Adolescents’ Experiences With Terminating Relationships With Perpetrators of Perinatal Abuse

Dissertation

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Abstract

Intimate partner violence (IPV) during pregnancy is a devastating problem that has been reported to impact between 5.2% to 19.8% of women (Bohn, Tebben, & Campbell, 2004; Charles & Perreira, 2007; Dunn & Oths, 2004; Renker & Tonkin, 2006; Silverman, Decker, Reed, & Raj, 2006) with rates among adolescents reported to be even higher at 13% to 22% (Harner, 2004; Harrykissoon, Rickert, & Wiemann, 2002). The physical, psychological, and emotional correlates of IPV that impact both mother and baby demand attention and intervention from health care providers. The purpose of this retrospective study was to explore the process that occurred when abused pregnant adolescents left or terminated their relationships with their perpetrators and to determine what behaviors by health care workers and others were helpful in providing support to adolescents who were in the process of leaving.

The qualitative genre selected for this study was narrative inquiry that allowed the participants to organize replies into long stories with sequential characteristics to make a point (Riessman, 1993) and to give voice to marginalized groups (Elliott, 2005). Following approval from the The Ohio State University Behavioral and Social Sciences Institutional Review Board, a purposeful convenience sample was recruited from outpatient clinics in a large metropolitan city in the western United States. The sample was 12 female participants who were between 18 and 22 years of age and identified themselves as having left abusive intimate partner relationships that occurred during
adolescent pregnancies or during the three months following the adolescent pregnancies. The young women who met the eligibility criteria were invited to participate in minimally structured interviews that were audio taped and transcribed. Each participant was offered a $50 gift card in partial compensation for her participation in the research. A list of community resources for support was given to each participant. Data collection occurred from May 2008 through early October 2008, and analysis was ongoing during and following data collection.

Four themes emerged from the data to describe the experiences of the young women and their recommendations for support from health care providers and others. *Beginning on Unstable Ground* described the experience in the family of origin where most participants were reared by single mothers who struggled with their own problems and were able to provide only a limited amount of parental supervision. *Riding the Emotional Roller Coaster* was the second theme to emerge and described the emotional ups and downs of the participant’s experience in the abusive relationship. The third theme was *Being Destroyed: Body, Mind and Spirit* and incorporated the abuse experience including emotional, verbal, and physical abuse. The last theme was *Reaching Solid Ground: Building a New Life* and began with the leaving experience and described the efforts to build a new life and detailed the support that was helpful during the leaving process. The acronym, **ALERT**, encompassed the important interventions that were identified by the participants: Ask, Listen, Encourage, provide Resources, and establish Trust.
Dedication

Dedicated to my husband, Michael; my children, Amanda and Matthew; and my mother, Opal in appreciation of their immense support, sacrifice, and encouragement
Acknowledgements

Sincere appreciation to my advisor, Dr. Paula Renker, my committee members, Dr. Edna Menke and Dr. Jeanne Clement, and to Dr. Regina Fink for their expert mentoring during my doctoral work. Support for the project was provided by the Department of Women’s Studies and the Coca-Cola Critical Difference for Women Research on Women Grant.
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Publications


Fields of Study

Major Field: Nursing
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Chapter 1: Introduction

Intimate partner violence (IPV) during pregnancy is a significant problem in the United States and crosses socioeconomic, age, racial, and ethnic lines. It has been reported that between 5.2% and 19.8% of women experienced abuse during or around the time of pregnancy (Bohn, Tebben, & Campbell, 2004; Charles & Perreira, 2007; Dunn & Oths, 2004; Renker & Tonkin, 2006; Silverman, Decker, Reed, & Raj, 2006). Rates of abuse during pregnancy are even higher among adolescents ranging from 13% to 22% (Harner, 2004; Harrykissoon, Rickert, & Wiemann, 2002). Harrykissoon et al. studied not only the prevalence, but also the trajectory, of perinatal intimate partner violence among adolescents and found that IPV reached 21% at three months postpartum and 13% at 24 months postpartum. Beyond the trauma itself, other negative sequelae among abused adolescent girls were more rapid repeat pregnancies and a higher prevalence of miscarriage than their counterparts who did not experience abuse (Raneri & Wiemann, 2007; Roberts, Auinger, & Klein, 2005). Lower birth weight was another common sequela in adolescent pregnancy (Covington, Justason, & Wright, 2001). The impact of abuse among adolescents especially as measured by infant birth weight intensified when teens lacked social support (Renker, 1999). Research is needed, therefore, to identify behaviors that would be helpful to adolescents in protecting themselves and interventions that health care providers could perform to support them in the process of leaving the abusive relationships. In this chapter, the purpose and significance of the study is presented as well as an overview of the review of the literature. A brief description of the
design of the study and appropriate data collection techniques is discussed along with a
definition of terms.

Nature of the Problem

The devastating physical, psychological, and emotional correlates of IPV impact both mother and baby. Preterm labor (Covington et al., 2001; Silverman et al., 2006), antepartum hemorrhage, intrauterine growth restriction, and perinatal death (Janssen et al., 2003) were all potential perinatal complications of abuse. In addition to physical concerns, abuse took its toll psychologically as manifested by an increased incidence of depression, post traumatic stress disorder, and anxiety (Dunn & Oths, 2004; Mezey, Bacchus, Bewley, & White, 2005; Schechter, 2004). Researchers have also reported emotional consequences such as feelings of loss of self and feelings of being controlled and being targeted for destruction (Coker, Smith, Bethea, King, & McKeown, 2000; McCosker, Barnard, & Gerber, 2003).

Such potentially disastrous correlates for abused pregnant women demand attention and intervention from health care providers. Prenatal visits provide an opportunity to establish rapport and to intervene with pregnant women due to the number of visits involved and the frequent contact with health care professionals during pregnancy. For this reason universal abuse assessment should be established during pregnancy for all women and interventions such as counseling and mentoring should be provided (Calderon, Gilbert, Jackson, Kohn, & Gerbert, 2008; El-Mohandes et al., 2008; Fugate, Landis, Riordan, Naureckas, & Engel, 2005). By providing these interventions, women may be more likely to acknowledge IPV (Fugate et al; Hlavka & Carbone-Lopez, 2007). Once IPV has been acknowledged by the woman, the health care provider has the
opportunity to distribute safety materials and support (Keeling & Birch, 2004). The health care worker can help the woman weigh the options as to whether to stay in the relationship or to leave.

Overview of the Literature

While research on leaving abusive relationships has focused primarily on adults rather than adolescents, it is important to note that leaving has been identified as a process and not just a single event, with women leaving many times before making a final departure (Bell, Goodman, & Dutton, 2007; Enander & Holmberg, 2008; Kim & Gray, 2008; Landenburger, 1989, 1993, 1998; Lutenbacher, Cohen, & Mitzel, 2003; Merritt-Gray & Wuest, 1995; Moss, Pitula, Campbell, & Halstead, 1997; Panchanadeswaran & McCloskey, 2007; Potter, 2007; Shurman & Rodriguez, 2006; Ulrich, 1991, 1993; Wuest, Merritt-Gray, & Ford-Gilboe, 2004; Wuest & Merritt-Gray, 1999, 2001). Factors important to the process of leaving included personal growth among the women that led them to recognize their own victimization, as well as their ability to problem solve (Ulrich, 1991, 1993). In one study, self-blame and a sense of worthlessness were found to precede a breaking point where the woman disengaged from the relationship using anger as the momentum (Landenburger, 1989). However, other studies did not support this finding (Lutenbacher et al.; Merritt-Gray & Wuest). Theories of leaving have identified stages in the process such as breaking free and not going back (Wuest & Merritt-Gray, 1999).

Pregnancy, however, may add a new dimension to living with abuse, with women tending to stay in the relationship while pregnant. Women who were abused and pregnant described two lives: one life represented the external, more idealistic view of pregnancy
and family, while the other guarded side represented the abuse (Lutz, 2005a). Thus, not only may the abusive relationship and the leaving process be different when complicated by pregnancy, but also may be different for adolescents who have different developmental challenges and access to resources than adult women.

Purpose and Significance of the Study

Adolescents who experienced IPV exhibited some unique characteristics apart from what has been found with abused adult women. Abused pregnant adolescents reported experiencing a history of family break-ups, frequent moves, loss of parents, foster care, and violence perpetrated by both parents and intimate partners (Renker, 2002; Saewyc, 2003; Wiemann, Agurcia, Berenson, Volk, & Rickert, 2000; Renker concluded that while enduring violence, adolescents had to address their own unique developmental tasks such as establishing relationships with peers and redefining relationships with the family of origin as they prepared for childbirth and protected and nourished their own children. Although some older research studies have been conducted with IPV in adolescents and the leaving process in adult women, there is a gap in the literature concerning the leaving process in pregnant adolescents, a vulnerable population that needs support from health care providers and others.

The purpose of this study, therefore, was to explore the process that occurred when abused pregnant adolescents left or terminated their relationships with their perpetrators and to determine what behaviors by health care workers were helpful in providing support to adolescents who were in the process of leaving. The following research questions were addressed in this study:
• What experiences do young women who left abusive relationships during adolescent pregnancies describe as leading to leaving those relationships?
• What behaviors from others did the young women believe to be helpful during adolescence in providing support during the leaving process?

The areas of focus were the leaving process in adolescents, health care provider behaviors that facilitated leaving, circumstances under which the decision to leave was made, and strategies used when leaving. The study did not include exploration of childhood abuse, abuse of offspring, or prevalence of abuse.

Framework and Rationale for Qualitative Research

A qualitative approach was chosen to address the research questions, because of the paucity of data in the literature regarding adolescents leaving abusive relationships and the desire to explore the participant’s reality or lived experience through in-depth interviewing within the context of the participant’s own world. Qualitative research uniquely addresses the exploration of an individual’s reality or lived experience within the context of the participant’s world (Creswell, 1998; Denzin & Lincoln, 2000; Marshall & Rossman, 1999). Rich descriptions are necessary to understand the experience more thoroughly and to develop an understanding of how the health care giver can provide support during the leaving process. As Boykin and Schoenhofer (1991) explained, “Nursing cannot occur from the exterior. It only occurs through entering the world of the person(s) being cared for, understanding that world and the calls emerging from it, and responding to them” (p. 247). Qualitative research allows the investigator to enter into the natural setting and view the research question in its multiple dimensions and complexity and through its subjective meaning to participants (Creswell). Charmaz (2004) urged
researchers to open themselves to the experience to allow the unexpected to occur. The qualitative approach provides the researcher the flexibility to pursue various themes and threads that may be unanticipated and that become apparent during the interview process. Consistent with the qualitative approach, no specific theoretical framework was chosen a priori so that results could be placed within the context of current theory in IPV following analysis (Morse & Richards, 2002).

Qualitative inquiry requires a paradigm shift from the traditional positivist view. Munhall (2007b) purported that research in nursing evolved when nursing was going through a transition in world view. She questioned whether nursing as it moved away from the medical model, retained the scientific method of the old research paradigm. The traditional scientific method evolved from the positivist world view where seeing is believing. The scientific method uses quantitative methods, deductive reasoning, control of variables, and a focus on objectivity and freedom from bias as ways of knowing (Creswell, 1998). Alternatively, according to Munhall, the qualitative approach flows from the idealist world view characterized by an evolving conception of the world that is dynamic and chaotic. Munhall suggested that although there is a strong bias in some schools toward a single approach whether it is quantitative or qualitative, nursing may benefit from the differences of each approach in answering appropriate research questions in order to best help nursing meet patient needs.

Overview of the Research Method

The research questions were addressed utilizing narrative inquiry to explore the experiences of young women who had left abusive relationships while pregnant as adolescents and attempted to determine what interventions and support from health care
providers were beneficial from the perspective of the young women themselves. Women age 18 to 22 who had experienced IPV during pregnancy while adolescents were recruited to participate in minimally structured interviews. In qualitative research, neither a priori theory nor variables are used, as both are expected to emerge from the inquiry (Lincoln & Guba, 1985). Data are analyzed inductively and methods are clarified as the theory emerges and the design develops and unfolds. Sampling is purposeful to maximize the scope and range of information.

Definition of Terms

Saltzman, Fanslow, McMahon, and Shelley (1999) made a significant contribution to the state of the science of violence against women by publishing definitions related to intimate partner violence that were developed by panels of experts convened by the Centers for Disease Control and Prevention. The associated definitions served as the basis for this research. Violence was conceptualized in this study as including physical, sexual, and/or psychological abuse as well as threats of the same (Saltzman et al.). Physical violence was “the intentional use of physical force with the potential for causing death, disability, injury, or harm” (Saltzman et al., p. 12). Physical violence included, but was not limited to pushing, shoving, slapping, and hitting. Sexual violence was defined as “use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed” (Saltzman et al., p. 12). Sexual violence also included “an attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act” (Saltzman et al., p. 12). The threat of physical or sexual violence was “the use of words, gestures, or weapons to
communicate the intent to cause death, disability, injury, or physical harm” including “the intent to compel a person to engage in sex acts or abusive sexual contact when the person is either unwilling or unable to consent” (Saltzman et al, p. 12).

Psychological/emotional abuse was “trauma to the victim caused by acts, threats of acts, or coercive tactics” that were considered emotionally abusive by the victim (Saltzman et al, p. 12). Examples of psychological abuse were humiliating the victim, controlling what the victim can and cannot do, isolating the victim, and using the victim’s children to control her behavior. For the purpose of this research, perpetrators described as intimate partners included current and former spouses, current and former non-marital partners and dating partners.

Smith, Tessaro, and Earp (1995) defined battering as an enduring, chronic, traumatic experience that includes physical assault, threats and intimidation, humiliation and degradation, rape and withholding sexual affection, isolation, and restriction of money and access to resources. This experience “shapes women’s behavior, distorts their view of self, and undermines their belief in the controllability of their own lives” (p. 180). Perpetrators of battering use physical and non-physical violence to attempt to gain control and power over the women.

Summary

This chapter introduced the research problem of abuse during adolescent pregnancy including prevalence and the significance of the problem. Broad areas that are discussed further in the literature review were introduced including prevalence and correlates of IPV, IPV during adolescent pregnancy, and the process of leaving the abusive relationship. Definitions of physical violence, sexual violence, psychological
abuse, battering, and threats of violence were presented. The purpose of the proposed study and the research questions were stated as well as parameters as to what was and was not studied.

The inquiry arose from a need to explore the abuse experiences that had occurred during adolescent pregnancies and to determine what was helpful to the young women from health care providers and others prior to and during the leaving process. Through the use of narrative inquiry, the findings of this study documented the experiences and what the participants described from their perspectives as being helpful.
Chapter 2: Review of the Literature

The purpose of this chapter is to review the literature on intimate partner violence particularly regarding pregnant adolescents, to explore the impact of violence upon adolescent pregnancy, to investigate the prevalence of the problem, to determine what factors influenced adolescents’ decisions to leave the abusive relationships, and what interventions by health care providers were deemed helpful in leaving. There was a dearth of studies related to pregnant adolescents leaving abusive relationships and so the category of studies reviewed was broadened to include adult women without regard to pregnancy. In order to understand the full scope of the phenomena, both quantitative and qualitative perspectives are presented. Finally, the literature on leaving is presented, gaps in the literature identified, and opportunities for future research are explored.

Prevalence of Intimate Partner Violence

Results of the National Violence Against Women Survey (Tjaden & Thoennes, 1998) indicated that 52% of surveyed women had been physically assaulted at some point during their lifetimes, but the survey did not give prevalence statistics for pregnant women who were abused. More recently, Moracco, Runyan, Bowling, and Earp (2007) reported that nearly 60% of women had experienced some form of violence in their lifetimes since the age of 18. In the past year, 12% of women had experienced violence, and the violence was usually perpetrated by someone that they knew.

Individual studies reported that the prevalence of pregnancy abuse varied widely with a range of 3.4% to 19.8% (Altarac & Strobino, 2002; Bohn et al., 2004; Charles &
Rates of abuse among adolescents during pregnancy were reported to be even higher and varied from 13% to 22% (Harner, 2004; Harrykissoon et al., 2002). Prior abuse in the preceding year was a strong predictor of abuse during pregnancy (Dunn & Oths; Wiemann et al., 2000), and violence was more likely to persist during pregnancy when the pregnancy occurred sooner than the male partner intended (Jasinski, 2001). Abuse following pregnancy intensified during the postpartum period (Martin et al.) with similar findings in postpartum adolescents when 21% experienced abuse at three months postpartum and 13% experienced abuse at 24 months postpartum (Harrykissoon et al.). Janinski, however, found that pregnancy may be neither a protective mechanism nor a stimulant for abuse. When she introduced controls for age, race, and socioeconomic status, she found that women were no more or less likely to experience abuse during pregnancy than when they were not pregnant. However, when women were abused during pregnancy, there were higher rates of pregnancy-associated homicide especially among adolescents (Campbell, Glass, Sharps, Laughon, & Bloom, 2007; Krulewitch, Roberts, & Thompson, 2003).

Effects of Intimate Partner Violence

Because of obvious ethical concerns, randomized controlled experiments cannot be conducted, and therefore, causation cannot be established in IPV. However, certain correlates have been found to be linked to violence. The term correlate is used to indicate an association among variables when it was not known which variables were predictors.
and which were consequences of violence (Campbell, Poland, Waller, & Ager, 1992). Although not all of the research was conducted on pregnant women, the review of the literature presented an opportunity to gain an understanding of abused women’s experiences. The associations of various demographic characteristics, as well as physical and emotional effects of abuse are discussed.

**Demographic Characteristics**

Battered women were reported to be younger, single, less well-educated, and have lower incomes (Bailey & Daugherty, 2007; Charles & Perreira, 2007; Cubbin et al., 2002; Datner, Wiebe, Brensinger, & Nelson, 2007; Dunn & Oths, 2004; Hedin & Janson, 2000; Janssen et al., 2003; Radestad, Rubertsson, Ebeling, & Hildingsson, 2004; Saltzman et al., 2003; Silverman et al., 2006). Having a previous diagnosis of trichomonas and current use of marijuana or alcohol were found to be correlates of pregnant women who were currently experiencing violence (Datner et al.). In addition, several studies have identified a multigenerational effect of violence as women who experienced abuse in the family of origin were more likely to experience IPV (Coker, Smith, McKeown, & King, 2000; Mezey et al., 2005). There have been ambiguous results associated with research that investigated the relationship of ethnicity with intimate partner violence. African American or Puerto Rican heritage was a significant risk marker for lifetime abuse prevalence (Bohn et al., 2004; Saltzman et al., 2003). Other studies, however, found no significant difference in reports of physical violence by race (Coker, Smith, & McKeown; Kearney, Haggerty, Munro, & Hawkins, 2003; Renker, 2006), especially after controlling for socioeconomic status, age, and stressful life events (Jasinski & Kantor, 2001). Demographic and relationship factors might have played a
role in domestic violence among women of color. In a study of Latina women, increased acculturation was associated with increased abuse (Mattson & Rodriguez, 1999). Among African-American and Latina women, increased violence was reported by those women who experienced more negative interactions and greater verbal aggression with the babies’ fathers, and less support from the babies’ fathers, as well as less satisfaction with the support that was provided; however, this study was conducted with a small sample of low-income, pregnant women of color from a clinic without a Caucasian referent group. (Sagrestano, Carroll, Rodriguez, & Nuwayhid, 2004).

