

“All the Men Here Have the Peter Pan Syndrome—They Don’t Want to Grow Up”: Navajo Adolescent Mothers’ Intimate Partner Relationships—A 15-Year Perspective

Violence Against Women

16(7) 743-763

© The Author(s) 2010

Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>

DOI: 10.1177/1077801210374866

<http://vaw.sagepub.com>



Rochelle L. Dalla,¹
Alexandria M. Marchetti,¹
Elizabeth (Beth) A. Sechrest,¹
and Jennifer L. White¹

Abstract

In 1992 and 1995, data were collected from 29 Navajo Native American adolescent mothers. In 2007 and 2008, data were collected from 21 of the original 29 (72%). Guided by feminist family theory, this investigation sought to (a) examine Navajo adolescent mothers’ intimate partner relationships during the transition to parenthood, (b) identify themes in the young mothers’ intimate partnerships across time, and (c) assess participants’ psychosocial well-being in adulthood. Four themes emerged in the women’s long-term intimate relationships: limited support, substance abuse, infidelity, and intimate partner violence. Implications of the findings and suggestions for future research are discussed.

Keywords

adolescent mothers, intimate partner violence, Navajo Native Americans, psychosocial well-being

¹University of Nebraska-Lincoln

Corresponding Author:

Rochelle L. Dalla, Department of Child, Youth, and Family Studies, ASH 102b,

University of Nebraska-Lincoln (Omaha Campus), Omaha, NE 68182-0214

Email: dalla@unomaha.edu

Literature Review

In *The Dance of Intimacy*, Lerner (1989) writes, “Intimate relationships cannot substitute for a life plan. But to have any meaning or viability at all, a life plan must include intimate relationships” (p. 122). Many would agree. Research suggests that intimate relationships, with partners specifically, provide a host of benefits that may enhance life viability including better physical and mental health (Amato, 2000), greater financial stability (Lupton & Smith, 2002), resilience to stress (Kessler & Essex, 1982), and decreased likelihood of substance-related problems in children (Sutherland & Shepherd, 2001). Yet the literature focuses almost exclusively on intimate relationships among adult partners, White samples, and those whose life plan followed a “normative” developmental trajectory with respect to marriage and childbearing. Few have examined the intimate relationships between ethnic minority adolescent mothers and their male partners; fewer still have examined the dynamics of those relationships over an extended period of time or the influence of those relationships on young mothers’ developmental outcomes and long-term well-being. Guided by feminist family theory (FFT; Ingoldsby, Smith, & Miller, 2004), this investigation was intended to address gaps in the literature through exploration of intimate relationships between Navajo adolescent mothers and their male partners over time. Specifically, we sought to (a) examine Navajo adolescent mothers’ intimate partner relationships during the transition to parenthood, (b) identify key themes characterizing Navajo adolescent mothers’ relationships with intimate partners over a 15-year period, and (c) assess participants’ psychosocial well-being in adulthood. Lacking information on adolescent mothers’ relationships with male partners over an extended period of time, this investigation was largely informed by available literature addressing adolescent mothers’ intimate partnerships during the transition to parenthood.

Intimate Partner Support

Social support is critical to adolescent mothers’ optimal transition to parenthood. Maternal grandmothers (Bunting & McAuley, 2004) and male partners (Gee & Rhodes, 2003) frequently comprise key members of adolescent mothers’ support networks. Still, the majority of longitudinal studies focus on the first 3 years postpartum only with results suggesting that adolescent mothers’ relationships with their children’s fathers tend to be short-lived (Cutrona, Hesslering, Bacon, & Russell, 1998). The available literature also suggests that nonresident, biological fathers tend to “package” their parenting support (Kalil, Ziolk-Guest, & Coley, 2005)—those who provide monetary support, also tend to visit, assist in parenting decisions, and participate in caretaking (Greene & Moore, 2000). And despite much research suggesting that emotional, financial, and child-rearing support from male partners *decreases* through time (Rains, Davies, & McKinnon, 1998; Royce & Balk, 1996), variability has been found. Kalil et al. (2005) identified three distinct patterns of partner involvement over the course of 1 year, including fathers who exhibited (a) high involvement over time, (b) low involvement over time, and (c) high involvement at Time 1 followed by low involvement at Time 2. Maternal grandmother support was related to

decreased father involvement (i.e., high-low pattern) and mothers' residence with maternal grandmothers was related to sustained low father involvement (i.e., low-low pattern).

Similarly, Gee and Rhodes (2003) interviewed 218 adolescent minority, low-income mothers during the perinatal period and again 3 years later. At Time 2, only 21% were still involved with their children's fathers and 27% reported no contact at all. Father absence and relationship strain were negatively associated with mothers' psychological adjustment; strain was buffered by maternal grandmother support.

Variability in partner support has also been linked to partner age. Younger partners often lack education and employment skills, which limits the financial assistance they are able to provide, with lack of support compromising relationship continuity (Coley & Chase-Lansdale, 1999). Interestingly however, a recent study indicates that adolescent mothers with *older* partners are more likely to report planned repeat pregnancies, less family support, and greater unemployment than those with younger partners—factors that place them at risk for poor long-term outcomes (Agurcia, Rickert, Berenson, Volk, & Wiemann, 2008).

Intimate Partner Violence and Adolescent Maternal Well-Being

Intimate relationships are significantly affected not only by perceptions of partner support but also by partners' use of power and control. A growing body of research documents the prevalence of intimate partner violence (IPV) in young parenting couples (Kulkarni, 2006; Leadbeater, Way, & Harmon, 2001; Rosen, 2004). Moreover, change in IPV through time suggests the need for additional follow-up investigations. Using the Abuse Assessment Screen (see McFarlane, Parker, Soeken, & Bullock, 1992), Harrykissoon, Vaughn, and Wiemann (2002) analyzed data at 3, 6, 12, 18, and 24 months postpartum among a multi-ethnic sample of adolescent mothers. Overall, 41% reported IPV at some point across the 24 months; rates of IPV were highest at 3 months and lowest at 24 months although the percentage of mothers who experienced severe IPV *increased* over time. Furthermore, 78% experienced IPV at 3 months but *not* prior to delivery.

Connections between IPV and young mothers' psychosocial well-being have received much attention recently, with some unexpected results. Specifically, Leaman and Gee (2008) compared adolescent mothers (ages 14 to 19; $n = 282$) with young adult mothers (ages 20 and 21; $n = 390$) on associations between IPV and mental health. Despite similar rates of IPV, violence was significantly associated with depression and anxiety among the *young adult* mothers, associations not found among their younger peers suggesting that "IPV may have different consequences during different parts of the life course or that mental health symptoms may be reported only later in life" (p. 519). Furthermore, in a 14-year longitudinal study with 229 adolescent mothers, IPV predicted likelihood of depressive symptoms at age 28 (Lindhorst & Oxford, 2008). The authors conclude that "exposure to IPV in adolescence may alter the life course of young women, increasing their risk for continuing exposure to IPV in adulthood and its concomitant negative mental health effects" (p. 1330). IPV not only jeopardizes young mothers' well-being but also that of their children. In a 12-year longitudinal study, Jenkins, Shapka, and Sorenson (2006) found that partner conflict (i.e., verbal and physical aggression) predicted angry and oppositional

child behavior; number of partner transitions and maternal anger did *not* predict child outcomes once partner conflict was accounted for.

