and father of child)

Child's Name: \_\_\_\_\_ Father of child's name: \_\_\_\_\_  
Age when mother had baby: \_\_\_\_\_ Age of children: \_\_\_\_\_  
Moms relationship with child's father \_\_\_\_\_ Does she have relationship with another man \_\_\_\_\_  
How involved is father with child \_\_\_\_\_

Tell me how you got involved with \_\_\_\_\_? (father of child)

Tell me what it was like when you first got pregnant with \_\_\_\_\_  
(Child's name)

Did you want to get pregnant?  
Once you found out, what were your feelings about the pregnancy?  
Why did you feel that way?  
Did your feelings change over time?  
Was this the first time you had ever been pregnant?

**How did you tell your family?**

What was your family's reaction?

**How did you tell \_\_\_\_\_?**  
(father of child)

What was his reaction?  
Did he want the child?

**5. Can you tell me something about the father of \_\_\_\_\_?**

What's he like? (Child's name)

Are you still together?

Yes No

**(If not together)** How do you feel about that?

When was the last time you saw him?

**(If together)** Do you plan on staying with him?

**6. Did things change between you and \_\_\_\_\_ when you were pregnant? How about after you had the baby?**  
(Father of child)

**What were some of things you used to do together before you got pregnant?**

What sorts of things did you do together after you got pregnant?

**(If still seeing him)** What sorts of things do you and \_\_\_\_\_ do these days?  
(Father of child)

**7. What is the relationship like between \_\_\_\_\_ and the child?**  
(Father of child)

How much time does he spend with \_\_\_\_\_?  
(Child's name)

What sorts of things does he do with \_\_\_\_\_?  
(Child's name)

Does he help you out? How?

In the last week, can you describe some of the things that he has done with \_\_\_\_\_?  
(Child's name)

Does he have any daily duties/routines?

How is \_\_\_\_\_ with \_\_\_\_\_?  
(Father of child) (Child's name)

**Do you trust him with the baby?**

Would you leave him alone with \_\_\_\_\_ for an hour/whole afternoon/weekend?

**8. (If mother is not with the father of the child)**

Are you seeing someone else now?

**(If yes)** How much time does he spend with \_\_\_\_\_?  
(Child's name)

Does he help you out? How?

In the last month, can you describe some of the things that he has done with \_\_\_\_\_?  
(Child's name)

How is he with \_\_\_\_\_?  
(Child's name)

**Do you trust him with \_\_\_\_\_?**  
(Child's name)

Would you leave him alone with \_\_\_\_\_ for an hour?  
(Child's name)

How about a whole afternoon?

How about the weekend?

**9. (If mother is not with the father of the child)**

Is it important to you that your partner takes an interest in \_\_\_\_\_?  
(Child's name)

Have you ever had a partner that didn't treat your child well?

What would you do if your partner didn't treat your child well?

**10. Aside from the father, are there any other men that play an important role in your child's life? (Ask prompts for each man mentioned)**

How much time does he spend with \_\_\_\_\_?  
(Child's name)

Does he help you out? How?

In the last month, can you describe some of the things that he has done with \_\_\_\_\_?  
(Child's name)

How is he is with \_\_\_\_\_?  
(Child's name)

**Do you trust him with \_\_\_\_\_?**  
(Child's name)

Would you leave him alone with \_\_\_\_\_ for an hour?  
(Child's name)

How about a whole afternoon?

How about the weekend?

**11. How important is it for a child to have a man around? Why?**

**12. How important is it for a woman to "have a man" around? Why?**

**13. One of the things that we have been finding in our research is that quite a few women are being abused by the men in their lives (physical and emotional abuse).**

**Have you ever been hit by a man? Have you ever been abused any other way? Yes No**

**Would you mind telling me what happened?**

**What did you do about it?**

**Was your child exposed?**

**What did you think about that?**

**Has this happened before?**

**Parenting Experience**

**Mother's current age: \_\_\_\_\_**

**Age when mother had baby: \_\_\_\_\_**

# of children \_\_\_\_\_  
Children's names: \_\_\_\_\_

Ages of children \_\_\_\_\_  
Father of Child (first name): \_\_\_\_\_

**1. Tell me about \_\_\_\_\_ now.**  
(child's name)

What does she or he do most of the time?  
What's a typical day like?

**2. Do you think he or she is similar to other children his or her age? Why/why not?**

**3. As your child grows older, how has your relationship with your child changed?**

Has parenting become more difficult?  
Are some things getting easier?  
Can you tell me more about that?