**Physical effects of IPV**

The literature is replete with studies identifying the destructive nature of physical abuse. McCosker et al. (2003) described the physical experience of IPV in abused women as destruction that was associated with a constant state of anxiety and fear. The destruction was initiated by the abusive partner and directed at the women themselves and at inanimate objects such as phones, doors, and cupboards. Perpetrators were described as using threats with knives and guns, forced sex, and pushing, shoving and slapping in the violence (Torres & Han, 2000). Repeated injuries and pain were common health problems related to the physical experience (Lutenbacher et al., 2003).

Chronic physical symptoms were found to be more prevalent in adult women who were abused, as were other health conditions including insomnia, fatigue, high blood pressure, back pain, stomach pain, hemorrhoids, and pain during intercourse (Radestad et al., 2004; Wittenberg, Joshi, Thomas, & McCloskey, 2007). Other physical symptoms included irritable bowel syndrome, chronic pain, migraines and frequent headaches, sexually transmitted infections, pelvic inflammatory disease, chronic pelvic pain,
abdominal cramping, and urinary tract infections (Campbell, 2002; Campbell et al., 2002).

Effects associated with pregnancy and the newborn

Multiple reproductive outcomes have been associated with perinatal abuse including unintended pregnancy in adult women (Cubbin et al., 2002; Saltzman et al., 2003). Additionally, in abused adolescent girls, there were more rapid repeat pregnancies, increased incidences of not using a condom during the most recent episode of sexual intercourse, and a higher prevalence of miscarriage than in non-abused adolescents (Morland, Leskin, Block, Campbell, & Friedman, 2008; Raneri & Wiemann, 2007; Renker, 2002; Roberts et al., 2005). In addition, other correlates for women abused during the perinatal period included late entry into prenatal care (Bailey & Daugherty, 2007; Silverman et al., 2006), preterm labor (Covington et al., 2001; Silverman et al.), increased cesarean section rate, antepartum hemorrhage, intrauterine growth restriction, and perinatal death (Janssen et al., 2003). Other perinatal researchers have found that abused women suffered more prenatal health problems such as high blood pressure, infections, injuries, placenta problems, severe nausea, vomiting, dehydration, urinary tract infections, increased threats to miscarry, and greater likelihood of longer lengths of hospital stays (Huth-Bocks, Levendosky, & Bogat, 2002; Silverman et al.).

Sequelae for the newborns of abused women included lower birth weight among pregnant adolescents (Covington et al., 2001), increased incidence of hospitalization of the infants and a higher number of emergency room visits (Huth-Bocks et al., 2002). Rural women experiencing current IPV were also more likely to seek health care for their infants than were women who were not abused (Ellis et al., 2008).
regular well-child care, however, women experiencing IPV were less likely to have a regular site for well-child care or a primary care provider for their children, to have made the recommended five well-child visits in the first year, and to have their children fully immunized by two years of age than were their non-abused peers (Bair-Merritt et al., 2008).

*Substance abuse*

Women who were abused were more likely to be current or former smokers, exhibit risky behaviors, and participate in heavy or binge drinking (Bonomi et al., 2006). In pregnant women, substance abuse was related to physical and emotional abuse during pregnancy (Alvanzo & Svikis, 2008; Bailey & Daugherty, 2007; Charles & Perreira, 2007; Dunn & Oths, 2004; Flynn & Chermack, 2008; Janssen et al., 2003; Kearney et al., 2003; Radestad et al., 2004). It is important to note, however, that there was no research indicating a temporal relationship between substance abuse and IPV during pregnancy, leaving to question whether substance abuse is a correlate, predictor, or sequel of domestic violence.

*Psychological and emotional effects of abuse*

Equally devastating were the psychological and emotional correlates of IPV upon women including loss of freedom and control over their lives, worry about the effect upon their children of witnessing abuse, depression, posttraumatic stress disorder (PTSD), stress, loneliness, legal issues, and lack of support (Bhandari et al., 2008; Dunn & Oths, 2004; Ellis et al., 2008; Mezey et al., 2005; Morland et al., 2008; Rokach, 2007; Saltzman et al., 2003; Wittenberg et al., 2007). In a prospective study, by Lindhorst & Oxford (2008) women who had experienced IPV as adolescents and were followed for
approximately ten years into adulthood experienced a higher level of depressive symptoms than those women whose abusive experiences had ended in adolescence. Also, the women exposed to IPV in adolescence were more likely to experience IPV as adults. McFarlane et al. (2005) found that posttraumatic stress disorder was more likely to be associated with women who had experienced a higher frequency and severity of sexual assault.

The threatening environment created by abusive partners invoked feelings of anxiety, fear, susceptibility to harm, dread, and the inability to control the risk of violence (McCosker et al., 2003; Renker, 2006). Shame and embarrassment were identified by both pregnant and non-pregnant women, as was the need to lead two separate lives as they struggled with their shame (Lutenbacher et al., 2003; Lutz, 2005a; Merritt-Gray & Wuest, 1995). They described disconnects between their public and private lives, with family and acquaintances either unaware or not acknowledging the abuse (Lutenbacher et al., 2005a, 2005b; Lutz, Curry, Robrecht, Libbus, & Bullock, 2006). Lutz et al. (2006) described the construct of double binding as the struggle of abused women to bind to abusive intimate partners while they bind-in to the unborn child. The roles conflicted as the mother attempted to seek acceptance from the abusive partner while protecting her unborn fetus.

Pregnant women verbalized that outwardly they portrayed idealized lives while their private lives reflected the humiliation, fear, and pain that they did not want to publicly acknowledge (Lutz, 2005a). When social institutions such as clergy and law enforcement officers did not acknowledge the abuse by responding to disclosures of
abuse with words or acts of support and guidance, the women questioned their own reality which intensified the loss of self (Merritt-Gray & Wuest, 1995).

Loss of self was described in several classic studies (McCosker et al., 2003; Merritt-Gray & Wuest, 1995; Smith et al., 1995). Psychological and emotional damage associated with constant physical and emotional abuse (McCosker et al.) eventually led to adopting negative self images that were reflected to the women by the abusive partners (Smith et al.). McCosker et al. reported that women suffered a loss of self-esteem that resulted in a sense of worthlessness. The constant demand for perfection and ongoing character assassination led the women to feel like different persons than they were upon entering the relationships (McCosker et al.). Some women reported that relinquishing of self was a survival tactic to mold them into the situation and to take in the abuser’s ways (Merritt-Gray & Wuest).

McCosker et al. (2003) found that women who experienced abuse by intimate partners reported loss of power and being controlled. Abusive partners established control economically and through jealousy and possessiveness leading to isolation from family and friends. After leaving the relationship, the women became even more aware of how controlled they had been during the relationship.

Battering was associated with posttraumatic stress disorder, depression, anxiety, and general stress in several studies (Dunn & Oths, 2004; Mezey et al., 2005; Schechter, 2004; Torres & Han, 2000). Posttraumatic stress disorder was manifested by avoidance of thoughts and feelings associated with the abuse, disturbed sleep patterns, and difficulty concentrating (Torres & Han). Psychological abuse was found to be a strong predictor of posttraumatic stress disorder and intention to end the abusive relationship. However,
women experiencing high levels of psychological distress appeared less committed to actually terminating the abusive relationship (Arias & Pape, 1999). Abused women also reported depression and anxiety disorders (Torres & Han) along with stressful life events including marital separation or divorce, homelessness, arrests, financial problems, deaths in the family, and substance abuse in the partner (Cokkinides & Coker, 1998).

In their classic work, Lazarus and Folkman (1984) purported that social support may act as a buffer to lessen the destructive somatic consequences of stress. Huth-Bocks et al. (2002) found social support to be a protective factor for abused pregnant women in that there were fewer threats of miscarriage and preterm labor and greater birth weight. Renker (2003) reported that in abused pregnant adolescents social support was also protective when they reached out to friends and family members who interrupted fights and defended them. On the other hand, abused adolescents who lacked social support from family had lower birth weight infants (Renker, 1999).

*Disclosing abuse*

In addition to describing the physical, psychological, and emotional aspects of abuse, women also shared stories of attempts to disclose abuse to others. Among pregnant women, shame and embarrassment influenced whether they were willing to reveal IPV. Others’ perceptions of them, the potential negative actions of social and legal agencies, feeling inadequate as mothers, and ambiguity about themselves as persons all promoted guarding in order to present positive images as pregnant women (Lutenbacher et al., 2003; Lutz, 2005a, 2005b, Lutz et al., 2006; Renker, 2008). Renker (2006) found that teenagers decided when, with whom, and where they would chose to acknowledge the violence in their lives. Consequences to revealing the abuse also included the
potential negative responses and intimidation by the abuser (Lutenbacher et al.; Lutz, 2005a). Judgmental attitudes and victim blaming by potential helping professionals such as counselors and police officers were barriers to disclosure, as was invalidation or discounting of the abuse. When women did disclose abuse, the professionals did not appear to understand the attachment that the women had to the perpetrators and to their homes and the complexity of the situations (Lutenbacher et al.). When women who disclosed IPV were advised to leave and did not follow the advice, they were penalized by others who then withheld support (Moe, 2007). Fear was found to be the dominant overriding theme with pregnant adolescents, as they were worried that revealing abusive situations would jeopardize maintaining custody of their children and that they would suffer negative consequences in the child welfare and justice systems (Renker, 2006). In contrast, other studies have revealed that women were not embarrassed, angry, or offended when screened for IPV, although women younger than 21 years tended to be more embarrassed by the questions about violence (Renker & Tonkin, 2006). Women did wish to know about the state reporting laws when revealing information to health care providers (Renker & Tonkin).

The manner of the health care provider as well as the content and timing of IPV screening were significant in the women’s responses to screening. Women tended to reveal information about abuse later in the relationship with the health care provider, as they became more comfortable with the provider (Eddy, Kilburn, Chang, Bullock, & Sharps, 2008). Women were less willing to disclose abuse when their partners were present, but more likely to reveal abuse when circumstances changed and they required help (Lutz, 2005a).
More specifically, Renker (2006) found that teens expressed a lack of trust in health care workers and indicated that they were concerned about reporting issues. Other reasons that adolescents gave for reluctance to reveal abuse were repercussions to their boyfriends or reprisals from the perpetrators. Some adolescents declined assistance from health care providers, because they believed that they could keep themselves safe or wished to depend solely upon help from family and friends.

Allowing sufficient time for discussion and referral was found to be an important intervention to promote disclosure and to offer health care providers the opportunity to explore health care issues (Durant, Gilbert, Saltzman, Johnson, & PRAMS Working Group, 2000). McCosker et al. (2003) reported that health care providers were most successful when framing questions and using language that encouraged women’s responses and acknowledged the individuals’ own experiences in their own terms. For example, if preconstructed language were used to ask about abuse early in the relationship with the health care provider, the women might deny physical abuse when asked even though they had experienced physically destructive behavior from their partners.

*Keeping safe and seeking help*

While in abusive relationships, women used a variety of means to keep safe, such as withdrawing from escalating situations, attempting to minimize the situation by appealing to reason, and fighting back by calling police and returning the abuse (Burke, Mahoney, Gielen, McDonnell, & O’Campo, 2009; Merritt-Gray & Wuest, 1995). Adolescents used many of the same strategies, including placating behaviors, distraction, keeping silent, and fighting back. Some strategies used by teens were not found in the
studies with adults, such as the use of children as shields to protect themselves and the performance of self-mutilation as a coping mechanism (Renker, 2003).

**Interventions and Support**

Besides using self-help strategies to keep safe, abused women also reported being comfortable in seeking help from health care professionals (Fugate et al., 2005). Health care providers have the opportunity to screen and intervene in IPV during pregnancy. Women reported that they wanted and expected providers to screen for IPV (Keeling & Birch, 2004; Seng, Sparbel, Low, & Killion, 2002), and prenatal visits were a time when women expressed that they expected nurturing, empathy, concern, and respect to be demonstrated by providers (Lutz, 2005a).

Despite the opportunity for intervention, there were reports in the literature of women having negative experiences when seeking health care (Lutz, 2005a; Yam, 2000). Some women reported that they felt blamed for the abuse by the health care provider and others described being pitied and misunderstood. They also described a rushed, hurried approach by care givers in the emergency room and receiving treatment for physical injuries while the underlying abuse was not addressed (Yam). Women reported that their concerns were minimized or ignored and became angered when health care professionals failed to screen for IPV (Lutz). Other reasons reported for not seeking help were believing that help was not needed or not useful; encountering numerous barriers such as no money, insurance, or time; protecting the partner and preserving the relationship; and having concern for privacy and confidentiality (Fugate et al., 2005).

Implications for health care providers in providing care to abused teenagers included empowering decision making, accessing resources, and planning for safety.
Health care providers offered support by empowering decision making and offering referrals (Keeling & Birch, 2004). Renker (2003) purported that nurses should demonstrate knowledge of community resources for teenagers who were abused and should display the information in women’s bathrooms. In order to assess the level of the teenagers’ safety and the level of support from family and friends, it was important for health care providers to ask teenagers how they deal with violence and to help them develop safety plans that included exit planning and assessment of significant others who were willing to help. In summary, prenatal visits provided opportunities for routine IPV screening and appropriate follow up with counselors to offer support and resources. It was important that health care providers establish rapport with their clients in order to provide a safe environment for disclosure of abuse.

Barriers to screening have been reported from the health care provider perspective. Lack of a comfort level in asking about IPV, lack of opportunity to ask questions in private, and language barriers have been reported (Furniss, McCaffrey, Parnell, & Rovi, 2007). Focus groups of care providers also reported fear that they would offend their clients, lack of awareness of resources and uncertainty as to what to do when women were identified as being abused, and lack of comfort using the screening tools for violence (Eddy et al., 2008).

The Process of Leaving

In this section, the process of leaving abusive relationships is discussed through the review of several classic qualitative studies and a review of current studies. The participants in all of the studies were primarily adult women. Leaving was found to be a process and not just a single event, with women leaving many times before the final

Prochaska and DiClemente’s (1984) Transtheoretical Model of Change was applied to women’s leaving abusive relationships in two studies (Burke et al., 2009; Shurman & Rodriguez, 2006). Shurman & Rodriguez used the change model to describe the leaving process and detailed tasks necessary to advance through the stages of precontemplation, contemplation, preparation, action, and maintenance. In the precontemplation stage, women were often unaware of their problem with abuse and had not considered changing. During the contemplation stage, the women were aware of the problem and began to consider changing but had not yet made the commitment to do so. Preparation was when there was a desire to change in the immediate future and small steps were made; however, major change occurred during the action phase when behaviors and the environment were modified to accomplish the goal. The maintenance stage was when gains were protected and relapse to their earlier problematic behavior was avoided. Shurman and Rodriguez suggested that anger may be the emotion that propelled women past the precontemplation stage and that emotional arousal might be the motivator in separating from the abuser. Burke et al. also identified stages of change during the leaving process corresponding to the Transtheoretical Model of Change. An objection to the use of this model, however, was that leaving an abusive relationship required a woman to evaluate her environment and her options to determine what the safest course of action was for her and her family. The Transtheoretical Model of Change has been typically used to describe health behavior change such as smoking cessation.
Leaving an abusive relationship has life threatening repercussions that are often beyond the woman’s control.

Women who eventually left their abuser and were completely apart were found to have a higher quality of life one year later than women who stayed in the relationship or were fluid in coming and going from the relationship (Bell et al., 2007). Women reported various reasons for leaving the abusive relationships, such as their own personal safety (Landenburger, 1989; Ulrich, 1991) and the safety and well-being of their children (Chambliss, 2008; Enander & Holmberg, 2008; Renker, 2003). Leaving involved a cognitive process described as a shift in awareness in the way that the women thought of the abuse that often preceded a turning point (Anderson & Saunders, 2003; Patzel, 2001). Even after leaving, women often were required to maintain relationships with former partners due to custody arrangements forced on them by the courts and continued to endure harassment from spouses for many years (Lutenbacher et al.; Wuest, Ford-Gilboe, Merritt-Gray, & Berman, 2003).

Landenburger’s (1989) classic study used a triangulated design with both quantitative and qualitative methodologies to identify a theory of the process that women experience as they leave an abusive relationship. Using phenomenology as the framework for the primary research goal of understanding the meaning of the abuse experience and using comparative analysis to guide data analysis and theory development, she conducted 30 semi-structured interviews and identified four stages in abusive relationships. Binding was the initial stage of the relationship when the women so desired loving relationships that they overlooked the first warning signs of abuse, and looked inward to determine how they might have provoked the incidents. During the second stage of enduring, the
women tolerated abuse and blamed themselves. They experienced an increasing sense of worthlessness as they began to lose hope that they could make the relationships better, trying to cover up the abuse to maintain a pretense of normal relationships to the outside world. The third stage could be equated to the turning point that Ulrich (1991) described. During this stage, called disengaging, the women began to identify with other women who were also experiencing abuse and tried to release themselves from the control of their abusive partners, assuming more risks while doing so and using anger as momentum. Recovering was the fourth stage and involved struggling for survival and grieving for the positive aspects of the relationships such as loss of mutual friends while facing blame from children for the break up of the relationships (Landenburger, 1989; 1998).

Overall, the women eventually changed their focus from self blame to finding ways to strengthen themselves. Landenburger (1998) suggested that the women needed encouragement to diminish the importance of abusive partners in their lives and to replace the relationships with the importance of self in order to decrease the partners’ power over them. Limitations of the study included a predominantly white racial background recruited through a community newspaper, possibly skewing the sample toward women who read the weekly newspaper. A strength of the study, however, was that the process was validated in another sample of women who had left abusive relationships, although no description of this particular sample was provided (Landenburger, 1989).

Merritt-Gray and Wuest (1995) also studied the process of leaving and developed a framework that incorporated a feminist perspective using grounded theory. They argued
that the feminist perspective ensured the inclusion of women’s subjective experiences within the social context (Wuest & Merritt-Gray, 2001). The theory that emerged provided a framework for women to see themselves within the process of reclaiming self (Wuest, 1995). During the process of reclaiming self, women worked through four stages: counteracting abuse, breaking free, not going back, and moving on (Wuest & Merritt-Gray). The process of leaving was not linear and was not a single act but took many forms as women changed their minds according to life demands and circumstances and returned to their abusive partners many times before making final departures (Landenburger, 1993; Merritt-Gray, 1998). Throughout the process, women never forgot the abuse but worked to displace the abuse from being central to their existence (Wuest & Merritt-Gray).