Summary

Intimate relationships between adolescent mothers and male partners are complex and multidimensional; interpersonal dynamics are intricately connected to a host of personal, relational, and contextual variables and may significantly affect young mothers' long-term well-being. Yet, despite growing interest in young mothers' intimate partnerships, most studies are cross-sectional only, rendering examination of change through time difficult to gauge. Furthermore, the literature is overwhelmingly represented by Black and White youth residing in urban areas. Attention to a broader range of ethnically, culturally, and geographically diverse adolescent mothers is warranted. To date, no studies exist describing adolescent parenting among contemporary Native American women other than those published by the first author over a decade ago. This investigation was intended to begin to address these gaps in the literature.

Theoretical Framework

Several assumptions of feminist family theory (FFT; Ingoldsby et al., 2004) guided this study. The first assumption is that *women's experiences are central to our understanding of families*. In FFT, women's perspectives are afforded attention and validity in the research context. The second assumption is that *gender is socially constructed*. Meanings of masculinity and femininity are specifically examined to illuminate gendered family dynamics and power differentials evident in women's lives. Third, *social and historical contexts* are assumed important. To understand women's experiences and lifespan development, issues must be examined with attention to broader social and historical context. Fourth, *privilege is assumed to exist on multiple levels*. Gender, race, ethnicity, sexual orientation, and economic status intersect with implications for opportunities as well as challenges to optimal well-being and developmental outcomes. Finally, feminist scholars advocate for *social change* seeking to empower the disenfranchised. FFT allows for the lives and intimate relationships of former Navajo adolescent parenting women to be explored in context, through time, and with recognition of intersecting markers of privilege including attendant gendered constructs.

Navajo Culture and Context

The Navajo Reservation encompasses more than 26,000 square miles and extends across Arizona, Utah, and New Mexico (Bureau of Indian Affairs [BIA], 2003). It is a rural environment with population centers near schools, hospitals, trading posts, or chapter houses. Culturally, the Navajo are matrilineal, with descent traced through the mother's line. In Navajo culture, the maternal role is highly valued as evident in sacred ceremonies exalting female deities (e.g., Changing Woman) and procreation (e.g., the Kinaalda celebrating menses; Shepardson, 1982). Historically, sheep herding was integral to the Navajo economy

(Lindig, 1993) and women owned and cared for their own herds. However, stock reduction (a federally imposed act beginning in 1933) significantly marginalized the economic status and power of Navajo women (Henderson, 1989). Furthermore, despite the reservation's natural beauty (e.g., rock cliffs, red siltstone), physical attributes are dwarfed by alcoholism, poverty, and educational underachievement that plague reservation residents. In 1999, 46% of reservation residents were unemployed and 58% lived in poverty (BIA, 2003). Furthermore, less than 60% of reservation 9th graders graduate high school (Willeto, 1999) and rates of alcoholism on the reservation are six times national statistics (U.S. Department of Health and Human Service [DHHS], 2002). It was with this ecological context in mind that this investigation (beginning at Time 1) was conceived. At Time 1, no literature existed on contemporary Navajo adolescent mothers despite having childbearing rates triple national statistics (DHHS, 1991).

Method

Procedures: Time 1

In 1992, survey and interview data were collected from 21 Navajo adolescent mothers living in a small reservation community. In 1995, the PI returned to the Navajo Reservation and collected survey and interview data from eight additional adolescent mothers in an adjacent community. With the help of a Navajo assistant, participants were recruited through the high schools, alternative educational programs, and word of mouth. All data were collected in private (e.g., a classroom) after obtaining parental consent and youth assent. Due to sample size and the absence of prior studies, the investigations were largely descriptive and focused on social support, identity, and challenges to youthful parenting on the reservation. Data collection lasted approximately 3 weeks in both 1992 and 1995. All participants agreed to be contacted in the future for a follow-up interview. For present purposes, 1992 and 1995 data were combined and analyzed together. They are collectively referred to as *Time 1*.

Procedures: Time 2

In 2007, the first author, who was the PI at Time 1, returned to the Navajo Reservation to collect follow-up data. The director of an alternative education program in one of the target communities assisted with recruitment. Participants were located through extended family, places of employment, and word of mouth. Twenty-two of the original 29 women were located. Two declined to participate. In summer, 2008 the PI again returned to the Reservation and interviewed another of the original 29 women, for a total sample of 21. All data were collected in private (e.g., the participant's home) by the PI. After the goals and methods were explained, each participant read and signed a consent form (a copy was given to each) and was assigned an ID number. Participants completed a series of self-report survey indices and then engaged in an in-depth, audio-recorded interview. Interviews were semistructured and designed to explore life-span development and intimate partner relationships since Time 1. Data collection lasted about 3 hours with each participant (range = 1.5 hours to 3.5 hours); participants were compensated US\$30.00 for their time.

Trustworthiness. To obtain trustworthiness, several strategies were utilized including member checks. That is, prior to each interview, the PI read original transcripts from Time 1. At Time 2, each participant was asked to describe issues (e.g., social support, residence) surrounding her transition to maternity. In all cases, original transcripts (Time 1) corresponded with participants' descriptions at Time 2. Also, issues discussed in one interview (e.g., community services) were broached anonymously in subsequent interviews to obtain multiple perspectives. Finally, an audit trail was kept throughout data collection at both Times 1 and 2.

Instrumentation

Social support. At Times 1 and 2, participants completed the Norbeck Social Support Questionnaire (NSSQ; Norbeck, Lindsey, & Carrieri, 1982). In this survey, respondents are asked to list up to six members of their social support networks; then, seven questions are posed about each member (e.g., "How much does this person make you feel liked or loved?"). Response choices range from 1 (*not at all*) to 5 (*a great deal*). Total support is obtained by summing all items for each network member and dividing by total network members (score range = 1-35). Subscale scores (e.g., emotional and practical support) may also be obtained. The scale also assesses frequency of contact and relationship length for each network member. The NSSQ has high test-retest reliability (.85-.92). In addition to the NSSQ, Time 2 participants completed three additional surveys to ascertain psychosocial well-being.