**4. What have you learned from your parents (or p.c.- see q.4) that's been helpful to you as a parent?**

**5. When you were growing up, what did your parents do when they got angry at you?**

What sorts of things made them angry?  
What made them the angriest?

**How were you disciplined most of the time?**

What was a \_\_\_\_\_ like?  
Do you think the way they disciplined you was right?  
Who did most of the disciplining?  
Did you parents ever hit you? (If yes) Do you think that was right?

**6. Are you raising \_\_\_\_\_ similar to the way you were raised? How so?**

What are you doing (or are going to do) differently? Why?  
What are you doing (or are going to do) the same? Why?

**7. What are some of the things that your child does that upsets you?**

What do you do when your child \_\_\_\_\_?  
(behavior)

**8. Are there other things he/she does that upsets you?**

What do you do when your child \_\_\_\_\_?  
(behavior)

**9. There's been a lot of debate around the issue of spanking.**

What do you think about this as a form of discipline?

**10. What are your hopes and dreams for your child as he or she grows up?**

**11. Do you think you'll have more children? When? How many? Why?**

**If you had to do it all over again would you do anything differently? What? Why?**



## Neighborhood/Culture/Household/Family

# adults in household \_\_\_\_\_ mom uses drugs \_\_\_\_\_ dad uses drugs \_\_\_\_\_  
mom uses alcohol \_\_\_\_\_ dad uses alcohol \_\_\_\_\_

1. **Do you live in \_\_\_\_\_?**  
(name of town program is in)  
(If yes) What part?  
(If no) What town do you live in? What part?
2. **Can you describe your neighborhood for me?**  
How long have you lived here?  
Do you plan on staying?  
What's it like during the day? On a Saturday night?  
**If immigrant: Are there any other immigrants from your own country?**
3. **Do you like your neighborhood? Why/Why not?**
4. **What is the racial or ethnic make-up of your neighborhood?**  
Would you like it to be different? Why/why not?
5. **Is it different from the neighborhood you grew up in?**  
(If yes) How?
6. **What are your neighbors like?**  
Do you talk?  
Do you do anything together?  
What do you like or dislike about the people in your neighborhood?  
Do any of your neighbors help you out?  
If yes, how?  
Do you help them out?  
Are there any mothers in your neighborhood that you can talk to?
7. **Is it a good place to raise kids? Why/why not?**  
(If not a good place)  
**What is the hardest part about being a kid growing up in this neighborhood?**  
What are you going to teach your child to help him/her grow up in this neighborhood?
8. **Is there much violence in your neighborhood?**  
If yes, what kind of violence?  
Is it related to crime or drug dealing, violence between partners, between parents and children/  
between kids on the streets, between neighbors?
9. **What do you do when this occurs?**  
Do you call the police? Why/why not?  
Do you use other ways to solve problems?
10. **What has your experience been with the police?**  
Have they been helpful?  
Have your experiences been favorable/unfavorable?

**Break Between Interview Sessions**  
**Program Involvement**

# months in program \_\_\_\_\_ # of FSW's \_\_\_\_\_ # of home visits \_\_\_\_\_ Current level \_\_\_\_\_

You've been in the \_\_\_\_\_ program for \_\_\_\_\_ (yrs, months).

1. **How did you find out about it?**
2. **What did you think it was going to be like?**
3. **Is the program what you expected?**
4. **Why have you stayed in the program?**

For Healthy Families:

1. **What was it like when the Healthy Families worker first came and talked to you about the program?**  
How did you feel about it?

2. **How many FSWs have you had?**  
(If more than 1) Is there one FSW you liked more than the others? Why?

3. **What is your relationship like with the FSW you have now?**  
How long has she been your FSW? What was it like the first time you met her?  
What do you like about her?  
Do you trust her? Why? (If yes) Did it take a while?  
How would you like her to do her job differently?  
Has your FSW made any referrals to other agencies or helped you out in any other way?

4. **What are the most important things you have learned from her?**

5. Describe for me what a typical home visit is like.  
When does she come? How long does she stay?  
What do you do first? What do you talk about?  
**Does your FSW use a parenting book or curriculum? (written materials)** Yes No  
What do you think about it?

6. **Do you ever miss visits?**  
(If yes) Why? Do you think this is a problem when you miss visits?

7. **What does your family think about you being in the program?**  
What about your partner?  
Would you recommend this program to a friend?

8. **How long do you think you will stay in the program? Why?**

9. **Based on your experiences with the program, how do you think the program can improve?**  
How can the program better meet your needs? (Give respondent time to think about question)  
(If there was one thing you would change what would it be?)