Four stages were identified by Wuest and Merritt-Gray (2001); however, the stages began when the abuse started, differing from Landenburger’s (1989) stages that chronicled the entire relationship. The first stage of reclaiming self was labeled counteracting abuse and consisted of relinquishing parts of self, minimizing abuse, and fortifying defenses. This stage began when partners initiated the abuse, continued as women attempted to change who they were in order to become what they perceived that their partners expected, and progressed to fortifying defenses, necessary steps in preparing to leave. Breaking free was the next stage of transition as survivors still hoped that the abuse would stop, but began preparations for leaving including emotionally distancing themselves from their partners, moving their belongings away from the abusive partners, and staying away from home as much as possible (Merritt-Gray & Wuest, 1995). Not going back was the third stage of reclaiming self when women
struggled to sustain the separation, by maintaining their territory, taking charge of their destiny, and learning to use available resources for their benefit. They spent time justifying their situations to themselves and to the outside world and defending their decisions with family, friends, and professionals (Wuest & Merritt-Gray, 1999). *Moving on* was the fourth stage of reclaiming self and took place over many years as women worked to rid themselves of the victim and survivor identities. Moving on involved simultaneously figuring it out, putting it in its rightful place, launching new relationships, and taking on a new image (Wuest & Merritt-Gray, 2001).

Landenburger (1989, 1993, 1998) in her early, classic work identified that the struggle for survival continued long after leaving an abusive relationship. Women underwent an initial readjustment after leaving in order to gain balance in their lives. They struggled for survival in seeking food, shelter, and safety and learned that they did not need to depend upon their partners. The women experienced constant tension between their own needs and their partners’ pleas for forgiveness. Women faced blame from others for the failed relationships, doubts about surviving on their own, grief over the loss of relationships, and blame from children who had been led to believe that the women caused the abuse. Lutenbacher et al. (2003) reported that hiding, life changes, custody battles, and inequities in the court systems resulted in continued stress. The process of leaving often did not end the violence (Fleury, Sullivan, & Bybee, 2000; Wuest et al., 2003). The batterer attempted to control his partner through the use of threats, and when the threats were ineffective, the batterer used violence. The women themselves decided whether staying in the relationship or ending it was the best decision.
Ford-Gilboe, Wuest, and Merritt-Gray (2005) named the behavior, intrusion, when the partner whom the woman had left continued to interfere in her everyday life. Intrusion took the form of harassment from the partner or placing the children in unsafe positions during visits with their fathers who also used mind games to manipulate the children. Tactics used to deal with intrusion included limiting the exposure of the family members to the abusive partner and forming connections with the community to find commonalities with other families. In a later study, Ford-Gilboe et al. (2009) linked the severity of IPV with poor health outcomes 20 months after leaving the relationships. The relationship between IPV severity and health outcomes was mediated by economic resources. They purported that programs and policies that helped women obtain the economic resources that they needed would be important supports for the health of abused women.

Panchanadeswaran and McCloskey (2007) studied the timing of women’s departure from abusive relationships. They found that women who were the most severely abused and had no contact with shelters took the longest to leave abusive relationships. Women who used shelters were more likely to leave the abusive relationships even though they faced economic obstacles.

Several factors were reported to be related to women’s decisions to leave their abusive relationships. Kim and Gray (2008) found that women with higher self-esteem and a high internal locus of control were more likely to leave, and women with a higher level of fear were less likely to leave. Shurman and Rodriguez (2006) suggested that a preoccupied attachment style and general emotional arousal predicted readiness to leave the violent relationship. Related to the transtheoretical model of change (Prochaska &
DeClemente, 1984), Shurman and Rodriguez found that anger may be instrumental in moving women beyond the precontemplation stage of the leaving process.

During the leaving process, several interventions have been identified that may be helpful. Calderon et al. (2008) reported that provider cueing for interventions through a computer program was helpful. Public policy changes were promoted such as the need for longer shelter stays and increased availability of resources while reinforcing the women’s rights to self-determination (Arias & Pape, 1999; Fugate et al., 2005; Wuest et al., 2003). Lutenbacher et al. (2003) identified education for the community at large, routine screening, education of helping professionals, and greater accessibility of services, and advocacy as important interventions for women in abusive relationships. Burke et al. (2009) found that helping relationships with friends, family, and health care professionals, as well as a chance to talk with a counselor or peer advocate were beneficial during the leaving process. Spiritual support such as placing faith in a higher power was helpful to women during the leaving process; however, some participants were disappointed by the advice of clergy to stay in the abusive relationships and work harder (Potter, 2007).

Summary

Most of the studies found in the literature focused on adults leaving abusive relationships (Fluery et al., 2000; Landenburger, 1989; Lutenbacher et al., 2003). Several studies used unstructured interviews supported by grounded theory methodology to form a framework for the leaving process (Ford-Gilboe et al., 2005; Merritt-Gray & Wuest, 1995; Wuest & Merritt-Gray, 1999, 2001; Wuest et al., 2003; Wuest et al., 2004). Very few studies have actually been conducted with adolescents who have experienced the
leaving process. No studies were found that involved the population of interest, pregnant adolescent women. Existing studies were of mostly low income participants (Jacoby, Gorenflo, Black, Wunderlich, & Eyler, 1999; Merritt-Gray & Wuest; Smith et al., 1995). The nature of qualitative research provided rich descriptions of experiences offered by participants; however, the limited economic diversity in the samples hinders the transferability of the findings. There was also little evidence offered in the literature of methods to promote trustworthiness such as prolonged engagement in the field to build trust and member checking (Lincoln & Guba, 1985).

Future Research

Many studies exist in the literature citing the prevalence of IPV in adults and during pregnancy (Altarac & Strobino, 2002; Bohn et al., 2004; Cubbin et al., 2002; Dunn & Oths, 2004; Gazmararian et al., 2000; Johnson et al., 2003; Martin et al., 2001; Saltzman et al., 2003). Despite the prevalence of IPV, however, there was evidence that effective screening was not taking place in health care settings due to the patients withholding information, the perception by patients that health care workers were unconcerned, rushed and hurried, the reluctance by health care providers to ask the patient about battering, and the personal experiences of health care workers with abuse and violence (Denham, 2003; Durant et al., 2000; Yam, 2000). More research is needed to identify ways to implement and sustain routine screening throughout pregnancy and postpartum, especially in adolescents. Longitudinal research would be helpful in tracking changes in abuse and physical health over time.

Research is needed to determine if the theories of leaving proposed in the literature hold in other populations, such as adolescents, and in other locations. More
studies of women who have successfully terminated abusive relationships should be conducted in order to determine what internal factors or personal resources helped them leave, as well as what interventions were supportive (Moss et al., 1997). Understanding how health care workers can best support women, especially the adolescent population, in their struggles to decide how to cope and whether or not to leave their relationships is essential. Identifying factors that brought about the decision for pregnant adolescents to leave and the ability to sustain the independence from the abusive relationship is worthy of further study.
Chapter 3: Methods

The purpose of this study was to describe the experiences of pregnant adolescents who left abusive relationships, to explore the process that led adolescents who were abused during the peripartal period by intimate partners to leave those relationships, and to identify what behaviors from health care providers and others would be beneficial from the adolescents’ perspectives. Little is known about what factors enter into the adolescent’s decision to leave the relationship, because as demonstrated in Chapter 2, leaving has primarily been studied in adult women. A qualitative study informed by narrative inquiry was designed to answer the questions: 1) What experiences do young women who left abusive relationships during adolescent pregnancies describe as leading to leaving those relationships? 2) What behaviors from others did the young women believe to be helpful during adolescence in providing support during the leaving process? The rationale for selection of the qualitative genre, site and sample selection, and the data collection process are explained in this chapter.

Narrative Inquiry

The qualitative genre selected for this study was narrative inquiry, because one of the clearest ways of learning about another’s inner world is through verbal accounts of life and experienced reality (Lieblich, Tuval-Mashiach, & Zilber, 1998). While some qualitative approaches tend to fractionalize the texts of research interviews, narrative inquiry allows the participant to organize replies into long stories with sequential characteristics to make a point (Riessman, 1993). Narrative research gives voice to
marginalized groups and is particularly suited to feminist research (Elliott, 2005). For these reasons, narrative inquiry was appropriate to the purpose of this study.

Narrative inquiry is a way of understanding the truth as experienced by the storyteller, is very personal (Rybarczyk & Bellg, 1997) and yet allows the participant to connect to others (Sakalys, 2003). The participant and the researcher work collaboratively to construct and reconstruct the narrative through inquiry (Connelly & Clandinin, 1990) in order to convey the participant’s reality (Boykin & Schoenhofer, 1991). The narrator (participant) constructs the characters, events, and actions within the story and through expression of feelings and values, cultural meaning is also conveyed. The narratives convey a sense of identity and can be used as a way to seek affirmation (Rybarczyk & Bellg). The role of the interviewer is to be open and accepting and to gain an understanding through empathy (Viney & Bousfield, 1991). Withholding judgment on the part of the listener can be very important to the storyteller and can afford an opportunity to build a relationship with the interviewer (Sakalys).

The process of narrative inquiry is subject to interpretation from the time people tell their stories through the analysis of the narrative and reading of the research. Because the researcher has no direct access to the participants’ experiences, narrative inquiry is influenced by what the narrator chooses to notice or attend to from the experience. Through the telling of the experience, it is to be expected that there will be an inevitable gap between what happened and what the narrator tells. The researcher then transcribes the experience, an action that is also interpretive through the selection process of what to include in the narrative. In analyzing the experience, decisions must be made about the
structure and form of the analysis, what is included and what is excluded. Finally, the reader of the research brings his or her own meanings while reading about the experience (Riessman, 1993).

The temporal ordering of events sets narrative apart from other forms of qualitative research (Sakalys, 2003; Viney & Bousfield, 1991). The structure of the narrative story typically consists of five parts according to the classic work of Viney and Bousfield: 1) The story begins with an orientation through which time, place, and persons are identified. 2) The story is summarized in the abstract. 3) The complicating action follows during which the story is told and other stories may begin. 4) The narrative is concluded by an evaluation that emphasizes the point of the story. 5) The coda brings the listener and the narrator back to the present. Narrative analysis consists of thoroughly reading the transcripts of the interviews and identifying themes among the stories.

Summary of Rationale

For these reasons, narrative inquiry was selected to study the particular phenomenon of adolescents leaving abusive relationships when pregnant. Listening to the narratives of young women was especially applicable in exploring this particular phenomenon, as it had the capacity to render life experiences in meaningful ways (Connelly & Clandinin, 1990) and is particularly suited to feminist inquiry (Riessman, 1993). Narrative inquiry provided the participant with the opportunity to be heard. Telling the story empowered the narrator to communicate the experience to the external world as well as the internal world (Viney & Bousfield, 1991) in a more natural way and to remove some of the artifice from the research process (Sandelowski, 1991). The
specific parameters of the design within this particular study are described in the following sections.

Site and Sample Selection

A purposeful convenience sample was recruited from two Women, Infants, and Children (WIC) clinics in a large metropolitan area of a western state. The case loads of the clinics were as high as 8000 clients and represented various ethnic groups. For narrative inquiry, the sample size is traditionally small (Riessman, 1993). For this study, the sample was 12 participants, and recruitment and sample selection continued simultaneously with ongoing analysis until each new narrative confirmed elements of the previous narratives and data or theoretical saturation was reached (Elliott, 2005), data were rich and thick, replication of data began to occur, and the data offered no new direction or new questions (Morse & Richards, 2002).

Inclusion criteria

The participants were females between 18 and 22 years of age who self-identified as having left an abusive (perinatal physical, sexual, or emotional) intimate partner relationship during adolescence and were not currently in another physically, sexually, or emotionally abusive relationship. Participants were recruited who were abused during an adolescent pregnancy (regardless of outcome: miscarriage, abortion, fetal loss, or viable birth) or during the three months following the pregnancy. Participants were required to speak English.
Exclusion criteria

Persons younger than 18 years of age and older than 22 years of age, those who were non-English speaking, and unable to sign informed consent were excluded from the study. Participants who were currently pregnant were also excluded from the study. No minors were involved in the study in order to avoid human rights issues with the protection of minors for reporting abuse.

Recruitment

Participants were recruited by placing flyers (see Appendix A) in two large WIC clinics in a metropolitan area. One participant was recruited by snowball sampling. Snowball sampling is a method of sampling by which those already selected from the study recommend others for the study (Morse & Richards, 2002). The advantage is that the persons recommended may have the desired characteristics for the study. A risk of snowball sampling is that there is less control over recruitment; however, participant selection is still within the control of the researcher. The rationale for recruiting from WIC sites was that there was a population of young women who had recently given birth.

In purposive sampling, the researcher does not choose a sample a priori but chooses participants based upon their characteristics (Morse & Richards, 2002) in order to find cases that are information rich for the purpose of the study (Sandelowski, 2000). The intent was to use purposive sampling to maximize variation in order to explore the phenomenon of leaving an abusive relationship and the range of responses to health care worker interventions. Variation was intended to be maximized by selecting participants who had been out of the abusive relationships for varying lengths of time. By gaining
multiple perspectives of the phenomenon, it was hoped that understanding would be strengthened (Charmaz, 2004). However, all participants who came forward, met the inclusion criteria, and provided informed consent were interviewed in order to reach data saturation.

**Ethical Considerations**

An ethical obligation existed to describe the experience in the most faithful way possible (Munhall, 2007a). However, in conducting the interview and in describing the experience other ethical concerns were addressed. Ethical concerns related to a variety of circumstances within the research process including but not limited to intrusion into private lives due to the informal manner of the interview and the tendency to view the interview as a conversation between friends, and the risk of blurring of boundaries leading to possible exploitation. Possible long term negative effects were minimized by managing the interaction and following up by identifying resources for help and support (Elliott, 2005). A business-sized bi-fold resource card (see Appendix B) listing resources for help such as access to local shelters, community organizations, and WIC locations was given to each participant. Also included on the card was information on how to create a safety plan.

Possible loss of anonymity was recognized as a risk due to the nature of narrative research. Because of the detail and attributes included in the narratives, it was important to protect the anonymity of the participants so that they could not be identified by friends and family (Elliott, 2005). At the beginning of the interview, each participant was requested to select a name for herself. The participants’ real names were never used in the
interview and subsequently did not appear in the transcripts. References to names in the analysis and exemplars were never to the real names of the participants. No information that could identify the participant or the location of recruitment was included in the analysis.

Approval was obtained through The Ohio State University Behavioral and Social Sciences Institutional Review Board. Permission was granted from the administrations of the health departments associated with the WIC clinics in the research locales.

The information that was collected has been protected in several ways. Information obtained from the participants including audio tapes and transcripts as well as field notes were kept under lock and key and in password protected computer files. Specific names were de-identified at the time of data generation and any personal information that might reveal the identity of the participants was omitted from the analysis and results. Information will be kept for a period of up to five years and then audio tapes and digital media will be erased and paper records will be shredded. Informed consent sheets are kept separately from the data sets and cannot be linked to a specific data set.

No examinations, laboratory tests, or instruments were used in this study. Possible adverse events identified prior to data collection included psychological distress or other risks that were unknown at this time. No adverse events were identified at the time of the interviews. Participants were provided with lists of resources to use for additional emotional support. The benefits to the participants included an opportunity to process and tell their stories which may have provided positive psychological benefits. Health care
workers may be able to use the information gained from this study to enhance their ability to help support adolescents who are abused during pregnancy and also provide support during the leaving process.

Reflexivity

In qualitative work, the researcher is the instrument and must be well prepared by becoming intimately familiar with the phenomenon (Charmaz, 2004). The literature review allowed the researcher to know what had already been discovered about the phenomenon and to recognize while in the field what was already known and to give credit when due. The researcher was able to recognize new findings and to determine if they were a variation of what had been previously discovered.

Prior to data collection, however, the investigator set aside or bracketed her own logic and what had been previously learned from the literature in order to learn the logic and reality of the experience (Charmaz, 2004; Morse & Richards, 2002) This process of reflexivity or self-awareness (Creswell, 1998) allowed the researcher to become aware of biases, personal values, and anticipated findings. Journal entries were made during the research process in order to assist in the bracketing process and to provide an audit trail. Rationale for the actual research decisions were described as the decisions were made and an ongoing self-appraisal was included in the reflexive entries (Rolfe, 2006). In order not to invalidate the study, no specific conceptual framework was proposed a priori, and variables were defined only in a general way. Following analysis, the findings were placed within the context of the literature (Morse & Richards).
Data Collection

Young women who met the eligibility criteria were invited to participate in interviews lasting no more than two hours. At the conclusion of the interview, each participant was given a $50 gift card in partial compensation for her participation in the research. The participants were informed that the interview must occur alone. No children older than two were permitted during the interview session. Written informed consent was obtained prior to initiating the tape recording. The interviews were audiotaped by the investigator and transcribed by either the investigator or a hired transcriptionist. Field notes were written during the interviews. Printed cards with interventions to promote safety were provided to the participants during the informed consent process.

Flyers were designed to recruit participants. The flyers described the study as exploring experiences of teen mothers during or after childbirth and had tear off listings of a telephone number specifically dedicated to the study along with the request that the potential participant should specify a method by which the researcher could contact her. The telephone greeting stated: “This is xxx-xxxx. Please indicate the best way that I can reach you and the best times to contact you.” A screening conversation was conducted by telephone and an appointment for an interview was arranged if the potential participant met the study criteria. The screening script used was as follows:

May I speak with __________, please? Hello, ______________. I am a graduate student at The Ohio State University and am conducting research in the area of family violence and pregnancy. I am interested in speaking with young women, aged 18 to 22 who have been abused during a teenage pregnancy by an intimate partner, and consequently left the abuser. Would you possibly meet these requirements and be willing to participate?
Interviews were scheduled at mutually agreed upon public locations that allowed for privacy, primarily libraries.

_Informed consent_

Prior to data collection, informed consent was obtained by the primary investigator who had completed all IRB educational requirements (see Appendix C). The consent form was reviewed in its entirety, and time was allowed for the participant to read the consent, ask questions, or voice concerns. Roles of the participant and the researcher were outlined in the consent as well as disclosure of data gathering methods and the number of participants anticipated. The participants were informed that the researcher had the legal duty to report child abuse or potential or actual harm to a third party; however, no specific questions would be asked regarding reportable offenses. The rights and responsibilities of the participants were reviewed, including potential risks and benefits, and the participants were given the option to withdraw from the study at any time for any reason. Participants were told the purpose of the study and that one follow-up interview might be conducted as determined by the investigator either in person or by telephone to allow for clarification or validation of generated data. It was planned that each participant who was needed for a follow up interview would be offered a $25 gift card in partial compensation in addition to the $50 gift card for the first interview. No follow up interviews were needed. The participant was asked to sign the form if she agreed to participate. A copy of the consent form was given to each participant. Participants were instructed to make up names for themselves, their family members, and
No other person older than two years of age was in the room with the participant during the interview.

**The Interview**

Minimally structured interviews were used in this study in order to allow for content changes as the researcher learned more about the phenomenon as the study progressed (Morse & Richards, 2002). An attempt was made to approach each interview as a conversation in order to give up control over the research process and give more control to the participants (Riessman, 1993). The research was introduced as follows:

As we begin the interview, please think back to the relationship that you were in when you were pregnant as a teenager. Tell me about your relationship with the person who hurt you during your pregnancy and how you were hurt.

Sample interview prompts were:

Tell me how this got started.

I’ve heard other people say _______. Is that how it’s been for you?