Psychosocial well-being. The Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988) is a 21-item survey to assess symptoms of depression over a 2-week period. Response choices range from 0 to 3 (total scores range from 0 to 63); scores above 16 indicate moderate to severe depression. The scale demonstrates high internal consistency (alphas of .86 and .81) and adequate reliability and validity with ethnically diverse samples. Participants completed the BDI at Time 2. At Time 2, participants also completed the Life Distress Inventory (LDI; Thomas, Yoshioka, & Ager, 1993), an 18-item instrument measuring distress in five areas (i.e., intimate, financial, self/family, social, and life). Response choices range from 1 (*no distress*) to 5 (*extreme distress*), with total scores ranging from 18 to 90. The scale demonstrates good test-retest reliability ($r = .66$) and internal consistency (.85). Finally, to assess life events at Time 2 that may create stress, a 26-item revised version of the Family Inventory of Life Events and Changes (FILE; Olson et al., 1982) was used. Participants check all items (e.g., victim of violence) experienced within the past 12 months. Each checked item receives a score of 1; all checked items are summed to obtain a total scale score, with higher scores indicating the potential for greater stress.

Participants

Twenty-one women (72% of the original 29) comprised the final sample. At Time 1 they ranged in age from 16 to 20 years ($M = 17.4$ years). (The 20-year-old had her first child at age 16 and two subsequent births). Most ($n = 18$) had only one child although the oldest participant had three children and 2 others had two children. Children averaged 10.4

months of age (range = 1 month to 5.2 years). Most ($n = 17$; 85%) were enrolled in high school (mean years completed = 10.1); six had dropped out for a period of time (range = 1 month to 2.5 years) and then returned to school. Three others had dropped out and not returned.

At Time 2, participants ranged in age from 28 to 37 years ($M = 31.8$ years). Collectively, they had 88 children ($M = 4.2$; range = 1 to 9) not including current pregnancies ($n = 3$). Children ranged in age from 7 months to 21 years ($M = 10.0$ years) and 4 had children of their own (i.e., 4 participants were grandmothers). Most (86%) had either completed high school or earned a General Equivalency Degree (GED). Years of formal education varied appreciably, from 10 years to 16 years ($M = 13.4$ years). Two participants had received a nursing degree, 8 had completed college earning a bachelor's degree, and another had earned a master's degree (see Table 1 for complete details).

Demographic comparisons. Using Time 1 data, demographic comparisons were made between women interviewed at both Times 1 and 2 ($n = 21$) and their peers ($n = 8$) who could not be located at Time 2. No significant differences emerged.

Data Analysis

Survey data were checked for errors, entered into a computer file, and analyzed using SPSS-15. Interview data were transcribed verbatim by trained research assistants (RAs) and analyzed using Thematic Analysis (Aronson, 1994). The process began by thoroughly reading and then rereading all transcribed interviews; coding and extracting shared patterns of experience (themes) occurred in this stage. Next, themes were expanded by adding all information from the interviews associated with already classified patterns. This step is particularly important as participants often return to, or expound on, significant issues throughout the course of an interview. Finally, related patterns were combined and catalogued into subthemes (e.g., male unemployment emerged as a subtheme within the larger theme of social support). Each transcript was individually coded by the PI and at least one Research Assistant (RA). Data analysis (e.g., identification of themes and subthemes) was discussed in semiweekly meetings between the PI and the three RAs. Results are described below. All names are pseudonyms.

Results

Goal One: Examine Navajo Adolescent Mothers' Intimate Partner Relationships During the Transition to Parenthood

At Time 1, most participants ($n = 18$; 86%) considered themselves "married" or in a marriage-like relationship. Sixteen (76%) reported long-term relationships (from 10 months to 5 years) with male partners *prior* to becoming pregnant. On average, male partners were about 4 years older than the women (21.1 years vs. 17.4 years) although significant variability existed (partner age range = 17 years to 36 years). In terms of residence, half the women ($n = 10$) lived with family of origin only; the remainder lived with their partners in a variety of residential situations (see Table 1).

Table 1. Demographic Data: Times 1 and 2

Variables	Time 1 ^a (n = 21)	Time 2 (n = 21)
Age		
Mean	17.4 (SD = 1.07)	31.8 (SD = 2.14)
Range	16-20	28-37
Number of children (n)	25	88
Mean (per participant)	1.2 (SD = .51)	4.2 (SD = 1.82)
Range	1-3	1-9
Currently pregnant (n)	1	3
Currently a grandmother (n)	—	4
Children's ages		
Mean	10.4 months (SD = .50 month)	10 years (SD = 2.32 years)
Range	1 month-5.2 years	7 months-21 years
Education		
Mean years completed	10.5 (SD = .82)	13.4 (SD = 1.80)
Years completed (range)	9-12	10-16
Dropped out (n)	3	5
Dropped out/returned (n)	6	6
Received GED (n)	—	2
Marital status		
Married/partnered	18	16
Single	2	2
Divorced/widowed	1/0	2/1
Length current partnership		
Mean	2.9 years (SD = 1.8 years)	13.2 years (SD = 4.63 years)
Range	10 months-5.8 years	2 months-23 years.
Children's fathers' ages		
Mean	21.1 years (SD = 1.3 years)	
Range	17-36 years	
Residence (n)		
Husband/partner	1	14
Partner and his family	3	1
Family of origin	10	3
Family of origin and partner	6	1
Grandparents and partner	1	—
Alone with children	—	2
Employed (n)		
Self	5	14
Partner	12	9
Main sources of income ^b		
Family of origin	13	—
Own employment	3	14
Partner	9	5
Public assistance	17	3

(continued)

Table 1. (continued)

Variables	Time 1 ^a (n = 21)	Time 2 (n = 21)
Annual family income (n)		
<US\$10,000	11	6
US\$10,000-US\$19,999	5	—
US\$20,000-US\$29,999	2	6
US\$30,000-US\$39,999	—	6
US\$40,000-US\$49,999	—	—
>US\$50,000	—	3
Unknown	3	—

a. Reflects only those participants located and interviewed at both Times 1 and 2.

b. Participants could select more than one source of income.

Social Support

The young women's support networks were overwhelmingly represented by female kin (e.g., mothers, aunts) although many ($n = 14$) also included partners in their network lists. Despite their inclusion in the network lists, partner support appeared minimal. Specifically, family ($n = 13$) and government assistance ($n = 17$; e.g., WIC, food stamps) were primary sources of monetary support. Only seven (39%) of the 18 male partners were employed at Time 1 and, for some, income generated was meager and sporadic (e.g., tending sheep, selling firewood). Although the partners of 4 young women worked *off* the reservation in positions that paid relatively well (e.g., construction, railroad), the physical separation often lasted for months. Because most reservation homes lacked telephone service, the physical distance could significantly strain young partnerships despite the monetary gain. Those whose partners were unemployed ($n = 11$) explained work was unavailable, that their partners were still in school, or that the men simply chose not to work. In addition to financial support, partners appeared to contribute little child care support, as participants consistently identified themselves or female kin as responsible for all child rearing tasks. Importantly, family support and self sufficiency, rather than partner assistance, was frequently mentioned as key to the young women's ability to remain enrolled in school. Still, not all were embedded within supportive family networks. Five of the 21 women received minimal assistance from family members. Two of the 5 were kicked out after becoming pregnant and another was forced to "choose" between her biological family and her partner; she chose to remain with her partner and became estranged from biological kin.