10. **Are you involved in any other parenting programs?**  
(If yes) What were they? How are/were they different from Healthy Families?  
Do you/did you have a different relationship with program staff in that program?  
**Are you getting services from any other programs?**

## Interactions with State

\*\*\*\*\* Note to interviewers\*\*\*\*\* First get all the experiences then move to question 2.

### 1. Have you ever had any experiences with the state?

1. DSS (The Department of Social Services: welfare office, for food stamps)

#### 2. Housing Office (Section 8)

3. DCF (Foster care, child abuse or neglect issues, voluntary services)

4. Court system (crimes, paternity cases, child support, legal aid)

5. Unemployment compensation

**If immigrant: INS**

Note: Probe on interview: if mother gets TANF/SSI/SSDI see if also gets food stamps (they should) and update fact sheet if necessary

### 2. If they answer yes to any of the above, immediately ask the next set of questions and then return to the list above.

Can you describe your experiences? What happened?

How did people treat you there?

#### Did you have any uncomfortable experiences?

[If yes] What happened? Who helped you get through it?

What kinds of changes would you like to see made there?

### 3. Have you or your family ever received cash assistance? (This may be answered above, if not, ask the following questions) (Try to get entire welfare history)

What kind? (Social Security, Disability, Welfare)

When?

How long?

How often?

Most of your life?

Did your parents receive any when you were a child?

Have you ever received unemployment compensation?

### 4. As you know, there have been a lot of changes in welfare in the past few years, have these changes affected you?

How have you been affected by the welfare to work program?

What do you think of this program?

Has it been helpful?

Has it created any problems?

## Work Experiences

Currently working \_\_\_\_\_ Job title \_\_\_\_\_ Status \_\_\_\_\_ # hours \_\_\_\_\_

**1. What was your first paying job?**

How old were you?

What did you do?

**2. What other types of jobs have you had?**

**3. Which of those jobs did you like?**

What did you like about them?

Why?

**4. Which ones didn't you like?**

How come? : supervisors, pay, hours, type of work?

**5. Are you working now?**

Yes No

(If yes) Where do you work?

What do you do?

How many hours, on average, do you work per week?

# Hours:

\_\_\_\_\_

(If working more than 40 hrs. per week) Do you get paid for

overtime?

Do you like it?

Why or why not?

**How's the pay?**

\$ \_\_\_\_\_

What do they pay you an hour?

**How does this job compare to past jobs?**

**How did you find this job?**

Do you think you will stay long?

Why or why not?

**6. Have you had any job training?**

Where? Was it helpful? Why or why not?

**7. What kind of job would you like to have?**

What kind of education or training do you need to do that?

Do you think you'll be able to do that?

**8. (If working) What do you do with \_\_\_\_\_ while you're working?**

How's that going? (Child's name)

Do you like this arrangement?

**9. (If working) Do you like working at this time in your life? Why or Why Not?**

If no, then why are you working?

**10. (If working and receiving state assistance) Is the state requiring you to work?**

Yes / No

(If yes) Have they helped you find work?

Have they helped you find suitable childcare?

**11. (If not working) Do you expect to return to work? When**

What do you think you will do with \_\_\_\_\_ while you are working?

Will that be difficult? (If yes) How so?

**Resources: Economic and Social**

Household income \$ \_\_\_\_\_

Are you still living \_\_\_\_\_ (get info from fact sheet)?

**1. Now I'd like you to give me a general description of where you get the money from to live, and eat, and pay the rent, and stuff.**

**1a. (If not living with father) Do you receive monetary child support (formal or informal)?** Yes  
No

**How much?**

**How often?**

**1b. For example, let's start with the rent.**

Do you have to pay anything to live there?

**(If yes)** How much?

Does anyone help pay the rent?

Do you get any housing assistance?

**1c. Now, how about food.**

For example, last week, who bought the food?

Is this typical?

Do you or anyone in the household get any food stamps or WIC?

Yes No

**1d. Kids grow out of clothes so fast, who buys \_\_\_\_\_'s clothes?**  
(Child's name)

**Does anyone give you clothes?**

Gifts or hand-me-downs?

**1e. How about transportation:**

**Do you have a car?**

Yes No

**(If no)** When you need to get somewhere how do you get there?

By bus, taxi, own car, friend's car?

**(If bus or taxi)** Is that expensive?

**1f. Finally, how about spending money for extras, movies, entertainment, makeup, clothes for yourself?**

Does anyone help you out with these expenses, or do you pay for them yourself?

**(If working)** Does this come out of your check?

**2. In an emergency, if you really needed the money, say a couple hundred dollars, who would you go to?**

How about a couple thousand dollars?