Tell me how you decided to leave the abusive intimate relationship.

Did you ever think about leaving before?

What helped you decide to leave the abusive relationship?

What was different this time?

Who was helpful?

Were health care workers helpful, and if so, how?

**Data Analysis Procedures**

The specific method of analysis chosen for this study was categorical content analysis as described by Lieblich et al. (1998). The process involved four steps and broke
the text into smaller units that were analyzed descriptively. The four steps were: selection of the subtext, definition of content categories, sorting material into content categories, and drawing conclusions or implications. Each step is explained separately in the following paragraphs and is related to the study.

A narrative or subtext was identified for each participant based on the response to the interview questions. The interview questions were somewhat directive and so the subtext in most cases consisted of the entire narrative. However, when additional information was included in the narrative transcript, then the researcher focused on the parts of the narrative that were relevant to the research questions (Lieblich et al., 1998). The narratives warranted repeated readings and reviews to deepen understanding and to allow insights to emerge (Riessman, 1993). Through inductive methods, a focus for analysis eventually emerged based upon participants’ responses.

It was expected that during analysis of qualitative data, the researcher might experience ambiguity, contradictions, and bewilderment (Charmaz, 2004). The researcher discussed these experiences with the academic advisor during debriefing sessions in order to resolve some of the ambiguity. The researcher and the participant were co-creators of the data, and data analysis occurred simultaneously with data collection. The data from the first three transcripts were analyzed by the academic advisor of the primary investigator. The advisor then closely scrutinized the data trail of the remaining interviews. The primary investigator maintained a detailed audit trail defining the thought process and decision making during analysis. The results of the inquiry were presented in the form of stories that were synthesized from the data.
The second step of the analysis process was definition of content categories. The individual narratives were read separately and then analyzed collectively to determine what themes emerged across selected subtext to provide a method to classify units of content. Categories can either be predefined by a theory or can emerge from the data. In this study, the latter technique was used which allowed the researcher to keep an open mind and allowed content categories to emerge from the data. The process of defining content categories was a circular one during which the original categories were refined and additional categories were generated as the subtext was read repeatedly. The optimal number of categories proposed was a balance between keeping the richness and variation found in the detail of the narratives and selecting fewer broad categories that are easier to manage (Lieblich et al., 1998). In this study, the primary researcher identified content categories from the subtext and then the academic advisor reviewed the categories to increase sensitivity to the text until agreement was reached on content categories.

The next step of the process was sorting the material into content categories. Each sentence or utterance that might be from a single narrative or from several different narratives was assigned to a category or categories (Lieblich et al., 1998). The categories were not mutually exclusive but were collectively exhaustive.

The fourth and final step of the analysis was drawing conclusions or implications. In this step the contents within each category were used to establish a description of the content universe in certain groups of people (Lieblich et al., 1998). Several themes emerged that are described in this study and that help to provide possible answers to the
research questions. The themes are related back to the theories of leaving that were presented in the review of the literature.

Rigor

Rigor is equated with the quality of the research and attention to rigor results in more trustworthy findings (Given, 2008). Reliability and validity are terms that are used in quantitative research to address the rigor of the study; however, controversy exists as to the terms’ usefulness in qualitative research. Davies and Dodd (2002) believed that rigor referred to the reliability and validity of all research, but that the criteria for evaluating rigor must be specific and appropriate to the type of research methods used. Lincoln and Guba (1985) recommended using four constructs to assess the rigor of a qualitative project: credibility, transferability, dependability, and confirmability. Trustworthiness can be thought of as the way in which the researcher ensures the four constructs (Given). Each concept is further discussed in the following paragraphs.

Credibility is the accuracy with which the phenomenon is studied and is considered the overriding goal of qualitative research. Credibility refers to the accuracy of the process of data analysis and should “reveal a believable link between what the participants expressed and the themes that emerge” (Given, 2008, p. 138). Transparency is the key to credibility and reflects the biases, choices, decisions, procedures, and justification of the project (Given). Credibility is confidence in the data and the interpretation and is demonstrated in the way that the study is carried out and how it is presented to the readers. Member checks, prolonged engagement, and persistent observation are all ways to build credibility (Lincoln & Guba, 1985; Polit & Beck, 2004).
Member checks are considered the most critical technique for establishing credibility. Member checking occurs continually and is a method where data, analytical categories, interpretations, and conclusions are checked with the participants who are given the opportunity to react. The researcher provides feedback to the participants regarding emerging themes and interpretations and obtains participants’ reactions both informally during data collection interviews and more formally after analysis. Despite its role in enhancing credibility, member checking sometimes presents a challenge. Participants may refuse to participate, finding that they have already reached closure after the interview and may fear that further contact with the researcher will arouse suspicion by family members.

Prolonged engagement and emersion within the context of the setting and the depth of the description of the experience or phenomenon also help to assure that the research is credible. Researchers must spend enough time to learn the culture, build trust and rapport, and to test for misinformation and distortion. Persistent observation provides depth and promotes the researcher focusing on the aspects of the conversation and situation that are relevant to the study (Polit & Beck, 2004).

The exploration of the phenomenon of adolescent mothers leaving abusive intimate relationships was studied through in-depth interviews. It was anticipated that the participants themselves would define and describe the phenomenon of leaving, thus facilitating credibility within the study (Marshall & Rossman, 1999). Member checks were performed during data collection and as needed during the analysis process. Because this was not a longitudinal study and prolonged engagement was not feasible,
maximum variation sampling and recruitment until data saturation was reached were planned to enhance credibility.

Transferability, another construct recommended by Lincoln and Guba (1985) to promote trustworthiness, was defined as the usefulness of the findings for others who are studying similar situations and have similar questions of practice (Marshall & Rossman, 1999). It can be compared to generalizability in quantitative research. The researcher is accountable for providing sufficient description in the analysis so that the applicability to other contexts can be evaluated (Polit & Beck, 2004). The participants’ stories were clearly described using rich, thick description (Creswell, 1998) so that other researchers or practitioners could determine for themselves whether they believed that the data could be generalized to other research settings.

Dependability is a way of accounting for change within the study design and refers to the stability of the data over time and varying conditions (Marshall & Rossman, 1999; Polit & Beck, 2004). In quantitative research, there is an attempt to control conditions to bring greater reliability to the experiment. In qualitative research, the world is looked at as constantly changing, and the concept of replication is therefore problematic (Marshall & Rossman). Lincoln and Guba (1985) purported that replicability depends upon “an assumption of naïve realism” (p. 299). For replication to make sense, there must be something unchanging to benchmark. They contended that instabilities cannot be blamed solely upon the inquiry procedure but must take into account changes in what is being studied. The researcher must supply adequate methodological information so that others can replicate the study (Given, 2008). A
technique related to dependability is the inquiry audit when an external reviewer scrutinizes the data. In this study, the advisor reviewed the data as is explained later.

Confirmability is whether the study findings could be confirmed by another researcher and hence refers to objectivity (Marshall & Rossman, 1999; Polit & Beck, 2004). Do the data present sufficient evidence to support the findings and the implications of the study? Lincoln and Guba (1985) referred to the emergent design of naturalistic inquiry and suggested that an audit trail be used to establish both dependability and confirmability. The auditor examines and records the process of the inquiry and assists others to support the analytical process and thus its acceptability in order to establish dependability.

Throughout the process of analysis in this study, an audit trail was recorded in order to document coding decisions and to track changes in the development of themes and categories that were then verified as the interviews continued (Morse & Richards, 2002). The audit trail allows other researchers to inspect the procedures, protocols, and decisions made in the study (Marshall & Rossman, 1999). The following strategies were built into the study in order to limit bias. The researcher’s academic advisor and mentor reviewed the transcripts of the taped interviews, coding schemes, categories, and themes for accuracy and critically questioned the analysis. Time was allowed to consider negative instances that did not fit the identified themes. The data were checked and rechecked and examined for alternative explanations.

In summary, rigor was promoted by the various means described. Reflexivity was established by the researcher who recorded initial impressions and biases so that they
could be set aside and bracketed prior to data collection. A meticulous audit trail was kept throughout the study in order to record decisions made regarding coding and content of interviews. Member checking was used to verify the narrative and findings. And finally, the academic advisor was used as an external auditor to review the transcripts, coding and analysis.

Summary

This qualitative research study explored the experiences of young women who had been abused by intimate partners during an adolescent pregnancy and then left that relationship. Narrative inquiry was the method used in this study of 12 participants through minimally structured interviews. Data were collected until saturation was reached. Ethical considerations were addressed as previously stated. Informed consent was obtained from each participant prior to each interview and approval for the study was granted from The Ohio State University Behavioral and Social Sciences Institutional Review Board.
Chapter 4: Results

A qualitative narrative inquiry was conducted to address the study’s two research questions: What experiences do pregnant adolescents describe as leading to leaving abusive relationships? What behaviors from others did the adolescents believe to be helpful in providing support during the leaving process? In this chapter, the analytic process is described with emphasis on the qualitative approach to data collection and analysis. The interview methodology is detailed, findings are shared, and a description of the sample is provided.

It is important to note that following the defense of the research proposal, application was made for approval through The Ohio State University Behavioral and Social Sciences Institutional Review Board. A sample wallet card, the recruitment flyer, informed consent form, and research protocol were submitted along with the application form. Initial approval for the study was granted on January 22, 2008 with an amendment approved on April 17, 2008 that added additional recruitment sites. Continuing review approval was received on December 16, 2008 (see Appendix D).

Analytic Process

The steps involved in the analytic process of qualitative research are documented in this section. Creswell’s (1998) approach to data collection served as an organizing framework to describe the data collection process. Creswell included the following aspects in his description of data collection: selection of the sites and individuals, gaining access and establishing rapport with the agency personnel and with participants, sampling
procedures, the actual data collection process, recording information, resolving field issues, and storing data.

Selecting the sites

Women, Infant, and Children (WIC) clinics were selected as recruitment sites, because of the anticipated volume of postpartum women visiting the clinics. The clinics were expected to provide a sample of women who would meet the research criteria of being between the ages of 18 and 22 and who had experienced IPV during adolescent pregnancies.

Gaining access and making rapport

Contact was made with seven county health departments that housed WIC clinics, in a Western state to request permission to recruit participants. Assistance with generating ideas for recruitment sites was also sought from two university professors in addition to the researcher’s advisor. Five county health departments were contacted by telephone and email. Four of the agencies were visited in order to explain the purpose and details of the study and to provide flyers for posting at the clinic sites. At the two largest health departments, staff meetings were attended in order to provide information to personnel about the study and answer questions. Letters of support were received from a total of five health departments, and these letters were submitted along with the application to The Ohio State University Behavioral and Social Sciences Institutional Review Board. Permission was granted from the administrations of the health departments associated with the WIC clinics in the research locales. It was requested that the flyer be modified to include a statement that WIC benefits would not be affected by
participation or non-participation in the study. This revision of the flyer was made prior to submission to the Institutional Review Board of The Ohio State University. Prior to the study, the researcher was not known to either of the agencies where participants were recruited. During recruitment, four of the five recruitment sites were visited at least twice in order to check that flyers were still posted and to remind clinic personnel of the study and to answer questions.

*Sampling strategies*

A convenience sample was recruited during the months of May through October 2008 using the process of criterion sampling to ensure that all participants had experienced the phenomenon of interest (Creswell, 1998). Twenty potential participants called the cell phone listed on the recruitment flyers and left messages indicating their interest in the study. The screening questions excluded one participant who was currently pregnant. All other potential participants who met the study criteria were selected for the study and interviews were scheduled. One participant was accessed by snowball sampling as a prior participant told her about the study and gave her the phone numbers for the study. A total of fifteen participants were interviewed, but three of the participants did not meet study criteria once the interviews were conducted.

*Collecting data*

Minimally structured face to face interviews were scheduled with participants at mutually agreed upon public locations that were quiet and free of distractions. Three participants desired for the researcher to come to their homes for the interviews, but it was explained to the participants that the research protocol dictated that the interviews be
conducted at public locations. Public libraries were the most commonly used sites for the interviews (n = 9). Other sites requested by participants included a public building, a park, and in a vacant corner of a coffee shop. Three participants did not show up for the scheduled interviews. The participants were contacted but did not return phone calls except for one participant who scheduled interviews twice and did not appear for either appointment.

Recording information

At the beginning of each interview, the researcher introduced herself and thanked the participant for coming to the interview. The participants were interviewed while alone except for children under the age of two. The informed consent form was read to participants, questions were answered, and signatures were obtained. This procedure allowed the interviewer and participants to review the purpose and process of the interview together before beginning the interview itself. Once the consent form was signed, each participant was asked to identify a name that she could be known by during the interview in order to protect her anonymity. Each participant was cautioned prior to the beginning of the interview that the researcher was legally bound to report child abuse or threats to third parties (such as plans to harm another person). Audiotaping was begun next, and demographic questions were asked. The tape recording was stopped and checked to be sure that the equipment was working properly before being restarted for the interview. The researcher took field notes during the interview to note facial expressions and behaviors that would not be identifiable from the audiotapes.
Participants were forthcoming with the details of their experiences and clarifying questions were asked as needed. None of the participants shared information that they requested to be “off the record.” During the interviews, member checking was incorporated in order to confirm understanding and to verify when content seemed similar to other participants. The interviews lasted between 45 minutes and 2 hours. After each interview, additional field notes were handwritten or recorded by the researcher that included the researcher’s initial responses and experiences related to that specific interview as well as insights regarding each participant’s experience.

Field issues

A field issue occurred in that during one interview, at a coffee shop, the overhead music was loud enough to interfere with the tape recorder. The location had to be changed to another coffee shop nearby where there was not music and no customers. No problems were encountered with the tape recorder functioning. Spare batteries and extra tapes were always brought to the interviews. High quality audiotapes were purchased for the interviews, and there were minimal issues with hearing the recorded interviews. On occasion, when there was difficulty hearing a phrase, a notation was made in the transcript.

Transcription of the interviews was primarily performed by a hired professional who was acquainted with the researcher through a mutual place of employment. The professional transcriptionist was contacted to determine if she were capable of performing the service and would keep the information confidential. Following assurance
from the professional of her ability to perform the service, the transcriptionist was hired. The participants were only known to the transcriptionist by their alias.

_Storing data_

Interview transcripts were stored in password protected computer files. Field notes and informed consents were kept under lock and key. The transcriptionist was directed to destroy all files after the researcher had reviewed the transcripts so that the researcher maintained the only data.

**Interview Methodology**

One of the initial steps in qualitative analysis is for the researcher to set aside or bracket her own past experiences as well as what had been previously learned from the literature in order to learn the logic and reality of the experience from the participant’s perspective (Charmaz, 2004; Morse & Richards, 2002). An effort was made by the investigator to approach data collection with a clean slate, to set aside or bracket what had been learned from the review of the literature, and to listen and learn from the participants.

After reading the transcripts of the first two interviews, it became evident that the processes that the participants were trying to convey were not clear. Two strategies were incorporated to increase the clarity of the interviews: the first was to ask clarifying questions to fill in the missing pieces in the researcher’s understanding of the narrative. The second was to work with each participant on a timeline to describe her experiences. This interactive form of member checking helped the participant to convey important information of her choosing and increased the researcher’s understanding of the process.
experienced by the participants. As the interviews progressed, the researcher validated initial hunches and impressions from prior interviews with subsequent participants.

Description of the Sample

A sample of 12 young women was recruited who were English speaking and varied in ethnicity, including Caucasian, African American, and Hispanic, although the researcher did not specifically ask of each participant the ethnic group to which she identified. The age range of participants was 18 to 22 years of age as defined in the inclusion criteria. The young women were between the ages of 15 and 19 when they were pregnant and in the hurtful relationships. The participants were low income with annual incomes ranging from zero to $30,000. The completed education level ranged from eighth grade to two years of college. Most of the participants lived in a city or suburban area. One participant lived in a rural area when pregnant and in the abusive relationship. Half of the participants were currently in a relationship and only one participant was married. None of the participants were in a relationship with the perpetrator of their pregnancy abuse as identified in the exclusion criteria.

Characteristics of the abusive relationships were described by the participants as follows. The relationships lasted between nine months and three years. One participant characterized the relationship as her first real relationship. At least four of the participants were very young, between 14 to 15 years old and freshmen in high school, when meeting their partners. The relationship sometimes began as a friendship and subsequently developed into romantic love. Several of the participants dropped out of high school, but went back to obtain their diplomas and attend technical programs or college. The timing
of the pregnancy often occurred early in the relationship. Sometimes the pregnancy was a
result of a conscious decision while others described not doing anything to prevent
pregnancy and becoming pregnant. None of the participants had living children when
entering the abusive relationships; however, some of their partners did.

Many of the participants experienced complications of their pregnancies. Two of
the participants described having elevated blood pressure or pre-eclampsia during their
pregnancies. Two others delivered very preterm infants at 26 and 29 weeks. Two suffered
spontaneous abortions. Two participants described being very stressed and anxious
during pregnancy, and one experienced postpartum depression. Other complications that
were described were gestational diabetes, anemia, and a cesarean section following a
failed induction.

Analysis of the Narratives

The process of analysis of the narratives evolved for the researcher through
lengthy discussions and mentoring from the research advisor. Following transcription of
the final interview, initial coding began in October 2008. The first attempt at developing
codes focused upon associating relevant content from the 11 transcripts with the
individual research questions and was performed by inserting comments within the
narratives themselves. Upon discussion with the researcher’s advisor, the process was
changed to allow the codes to emerge from the transcripts without needing to conform
and fit within a specific research question.

In the next step of the analysis and upon the recommendation of the advisor, the
codes were refined and made more descriptive using a holistic approach. The researcher
initially used code labels that were more diagnostic and less descriptive. Examples of the refinement of content categories, themes, and subthemes are provided later in this section. To embrace a more holistic approach, each transcript was read several times with the intent to “read or listen carefully, empathically, and with an open mind” (Lieblich et al., 1998, p. 62) in an attempt to allow the text to speak. The researcher then wrote her overall impression in the form of an overview of each transcript. In some cases the insights that had been recorded immediately after the interview were sufficient description. In other cases a new overview was created.

This approach laid the groundwork for the next steps in the analysis related to capturing the details of each narrative in the form of content categories. Lieblich et al. (1998) characterized the process as circular, allowing categories to emerge from the data, sorting the data into the categories, and then generating more categories or refining existing ones. The goal was to generate enough categories to provide rich description of the data while keeping the number of categories within a reasonable working context. Once content categories were established for each interview, an iterative process was used as each transcript was reread and highlighted as it related to content categories to make certain that all the data fell into the existing content categories. Throughout the process, categories were once again revised and refined to include all of the subtext.

This process generated a large amount of data for analysis and a spreadsheet approach was created as a more effective way of organizing the data in the next step of the analysis. Each participant was assigned a font color, and all of the data from the transcripts were copied onto the spreadsheet and sorted into content categories. Assigning
each participant her own font color was beneficial in allowing the data elements to be tracked back to each particular participant. Once this step was completed, the spreadsheet helped to make identification of subthemes more visible from the content categories. Working from right to left on the spreadsheet, the data were entered into column 4, the content categories were entered in column 3, the subthemes were created in column 2, and the themes in column 1. Development of the spreadsheet was a significant contribution to the overall success of synthesizing the data into categories, subthemes, and themes (see Appendix E). As the analysis progressed, various iterations of the analysis were saved to be used in the audit trail.