Alcohol Abuse/Violence

At Time 1, the intimate relationships of most ($n = 15$) were strained due to alcohol abuse. Although male alcohol use was described as "typical" (e.g., "Seems like every boy and man here drinks"), in many cases, the birth of a child changed how the young women *viewed* this behavior. Many ($n = 8$) felt alcohol use, especially in conjunction with unemployment, was irresponsible for *fathers* and had created significant relationship strain. To

illustrate, Karen described separating from her partner, “Because he takes drinking and friends over his daughter and me.” Similarly, after 5 years, Yvonne left her partner because, “He started drinking and stuff.” And another explained,

It’s just too much on him—being a father. I think it got to him. It seems like he can’t find a job here—he has no money for us and it just built up on him and he just started drinking.

Furthermore, although not directly asked, 4 participants spontaneously reported incidents of IPV. As a case in point, when questioned about her pregnancy, Danielle responded: “My last trimester was the hardest because my boyfriend wasn’t there for me, he was away . . . and he was very, very abusive. And I was too young to be abused already.” Of concern is Danielle’s apparent *expectation* of violence; that she was *too young* to be abused appeared more distressing to her than the fact that she was abused at all.

Interestingly, problems challenging the young women’s intimate relationships (e.g., economics, alcohol abuse) often paralleled those of their own parents. Many ($n = 13$) were reared in single-parent homes and had little contact with their biological fathers; men were frequently referred to as “gone,” “out there,” and “away.” Reasons cited for parental separation included male unemployment, substance use, violence, and in some instances, infidelity.

Goal Two: Identify Key Themes Characterizing Navajo Adolescent Mothers’ Intimate Partner Relationships Over Time

Similar to Time 1, the majority of participants at Time 2 ($n = 16$; 76%) reported being married or in a marriage-like relationship. Surprisingly, many of the adult women were *still with* ($n = 9$; 43%) or had only recently (within 6 months) separated from ($n = 3$; 14%), the *men who had fathered their children during adolescence*. Simply stated, the intimate relationships of more than half ($n = 12$) had endured for 14 or more years—relationships that began when the women were 12 or 13 years old. As described below, four prominent themes emerged in the women’s intimate relationships, patterns that began for many during adolescence.

Social Support: The Peripheral Role of Intimate Partners

Between Times 1 and 2, the women’s responses on the NSSQ remained remarkably consistent. Female kin were key support providers at both time periods. Furthermore, patterns of relationships with family members (supportive or distant/conflicted) remained similar into adulthood; those receiving little help from families of origin at Time 1 reported the same at Time 2. Furthermore, despite 16 women being married at Time 2, only nine male partners were included on the NSSQ network list. Analyses of interview data informed this finding.

Financial strain. Although 14 women (67%) were employed at Time 2 (11 full-time, 3 part-time), their work largely consisted of minimum wage positions (e.g., retail, food service)

offering little monetary gain or room for advancement. For example, Tanya, a mother of seven, had worked at Burger King since Time 1 (i.e., about 13 years) and participants frequently commented, “There really are no jobs here,” and “On the reservation, if you want a job, you have to be related to or close friends with someone.” Despite these challenges, most ($n = 13$) identified themselves as primary income providers. Only 9 of the 16 male partners were employed at Time 2; 7 of the 9 had unstable, seasonal work only, 2 others worked off the reservation and were thus frequently absent. The challenges could be overwhelming, as illustrated by Robyn who cared for her nine children (ages 1 to 15 years) and maintained the family livestock while her husband worked in Colorado. Robyn’s family labor was complicated due to lack of running water and electricity, factors not uncommon in homes located in remote regions of the Navajo Reservation.

Seven partners were unemployed; their complacency in finding work significantly strained their intimate relationships. Tanya explained her husband’s unemployment with the following: “I told him, ‘Once you get your GED it’s going to be your turn to support the family.’ . . . That’s why he’s not getting it [the GED].” Her husband, she noted, preferred drinking over working. When asked how they managed to stay together for 23 years, Tanya replied, “I have no idea.” Similarly, Anita mentioned how her partner “always has excuses for not working.” Furthermore, she noted how most of his time was spent with friends, drinking alcohol, and using drugs. When asked how he afforded such activities, Anita responded, “I have no idea. He must have some rich friends.”

Nine women had *ended* intimate relationships due to financial strain. After 10 years, Tanisha separated from the father of her four children because of his pervasive unemployment. When asked about his family contributions, she replied, “He signed the birth certificates—that’s it. I did everything else. He never worked. Still doesn’t.” This pattern resonated with many. Karen ended two intimate relationships because the men chose to be “out with friends” rather than working, and Danielle’s 7-year relationship ended because her partner “was more geared toward dancing, friends, [and] partying.”

Child support. When relationships ended, a common theme was difficulty in obtaining child support. Most disregarded child support entirely, explaining that it rarely materialized. They blamed the Navajo government for failing to enforce court orders and ex-partners who used manipulative tactics to avoid paying. Kari, for instance, applied for child support but did not receive a single payment for over 11 years. Her story was typical. When Tanisha was asked if she received child support, she stated, “Oh my God, I’d be a millionaire if I did.” Her ex-partner avoided child support by remaining unemployed. She continued, “He’s had five more kids since mine, and still doesn’t work.” Similarly, Natina filed for child support 9 years ago and had yet to receive any assistance, explaining, “he [ex-partner] works but gets paid under the table.”

Extramarital Relationships

Extramarital relationships emerged as another prominent pattern characterizing most participants’ ($n = 15$; 71%) intimate partnerships. Simply stated, few ($n = 6$ or 29%) had *not* experienced infidelity. Since Time 1, some of the women described a series of intimate relationships with men, all of whom had been unfaithful; in other cases, the same partners

had been unfaithful repeatedly over the course of long-term marriages. To illustrate, Kassi's husband of 14 years had been unfaithful with three different women, and Erica's partner of 5 years left her, while she was pregnant, for a 17-year-old whom he had also impregnated. Yvonne's situation was similar. While working out of state, her partner began a long-term affair resulting in pregnancy and the subsequent birth of twins to another woman. When he returned home, Yvonne became pregnant. Despite the relationship challenges incurred by this situation, Yvonne and her partner remained together after 17 years. Furthermore, four of the women (19%) admitted to participating in extramarital sexual relationships. In two cases, the women's sexual liaisons were described as a reaction to their partners' infidelity. Shannon's situation is illustrative. Over their 17-year relationship, Shannon's partner had multiple affairs, including one with her sister and another while Shannon was pregnant. About her own infidelity Shannon stated, "I just got fed up with him messing around, and thought, 'Okay I'll do what he's doing.' So I did." When asked if her husband's infidelity continued, she replied, "Yeah. He tells me."