**11. Do you have any health insurance?**

**(If yes)** Who does that cover?

Do you get it from work or the state (Medicaid, Medicare, HUSKY)?

**(If no)** Where do you get it from?

**(If from work)** Do you pay for some of that?

**4. What do you do when \_\_\_\_\_ is sick?**  
(Child's name)

Does \_\_\_\_\_ have a regular doctor?  
(Child's name)

Can you call your doctor's office for advice?

Do you get medical help from anyone other than a doctor?

**5. And what about yourself, do you have a regular doctor?**

**(If interviewee is Spanish-speaking)** Does your doctor speak Spanish?

**(If no)** Is that a problem for you?

**6.a (If interviewee is employed) You told me earlier that \_\_\_\_\_ watches \_\_\_\_\_ when you are at work.**  
(Child's name)

Who else babysits?

If you suddenly needed someone to watch \_\_\_\_\_, who would you call?  
(Child's name)

How about an afternoon or an entire weekend?

Who in your household would you NOT trust to take care of \_\_\_\_\_? Why?  
(Child's name)

Would you ever take your child to a day care center? Why/ why not

**6b. (If interviewee is not employed)**

Who generally watches \_\_\_\_\_ when you are not around? Do you have to pay for that?  
(Child's name)

Do you ever take \_\_\_\_\_ to a day care center?  
(Child's name)

**(If yes)** What is that like?

**(If no) Would you ever take \_\_\_\_\_ to a day care center?**  
(Child's name)

**Why or why not?**

Who else babysits?

If you suddenly needed someone to watch \_\_\_\_\_, who would you call?  
(Child's name)

How about an afternoon or an entire weekend?

Who in your household would you NOT trust to take care of \_\_\_\_\_? Why?  
(Child's name)

**7. Do you think you get enough financial support?**

From the father of the baby?

From your family?

From the state?

(From anyone else they mentioned?)

**8. Can you describe a situation in the last few months when you really needed someone's help or you needed something?**

What did you need and who did you call to help you?

**9. I have focused on who you go to for help, but I should also ask who relies on you for help?**

**10. We discussed rent, food, clothing and medical and financial needs. Are there any other needs that you have that we haven't discussed?**

**11. What do you think are your most pressing needs?**

**12. (Interviewer should review the info the respondent gave them in this section and summarize their needs)**

**Thinking back, it seems that I hear you saying that these are your most pressing needs. Is that accurate?**

**13. Is the program helping you to meet any of these needs?**

**14. Do you expect them to help you meet these needs?**

**15. Are there any other programs, agencies, or people helping you to meet these needs?**

**16. Do you have any expectations that these other programs should help you meet your needs?**

**Fathers Interview Schedule**

**Fathers Interview**

**Interviewee's Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Interviewer's Name:** \_\_\_\_\_

**Date Interview 1:** \_\_\_/\_\_\_/\_\_\_

**Date Interview 2:** \_\_\_/\_\_\_/\_\_\_

**Location Interview 1:** \_\_\_\_\_

**Location Interview 2:** \_\_\_\_\_

**Interviewee's Primary Language:** \_\_\_\_\_

**Current FSWs Name:** \_\_\_\_\_

**Baseline Last Completed:** \_\_\_/\_\_\_/\_\_\_

**Child's name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Mother of child (first name):** \_\_\_\_\_

**What is your racial or ethnic ancestry?** \_\_\_\_\_



## Childhood and Family of Origin Experiences

Kemp Score \_\_\_\_\_

**1. Where did you grow up?**

**If immigrant: When did family arrive? Why did they come? Where did they settle?**

**2. Who lived in the home with you?**

Did your father live with you?

Did your mother live with you?

Did your siblings live with you?

Did any other relatives live with you?

**3. What do you remember most about your childhood?**

**4. Who took care of you most of the time growing up?**

Primary Caretaker: \_\_\_\_\_

**(If not mother or father ask the following questions; else go to Q: #5):**

What was he/she like?

Did you have a good relationship? What was that like?

**5. What was your mother like?**

Was she around a lot?

Did you have a good relationship?

**Did she work? (If yes) What did she do?**

**How far did she go in school?/ Did she graduate from high school?**

**6. What was your father like?**

Was he around a lot?

Did you have a good relationship?

**Did he work? (If yes) What did he do?**

**How far did he go in school? Did he graduate from high school?**

**7. What sort of problems did your family face while you were growing up?**

Was there any **alcohol or substance** abuse in your family?