The process used in the synthesis of data was described by DeSantis and Ugarriza (2000) who defined the concept of theme and how data were synthesized from content categories to subthemes to themes. “A theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole” (DeSantis & Ugarriza, p. 362). The authors described analyzing the data and identifying groupings or patterns of data that became content categories. In this study, the definition of a category provided by Morse (2008) was adopted and was defined as “a collection of similar data sorted into the same place” (p. 727) to enable description of the category and comparison and contrast to other categories. The next step in the process was blending categories with similarly related data into subthemes (DeSantis & Ugarriza). Subthemes were examined for relationships or clusters which were synthesized into themes. DeSantis and Ugarriza purported that the lowest level from which themes could be
identified was the union of two or more categories. The words used to formulate the themes reflected meanings implied or inferred from the data as opposed to using the exact words of participants. Themes were considered abstract and allowed for the emergence of holistic meaning while bringing together two or more categories that could be meaningless when viewed alone. Once defined, themes represented important aspects in the lives of participants and served as the grounds for health care interventions.

During analysis, categories, subthemes, and themes took many iterations and involved lengthy, detailed discussions with the researcher’s advisor. Use of the spreadsheet allowed the researcher to cut and paste sections of data into different categories and subthemes until the decision was made for the final version. An audit trail was maintained with rationale for decisions during the analysis. When synthesizing the data and creating themes, several strategies were used to help analyze and synthesize the data. Images were used to better understand the experience. For example, unstable ground was queried on the internet and pictures and figures were used to better bring to light the concept in an effort to capture the essence of the participants’ experiences. An online thesaurus was used to identify synonyms and antonyms to help elucidate the descriptions. Sample graphics were also examined on the internet to assist in clarifying the journey that the participants had experienced as they grew up in their families of origin, met the abusive partners, and then moved on with their lives after leaving.

The synthesis of content categories, subthemes, and themes began with the individual interview transcripts and progressed to a spreadsheet incorporating data from all of the interviews. Content was sorted into categories and was sometimes applicable to
more than one category or subtheme. An average of 27 content categories was identified for each of the individual transcripts for a total of 324 content categories for the 12 narratives. Many of the categories were similar across the interview transcripts, and the categories were synthesized into 95 categories in the final analysis. Examples of content categories were “Broken relationships with family,” “Missing the red flags,” “Being used,” and the “Turning point.” These categories were then synthesized further resulting in 18 subthemes that sheltered the remaining 77 categories. Examples of subthemes were “Erratic family life,” “Looking for love and acceptance,” “Losing self,” and “Deciding to leave.” The spreadsheet allowed the data items and content categories to be moved around during the process of analysis when working in conjunction with the advisor. Conceptual maps were developed in order to gain insight into the relationships between content categories.

Development of subthemes

In the initial analysis as indicated on the first draft of the analysis spreadsheet, there were 25 subthemes identified. Subthemes dealing with the family of origin were identified as “Unstable family life,” “Growing up with violence,” and “Dealing with mom.” Five subthemes involved the feelings and emotions that the participants described: “Looking for love,” “Hope versus hopelessness,” “Change,” “Self-esteem,” and the “Ups and downs with his family.” Three subthemes described the abuse process experienced with the intimate partner: “Tearing me down,” “Dealing with turmoil,” and “Using words as weapons.” Four subthemes were associated with worsening abuse: “His problems,” “Hurt becomes physical,” “Fear,” and “Encounters with the justice system.” As the abuse
worsened, leaving the relationship was considered and acted upon. Subthemes dealing with this process were: “Deciding to leave,” “Should I stay or should I go?,” “Staying apart,” “Moving on,” and “Barriers.” Interventions considered helpful by the participants were grouped into five subthemes: “Ask,” “Listen,” “Encourage,” “Resources,” and “Tools.”

As the data analysis continued, the subtheme, “Dealing with mom,” was moved from the grouping relating to the participants family background to the group of subthemes dealing with the emotional experiences of the participants. The reason for moving the subtheme was that throughout their experiences, the participants consistently spoke of the influence that their mothers had upon them. The relationships, whether positive or negative, were ongoing in their lives, so the subtheme was moved to the emotional experiences grouping to better reflect the ongoing influence rather than just the family background. The label was changed to “Ups and downs with mom” to more accurately describe the variations in the relationships that the participants had with their mothers.

During the analysis, the subtheme, “Hope versus hopelessness,” changed to “Teetering between hope and hopelessness.” “Teetering” was used in the label to better communicate the emotional ups and downs of their situations as with a teeter-totter and the rapidity that the feelings could change in response to what the participants had most recently experienced in their relationships. The categories within the subtheme of change were combined with the subtheme of “Teetering between hope and hopelessness,”
because the categories concerned the hope that he would change versus the realization that he would not change.

Upon further consideration, the subtheme of “Self-esteem” was changed to “Feelings about self” to be more descriptive from the participants’ perspectives. Upon closer analysis, the subtheme was further divided into two subthemes: “Seeking solid ground” and “Sinking spirits.” The participants described actions that they had taken by “Doing everything right” and experiencing pride in their pregnancies as well as the support that they felt from family and friends. This subtheme was labeled, “Seeking solid ground.” The other aspect of what had first been described as self-esteem were the “Feelings of worthlessness,” “Guilt and self-blame,” and “Feeling like a failure.” The new subtheme was labeled, “Sinking spirits,” to better describe the negative feelings that the participants had experienced about themselves.

The subtheme of “Ups and downs with his family” was felt to not truly capture the relationships that the participants experienced with the families of the father of the baby. Overall, the relationships were either positive or negative with his family and did not change significantly during their relationship. The participant was either accepted by the father of the baby’s family or rejected by them, and so the subtheme was identified as dichotomous: “Acceptance versus rejection with his family.”

The subthemes describing the abuse process were combined during the analysis. “Using words as weapons,” “His problems,” “Hurt becomes physical,” and “Encounters with the justice system” were combined into the subtheme of “Devastating pain.” In the initial analysis, verbal and emotional abuse were separated from the physical abuse, but
as the analysis continued it was determined that the abuse process could be combined into one subtheme described as “Devastating pain.” Although the content categories within the subtheme, “Tearing me down,” remained the same, the subtheme was renamed, “Losing self.” The new name better described the content categories within the subtheme, because they were from the participant’s perspective and described her feelings during the abuse process rather than what had been done to her. The subtheme, “Fear,” was changed to “Living with fear” to be more descriptive of the participants’ experiences.

Subthemes that centered around the leaving process and building a life afterwards were eventually combined with the intervention subthemes. The subtheme initially labeled, “Barriers,” was changed to “Avoiding the rough spots” to better describe the content categories within the subtheme.

Themes

As the subthemes were identified from the content categories, six initial themes emerged: Shaky Ground, Emotional Roller Coaster, Losing Self, Hitting Bottom, Building a New Life, and What I Need. Shaky Ground included the subthemes that dealt with the unstable family histories that were described by the participants. The Emotional Roller Coaster entailed the emotional ups and downs that the participants experienced throughout the abuse process. Losing Self described the decline that occurred as the abuse experience worsened. Hitting Bottom was the low point when the abuse was at its worst. Building a New Life occurred when the leaving process started and then the last theme was What I Need which described what the participants relayed as being helpful from health care providers during the leaving process.
Throughout the analysis process, the themes were revised to become more descriptive of the experiences described by the participants as they told their stories. *Hitting Bottom* was combined with the theme of *Losing Self*, because both themes encompassed the decline during the abuse process. The themes were then revised to use more active descriptive language and the last two themes were combined to reflect the new life that the participants were building. The themes became: *Beginning on Shaky Ground, Riding the Emotional Roller Coaster, Destroying Body, Mind, and Spirit, and Building a New Life*. Following image searches on the internet and graphics illustrating various processes, the final analysis was reached. *Beginning on Shaky Ground* was changed to *Beginning on Unstable Ground* to better describe the unstable family situations and violence that had been encountered throughout the lives of the participants. Visual images of unstable ground found on the internet presented a powerful image that conveyed the sense of the experiences described by the participants of their previous family experiences. *Riding the Emotional Roller Coaster* represented the emotional ups and downs experienced during the abuse process and conveyed the image of hanging on during the process. This theme was consistent throughout the analysis and did not change except for adding categories as appropriate. *Destroying Body, Mind, and Spirit* was changed to *Being Destroyed: Body, Mind, and Spirit*. This change was made to reflect the passive tense in that the abusive actions were done to her. The theme described the abuse process including verbal, emotional, and physical abuse. *Building a New Life* was revised to acknowledge the rise from the depth of abuse to *Reaching Solid Ground: Building a*
*New Life.* The theme encompassed the leaving process and interventions that were found to be supportive during the process.

The four themes were conceptualized as a process that began with the unstable relationships that the young women had experienced growing up and progressed through the abuse experience to the rebirth of building a new life. The themes of *Riding the Emotional Roller Coaster and Destroying Body, Mind, and Spirit* occurred simultaneously and could not be ordered in a linear fashion. The young women’s lives at the time of the interviews were on an upward climb as they emerged from the depths of the abusive relationships to blossom into their new lives. The conceptual map is illustrated in Figure 1.
Each of the four themes that emerged during the analysis is described in detail in this section with illustrations from the participants’ experiences. Quotes from participants are used in their entirety including grammatical errors that were present.

**Theme 1: Beginning on Unstable Ground**

The first theme, *Beginning on Unstable Ground*, occurred prior to the relationship during which the participant experienced intimate partner violence. The subthemes included “Erratic family life” and “Growing up with violence.” Participants told of
unstable relationships and violence in their families of origin. This theme seemed to relate the instability of support, guidance, and love from their families of origin that served as the launching point for the future tempestuous relationships with their partners (see Table 1).

<table>
<thead>
<tr>
<th>Theme: Beginning on Unstable Ground</th>
<th>Subthemes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erratic Family Life</td>
<td>Broken Relationships With Family</td>
<td></td>
</tr>
<tr>
<td>Nomadic Life</td>
<td>Her Unstable Family</td>
<td></td>
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<tr>
<td>Her Unstable Family</td>
<td>His Unstable Family</td>
<td></td>
</tr>
<tr>
<td>Grieving Over Loss of Family</td>
<td>Longing for Relationship With her Dad</td>
<td></td>
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Table 1. Subthemes and Categories for Beginning on Unstable Ground

Erratic family life. All of the participants except one described an erratic family life where they were reared by a single mother and often experienced little supervision. Aaliyah described being kicked out of the house along with her brothers and having to struggle to find a way to support herself to obtain food and clothing. Abby, whose mother was a prostitute, was rejected by her grandparents when she drove to Florida to seek support from them. She described them as having a lot of money but looking down upon her because “They were so Christian. They are nice now but when I was pregnant, they were ashamed to have me around.”
Three of the participants described a “Nomadic life,” moving from place to place. Cat had moved out of state with her mother and said that she had a hard time adjusting. Abby explained that she lived in seven different places with seven different people during the summer after high school graduation and prior to meeting the perpetrator of abuse. Mary told of “hopping from place to place” after her grandmother died and then meeting the father of her baby and moving in with him.

In addition, when living within their families of origin, participants described an “Unstable family life.” Abby remembered going with her mother to homeless shelters where her brother, then 12, was not allowed. Her mother would leave him outside on the street when she went into the shelter. Later when her mother needed a car, her brother felt compelled to steal one for her, resulting in a jail sentence. Abby and her brother eventually entered foster care. Renee defined her turbulent family life as being given the choice of babysitting for her sister who abused drugs and alcohol or working fulltime. She told of trying to stay away from the house as much as possible and that her mother did not care that she stayed away for weeks at a time. Cat explained that she felt her mother prepared her for staying in hostile relationships. She said that her mother “constantly needed a man” and stayed in relationships that were not abusive but not good. “I saw my mom trying to make relationships work where it just wasn’t working, but she would keep trying.”

Participants also described the “Unstable family life” of the father of the baby. Cat’s boyfriend was beaten most of his life, his mother was a prostitute and his father was
an alcoholic. Lilly described how the father of her baby did not have a father in his life and perhaps didn’t know how to be a father himself.

I think that he really wants to be together and raise our son together but I think he didn’t grow up with his dad in his life. I didn’t grow up with my dad in my life. So I think he looked at it differently and maybe he just didn’t know how, but he made that decision with me to have a baby. So, I think once you make that decision you can be scared but you have to deal with it and you have to go with it as it comes. He just didn’t do that and he is still like that.

Some participants conveyed a sense of grief over the loss of an intact family while growing up. Abby said that her family had failed her and left her homeless with no help with the baby. Mary described her family as dysfunctional and said that when she needed help, they were no where to be found. Samantha, however, spoke of her family as her greatest source of support. She said that “through hell or high water your family will always be there.”

Several participants also talked of their disappointment that their own fathers were not involved in their lives. Cat explained that she would make excuses for her father’s behavior and loved him despite her disappointment with their relationship.

I ignored the negative and when my dad let me down I would make up excuses for him. I would love him unconditionally even though he did let me down a lot, but I still loved him anyway. And, I guess it’s that absence of real father-daughter relationship and I guess that is kind of what led me to constantly crave male attention even though it wasn’t reciprocated. I guess that is what led me to it, because I adored, I still adore my father even though I don’t talk to him that much, but I love him anyway.

Aaliyah described her desire to have a father in her life and attributed her staying with the father of her baby for as long as she did because she wanted her child to have a
different life, with a fully-involved father. She related that she had been abused by her father but thought that was how her dad, and perhaps all men, showed love to her.

So, I still wanted to know how it is to have a dad. So it was like I was trying to do what I could to be in his life. . . . So that’s kind of another reason why I did stick around with my baby’s dad. . . . So if that’s how my dad showed me love, then I guess that’s how all men are.

Other categories in the subtheme of erratic family life are “Abandonment” and “Growing up with a single mother.” Cindy described how her brothers convinced her mother to not let her come home until she “got beat” in order to learn her lesson. Samantha, Abby, and Jennifer all spoke of growing up with a single mother. Abby told of her mother struggling as a single mother and how Abby, herself, was continuing that cycle. In contrast, only one participant, Becky, told of her parent’s long term relationship. They were together for 25 years, and she did not grow up with violence in her family. She said that they had disputes but never fights.

Growing up with violence. Another subtheme of Beginning on Unstable Ground was growing up with violence. Four participants told of knowing that their mothers had been in domestic violence situations. Three of the four mothers had been beaten by the men in their lives. One experienced mental abuse from the participant’s father although the participant stated that her mother was always very respectful of her father. One participant stated that her own father had beaten her when she was growing up. Cindy acknowledged that she knew how to defend herself because of growing up with brothers. Abby explained that:

If you grow up with abuse like I did, it doesn’t seem like that big of a deal. The physical was never a big deal. Cause it didn’t hurt after a
while. The bruises will go away. But the mental stuff really will mess with you. Will make you feel crazy.

Becky and Lenna both indicated that there had been violence in the families of their babies’ fathers. Becky stated, “and it goes in cycles so he must have had that cycle in his life to have seen the cycle, see how it runs and say ‘oh, that’s how I am suppose to treat people.”’ Lenna was disgusted by how the mother of her partner tolerated abuse from her partner’s father. She said that the father of her baby thought it was alright to treat girls that way because his father mistreated his mother, and she stayed in the relationship.

**Theme 2: Riding the Emotional Roller Coaster**

The emotional ups and downs that the young women in this sample experienced began in their families of origin and continued through their relationships with their intimate partners and during the leaving process. They tried to make the relationships work with their partners, but ultimately realized that they had to leave the relationships to make better lives for themselves and their babies. This section describes the following subthemes within the theme of *Riding the Emotional Roller Coaster*: “Looking for love and acceptance,” “Teetering between hope and hopelessness,” “Seeking solid ground,” “Sinking spirits,” “Acceptance versus rejection with his family,” and “Ups and downs with mom” (see Table 2).
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Table 2. Subthemes and Categories for Riding the Emotional Roller Coaster

*Looking for love and acceptance.* The young women described the ups and downs experienced when looking for love and acceptance. Looking for and finding someone to help them to meet their needs was part of the process that they underwent to try to be happy. One participant described joining a gang in order to provide for herself once her mother made her leave the home. She told of how hard she worked and how the older gang members respected her for it. Other participants told of looking for a partner to
provide stability and love after the erratic lives that they had experienced. Cindy was looking for a partner in whom she could confide. Tabitha hoped to find a “safe haven” when she was having conflicts with her parents. She was:

Searching for someone to tell me I’m beautiful and pretty. And kind of accept me for who I am. Because I never thought that I was those things. And he was the first person to ever tell me that. So, I fell in love with that because it was exactly what I wanted to hear.

Abby was looking for someone to take care of her. She wanted someone to “kiss her stomach and treat her like a pregnant lady. I just wanted to be happy in my pregnancy. I wanted it to be happy and safe and joyous. But instead it was just really bad.” Cat felt love at first sight. Several participants also described Cat’s feeling of immediate love. Nine of the twelve participants spoke about how “perfect” or good the relationship was in the beginning. Cindy spoke of being able to go to him and tell him everything. Lilly spoke of having a good connection with her partner. Cat described a motherly instinct toward her partner who had been abused by his parents growing up. She said that she tried to help him and be there for him. Jennifer said that in the beginning of the relationship, he pursued her. She said that she “backed off” from the relationship but that he was persistent in phoning her.

In their efforts to look for love and acceptance, the young women often overlooked the beginning “red flags” indicating that something was wrong in the relationship. Two of the participants identified that they were in their teens while their partners were in their mid twenties. Tabitha indicated that she did not know any of the red flags or warning signs, because it was her first relationship. Both Abby and Cindy did not at first realize that they were experiencing abuse, because they had grown up with
violence. To Cindy, when her partner first slapped her it was nothing. "I was slapped. My mom said that was still domestic violence, but to me it was just like my mom slapping me.” Jennifer told the story of her partner flirting with other girls on their first date. He continued to show desire for other girls, making her jealous. For Aaliyah, the first indication of violence was when her partner “got mad and snapped her necklace off” when she was looking at a male character on television. She said that she did not think anything of it. “All the dudes in my family, they beat up on their women. . . . it was kind of normal.”

Another way in which the participants sought love and acceptance was by protecting their partners and attempting to prove their love. Cat tried to be the best girlfriend possible. “I loved him so much that I gave up my friends for him. I wanted him to trust me. I wanted him to believe that I wouldn’t leave him like his mother had. I wouldn’t abandon him.” She spoke of wanting to improve his life and make him trust her. Jennifer was always there for her partner. When he would get arrested by the police, she would go and pick him up, but he still did not appear to care for her. Lenna conveyed that she was so in love with her partner that her world revolved around him. Aaliyah covered up the abuse from her partner and protected him, trying to win his respect and approval. Cindy’s mother warned her that she should not be with her partner, but she ignored her advice.