Alcohol Abuse

Alcohol abuse further challenged the intimate relationships of most ($n = 17$; 81%). Although alcohol sales were illegal on the reservation, "bootlegging" (i.e., buying alcohol in border communities and selling privately on the reservation) was common. Carli's former partner was jailed multiple times for driving under the influence of alcohol (DUI), Kari's partner was fired because of alcoholism, and Yvonne's husband drank three cases of beer each weekend. Similarly, Josetta's 14-year marriage was marred by her husband's alcoholism. Although he experienced periods of sobriety, his drinking remained a significant source of marital tension. Josetta explained, "He still drinks, does whatever he wants, doesn't come home." Six participants (29%) experienced personal alcohol-related problems. Chelly began drinking heavily after her husband was incarcerated, explaining, "I went up and down. I got thrown in jail, got myself into trouble," which resulted in social services removing her children for 6 months. Likewise, Erica experienced a 2-year period of heavy drinking following her partner's infidelity and abandonment. Her children were likewise placed in temporary protective custody. Shannon also abused alcohol until experiencing a life-changing event:

I came [home] early in the morning—I remember going into the house—staggered in. And my son was up. He saw me that way. The next day, he started making fun of me, saying things and showing me what I was doing. Right there it was like a slap in my face. I promised myself I would never have my kids see me that way again. So I stopped. I straightened up right there. "No more," I thought, "I don't want to be like this."

Relationship challenges imposed by alcohol abuse were often described in conjunction with another destructive family pattern, domestic violence.

Intimate Partner Violence

Unlike at Time 1, participants at Time 2 were specifically asked about experiences with IPV. Fifty-seven percent ($n = 12$) described incidents of emotional, sexual, and/or physical abuse. Natina's intimate partner history is illustrative. Since Time 1, she had experienced violence in all three long-term relationships, beginning when she was 15 and pregnant with her first child. "It was very scary. He used to beat on me and I would try hiding [at a friend's], but he would always find me." She returned to her partner many times, with promises that things would change. They never did. Eventually, she left him for another man who became equally abusive. In her current marriage of 9 years, violence had only occurred once, but it was particularly disturbing. She explained,

We started arguing because he kept lying to me that he hadn't been drinking . . . I got mad that he was lying to me. He started saying ugly things to me and it just got worse and worse. Everything happened so fast . . . he turned around—I only remember getting hit. He hit me so hard that I fell. I got up, I could feel the blood just running down my face—the back of my throat. I was choking on the blood. . . . And my son watched the whole thing.

Erica had also been involved in several long-term, violent relationships. She described the most recent as "a nightmare . . . because it was so abusive. It was really bad." At times, she described feeling "scared for my life." Others had been with the same partner for many years and endured violence throughout this time. Melissa was married for 12 years to a man who was "mentally, physically, and sexually abusive. . . . He would always accuse me of messing around . . . screwing the neighbors. He came up with all kinds of stuff. It was awful." She described one incident in which he "shoved me on top of the bed and pushed my nose into my face until I blacked out." Similarly, the violence characterizing Kari's 11-year marriage began when she 16. She said, "I was young, scared, crazy. I kept thinking, you know, he's gonna change, he'll be alright. And it never really changed. It never did." Eventually, "the abuse got really bad—it was constant, every single day. Every day I was being physically abused, verbally abused, and I felt like I had nowhere to go. So I just stayed there and stuck it out." Although both Melissa and Kari escaped their abusive partners, others continued relationships with violent men. After 17 years, Anita remained in a violent relationship explaining, "I've tried to get out of the relationship before but that's when he's gotten really violent." In her relationship, like so many, there was a cycle to the violence: "He would be okay for awhile and then it would start all over again." Anita also reported that, due to her partner's alcohol abuse, things had recently intensified:

Now, it's to the point where we'll [she and her children] be asleep at night and he'll be coming home, 3 or 4 o'clock in the morning, intoxicated. And what is he going to do next? That's our thoughts now. . . . There's fear.

Furthermore, because of her home's remote location, phone service was unavailable. She and her children were at the mercy of her partner's aggressive, and potentially lethal, behavior. Unfortunately, the incidents noted here represent only a small fraction of those described by the participants.

Children and violence. Either directly or indirectly, domestic violence often affects all family members. At Time 2, participants sometimes revealed that in addition to themselves, their children were also the recipients of abuse. Chelly, for instance, described her husband's violence with the following: "If you don't do things like he says he'll just start hitting you—chasing the kids in their rooms—whipping them with the belt." And Kari described her ex-husband as ". . . horrible. He was always whipping them [kids]." Most frequently, however, children were *not* the victims of family violence. Still, witnessing IPV can be traumatic. Erica was particularly concerned about the long-term effects on her children, noting, "They have seen a lot of domestic violence. They have seen *a lot* of bad stuff."

Community services. Given the prominence of IPV, participants were asked to identify and discuss services available to victims. Most often, participants reported, "There aren't any [services]." Carli expanded, "There are really no kinds of services available, especially for domestic violence." However, some participants mentioned how a local shelter *might be* available for IPV victims (i.e., they heard a shelter existed). Thus Carli was directly asked about the shelter, to which she replied, "Yeah, they built a shelter a few years ago, it's not even open. So there's really nowhere." She then commented on the role of law enforcement in helping victims of IPV with the following: ". . . and the police department around here is no help at all. You're lucky if you call them and they come within the hour." Others agreed. Anita described the following after being assaulted by her partner:

I tried to put a restraining order on him. I said [to police], "I need a restraining order because he is really threatening me. And I'm really scared." They [police] said, "Unless he's wanting to kill you, or if he's throwing weapons or doing something like that, that's the only way we can put an emergency restraining order on him." I'm like "WHAT?"

Similarly, Erica sought help from police after being assaulted by her partner: "I called the police and nothing happened. Nothing helped." Furthermore, although limited counseling services were available (i.e., through the local medical clinic), they were rarely used. Janicia addressed women's reluctance to use professional services as follows: "People are ashamed. [They're afraid] other people would say something." She continued, "There's a lot of gossip around here." Karen provided additional insight noting, "In Navajo culture, if something is bad, you just let it die out. You just leave it alone—it'll go away."