Substance abuse: Yes No

**(If yes) What was that like?**

**Mental illness** or serious health problems?

Disability: Yes No

**Domestic violence?**

Domestic Violence: Yes No

**Any other sorts of abuse or problems?**

**8. If yes, to any of the above: Did your family try to get any help for this?**

What happened? What was the turn out?

**9. Was your family involved in any religious or spiritual community?**

For example: attended church services, member of a church, meetings

Are you involved in any such community?

## School Experiences

Highest Grade completed \_\_\_\_\_ Currently Enrolled in school \_\_\_\_\_ Type \_\_\_\_\_

**1. Where did you go to high school? (If more than one school, ask questions for all schools)**

**If immigrant: Did you attend school in your country?**

What was your school like?

Public or private / Large or small / City, Suburban or Rural

Was your school mostly \_\_\_\_\_? (whatever race the interviewee is)

**2. Did you enjoy school? Why or why not?**

**3. What kind of student were you?**

Did you get good grades? Were you in trouble a lot?

What do you remember most about being a high school student?

**4. How involved were your parents in your schooling?**

**Did they meet with your teachers or attend PTA conferences?**

**Did they supervise your homework? Issues of truancy?**

**Were they available after school? What did you do after school? School events? Who supervised you?**

**Did they show up for your concerts or plays or sporting events?**

**5. What kind of classes did you take?**

Type of classes: \_\_\_\_\_

Regular, vocational or technical, advanced placement, bilingual, special ed?

**6. What were your teachers like?**

How did you get along with them?

Were there any that you were close to? (If yes) How so?

**7. What about the principal and vice principal? Did you spend much time with them?**

**8. What about school counselors? Did you see much of him or her?**

**9. Did you play any sports?**

Sports: Yes No

If yes, which ones? What was that like?

**10. Did you participate in any other school activities?**

If yes, which ones? What was that like?

**11. What were your friends like?**

Did you know them from school?

Were they older or younger?

**12. Did you finish high school?**

(If yes) Do you think you'll go on for further schooling?

(If no) Did you get your GED?

(If yes) When did you get your GED? When did you drop out of school?

Were you still in school when \_\_\_\_\_ got pregnant?

(If yes) Did you attend school after the baby was born?

Did you ever think of going on in school?

**Did father ever drop out of high school?**

Drop out: Yes No

## Work Experiences

Currently working \_\_\_\_\_ Job title \_\_\_\_\_ Status \_\_\_\_\_ # hours \_\_\_\_\_

**1. What was your first paying job?**

How old were you?

What did you do?

**2. What other types of jobs have you had?**

**3. Which jobs did you like?**

What did you like about them: supervisors, hours, pay, type of work?

**4. Which ones didn't you like?**

What did you dislike about them: supervisors, hours, pay, type of work?

**5. Are you working now?**

Yes No

(If yes)

Where do you work?

What do you do?

How many hours, on average, so you work per week?

# Hours: \_\_\_\_\_

If working more than 40 hours per week, Do you get paid overtime?

Do you like the work?

Why or why not?

How's the pay?

\$ \_\_\_\_\_

What do they pay you an hour?

**How does this job compare to past jobs?**

How did you find this job?

Do you think you will stay long?

Why or why not?

**6. Have you had any job training?**

(If yes) Where?

Was it helpful?

Why/why not?

**7. What kind of job would you like to have?**

What kind of education or training do you need to do that job?

Do you think you'll be able to do that?

## Resources: Economic and Social

Household income \$ \_\_\_\_\_

### 1. Now I'd like you to talk about how you make a living, pay your bills, and take care of your children.

#### 1a. Do you live alone or with someone else?

(If lives with child(ren) skip Question 1b about child support)

#### 1b. Do you pay child support?

(If yes) Do you pay it formally or informally to the mother (s)?

How much do you pay? (For example, on average a month)

Do you pay anything [in addition to child support] to \_MOC\_ to help pay her rent?

#### 1c. How much do you pay for rent?

(If does not pay entire amount) Who else pays?

#### 1d. Do you [or anyone in your household] get housing assistance from the state?

#### 1e. How about food and clothing.

Do you pay for these expenses on you own or do you get help from others?

For example, last week, who bought the food in your house? Is this typical?

Do you [or anyone in the house] get any food stamps or WIC?

Yes No

(If not living with child) Do you help out \_\_\_MOC\_\_\_ by buying her any food?

Do you buy clothes or other necessities (e.g., diapers) for \_\_\_\_\_?

(Child's name)

#### 1f. How about transportation: Do you have a car?

Yes No

(If no) When you need to get somewhere how do you get there?

By bus, taxi, own car, friend's car?

(If bus or taxi) Is that expensive?