While seeking their partners’ love and acceptance, the participants often sat at home and felt abandoned and lonely. Abby described herself as being “alone and hopeless all the time.” She stayed home, watched television, and gained 80 pounds while
he was out with friends. She said, “He was probably cheating on me, and I was home alone with this baby.” Renee said that she shut everyone out during the last few months of her pregnancy, even her mother.

Despite feelings of abandonment, the participants described brief demonstrations of support from their partners which added to the effect of the turbulent roller coaster experience of ups and downs in their lives. Aaliyah described her time in the hospital after the birth of her baby as “the best.” Her partner gave her much attention and care. However, she recognized that he would change, once she left the hospital, and she tried to persuade her doctor to let her stay in the hospital longer. Jennifer also spoke of the support that her partner gave her during her spontaneous abortion and how happy he was when she became pregnant again.

*Teetering between hope and hopelessness.* The subtheme of “Teetering between hope and hopelessness” portrayed the emotional highs and lows throughout the course of their relationships. At times, it seemed that the relationship was improving only to experience disappointment again that the relationship was failing. Tabitha explained the feeling as “hope for something I knew would never happen. But I would still just hang onto it. Even though I knew it was unrealistic. And not possible. But sometimes that’s all you have is the delusion to hold onto.” Cindy hoped that everything would be perfect when her partner was released from jail. Cat stayed in the relationship because she loved him so much and wanted to be with him so badly. She, too, told of thinking that everything was going to be perfect and was secure in the relationship. Cat had confronted
her partner after finding text messages on his cellular phone to another woman, stating that he missed her.

With me being pregnant and everything I didn’t want my baby to be abandoned by its father. I wanted to have that family. I was so dead set on having that stable, happy family. But that same day he promised me he was going to stay with me and he said things between us would be better.

Mary wanted her children to have a father, something that she had never experienced and wanted to work out the relationship with the father of her children. Aaliyah articulated similar reasons for staying in the relationship.

So it was very, very important for me to have my baby have their father around. Because I know how bad it was not having my father around. So I was like you know they need their dad. So I used to be like whatever goes on between me and him, we’ll just make it through it.

Both Jennifer and Lilly also felt obligated to stay in the relationship so that their children would have fathers. Abby and Cindy spoke of feeling hopeless and trapped with no where else to go, but back with their partners.

Cindy, Jennifer, and Lilly all hoped that their partners would change. Jennifer spoke of actively wanting to change her partner. “I just wanted him to be the right person. I wanted to make him the right person for me.” Lilly wanted her partner to be someone that he was not. Samantha, too, had hopes of working out the relationship to where they could tolerate each other and be parents together.

The participants eventually realized that their partners were not going to change. Cat verbalized that despite her partner calling her to get back together with him, she realized that “no matter what happens now, he is not going to change.” Aaliyah came to a
similar conclusion in that “he ain’t gonna change unless God can change him. I mean unless he motivates himself to change, ain’t no way you’re gonna change him.”

Seeking solid ground. The participants’ efforts to do what they could to make a positive difference in their lives were depicted in the subtheme, “Seeking solid ground.” Abby especially took pride in doing everything right. She said that she read all the books on pregnancy, breastfed her baby, and received praise from healthcare providers. Support from others was another way that participants sought out solid ground and stability. Becky received support from her friends, family, and employer during her abusive relationship. Cat depended on her friends but did not want to burden them. Mary had two good friends who helped her move to the shelter, obtain supplies for her children, and provide emotional support.

Sinking spirits. Despite efforts to change their lives for the better, participants struggled with feelings of worthlessness. Tabitha spoke of being beat down to the point of feeling that “I deserved what I got.” Cindy referred to herself as stupid and felt that everything she did was wrong. Both Abby and Aaliyah felt guilty for not leaving sooner. Jennifer worried about telling her mother about the abuse and consequently kept it from her so that she would not feel bad. Becky recently found out that she was bipolar and felt that perhaps she provoked the abuse. Cat believed that it was partially her fault, because she had isolated herself for the sake of the relationship. Both Becky and Mary acknowledged that they had anger problems. Cindy believed that because she didn’t listen to her family and was stubborn that she had to learn her lesson. Abby especially felt
that she was a failure, because she was receiving governmental aid and called herself a “nobody” and a “leech.”

Acceptance versus rejection with his family. Another subtheme that emerged was the participants’ relationships with their partners’ families and was described as “Acceptance versus rejection with his family.” Four of the participants described very positive relationships with their partner’s family. Becky summarized the positive feelings that she received from her partner’s family. “I was the world’s greatest child, because I was doing everything right.” Samantha related examples of how her partner’s family had rejected him and accepted her. She received a great deal of support from his family. Aaliyah also maintained a supportive relationship with her partner’s family. Five participants described negative interactions with the partners’ families. The families of the partners of Lenna and Lilly both doubted that their sons were the fathers of the babies. Lenna said that her partner’s family were hateful people and would not acknowledge her child by buying him gifts. Both Abby and Mary were annoyed with how the partners’ families always sided with him and “let him off the hook.”

Ups and downs with mom. The final subtheme within the theme of Riding the Emotional Roller Coaster was “Ups and downs with mom.” Participants described how their mothers disapproved of the fathers of the babies. Cindy’s mother became angry and “kicked her out of the house” because of him. Lenna described that her mother tolerated her partner because of her. Becky’s mother predicted that she would get into the situation, because her mother had worked at a domestic violence shelter.
In contrast, the participants also counted on their mothers for support. Becky stated that she could count on moving in with her mother if she needed to do so. Lenna’s mother gave her a place to stay and picked her up when she decided to leave. Samantha relied upon her mother for support and realized the benefit of the support.

And I knew, like I knew I was going to open arms. Like I wasn’t just, I don’t have anywhere else to go, you have to take me in. I knew that I was welcome. I knew that I had somewhere that I could call home and it wasn’t just somewhere to stay. So I wasn’t kicked out on the street. I mean I had someone welcoming me in and someone to hold my hand and that felt good. And that it was my mom.

Lilly also spoke of the unconditional support from her mother in that she could tell her almost anything and yet her mother would tolerate her going back with her partner if she decided to do so.

*Theme 3: Being Destroyed: Body, Mind, and Spirit*

In this theme, participants shared their experiences with their abusive partners and described being abused verbally, emotionally, and physically. The young women told of their partners taking advantage of them, isolating them from family and friends, and exhibiting jealousy. They spoke of the turmoil that they had experienced in dealing with conflicts over pregnancy, their partners’ addictions and emotional problems, and deciding whether to forgive them. Devastating pain was caused by humiliation, threats and physical violence that occurred while constantly living with fear. Subthemes included “Losing self,” “Dealing with turmoil,” “Devastating pain,” and “Living with fear” (see Table 3.)
Losing self. The first subtheme within the theme of Being Destroyed: Body, Mind, and Spirit was “Losing self.” The participants expressed that they felt used by their partners. Cindy described how she had to work at a job when she was still a minor while her partner was jobless, beat her, and took her wages. Tabitha told how her partner would beat her and then take her to the hospital in order to obtain pain pills that he would take.
himself. Jennifer’s partner would loiter at the fast food restaurant where she worked and then leave without paying his bill, and she would have to pay.

Most of the participants described how their partners had purposely kept them apart from family and friends. Cindy told of how her partner broke her cellular telephone and did not want her to have contact with anyone. Cat and Jennifer told of loving their partners so much that they gave up their friends. Jennifer’s partner told her that her friends were a bad influence, because they wanted her “to go out with them.” Lenna spoke of her partner wanting her to stay in her room all day and give up her friends, and Abby and Cat’s partners also disliked their friends. Aaliyah’s partner tried to control her phone conversations and came to her place of employment to try to assure that she was not talking to anyone. Tabitha expressed that her partner would not let her visit family or friends and only allowed her to be out for short periods and would call her constantly “to make sure I wasn’t doing anything that I wasn’t supposed to be doing.” Becky explained that her boyfriend made her “turn away” from her family and toward his family and that she lost her support system when she moved in with him.

“Keeping secrets” is a category that emerged during analysis within the subtheme of “Losing self.” Three of the participants, Cindy, Samantha, and Jennifer, reported keeping their pregnancies a secret. Samantha was embarrassed to tell her mother about her pregnancy, because she felt that she would also have to tell her about the abuse that she was experiencing. Samantha also wanted her boyfriend to tell his own family about the pregnancy prior to her announcing the pregnancy. Jennifer also kept her pregnancy a secret from her parents. “The only thing I could do was cry, because I didn’t want to go
to my mom and tell her about it because it would make her feel bad. I didn’t want to make her feel bad.”

Their partners’ “Relentless jealousy” was another category under the subtheme of “Losing self.” Half of the participants specifically addressed their partners’ jealousy during the interviews. Jennifer’s boyfriend would “make a scene” when she would talk to other men and would stalk her at work. Lenna shared that her partner thought that she was looking at other men and that they were looking at her. He told her that the baby was another man’s child and falsely accused her of sleeping with men that her mother knew. Becky’s boyfriend thought that she was cheating with everyone at work. Aaliyah described her boyfriend as being very insecure and accused her of being desired by her cousin.

Despite the extreme jealousy that their partners exhibited, the participants suspected that the men were unfaithful to them. Some of the partners would dress up and leave, saying that they were going out for a quick trip to the grocery store and then not come home until the next day. The participants also told of women calling their partners on their cellular telephones. Lilly found out, through her partner’s new girlfriend, that he was unfaithful. Lilly said that he was sleeping with other women during the first three months postpartum when they were trying to “work things out.” Renee’s boyfriend started to bring other women to their house. Cat witnessed text messages from her partner’s girlfriend after he had promised that they had stopped the relationship.

Within the subtheme of “Losing self,” one participant used the phrase, “Feeling like a puppet” to describe her loss of self and feelings of being manipulated. “Like every
time he would be in front of me, I felt like I was nothing. Like I had to do what he told me to do. I was like a puppet. That’s what I felt like.” Cat and Tabitha said that their partners controlled how they dressed, and Tabitha’s partner also dictated her hairstyle, and he went to the extreme of cutting his arm when she commented on finding a movie star attractive. Aaliyah said that her boyfriend constantly watched her, and she thought that he had the neighbors watch her when she was at home. Becky described the effect of her partner’s controlling behavior as “mind warping.”

**Dealing with turmoil.** Two of the categories that emerged from the subtheme of “Dealing with turmoil” centered on the decision to have a baby and the conflict over the pregnancy. Abby’s partner started talking about having a baby at only three weeks into the relationship. Cat’s boyfriend pressured her to have a baby while they were both still in high school, even though she had told him that they were too young. She stated that he became “depressed and sad” whenever she would refuse to consent to having a baby. When pregnancy occurred, some of the fathers used denial as a tactic. Both Lenna and Samantha’s partners wanted them to have abortions. Lenna’s partner denied being the father of the baby. Tabitha’s partner refused to acknowledge the pregnancy and “didn’t want to touch her stomach” or talk about the pregnancy even when she was showing. Cat said that at first her boyfriend was happy but within two weeks he became distant and then stopped coming home at night. Jennifer left messages for the father of her baby stating, “If you don’t want to take responsibility for your son then I just need you to call me back and then I won’t bother you anymore.”
Along with the turmoil of the abuse that was experienced by the participants, participants were also forced to deal with their partners’ problems such as drug addiction, uncontrolled anger, and mental illnesses. Both Lilly and Mary spoke of their partners’ problems with anger. Participants mentioned their partners’ drug addictions that included alcohol abuse, marijuana use, and amphetamines. Tabitha’s partner abused prescription drugs and used her to obtain them. He would beat Tabitha and then take her for medical treatment, demanding that she request pain medications. He would then take her prescription pain medication after leaving the health care facility. The father of Cat’s baby had been arrested for possession of drugs. Cindy resented that her baby’s father “smoked weed” in front of her son. One participant stated that her boyfriend would not take medication for his bipolar disorder. When Lilly was discussing that her partner tended to “get himself into trouble a lot,” she explained that “when something is going good for him somehow he messes it up. He is a really smart guy but he just doesn’t use it at all.”

Deciding whether to forgive their partners was another emotion adding to dealing with the turmoil for two of the participants. Jennifer told of her boyfriend coming to her place of employment with roses or teddy bears “to make up for it, and I would take it.” He would tell her that he didn’t know what he was doing, and she would go back with him. Aaliyah told of her boyfriends’ repeated apologies: “You know how many times I heard your ‘sorries’? ‘Sorries’ don’t mean nothing. Just apologizing don’t mean nothing.”

Devastating pain. Another subtheme that captured the experiences of the participants was “Devastating pain.” Participants told of being humiliated and beat down
by verbal and emotional abuse. Abby’s boyfriend told her that her ideas were ‘stupid’, her friends were ‘sluts,’ and called her a ‘beast.’ Cat stated that her partner called her a ‘slut’ because of the way that she dressed and said that “he wanted me to dress special for him and him only.” Jennifer also was told each time that she got dressed that she did not look good and that she was dumb. Tabitha’s partner told her that she was nothing and needed to lose weight. He compared her to his old girlfriend who would obtain drugs for him. She identified this as one of the ways that he would “put her down.” Becky was told by her partner that her family didn’t want her and that nobody wanted her. Mary was told that she was a poor mother and was worthless. Samantha told of her partner’s new girlfriend coming to the hospital the day that she delivered her baby in order to see the baby. Later, at a family dinner, she arrived and wanted to hold the baby.

Another category within the subtheme of “Devastating pain” was the partners’ threats made against the participants. Jennifer’s partner threatened to kill her. Lilly stated that her partner would “yell a lot” when he became angry and punch objects although he never hit her. Renee experienced threats from female friends of her partner. They would threaten to push her down the stairs to “make her lose the baby,” and make other threats and taunt her. In order to cope with the violence from her baby’s father, Aaliyah would block out the hurt. “I got so immune to it. It didn’t even bother me no more.”

“Devastating pain” was also identified by several participants when they described that the abuse became worse after they became pregnant. Abby said that the abuse became more physical after she became pregnant, and Tabitha said that she was beaten only after she became pregnant. Cindy told that when she tried to leave after
becoming pregnant that the violence escalated. After her partner was released from jail, he stabbed her and then beat her, and she miscarried.

The physical pain experienced by the participants within the subtheme of “Devastating pain” included choking, slapping, hitting, pushing, and pinching. Abby told of her partner threatening to kill her stating,

He put one hand over my mouth and the other around my neck as I laid on the floor face first. I thought I was going to die. Our son was right there in his bassinette to witness the whole thing.

She also told of a time when he blew his nose on her face. Tabitha was kicked in the stomach when pregnant. Cindy suffered a broken wrist, and Becky, a fractured facial bone. Cat’s partner pushed her and choked her and held a knife to her throat. Lenna’s partner threw objects at her, put his knee in her stomach, and ripped out some of her hair. A feeling of helplessness was experienced by Cindy when she had a miscarriage, and he did not do anything to help her. “He let me bleed out in the toilet. That’s what he let me do.” She explained that he was a “big guy” and that she was alone and “couldn’t do anything.” In some cases, the bad behavior from the babies’ fathers continued during the birth experience. The partners of both Lenna and Becky were not allowed at the hospital as a result of their behavior that included screaming obscenities and upsetting a delivery table. Aaliyah’s boyfriend was chastised by friends for “disrespecting” her while she was in labor.

The “Devastating pain” experienced also included “Encounters with the justice system.” Several of the participants’ partners were repeatedly sent to jail. When Tabitha was in the hospital with pre-eclampsia, she shared with her mother that she had been
experiencing abuse. Her mother later testified against Tabitha’s partner, and he was sentenced to eight years in jail. Renee and Cindy’s partners were in jail when their babies were born and were sent to jail several other times both prior to and after the birth of their babies. Abby’s neighbor called the police when he heard noises when her partner was hurting her. Her partner was taken to jail but released the next day because his “friend from high school was the cop.” Both Samantha and her partner were sent to jail as a result of his violence, because it was determined that she started the incident. Both were mandated to attend domestic violence classes. Mary decided against obtaining a restraining order, because she wanted her partner to be involved with her children’s lives. Aaliyah conveyed a mistrust of the police and worried that she might be arrested if she called the police. She said that “a lot of the cops I know are very dirty” and that she did not want to be considered a “snitch.”

*Living with fear.* Another subtheme to emerge from the theme, *Being Destroyed: Body, Mind, and Spirit,* was “Living with fear.” The fears that were described were for their own safety and the safety of their babies. They also verbalized fear of losing their partners’ involvement in their lives and the lives of their babies. The fears for the baby involved the physical threats to the fetus when she was being choked or hit and also fears for the impact upon the baby of witnessing the violence. Abby was worried that when her partner would choke her, that her “baby would not get enough air.” When he would hit her on the back, she would protect her stomach while she was pregnant. She also worried about the impact upon her newborn son of witnessing the violence. She described the situation, “And I looked and the baby wasn’t even crying. He was just staring. Like he
could just sense the fear.” Aaliyah was five months pregnant when she decided that she “couldn’t take it no more.” She stated that she feared her unborn baby would die. Jennifer worried that the father of her baby would try to take the baby.

Four participants verbalized fears for their own safety. Tabitha was afraid to say anything when he beat her. She was afraid that he would be mad at her. Abby’s partner made threats against her grandmother if she attempted to call the police. She also was afraid to call the police, because “his family would get so mad at me.” Cindy was afraid to call the police and also to testify in court where she denied the violence. She was also worried that he would take her son away. Mary had a similar fear that the father of her children would find her and take her children, so she went into hiding.

There was also the fear of the consequences for the father of the baby and the fear of losing him. Tabitha was afraid that he would be sent to jail and she loved him. Cat feared that the baby’s father would abandon the baby while she was pregnant. She wanted a family and stated, “I was so dead set on having that stable, happy family.” Jennifer told that she would call him, cry, and beg him to stay and not leave. She said that she moved in with him because she feared losing him. Her baby’s father also threatened to leave the country.

Theme 4: Reaching Solid Ground: Building a New Life

The final theme to emerge was Reaching Solid Ground: Building a New Life. This theme captured the essence of the young women deciding to leave and their efforts to make the necessary changes in their lives to move forward with future plans after leaving their relationships. The subthemes within this theme were “Should I stay or should I go?”
“Deciding to leave,” “Avoiding the rough spots,” “Staying apart,” “Moving on,” and “What I need: ALERT” (see Table 4).
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Table 4. Subthemes and Categories for Reaching Solid Ground: Building a New Life
Table 4 continued

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*Should I stay or should I go?* There was a great deal of ambivalence about whether to leave or to stay in the relationship as detailed in the subtheme, “Should I stay or should I go?” Lenna, Mary, and Aaliyah all told of leaving and then returning several times before the final departure. Lenna would go to her mother’s house when she would leave and then her partner would “sweet talk” her, and she would return to him.

I would leave, go to moms, and go back. He would call and tell me he was sorry, that he would never do it again, come back and I would go back. Finally I was getting real just tired of it.

Mary left her husband when she thought that he was “cheating” on her but went back to him when she found out that she was pregnant with her daughter. Aaliyah also described her repeated leaving. “Because when me and him used to fight, I would just leave and then come back. I used to always come and go, come and go.” Cindy in particular spoke
of her conflicting emotion about leaving. She said it was like “taking a weight off” her back but yet she was sad and cried and felt empty after she left.