Singlehood

At Time 2, 5 participants were single and described being better off without a partner. Carli was particularly unique in that she only had one child, never established a relationship with her daughter's father, and had been single most of her life. Men, she believed, *created*

problems for women; she said: “All the men I’ve been with still have the Peter Pan Syndrome—they don’t want to grow up. They drink too much, they don’t work, and they’re just not emotionally available.” Given that intimate relationships were often characterized by violence, substance abuse, infidelity, and financial strain, it is difficult to understand why so many women remained with partners—why more did not choose singlehood. Chelly’s situation is particularly disturbing. At Time 2, her husband of 15 years was incarcerated for sexually molesting his niece. Despite this and his propensity for violence, marital dissolution was unlikely. When asked if she would take him back after his impending release, Chelly replied, “I’m trying to think about it . . . my kids want him back. I guess if he wants to live with me that’s okay. . . . We’re having money problems right now.”

Goal Three: Assess Participants’ Psychosocial Well-Being in Adulthood

Descriptive statistics were used to analyze scores on the depression, life distress, and life events inventories. Participants’ average BDI score was 18.9, indicating symptoms of moderate to severe depression. However, there was appreciable *range* in individual scores (i.e., 6 to 45), with 12 participants scoring *above* the cutoff for clinical depression. The women were thus divided into *low* and *high* depressive symptomology groups; 75% of those with the highest depression scores were involved in an intimate relationship. Unfortunately, sample size limited further analytic procedures that might reveal additional information.

Participants’ average life distress score was 42.6 (range = 24–68), suggesting moderate distress. Issues of greatest concern included finances, education, home management (e.g., cleaning, child care), and employment. It is noteworthy that three of the top four issues (i.e., finances, education, and employment) involved economic viability. Finally, on average, the women experienced 8.5 significant life events in the previous year. Again however, the *range* of events (from 2 to 20) revealed considerable variability. The most frequently reported events included increases in money problems ($n = 16$), change in lifestyle ($n = 13$), separation/breakup with partner ($n = 12$), personal violence ($n = 11$), increased conflicts with partner ($n = 11$), moving ($n = 11$), and death of a close friend or family member ($n = 11$). Nine additional participants reported change in their use of alcohol and/or drugs within the past year.

Discussion

The first goal of this investigation, to examine Navajo adolescent mothers’ intimate partner relationships during the transition to parenthood, was addressed by reanalyzing Time 1 data. In many ways, the experiences of these women during the transition to parenthood in adolescence parallel those of their non-Native peers. For instance, at Time 1, family support was critical to the participants’ ability to pursue educational goals and complete high school. Similar findings are frequently reported in non-Native samples (Chase-Lansdale, Gordon, Coley, Wakschlag, & Brooks-Gunn, 1999). Furthermore, the Navajo mothers’ female kin provided the majority of financial and childrearing support—an expected finding given the adolescent parenting literature (see Bunting & McAuley, 2004). However,

despite the Navajo cultural value placed on extended family, not all participants were embedded in supportive family systems. This too parallels the available literature, reflecting great variability in the amount of support family members are able or willing to provide young mothers (Apfel & Seitz, 1996; Smithbattle, 2006). Kin support to young parenting women *cannot* therefore be assumed, regardless of cultural background or ethnic heritage. Finally, during the transition to parenthood, the Navajo mothers often relied on governmental support for financial assistance. In this respect, the participants' experiences are further linked to the broader teenage parenting population (Hoffman, 2006).

Despite limited research into adolescent mothers' intimate partner relationships, the available literature provides information worthy of comparison and consideration. First, as expected from the literature (Miranne & Young, 2002), male partners were slightly older (by about 4 years) than the young Navajo mothers and, further, support from male partners was quite varied, as expected, given the available literature (Gee & Rhodes, 2003; Kalil et al., 2005). Moreover, IPV in young parenting couples is commonly reported in the *current* literature (e.g., Kennedy, 2005; Wiemann, Agurcia, Berenson, Volk, & Richert, 2000). However, when Time 1 data were collected (1992/1995), such was not the case and thus, as adolescents, the women were not directly asked about IPV. Still, at Time 1 several *spontaneously* mentioned physical assault from male partners. It is not unreasonable to assume that a *greater* prevalence of IPV existed in the young mothers' lives than was accounted for in Time 1 data, suggesting another parallel between these young mothers during the transition to parenthood and their non-Native peers. Finally, the young women reported extensive relationships with male partners *prior* to the births of their babies; only three youth reported *not* having an established relationship with a male partner prior to conception. Lacking literature on partner relationship length *prior* to pregnancy, it is not possible to make comparisons with other adolescent parenting populations. However, the present data suggest committed, long-term relationships resulted in pregnancy rather than short-term sexual encounters.

Goal 2, to identify key themes characterizing Navajo adolescent mothers' relationships with intimate partners through time, was addressed via analyses of extensive, in-depth interviews conducted 15 years after Time 1 data were collected. Due to limited longitudinal work, drawing comparisons between the experiences of these Navajo women at Time 2 with their non-Native peers is difficult. Still, several issues are worth considering. First, the *longevity* of the women's intimate relationships, particularly with men who fathered their children in adolescence, far exceeded expectations given the literature (see Cutrona et al., 1998; Gee & Rhodes, 2003). Second, the prevalence of alcohol abuse was not surprising given rates of alcoholism on the Navajo Reservation (DHHS, 2002). Results reveal extreme financial and family dynamic stressors due to partner substance abuse. Unfortunately, however, documentation of the impact of substance abuse for the developmental well-being of adolescent parenting women and their children is nonexistent in the literature, suggesting fruitful avenues for continued research. Moreover, additional work examining *women's perceptions* of partner substance abuse, particularly within ecological contexts where such behavior is often viewed as "normative" warrants additional attention.

Third, infidelity was commonly reported. Although comparisons between this sample and other former adolescent mothers cannot be made, a recent national study reported 16% of all couples (21% for males vs. 11% for females) admitted to extramarital sexual encounters (Langer, Arnedt, & Sussman, 2004), rates that pale in comparison to findings of this investigation (71% all couples). The unique economic context of the reservation, which often forces men to seek employment off the reservation, was commonly linked to infidelity.

Finally, rates of IPV (57%) among the adult participants far exceed those of a recent national survey (25%; Tjaden & Thoennes, 2000). Although our sample is neither nationally representative nor representative of Native American women generally speaking or Navajo women more specifically, we believe the data reflect a disturbing trend. According to a recent review (Navajo Division of Public Safety, 2003), there were 11,086 incidents of domestic violence reported to Navajo Law Enforcement in 2002 alone. Given the participants' reluctance to report IPV to authorities, these statistics may grossly underestimate the severity of IPV on the Navajo Reservation. Some believe domestic violence is rooted in years of colonization resulting in institutionalized violence and the "erosion of traditional Navajo values of equality and harmony" (McEachern, Van Winkle, & Steiner, 1998, p. 31). Clearly, the data speak to the need for continued research on IPV among Native American samples, prevention and intervention efforts, and continued longitudinal work examining the effects of IPV on adolescent mothers' long-term psychosocial well-being.