(If yes, but does not live with MOC) Do you let \_\_\_MOC\_\_\_ use your car or do you drive her and \_\_\_\_\_ places?

(Child's name)

#### 1g. Finally, how about spending money for extras, movies, entertainment, clothes for yourself?

Does anyone help you out with these expenses, or do you pay for them yourself?

(If not living with MOC) Do you help the mother out with any of these costs [in addition to child support if applicable]?

### 2. In an emergency, if you really needed the money, say a couple hundred dollars, who would you go to?

How about a couple thousand dollars?

### 3. Does \_\_\_\_\_ have a regular doctor?

(Child's name)

(If not living with the child) Do you know if \_\_\_\_\_ has a regular doctor?

(Child's name)

(If living with child) What do you do when \_\_\_\_\_ is sick?

Does \_\_\_\_\_ have a regular doctor?

(Child's name)

Can you call your doctor's office for advice?

Do you get medical help from anyone other than a doctor?

### 4. And what about yourself, do you have a regular doctor?

**(If interviewee is Spanish-speaking)** Does your doctor speak Spanish?

**(If no)** Is that a problem for you?

**5. Who primarily takes care of \_\_\_\_\_?**

**(If mother)** Does she work, and if so, who watches \_\_\_\_\_ when she is working?

Are you responsible for any of the childcare?

When and how often do you take care of \_\_\_\_\_?

When you or the mother is not with the child, who else watches the child?

Who in your household would you NOT trust to take care of your child? Why?

Do you ever take your child to a day care center? If so, what is that like?

**6. Can you describe a situation in the last few months when you really needed someone's help or you needed something?**

What did you need and who did you call to help you?

**7. I have focused on who you go to for help but I should also ask who relies on you for help?**

## Interactions with state

\*\*\*\*\* **Note to interviewers** \*\*\*\*\* **First get all the experiences then move to question 2**

### **1. Have you ever had any experiences with the state?**

1. DSS (The Department of Social Services: welfare office, for food stamps)
2. Housing Office (Section 8)
3. DCF (Foster care, child abuse or neglect issues, voluntary services)
4. Court system (crimes, paternity cases, child support, legal aid)
5. Unemployment compensation

Note: Probe on interview: if father or mother gets TANF/SSI/SSDI see if also gets food stamps (they should) and update fact sheet if necessary

### **2. If they answer yes to any of the above, immediately ask the next set of questions and then return to the list above.**

Can you describe your experiences: what happened?

How did people treat you there?

Were there any uncomfortable experiences that you had?

**(If yes)** What happened? Who helped you get through it?

What kinds of changes would you like to see made there?

### **3. Have you or your family ever received cash assistance? (This may be answered above, if not, ask the following questions) (Try to get entire welfare history)**

What kind? (Social Security, Disability, Welfare)

When?

How long?

How often?

Most of your life?

Did your parents receive any when you were a child?

Have you ever received unemployment compensation?

### **4. As you know, there have been a lot of changes in welfare in the past few years, have these changes affected you?**

How have you been affected by the welfare to work program?

What do you think of this program?

Has it been helpful?

Has it created any problems?

## Break Between Interview Sessions

## Neighborhood/Culture/Household/Family

# adults in household \_\_\_\_\_ mom uses drugs \_\_\_\_\_ dad uses drugs \_\_\_\_\_  
mom uses alcohol \_\_\_\_\_ dad uses alcohol \_\_\_\_\_

1. Do you live in \_\_\_\_\_ ?

(name of town program is in?)

(If yes) What part of \_\_\_\_\_ do you live in?

(If no) What town do you live in? What part?

2. Can you describe your neighborhood for me? [if rural, replace neighborhood with "area you live in."]

How long have you lived here? Do you plan on staying?

What's it like during the day? On a Saturday night?

3. [If lives with family] Do you feel like you have to protect your family here?

(If yes) Is that difficult? Can you give some examples?

4. Do you like your neighborhood? Why/Why not?

5. What is the racial or ethnic make-up of your neighborhood?

Would you like it to be different? Why/why not?

6. Is it different from the neighborhood you grew up in? (If yes) How?

7. What are your neighbors like?

Do you talk? Do you hang out in the neighborhood? Do you do anything together?

What do you like or dislike about the people in your neighborhood?

Do you ever ask your neighbors for help with anything?

(If yes) For what kinds of things? How do they respond?

Do you ever help them out?

8. Is it a good place to raise kids? Why/why not?

(If not a good place) What is the hardest part about growing up in this neighborhood?

(and if child lives with father) What are you going to teach your child to help him/her grow up in this neighborhood?