The ambivalence of whether to leave the relationship sometimes led to regret that they had delayed their decision to leave. When discussing the reasons that they had not left the relationships earlier, Jennifer and Lenna both shared their experiences. Jennifer shared that she did not listen to her mother and leave. She said that she wanted to have a boyfriend like all of her other friends, and she did not want others to see her unhappy.

I know that a lot of times we don’t want to say anything because we don’t want to get them [the abusive partners] in trouble or hurt them. . . A lot of times I was ready to get some help to get over him and move on with my life. I just didn’t want to say anything mostly also because I wanted people to see me happy with him. I wanted everybody to see me happy with him and that he wanted to be with me and there was no problems going on. I wanted everyone to see that in us. I didn’t want anyone to know any different.

Lenna regretted not recognizing earlier the signs that she should leave.

I liked him that much that I stayed for that. I stayed for eight months and put my baby, I could have lost my baby. He could have hurt me enough to lose my baby. I think I liked him that much and I loved him that much that I stayed with him.

*Deciding to leave.* A prominent subtheme in *Reaching Solid Ground: Building a New Life* was “Deciding to leave” the relationship. When deciding to leave, the overwhelming factor was protecting the baby. Eleven out of 12 of the participants identified wanting to do what was best for the baby and coming to the realization that leaving the relationship would be best for the baby. Tabitha’s poignant comment summarized what many of the participants verbalized in that “making it out of an abusive relationship” often involves breaking the cycle of violence “for the love of their kid.
Sometimes you can’t love yourself enough. You just love your kid more than yourself, you know?” Abby verbalized similar feelings when she said that she would not have acted in her own best interest and left the relationship if it had not been for her son. “I got courage because I was going to break the cycle that I grew up with.” Cindy also shared that the only reason that she left was for her son. Lilly’s reason for leaving was that she stopped thinking about herself and started thinking about her baby and what he needed in life. Lenna believed that her child deserved better than living a life of violence.

I don’t want my son to think that that’s the normal way to love people. I don’t want him to know that that’s what love is. I don’t want him to see me get hit. I don’t want him to see me cry. I don’t want him to see his dad hit me like that. I don’t want none of it for my son. I don’t want my son to see that.

Renee left when threats were made against her baby. Aaliyah described herself as a tiger with her cubs. “Oh they [the mother tigers] don’t let nothing happen to them [the cubs].” Becky expressed her concern as, “He hit me and I said if you can lay hands on me what’s to stop you from laying hands on my 2-year-old when he is crying? Not happening. I was going to stop the cycle with me.” Cat said that she was worried that if something happened to her baby because of her “stupidity” that she could not forgive herself. She attributed the baby to saving her life.

In a way, I guess you could say my baby saved my life because if it wasn’t for him I probably wouldn’t have left that relationship. I would have probably stayed with him and continued to be abused and probably would still be in that relationship today, but because of my baby I left. I realized that I couldn’t put my baby through that.
Jennifer explained that when she saw her son born, something just opened up in her mind. She realized that she had to leave the relationship. Samantha also realized that she “could not put her baby through it.”

The final departure decision came either quickly as a result of a rather cathartic moment or insight or after a period of reflection and consideration. Some of the participants described a “Turning point” in the relationship when they decided to leave.

Abby’s leaving was spontaneous when she decided, “I’m not going to let you get away with it this time.” At one point, Cindy realized that her partner was not going to change “And I just got over it. I said no more.” Cat identified a turning point in the relationship as well.

Then something inside me just snapped. I just got so angry because I had been trying so hard to make the relationship work, and I had given him everything that he had asked for. I had given up all my friends for him. I pretty much cut off my family too, and I just got tired of it and I started hitting him, punching him.

Prior to leaving, Mary discussed it with a friend. However, for her, the deciding factor for leaving was her son’s exposure to violence.

He hit me with my son in my arms, and I don’t want my son being around that kind of stuff. It scares my son every time we fight, and he cries, and cries, and cries. I just didn’t want my son around it anymore, so I decided to leave.

Samantha and her boyfriend were forced to be apart by the justice system after they each spent the weekend in jail. She said that it was “nice to have a clean break” and to be able to focus on her pregnancy without the “drama” attributed to the father of the baby.
Other departures, like Jennifer’s were planned. Jennifer had her clothes packed and had already talked to her mom about leaving him.

The only thing I thought about was that if I left when he was here that he would start crying, begging me and telling me he loves me and then I would not be able to go. So it was better that I just do it when he wasn’t around and he had gone out to a party.

Lilly talked about how hard it was when she decided to leave. She said it was hard for her to figure out. She said that it took “a lot of thinking.” At first she denied needing to leave and then, “I finally realized that our lives would be better without him.” Samantha had been weighing her options for awhile and decided that she would be fine and did not need her partner any longer. “If he doesn’t want to do this, then fine. Let him go party, let him go have the life he wants. And I’ll be a mom.” In Aaliyah’s situation, “It was planned. I was already ready to leave. I just didn’t know when I could deep down inside. I was waiting for the perfect moment to make sure I’m completely done and over it.” Mary considered leaving carefully before doing so.

I’ve seen a lot of stuff in my life and it’s just that I told myself that I am not going to let a man hit me and turn out like my mom. But, it ended up happening and now it is really hard to leave him because I loved him so much, but that is not love. So I figure this just doesn’t need to be happening.

Lenna said that she had “just got real tired of it.” She said that “Everything had just built up. I left, and I never went back and that was literally it. It hurt. I felt like my heart had just been broken into pieces.”
During the leaving process, “Reaching out to others” for support was very important to the participants. Both Tabitha and Cat reached out to their mothers for help. Tabitha explained that she was hospitalized for prenatal complications and had time to think about her situation. It was the first time that she had been alone, and she began to think that she needed to “reach out” to someone else. When her mother was there, she told her about the abuse, and her mother then involved the social worker. Tabitha did not trust the social worker at first, so the social worker did not become involved until Tabitha was physically more stable. Cat reached out to her mother when she decided that she needed to leave. She told her mother that she was pregnant and that “things” with her partner “were not going good.” Her mother came and took her back to her house, but then “things did not work out” with her mother, and so she moved back in with her partner. After returning to her partner, she had a confrontation with him.

I watched him walk out the door. I screamed out the door, ‘If you leave, you will never see me again. I am going to leave and you will never see me or the baby again’ and he just kept walking. (Whispers) That hurt so much.

Cat’s sudden subsequent departure left her without cash or bank accounts, so she called a friend. She stayed with her for a week before moving to another state with her aunt when she decided that the relationship with her partner was not going to work. Jennifer’s mother consistently offered support to her and told her that she would come and pick her up whenever she was ready to leave the relationship. Her mother attended all of her prenatal appointments with her, because the father of the baby would embarrass her by falling asleep and “making fun” of the childbirth videotapes. Renee was worried about the threats that her partner’s girlfriends had made against her. She would call her parents
to accompany her when she went out. Cindy reached out to her godmother, father, and friend. Becky’s employer helped her by driving her to a safe house where her mother and her aunt picked her up.

Another challenge when leaving was negotiating the system. Abby, Mary, and Becky all talked about experiences with seeking assistance after leaving. Abby went to the Medicaid office the next day after leaving and asked for a list of shelters. She was frantic that she would not be able to find accommodations in the shelter before her boyfriend was released from jail. After staying in the shelter, she went to her old apartment and stayed there without electricity until her transitional housing was available. She also obtained assistance for child care and food stamps. Abby told of the difficulties that women experience when they do not have transportation to seek services or childcare to go to court appearances. Mary was dealing with the difficulties of recently moving from another state including lack of insurance and trying to transfer some of her services to her new state.

Both Jennifer and Mary told of fighting back when they were in the process of leaving. Jennifer stated, “I told him that he wasn’t gonna tell me what to do anymore and that I can’t keep going on like this.” Mary also stood her ground with her partner and stated, “He is way stronger than I am but I am not going to take it from nobody.”

Avoiding the rough spots. Another subtheme within the theme of Reaching Solid Ground: Building a New Life was “Avoiding the rough spots” along the way. Two participants told of missed opportunities for intervention by health care providers. Lenna’s mother told health care providers of the abusive relationship, but they did not
intervene. At prenatal appointments, no one asked her about intimate partner violence. She said that the health care providers just asked about the baby when she wanted them to be more interested in her difficulties and to be more caring. She identified that “just understanding from their point of view how it feels” was important. Lenna explained that she wouldn’t have been bothered if health care providers had pushed her more to talk about her situation and would have liked for them to ask. “There was always something more that I wanted someone to say to me that would have made me feel okay.” She added that “some girls actually want to tell you stuff and you just need to listen.” Cindy told of going to her school nurse but said that “she couldn’t do anything.”

Tabitha and Renee both had examples of what was not helpful from health care providers. When Tabitha sought shelter at a maternity home, she perceived that the staff members negatively affected her already low self-esteem. In Tabitha’s words,

You know, it was very judgmental. It was a religious based program so they kind of just condemned us to whores. And that was our label. And that was horrible. It’s a whole other thing, building your self-esteem after an abusive relationship and then going to a place where like well, you’re a whore. You know. They never said it like that but it was definitely the message and you know it wasn’t very accepting. They didn’t come across as people that wanted to help you become a strong single parent. They kind of wanted to make you, teach you the way of God. And that was their first thing. It’s so hard being a single parent. You’re missing a big resource, a father. And so you have to figure out how to do all those by yourself. And they didn’t teach you those.

Renee also told of an unhelpful experience with a counselor who was more worried about her alcoholic sister than with helping Renee herself. She explained that she knew that her sister “had problems but she wouldn’t do anything to harm me and my baby, so that really wasn’t the issue right then.”
Further unresponsiveness by health care providers was described by Lenna, Mary, and Becky. Lenna shared that the health care provider asked her about abuse when her partner was in the room and so she denied it. Mary and Becky stated that no physicians, maternity support services, or health care providers asked about abuse. Becky offered, “They didn’t ask questions. It might be better if healthcare providers get to know their patients more than just a name on a chart.” She spoke of the long term effects of the lack of interest displayed, “Even now it is hard for me to build a relationship with my doctor because of the way I was treated in the past. I am just now starting to say ‘this is what’s wrong, can you help me?’”

*Staying apart.* Another subtheme to emerge is “Staying apart.” Several of the participants mentioned, “Guarding against going back” into the relationship. Renee and her mother moved and changed their phone number when she was seven months pregnant so that the father of her baby could not find her. Abby tried to talk herself out of going back with her partner. “Even though it doesn’t matter what they do to you, you still go back to them. Or you still want to. And I had to fight it every day.” Cat recommended writing a list of reasons to stay apart from the abusive partners in order to “make it more concrete.” She explained,

> When I had my weak points and I thought about going back I had to think about the whole picture, I didn’t just think about how much I loved him. I found that not to be a good enough reason to go back to him anymore. Love wasn’t enough anymore, because obviously he didn’t love me as much as I loved him. So, I had to reassure myself that I was doing the right thing by not going back to him. I had to think about the whole picture and why I wanted to go back to him and I had to constantly remind myself of the reasons why I wasn’t going back. So, I did spend a lot of time thinking about it.
During the time that she was abused, Abby had written a journal and after leaving, she reviewed her entries to remind herself of how painful the relationship had been. She recommended that other teens who are experiencing violence write a journal so that they can review it later when they are in the process of leaving the relationship. Lenna had said that even though her partner had tried to win her over, she resisted and did not go back with him. Lilly explained how much easier it was to not go back to her partner once he left the state. Mary told of her strategy for not going back to her partner.

I try not to call. Sometimes I turn my phone off so I don’t call. I catch myself calling him and I ask myself, why are you calling him? I just want to hear his voice or see how he is doing.

Mary stated that leaving is something that each person must do on their own. “It is really hard to get out of a domestic violence situation because of the love you feel for this person.”

Aaliyah kept trying to occupy her time so that she would not think of her boyfriend. She realized that she would not be able to leave on her own and told herself that she had to learn to hate him. She also relied on spiritual strength and “needed to give it all to God” to get out of the relationship. Cindy, Becky, and Samantha spoke of the continuing harassment that they underwent. Cindy told of her baby’s father stalking her when she was staying at her mother’s house, because he knew that her mother worked at night, and she was there alone with her younger brothers. Becky’s partner tried to take her child after she left him.

Moving on. Another subtheme to emerge was “Moving on” which included actions that the participants had taken to move on with their lives. Several of the
participants spoke of their determination to succeed with their new lives. Abby stated with conviction that “failure was not an option.” Nothing could stop her, and she set goals in order to succeed. She acknowledged that it was very hard and that she thought many times that she would go back to him. Lilly stated that “I am not the type of person to just give up and I wasn’t about to. That’s why I graduated high school and I still did everything that I am doing now.” Cindy is attending school to become a certified nursing assistant so that she can “move on.” Tabitha plans to be a dental assistant with the ultimate goal of becoming a teacher.

Many of the participants realized that they could succeed with their lives on their own and did not need to depend upon their partners for support. Abby asserted that she came to the “realization that I don’t need a family to get me through. I can do this on my own and just stop feeling like a victim all the time.” Tabitha said that living with her parents “does not work well.” She has been living on her own, has her own place, and has been working as a paraprofessional. Lilly said,

I want to do a lot more now. I’ve always had goals for myself. I want it that much more. I think a lot of girls just give up. A lot of girls feel you need a lot of emotional support from the baby’s father and I don’t believe that at all. I think that you can do anything by yourself and life’s not over, it’s really not. I know it’s hard and I am not saying you know it’s really hard for me to go to work in the morning, come home for a few hours and go to school at night. It’s really hard, but the time I have with (my child) makes it that much better. Once I’m done with school it will pay off.

Mary stated that leaving is something that each person must do on their own. “It is really hard to get out of a domestic violence situation because of the love you feel for this
person.” Aaliyah and Renee were succeeding on their own also without the help of their partners. Renee told him, “I don’t want your help; I don’t need your help.”

Support for leaving came from many different people. Becky’s employer took her to a safe house where her family picked her up. Cat found a new boyfriend who is supportive of her. Lilly, Mary, and Samantha experienced their mothers’ support. Samantha attributed her ability to leave to her mother’s support, “because through hell or high water your family will always be there.” Aaliyah relied on both her mother and her aunt to provide shelter and protection after leaving.

As the participants moved on with their lives, they verbalized a belief that life would get better and also re-established ties with their mothers. Abby said that perhaps someday she would meet the “right guy” but that she is smart and able to support herself financially. “Like someday I’m going to live in a nice house and my son’s not going to have to worry about things I worry about.” Samantha spoke of her daughter and her being a “package deal,” and that someday she would find someone who loves them. Cindy, Renee, and Aaliyah had all re-established ties with their mothers after having had difficult relationships with them. Cindy grew closer to her mother after she left the father of her baby and after her mother divorced. She learned to value her mother’s wisdom regarding her relationship. Renee’s mother attended every prenatal appointment with her. Aaliyah pointed out that her mother was the only one “who had been there for her.”

At the time of the interviews, most of the participants were still grieving over their lost relationships. Cindy, Becky, Cat, and Jennifer all spoke sadly of how their partners’ were no longer a part of their lives. Lenna commented that her baby’s father did
not see their son born. She allowed him to see her son “whenever he comes over and feels like playing daddy” and told herself that she deserved better. Mary told of her husband having another girlfriend.

But I just told him that maybe things will be different, and you think she is better than I am. Whatever! It’s just going to be the same thing with her too. It’s just that right now you are in the beginning of your relationship. Everything is going good now, but just wait until she does something that makes you really mad, and then what are you going to do, slap her?

Samantha stated that her partner did not come to see their daughter, because “His daughter is not his priority.” She spoke of the difficulty in being a single parent but knew that she had to move on with her life. “I just had to get over the boo-hoo, he dumped me and deal with it.”

Samantha in particular spoke of losing her freedom at her young age and how her priorities had changed.

All of my friends are friends that I had in high school, and they are 21 and out partying and out being 21. And, I don’t want to do that. I want to be a mom. I want to be everything to my daughter as she is everything to me. So that’s not appealing to me to go out and drink and party. I just have different priorities now.

There was a sense of changing perspectives and moving on. Becky shared that she is a much different person now than she was when she was dating her abusive partner. She has noted a change in her attitude and now volunteers everywhere in order to help others. She attributed this behavior to her new perspective on life.

I have learned that if I do something good, something good will happen back to me. It’s amazing to see the attitude change that I’ve had from dating him to not dating him and who I am now. So I am still dealing with the past but am trying to move on it.
Jennifer stated that it is about the future now. Renee’s partner approached her about getting back together after he was released from jail. After she told him that she was “happily married and we had our own little family,” he has not contacted her. Samantha told of how the domestic violence classes that she was forced to take helped her and leaving the relationship was the best thing for her daughter.

And it’s actually been nice that I started out as a single parent because I don’t know any different. I don’t know what it’s like to have somebody helping me at night, and I don’t know what it’s like to have somebody else change a diaper.

*What I need: ALERT.* The final subtheme to emerge was identified as, “What I need: ALERT.” The participants told of strategies that health care providers could use to help support them when they were contemplating leaving the abusive relationships. The strategies identified in this theme can be summarized by the acronym, ALERT, which represents five key actions in providing support: Ask, Listen, Encourage, Resource provision, and Trust. Each category is described in the following paragraphs.

“Ask” me encompassed the desire expressed by the participants for someone to show concern and ask about their situations. Jennifer shared that health care providers should ask about violence and acknowledge “if they see something going on.” Cat, Lilly, and Samantha said that when they came to prenatal visits without the father of the baby, someone should have asked them where the father was. They explained that it would have been easier to talk about if someone had asked them about it, otherwise it was really hard to bring up for discussion. Mary shared, “It would be helpful for them to ask because once you ask it might be the right time and you might want to talk about it at that time. It is always good to ask, it is very helpful.” Samantha was embarrassed and was not
going “to tell everyone” about the abuse. She waited for the doctor to ask before she said anything. Tabitha warned that missed prenatal visits should be a red flag and that health care providers should inquire as to why the visits were missed and should intervene.

However, several of the participants said that health care providers should not push too hard for them to leave the relationship. Abby explained that her nurse from Nurse-Family Partnership encouraged her to leave but did not push her too hard. “She told me what she thought without being too pushy. And it made me want to do it on my own.” Mary warned that,

Every person goes through a different kind of a thing. It is always helpful to ask and not be too pushy. You just have to be careful of how you ask things because some people may take it the wrong way, especially single mothers.

Aaliyah also cautioned that teen mothers “will make up stories to cover bruises” and to be careful how questions are asked. “Just let them know that you are there for them. Whenever they need you, so that they can feel comfortable.”