Survey data were collected to assess participants' psychosocial well-being in adulthood, the third goal of this investigation. Sample size limited the types of analyses that could be conducted. Nonetheless, results supplement the qualitative data and provide avenues for continued scholarship. Of concern is that the majority of participants scored *above* the cutoff for clinical depression and, further, the majority of those with the *highest* BDI scores were *not* single. Although cause/effect relationships cannot be determined from the data at hand, continued research examining the psychosocial health of adolescent mothers over time, and the influence of partner relationships on such, is warranted. Moreover, it was interesting that issues of *greatest* distress (i.e., from the Life Distress Inventory) centered around economics and *not* intimate relationships, despite participants' verbal reports of sustained IPV, substance abuse, infidelity, and limited partner support. These data, coupled with results from the Life Events Survey (indicating that 76% of the sample experienced *increased financial strain* over the previous year) suggest that the *economic context and ecology* of the Navajo Reservation (i.e., poverty, unemployment, underemployment, and isolation from urban centers) play a monumental role in participants' daily lives and perceptions of well-being. It is not unreasonable to assume that the women's struggle to meet their families' basic needs takes precedence over every other aspect of their personal lives, including potentially destructive relationships with male partners. Such a view is consistent with feminist family theory (Ingoldsby et al., 2004), which emphasizes the significant role of *context and historical events* in shaping women's experiences and life-span development.

FFT informs the data in additional ways as well. For instance, FFT emphasizes the role of gendered family dynamics in shaping women's experiences. Socially constructed

expectations for men and women, across generations, emerged from the data. *Women* were keepers of the family, *women* maintained the home, and *women* assumed menial labor to sustain family income. Male unemployment was often justified due to limited job availability. However, the majority of *women* found and maintained employment. Perhaps men were neither willing nor expected to perform the *type* of work (e.g., retail, food service, housekeeping) available on the reservation, resulting in the frequently reported male unemployment and female centrality in family labor. Furthermore, men were afforded *extensive latitude*; even destructive behaviors (violence, substance abuse, infidelity) were tolerated. Consistent with a *gendered* analysis, many participants reacted to male destructive behaviors in a manner that would maintain the *family unit* (i.e., by remaining with violent or abusive men for extensive periods of time). Interestingly, the women's intimate relationships largely mirrored those of their own parents described at Time 1. In this sense, then, destructive family patterns (e.g., substance abuse, IPV, infidelity, male unemployment) may have evolved over time, perhaps rendering such behaviors normative to some extent in the unique reservation context. Perhaps because so many participants grew up without a father present in the home, these women wanted to avoid a similar outcome for their children. Perhaps they believed things would change, even when years of evidence suggested otherwise. Perhaps there existed so few *alternatives* that having a partner, despite the strain that often resulted, was viewed more favorably than having none at all.

Such speculation gives rise to another premise of FFT, namely, that *privilege and constraints exist on multiple levels*. The intersection of indigence, ethnic-minority heritage, female status, reticent institutions (e.g., tribal government, social services), and physical isolation cannot be ignored as key variables that, for some, may have superseded *personal* ambitions and goals. This discussion however is *not* to suggest or imply that these women are weak or helpless. Viewed from a different angle, it is equally valid to characterize them as resilient, as strong, and as *survivors*—as women who have *adapted* to intergenerationally maintained gendered family dynamics, ecological forces, and economic structures beyond their control.

Limitations

Sample size and the geographical areas from which the data were collected (i.e., two communities only) limit generalizability of results. Furthermore, male partners' perspectives were not obtained and a comparison group of nonadolescent childbearing Navajo women were not included. Future studies that account for these limitations are recommended. Finally, despite attempts to contextualize the data and the interpretation of results obtained, potential biases inherent in analyzing Native American women's experiences using a Western feminist approach must be acknowledged.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The authors disclosed receipt of the following financial support for the research and/or authorship of this article: The first author received financial support from the Gwen Newkirk funds for data collection for this project.

References

- Agurcia, C. A., Rickert, V. I., Berenson, A. B., Volk, R. J., & Wiemann, C. M. (2008). Risks and life circumstances of adolescent mothers. *Pediatric Adolescent Medicine, 155*, 822-830.
- Amato, P. R. (2000). Consequences of divorce. *Journal of Marriage and Family, 62*, 1269-1287.
- Apfel, N., & Seitz, V. (1996). African American adolescent mothers. In B. J. Leadbeater & N. Way (Eds.), *Urban girls* (pp. 149-170). New York: New York University Press.
- Aronson, J. (1994). A pragmatic view of thematic analysis. *Qualitative Report, 2*, 1-3.
- Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the BDI: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.
- Bunting, L., & McAuley, C. (2004). Research review: Teenage pregnancy and motherhood: The contribution of support. *Child and Family Social Work, 9*, 207-215.
- Bureau of Indian Affairs. (2003). *Facts about American Indians today*. Retrieved September 28, 2007 from: <http://www.doi.gov/bia/laborforce/2003LaborForceReportFinal>
- Chase-Lansdale, P. L., Gordon, R. A., Coley, R. L., Wakschlag, L., & Brooks-Gunn, J. (1999). African-American multigenerational families in poverty. In E. M. Hetherington (Ed.), *Coping with divorce, single parenting, and remarriage: A risk and resiliency perspective* (pp. 165-191). Mahwah, NJ: Erlbaum.
- Coley, R. L., & Chase-Lansdale, P. L. (1999). Stability and change in paternal involvement among urban African American fathers. *Journal of Family Psychology, 13*, 1-20.
- Cutrona, C. E., Hessling, R. M., Bacon, P. L., & Russell, D. W. (1998). Predictors and correlates of continuing father involvement. *Journal of Family Psychology, 12*, 369-387.
- Gee, C. G., & Rhodes, J. E., (2003). Adolescent mothers' relationship with their children's biological fathers. *Journal of Family Psychology, 27*, 370-383.
- Greene, A. D., & Moore, K. A. (2000). Nonresident father involvement and child well-being among young children in families on welfare. *Marriage & Family Review, 29*, 159-180.
- Harrykisson, S. D., Vaughn, R. I., & Wiemann, C. M. (2002). Prevalence of IPV among adolescent mothers. *Archives of Pediatric Adolescent Medicine, 156*, 325-330.
- Henderson, E. (1989). Navajo livestock wealth and the effects of the stock reduction program of the 1930s. *Journal of Anthropological Research, 45*, 379-403.
- Hoffman, S. D. (2006). *By the numbers: The public cost of teen childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Ingoldsby, B. B., Smith, S. R., & Miller, J. E. (2004). Feminist family theory. In B. B. Ingoldsby, S. R. Smith, & J. E. Miller (Eds.), *Family theories* (pp. 187-198). Los Angeles: Roxbury.
- Jenkins, J. M., Shapka, J. D., & Sorenson, A. M. (2006). Teenage mothers' anger over twelve years. *Journal of Child Psychology and Psychiatry, 47*, 775-782.