(If child does not live with father) Would you feel good about raising your child(ren) in this neighborhood? (If not) What would you have to teach him/her/them to grow up here?

9. Is there much violence in your neighborhood?

(If yes) What kind of violence?

Is it related to crime or drug dealing?

Violence between partners? parents and children? kids on the streets? neighbors?

10. What do you do when this occurs?

Do you call the police? Why/why not?

Do you use other ways to solve problems?

11. What has your experience been with the police?

Have they been helpful? Have your experiences been favorable or unfavorable?

### Relationships with Women (mother of child)

Moms relationship with child's father \_\_\_\_\_ Does she have relationship with another man \_\_\_\_\_

How involved is father with child \_\_\_\_\_

Father's current age: \_\_\_\_\_

Age when father had baby: \_\_\_\_\_

# of children \_\_\_\_\_

Ages of children \_\_\_\_\_

Children's names: \_\_\_\_\_

Mother of Child (first name): \_\_\_\_\_

**1. Tell me what it was like when \_\_\_\_\_ first got pregnant.**

(Mother's name)

How did you find out?

Did you want to have a child?

Once you found out, how did you feel about it? Why did you feel that way?

Did your feelings change over time?

Was this the first time you had gotten someone pregnant?

**2. Who did you tell first about the pregnancy?**

How did you tell them?

What was their reaction?

**(If not a family member)**

When did you tell your family? Who did you tell?

How did you tell them? What was their reaction?

**(If a family member)**

Did you tell other members of your family?

Who did you tell? How did you tell them?

How did they react?

Did you tell your friends too? If yes, When?

How did you tell them? What were their reactions?

**3. Was this your first child?**

(If he has another child) Was it different this time?

**4. Can you tell me something about the mother of \_\_\_\_\_?**

(Child's name)

What's she like?

Are you still together?

Yes No

**(If not together)** How do you feel about that?

When was the last time you saw her?

**5. Did things change between you and \_\_\_\_\_ after she got pregnant?**

(mother)

How about after she had the baby?

What were some of things you used to do together before you got pregnant?

What sorts of things did you do together after you got pregnant?

**(If still seeing her)** What sorts of things do you do together these days?

**6. What is the relationship like between \_\_\_\_\_ and the child?**

(mother)

**7. Does the mother trust you with the child? Why or why not.**

Would she leave you alone with \_\_\_\_\_ for an hour?

(Child's name)

How about a whole afternoon?

How about the weekend?

**8. [If father is not with the mother of the child]**

Are you seeing someone else now? What is her relationship with \_\_\_\_\_ like?

(Child's name)

How much time does she spend with \_\_\_\_\_?



Does she help you out with \_\_\_\_\_? (Child's name)  
How? (Child's name)

In the last month, can you describe some of the things that she has done with \_\_\_\_\_?  
(Child's name)

**Do you trust her with the baby?**

Would you leave her alone with the child for half an hour?

How about a whole afternoon?

How about the weekend?

**9. [If father is not with the mother of the child]**

Is it important to you that your partner takes an interest in your child[ren]??

Have you ever had a partner that didn't treat your child well?

**(If Yes)** What did you do?

**(If no)** What would you do if your partner didn't treat your child well?

**10. Aside from the mother, are there any other women that play an important role in your child's life?**

**(Ask prompts for each woman mentioned)**

How much time does she spend with \_\_\_\_\_?  
(Child's name)

Does she help you out?

How?

In the last month, can you describe some of the things that she has done with \_\_\_\_\_?  
(Child's name)

How is she is with \_\_\_\_\_?  
(Child's name)

**Do you trust her with the baby?**

Would you leave her alone with the child for half an hour?

How about a whole afternoon?

How about the weekend?

**11. How important is it for a child to have his/her mother around? Why?**

**(If mother is not around)** How important is it for a child to have a woman around? Why?

**12. How important is it for a child to have his/her father around?**

**(If father is not around)** How important is it for a child to have a man around? Why?

**13. How important is it for a man to "have a woman" around? Why?**

**14. One of the things that we have been finding in our research is that quite a few women are being abused by the men in their lives (physical and emotional abuse). Have you ever hit a woman?**

**(If yes)** Would you mind telling me what happened?

Was the child exposed to this?

## Parenting Experience

**1. Tell me about your child(ren)?**

**How old is he/she/they?**

Do you live with her/them?

**(If yes)** How do you share the parenting responsibilities?

What do you do to take care of the child?

What is it like being with him/her?

What's a typical day like for you and your child?

**(If no)** How often do you see him/her/them?

How do you share the parenting responsibilities?