- Kalil, A., Zioli-Guest, K. M., & Coley, R. L., (2005). Perceptions of father involvement patterns in teenage-mother families. *Family Relations, 54*, 197-211.
- Kennedy, A. (2005). Resilience among urban adolescent mothers living with violence. *Violence Against Women, 11*, 1490-1514.
- Kessler, R. C. & Essex, M. (1982). Marital status and depression: The importance of coping resources. *Social Forces, 61*, 484-507.
- Kulkarni, S. (2006). Interpersonal violence at the crossroads between adolescence and adulthood. *Violence Against Women, 12*, 187-207.
- Langer, G., Arnedt, C., & Sussman, D. (2004). American Sex Survey. Retrieved January 16, 2006 from: <http://www.abcnews.go.com>.
- Leaman, S. C., & Gee, C. B. (2008). Intimate partner violence among adolescent and young adult mothers. *Journal of Family Violence, 23*, 519-528.
- Leadbeater, B. J., Way, N., & Harmon, T. (2001). Relationships that hurt. In B. J. Leadbeater & N. Way (Eds.), *Growing up fast* (pp. 116-137). Mahwah, NJ: Lawrence Erlbaum.
- Lerner, H. (1989). *The dance of intimacy*. New York: Harper & Row.
- Lindhorst, T., & Oxford, M. (2008). The long-term effects of intimate partner violence on adolescent mothers' depressive symptoms. *Social Science & Medicine, 66*, 1322-1333.
- Lindig, W. (1993). *Navajo*. New York: Facts on File.
- Lupton, J. & Smith, J. P. (2002). Marriage, assets, and savings. In S. A. Grossbard-Schechtman (Ed.), *Marriage and the economy* (pp. 129-152). Cambridge: Cambridge University Press.
- McEachern, D., Van Winkle, M., & Steiner, S. (1998). Domestic violence among the Navajo: A legacy of colonization. *Journal of Poverty, 2*, 31-46.
- McFarlane, J., Parker B., Soeken, K., Bullock, L. (1992). Assessing for abuse during pregnancy. *Journal of the American Medical Association, 267*, 3176-3178.
- Miranne, K. B., & Young, A. H. (2002). Teen mothers and welfare reform. *Journal of Family and Economic Issues, 23*, 361-379.
- Navajo Division of Public Safety (2003). Retrieved July 2, 2008 from: <http://www.navajoems.navajo.org/>.
- Norbeck, J. S., Lindsey, A. M., & Carrieri, V. L. (1982). Further development of the Norbeck Social Support Questionnaire. *Nursing Research, 32*, 4-9.
- Olson, D. H., McCubbin, H. I., Barnes, H., Larsen, A., Muxen, M., & Wilson, L. (1982). Family inventories. Available: 290 McNeal Hall, University of Minnesota, St. Paul, MN, 55108).
- Rains, P., Davies, L., & McKinnon, M. (1998). Taking responsibility: An insider view of teen motherhood. *Families in Society, 79*, 308-319.
- Rosen, D. (2004). "I just let him have his way": Partner violence in the lives of low-income, teenage mothers. *Violence Against Women, 10*, 6-28.
- Royce, C. F., & Balk, S. J. (1996). The relationship of partner support to outcomes for teenage mothers and their children: A review. *Journal of Adolescent Health, 19*, 153-157.
- Shepardson, M. (1982). The status of Navajo women. *American Indian Quarterly, 6*, 131-149.
- SmithBattle, L. (2006). Family legacies in shaping teen mothers' caregiving practices over 12 years. *Qualitative Health Research, 16*, 1129-1144.
- Sutherland, I., & Shepherd, J. P. (2001). Social dimensions of adolescent substance use. *Addiction, 96*, 445-458.

- Thomas, E. J., Yoshioka, M. R., & Ager, R. D. (1993). The Life Distress Inventory.
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence*. Washington, DC: U.S. Department of Justice and the Centers for Disease Control and Prevention.
- U.S. Department of Health and Human Services. (1991). *Trends in Indian health*. Washington, DC: Indian Health Service.
- U.S. Department of Health and Human Services. (2002). *Household survey on drug abuse: Vol 1*. Washington, DC: Substance Abuse and Mental Health Services Administration.
- Wiemann, C. M., Agurcia, C. A., Berenson, A. B., Volk, R. J., & Rickert, V. I. (2000). Pregnant adolescents and partner violence. *Maternal and Child Health Journal*, 4, 93-101.
- Willeto, A. A. (1999). Navajo culture and family influences on academic success. *Journal of American Indian Education*, 38(2), 1-24.

Bios

Rochelle L. Dalla received her MS (1993) and PhD (1996) in family studies and human development from the University of Arizona. Following graduation in 1996, she accepted a faculty position at the University of Nebraska-Lincoln, where she is currently an associate professor in the Department of Child, Youth, and Family Studies. Her research is primarily qualitative and focuses on understanding the developmental trajectories, familial environments, and lived experiences of marginalized female populations.

Alexandria M. Marchetti graduated from the University of Nebraska-Lincoln (Omaha Campus) in August 2008 with a bachelor's degree in child, youth and family studies; she also received a minor in psychology. In 2005, she joined Alpha Lambda Delta, a freshman honor society, and in 2007 she was initiated into Phi Upsilon Omicron-Xi chapter. Since January 2008, she has spent time volunteering as a crisis counselor at a local pregnancy center.

Elizabeth (Beth) A. Sechrest, a Nebraska native, earned a bachelor's degree in child, youth and family studies from the University of Nebraska-Lincoln (Omaha campus) in December, 2008, majoring in family science with a minor in psychology. During her senior year, she worked as a research assistant analyzing qualitative data (resulting in the present article) and completed an internship as a program specialist developing an Early Childhood Education Center within the public school system in Millard, NE. She currently works with preschool-aged children.

Jennifer L. White earned a bachelor's degree in child, youth and family studies, with a minor in psychology, from the University of Nebraska-Lincoln (Omaha campus) in 2008. As an undergraduate student, Jennifer participated in an intensive advanced internship working with at-risk youth and those suffering from addictions; she also participated in ongoing research with faculty, including data analysis for the present article. Jennifer will begin graduate school at University of Nebraska-Lincoln in fall, 2010. She currently resides in Omaha and is a preschool teacher.