What do you do together?

\*\*\*\*If father has more than one child.... Let's focus on \_\_\_\_\_  
(Child's name)

**2. Do you think \_\_\_\_\_ is similar to other children his or her age?**  
(Child's name)

**3. Are you raising \_\_\_\_\_ similar to the way you were raised? How so?**

**What are you doing (or are going to do) differently? Why?**

**What are you doing (or are going to do) the same? Why?**

**4. What have you learned from your parents (or p.c.- see q.4) that's been helpful to you as a parent?**

**5. When you were growing up, what did your parents do when they got angry at you?**

What sorts of things made them angry?

What made them the angriest?

**How were you disciplined most of the time?**

What was a \_\_\_\_\_ like?

Do you think the way they disciplined you was right?

Who did most of the disciplining?

Did you parents ever hit you? **(If yes)** Do you think that was right?

**6. What are some of the things that your child does that upsets you?**

What do you do when your child \_\_\_\_\_?  
(behavior)

**7. Are there other things he/she does that upsets you?**

What do you do when your child \_\_\_\_\_?  
(behavior)

**8. There's been a lot of debate around the issue of spanking.**

**What do you think about this as a form of discipline?**

**9. What are your hopes and dreams for your child as he or she grows up?**

**10. Do you think you'll have more children? When? How many? Why?**

**11. If you had to do it all over again would you do anything differently?**

What? Why?

## Program Involvement

# months in program \_\_\_ # of FSW's \_\_\_ # of home visits \_\_\_\_\_ Current level \_\_\_\_\_

You/your partner/the mother of child's name has/have been in the \_\_\_\_\_ program for \_\_\_\_\_ (yrs, mos).

### For Healthy Families:

**1. How did you find out about the program?**

Were you recommended or required to participate?

**2. Were you around when the Healthy Families' worker first came and talked to your partner/the MOB about the program?**

**(If yes)** How did you feel about it?

**(If not)** Did the two of you talk about it?

**(If yes)** What did you think about it?

**3. Do you know how many home visitors your partner/MOB has had in Healthy Families? Did you meet her/them all?**

**4. (If they know the FSW) What is your relationship like with the FSW she now has?**

How long has she been your partner's/MOB's home visitor?

What was it like the first time you met her?

What do you think about her?

Do you trust her? Why?

**(If yes)** did it take a while?

What happen that made you trust her?

Are there ways that you would like her to do her job differently?

**5. Do you ever participate in home visits?**

**(If yes)** How often?

What are they like?

When does she come?

What do you do first?

What do you talk about?

How long does she stay?

**Does your FSW use a parenting book or curriculum? (written materials)**

What do you think about it?

What have you learned from them?

**(If no)** Does your partner/MOB tell you about them?

**(If yes)** What does she tell you they are like?

What do they do?

What do they talk about?

**Does the FSW use a parenting book or curriculum? Yes No**

What do you think about that?

Do you approve of the visits?

Have you learned anything from them?

**6. Do the two of you talk about the program?**

**(If yes)** What do you talk about?

**7. Does your partner/MOB ask you to do anything differently as a parent because of the home visits?**

(If yes) What?

8. **Do you think her participating in the program is a good idea?**
9. **What are the most important things that you or your partner/MOB has learned?**
10. **Does you partner/MOB ever miss program visits?**  
(If yes) Why?  
How do you feel about that?
11. **Does your family know about the program?**  
(If yes) What do they think about your partner/MOB being in the program?  
(If no) Why haven't you told them about it?
12. **Would you recommend this program to a friend?**
- 13 **How long do you want your partner/MOB to stay in the program?**  
Why?
14. **Based upon what you know about the program, how could it be improved?**
15. **What do you/your partner/the MOB need in your/her life that the program does not help you/her with?**
16. **Have you ever been involved in a parenting program before? How about your partner/the MOB?**  
How are/were they different from Healthy Families?  
Do you/did you have a different relationship with program staff in that program?
17. **Overall, are you glad your partner/the MOB is in the program? Why/why not?**
18. **We discussed rent, food, clothing, medical and financial needs. Are there any other needs that you have that we haven't discussed?**
19. **What do you think are your most pressing needs?**
20. **(Interviewer should review the info the respondent gave them in this section and summarize their needs)**  
Thinking back, it seems that I hear you saying that these are your most pressing needs. Is that accurate?
21. **Is the program helping you to meet any of these needs?**
22. **Do you expect them to help you meet these needs?**
23. **Are there any other programs, agencies, or people helping you to meet these needs?**
24. **Do you have any expectations that these other programs should help you meet your needs?**