Listening and caring were requested by participants. Renee and Abby stated that they wanted someone to talk to or just listen. Tabitha said that a non-judgmental, caring down to earth demeanor was most helpful. Samantha appreciated having an objective “outsider,” her doctor, “to just totally vent to.” She further explained, “I could tell exactly how I was feeling and not be embarrassed about it.” Lenna verbalized,

I just don’t think you have to be in a situation or have had it happen to you or someone that you know. Just understand from their point of view how it feels. And if you don’t know how it feels to be hurt, just to listen and just know that there’s always some girls who act like they want to be quiet. They don’t. Cause I was like quiet when I would go to my appointments. Some girls actually want to tell you stuff and you just need to listen.
“Encourage” was the next action to emerge as a category. Providing encouragement was deemed very helpful by the participants as when Abby told that her nurse had shared others’ success stories that made her think that she could succeed as well. Lenna’s midwife reassured her that the abusive relationship was not her fault, and Samantha’s physician also provided her with encouragement during the leaving process. Lilly shared the importance of health care givers providing encouragement by acknowledging that young mothers have a future and should focus on the baby. “I think if they would encourage teen moms to not give up, that their life isn’t over. If anything my baby has made my life better.” Samantha appreciated having health care providers advocate for her safety. When she was in labor and the baby’s father would leave the room, the staff members would ask her if she were “OK.” The staff members would monitor who could visit her in the hospital and assure that her visiting preferences were carried out. Her doctor would ask her specific questions about her wishes and then communicate them to the other staff members. Tabitha emphasized the importance of privacy during prenatal visits in order that abuse could be assessed.

“Resources: providing information and advice” was desired by the young women. Tabitha explained that in the middle of the night when the abuse was going on, teenagers need a phone number to call to obtain assistance. Abby thought that providing resources to the teens was very helpful, because the motivation to leave had to come from within the teen. Other helpful resources mentioned were the phone number of the abuse hotline and a community resource packet. Samantha warned however that it would depend upon the teenager as to whether she would be willing to reach out to strangers for help. Cat and
Renee both believed that being a part of a teen support group would be helpful. Renee explained in more detail her preference of being in a peer support group with others who had undergone similar abusive experiences so that “you are not just talking to somebody who has no clue of the feelings. That somebody who really, really knows what you are going through would be nice.” Abby suggested mentioning to other teens, breaking the cycle of violence as a motivator to leave the relationship. She warned of a possible reason for not leaving,

Oh I don’t have any where to go so I won’t leave him. And I always used that as a crutch, but like you know what? It’s better to be living in your car than with someone who could hurt you or kill you.

The health care providers for both Cat and Renee warned them about the effects of stress upon their pregnancies. Lilly appreciated the education provided by the staff members of the neonatal nursery, and Cindy found that counseling was very helpful for her.

Help with finding a shelter was important to Cindy, Abby, Mary, and Tabitha. Cindy cautioned that health care providers sometimes think that teenagers who are in an abusive relationship can always go back to their parents, but “parents usually don’t want you back.” Mary found that the shelter would give her gift cards for supplies and also provide child care so that she “could get a break.” Tabitha said that the apartments for single parents where she stayed had a “wonderful program” that helped to build self-sufficiency.

Abby and Lilly sought help through their schools. Abby sought help from the school nurse while Lilly joined a teen parenting class during high school and found it helpful to be with a group of girls who were experiencing similar circumstances.
Self-help was another category within the “Resources” subtheme. Abby discovered that writing in a journal helped her by allowing her to recall painful events that might have otherwise faded from her memory. Tabitha believed that self coaching was most helpful to her during the leaving process.

“Trust” was the final category to emerge within the subtheme of “What I need.” Continuity of relationships helped to establish trust. Abby had known the same nurse throughout pregnancy and after so that she felt that the nurse always supported her and even visited her in the shelter where she was staying. Cindy emphasized that trust in a relationship was important. As Tabitha acknowledged, “I mean it doesn’t take much time just to tell somebody that you care. And that you’re here for them.” Mary, Samantha, and Aaliyah all had trouble trusting the health care providers. Mary acknowledged that she didn’t trust anyone. She confided in a hospital social worker but then felt betrayed when the social worker shared the information with the nurses and doctors. They became concerned that she could not care for her children and felt that they were trying to take her children from her. Aaliyah also admitted that she did not tell any of them about her abusive relationship and did not know the health care providers well enough to trust them. She advised health care providers to let teens know that you are there for them, because they need that security. She further advised to make a connection with the teenagers and to develop trust.

Summary

Four themes emerged from the twelve interviews through the use of narrative inquiry methodology to collect and analyze the data. *Beginning on Unstable Ground*
depicted the description given by the participants of their family life prior to meeting their partners. “Erratic family life” and “Growing up with violence” were hallmarks of their chaotic family lives. *Riding the Emotional Roller Coaster* was the second theme to emerge. This theme encompassed the emotional ups and downs experienced by the participants during the abuse process. *Being Destroyed: Body, Mind, and Spirit,* described the experiences of the young women as they lived through the abuse perpetrated upon them by their partners. The final theme to emerge was *Reaching Solid Ground: Building a New Life.* This theme conveyed the leaving process and the interventions by health care providers that were deemed by the participants to be helpful. The acronym, “**ALERT,**” was created to describe the key findings that were identified by the participants as being supportive during the leaving process. Ask, Listen, Encourage, Resources, and Trust were the behaviors and characteristics found to be helpful when leaving the relationship.
Chapter 5: Discussion

The purpose of this inquiry was to explore the process that occurred when abused pregnant adolescents left or terminated their relationships with their perpetrators and to determine what behaviors by health care workers were helpful in providing support to adolescents who were in the process of leaving. Interviews from twelve participants were analyzed for the stated purpose. In this chapter, the concept of process is discussed as an underlying determinant of the experience of leaving. Findings of the current study are placed in the context of the research questions and contributions to the literature. Meanings of the findings are discussed, and the rigor of the study is defended. Lastly, limitations of the study are presented and opportunities for future research are proposed.

Reflections on Process

Researchers have taken various positions when presenting their findings on women leaving an abusive relationship. Anderson and Saunders (2003) conducted a literature review of the predictors and the process of leaving. They reported that there was controversy in the field as some quantitative studies took a stay/leave approach with leaving considered a single act hinging on a decision while more recent qualitative studies tended to report the act of leaving as a process entailing an interactive series of decisions and actions.

Process as a concept has a dynamic quality that is defined as “a series of actions, changes, or functions bringing about a result” (The American Heritage® Dictionary, 2003). The Oxford English Dictionary Online (2009) defined “process” as “that which
goes on or is carried on; a continuous action, or series of actions or events; a proceeding; a course or mode of action, a procedure.” Quantum logics framed the concept of process as “a conditional probability being associated with the entire development of a system between two instants of time” (Sarkar & Pfeifer, 2006). Peplau (1992) contrasted a concept with a process by saying that a concept explains a relatively small amount of behavior while “a process represents many concepts which, taken together, provide explanations of a broader range of behavior” (p. 579). She purported that a process organizes concepts into larger components called phases or stages “in a serial order showing the emergence of particular behaviors” (Peplau, p. 503). She stated that processes provide a structure for several kinds of observations in nursing.

Wuest (2007) explained that characteristics of the concept of process included an implied trajectory and variation with stages occurring over a period of time; however, linearity is not implied. Understanding the conditions that produce variation in the process can be the starting point for nursing intervention or practice change. There was also a sense of movement along a continuum when processes were described (Weaver, Wuest, & Ciliska, 2005).

The branch of Process Philosophy, as described by Rescher (2008), placed the concept of process at the forefront of philosophical and ontological concerns. The author explained that natural existence is best understood in terms of processes rather than things and in terms of modes of change rather than fixed stabilities. Processes are complex sequences of successive stages or phases that are sequentially structured with temporal dimensions.
Anderson and Saunders (2003) reported that process studies of the life-cycle of violence conceptualized leaving as involving many decisions and actions that took place over months or years. When the process approach was taken, more focus was placed upon the changes at the emotional and cognitive levels before the actual physical departure. When the focus was placed solely upon the physical act of leaving, the more subtle changes in thinking and behavior were missed. Process studies often attempted to capture the essence and complexity of leaving in the woman’s own voice. Insights and growth experiences were highlighted through process studies as the women gathered the courage and determination to leave (Anderson & Saunders). In this study, leaving was described as a process consisting of four themes that could be considered to be stages. The narratives indicated a complex and fluid process where the women moved back and forth among the stages.

Process Pertaining to This Study

Throughout this inquiry, a research process was followed that has been described in detail beginning with development of a topic of interest, a review of the literature, refinement of the research questions, selection of a methodology, and interview formation. The nature of narrative inquiry allowed participants to organize replies into long stories with sequential characteristics to make a point (Riessman, 1993). In this way, the data collection phase of narrative inquiry could be considered a process as well.

The interviews involved a process that began with establishing a connection with the participants and developing sufficient trust within an abbreviated period of time so that the participants were willing to share their experiences. The interview process itself
began with an opening question. The participants’ responses were, at times, circuitous, and more definitive responses were aided by having the participants describe their experiences in a time-line format. The researcher supported the interview process by using prompts and follow-up questions to obtain depth and detail (Rubin & Rubin, 2005). Member checking was also used during the interviews in order to test analytic categories and interpretations, as well as to clarify the participants’ responses (Lincoln & Guba, 1985).

Analysis was a process as well, beginning with reading and rereading the interview transcripts to capture the experiences of the participants and to identify content categories. Participants became involved in the analytical process by acknowledging or disavowing the similarity of their experiences with those of previous participants.

Integration of the Study Findings With Past Research

Findings from the current study supported the results of several studies within the literature. Landenburger (1989), Merritt-Gray and Wuest (1995), Moss et al. (1997), Ulrich (1991, 1993), Enander & Holmberg (2008) and Patzel (2001) all described leaving as a process of several stages. Anderson and Saunders postulated that leaving began when changes took place at the emotional and cognitive levels of women’s thinking and behavior before an actual physical departure. Women’s own voices were used to describe the process from a social context perspective as they learned more strategies for dealing with abuse and developed insights into their growth experiences along the way. The four themes that emerged from the current study, *Beginning on Unstable Ground; Riding the Emotional Roller Coaster; Being Destroyed: Body, Mind, and Spirit*; and *Reaching Solid
*Ground: Building a New Life* depicted a process of leaving that was circuitous at points but then continued with efforts to build a new life. In this chapter, each theme is discussed individually and placed within the context of existing theories and studies.

**Beginning on Unstable Ground**

An erratic and violent life while growing up in the family of origin was described by the participants. Participants expressed grief over their loss of supportive family lives and the absence of their own fathers within their lives. They recalled that their mothers were often involved in abusive relationships. Support for these findings was found in several studies. Wiemann et al. (2000), in a quantitative study, reported that battering experienced by adolescents tended not to be an isolated event, but rather a part of a larger environment of violence. In a qualitative study, Renker (2002) reported that pregnant teens suffered loss of support from family. Kulkarni (2006), in a qualitative study of young women age 18 to 22 who had children prior to age 18, reported that the young women had experienced chaos at home and that boyfriends sometimes provided an escape from the painful home situation. The current study supported this finding as well.

**Riding the Emotional Roller Coaster**

As they were experiencing the unstable lives in their families of origin, the participants in this study were left particularly vulnerable to partners who “rescued” them from their former lives. The young women were looking for love in their partners to provide them with stability and love. In a qualitative study of older teens and adults, Kearney (2001) found that women entered relationships to fulfill their dream of loving and being loved and that they were propelled by cultural expectations of loyalty and
homemaking. Even though the participants in the current study did not typically come from stable families, they articulated the dream of having stable families with their partners. They would cling to that dream and as a result endured incidents of violence out of romantic love and ideals of commitment. Landenburger (1989), in a qualitative study of adult women, described the binding phase during the initial development of the relationship and identified the desire for a loving relationship as a dream to fulfill through making a commitment and starting a family. In a qualitative study of adult women, Enander and Holmberg (2008) identified a first stage of infatuation and love through which women in both violent and non-violent relationships progressed in societies where relationships were based on romantic love.

“Missing the red flags” was a content category of this study that was supported in the literature. The participants identified specific behaviors of their partners that they believed they should have recognized as violent earlier in the relationship but were overlooked. Kearney (2001) identified the finding as “normalized intimate partner violence” (p. 275) and explained that the violence was at first invisible and accepted by the women. Landenburger (1989, 1993) described in her binding phase that warning signals were often overlooked or passed over as the women were pleased with the attention that they received and had desired for so long and did not pay attention to the alarming aspects of the situations.

“Teetering between hope and hopelessness” in this study corresponded to the theme of “Enduring love” identified by Kearney (2001) as a “continual struggle to redefine partner violence as temporary, survivable, or reasonable by adhering to values of
commitment and self-sacrifice in the relationship” (p. 275). Landenburger (1989, 1993) described putting up with the abuse and highly valuing the good times in the relationship during the enduring phase of her findings. Moss et al. (1997) identified a similar enduring phase as an idealized commitment to the relationship. Moe (2007) through qualitative semistructured interviews with adult women found that women’s help seeking efforts occurred mostly during their attempts to salvage their relationships. Kulkarni (2006) in a qualitative study of young women found that family pressure to stay in the relationship sometimes existed. Participants in the current study vacillated between feelings of hope that the relationships would work out to feelings of hopelessness that their partners were not going to change. Eventually, each participant realized that her partner would not change and left the relationship.

Despite the ups and downs of the relationships, several participants took pride in doing everything right in their attempts to seek solid ground. Attending prenatal classes and all of their prenatal appointments invoked pride in the participants. Lutz (2005a), in a qualitative study of adult women, identified the process of Guarding and Revealing when the woman engaged in strategies to present herself positively as a capable pregnant woman and felt embarrassed when she perceived that she was not meeting sociocultural expectations associated with pregnancy. Participants in the current study also reported embarrassment and an unwillingness to tell others about the abuse. Eventually a decline in the emotional roller coaster occurred when the participants described feeling worthless, blaming themselves, and feeling like failures. Landenburger (1989, 1993) and Lutz
identified similar characteristics in the women who felt responsible for the abuse in the relationships.

Being Destroyed: Body, Mind, and Spirit

The third theme to emerge from the data was Being Destroyed: Body, Mind, and Spirit. Landenburger (1989) referred to this concept as the shrinking of self. She described the abused woman as feeling as if her inner-self was being annihilated. She felt controlled by others and was overridden with pain and fear. In the current study, the participants described being used, being isolated from family and friends, and feeling like a puppet. Secrecy was also mentioned as a way of hiding the abuse from family members and friends. Landenburger called this action covering to provide protection from the stigma of abuse. Merritt-Gray and Wuest (1995) identified the response of relinquishing parts of self as women were worn down by their partners to the point of giving up aspects of themselves that were important to whom they were.

Reaching Solid Ground: Building a New Life

As the violence worsened, the young women in this study feared for the safety of their children and themselves. Ulrich (1991) described a similar finding where women were worried about their own personal safety and the welfare of their children and their emotional safety. The most frequent and important reason for women’s leaving in the current study was to protect their children. There was support for this finding in the literature as well (Enander & Holmberg, 2008; Moss et al., 1997; Renker, 2003; Ulrich).

A turning point when deciding to leave was identified by several of the participants in this study. There was a culmination of events or emotions that led the
participants to decide that leaving the relationships was necessary. There was overwhelming evidence in the literature that supported this finding (Enander & Holmberg, 2008; Kearney, 2001; Landenburger, 1989; Patzel, 2001; Ulrich, 1991).

Participants in this study learned to reach out to others for support during the leaving process and to negotiate the system to obtain needed resources. Both of these findings were supported by past studies (Ford-Gilboe et al., 2009; Landenburger, 1989; Moe, 2007; Panchanadeswaran & McCloskey, 2007; Potter, 2007; Wuest & Merritt-Gray, 1999; Wuest, et al., 2004).

There were many missed opportunities for health care providers to lend support to the participants during the leaving process. Participants in this study told of lack of interventions from health care providers, failure to listen and demonstrate caring, and judgmental behaviors exhibited by providers. The finding of general lack of responsiveness from health care providers was identified in the literature as well (Kearney, 2001, Renker, 2006, 2008; Renker & Tonkin, 2006). Lutz (2005a) found that women wanted sensitive prenatal care that was not just focused on the pregnancy or fetus as was identified in this study.

Landenburger (1989) reported that a grieving process was involved when leaving the relationship as the woman relinquished her need to care for her partner and experienced guilt for removing a child from the father. She also described searching for meaning when the woman asked herself why she stayed in the relationship. Both of these findings emerged in the current study. After leaving the abusive relationships, participants identified ambivalent feelings which they described as relief but yet a sense
of sadness and grief. After self-reflection, several reasons were given for not leaving the relationships earlier and included enduring love for the partner, fear of being a single mother, and believing that her partner’s attention was a sign that he wanted to be with her. Participants verbalized regret that advice to leave was not heeded earlier and that they had placed their babies at risk.

When working to stay apart from their partners, an interesting finding in the literature was also apparent in the current study. One participant in particular spoke of trying to learn how to hate her partner. Others told of writing journals and making lists of reasons not to go back. Patzel (2001) found that women used internal resources such as journaling and self-talk as motivation to prepare for the initial change. Landenburger (1989) reported that women constantly had to remind themselves that there were reasons why they had left the relationships. Enander and Holmberg (2008) reported a stage dominated by hate and “a wish to repudiate the man and his actions” (p. 215).

“Moving on” was a subtheme within the theme of Reaching Solid Ground: Building a New Life identified in the current study that was described in the literature. Wuest and Merritt-Gray (2001) also identified moving on as the fourth stage in the process of reclaiming self when leaving abusive relationships. In this stage, women were no longer consumed with the intense fear and pain of abuse and no longer felt at risk. In the current study, several categories emerged as being related to the subtheme, “Moving on,” such as “Determination to succeed with a new life,” “I can do this on my own,” and “Grieving over the lost relationship.” The participants were determined to succeed with their lives after leaving and to find happiness. Kearney (2001) referred to this process as
finding me. The bond with the abuser was gradually relinquished and new strategies were found that allowed the woman to persevere for a “new, fragile kind of love, a love of what was morally right and healthy for children and self” (Kearney, p. 278). The participants in this study believed that they could succeed on their own; a finding supported by other studies that found that women had to learn to strengthen themselves instead of holding themselves responsible for the abuse (Landenburger, 1989, 1998). Patzel (2001) reported that determination was necessary to take action and to sustain the action to promote the woman’s own best interest.

Several interventions by health care providers were identified by the participants of this study and can be summarized by the acronym, ALERT. Participants wanted health care providers to Ask about abuse, Listen to their stories and demonstrate that they care, Encourage them as they dealt with their abusive experiences, provide Resources, and help establish a Trusting relationship. Landenburger (1993) found similar therapeutic interventions and urged nurses to acknowledge a woman’s feelings, understand her perspective, encourage her self-reflection, and provide resources for women and their children.

Rigor

Rigor can be thought of as the quality of the research process. There is much debate in qualitative research as to what constitutes rigor in a study. An exact definition of rigor is elusive, but Davies and Dodd (2002) stated that rigor referred in a general sense to the reliability and validity of research. Typically, depending upon the author,
rigor is described in various terms such as trustworthiness, credibility, auditability, and fit (Given, 2008; Rolfe, 2006; Wuest, 2007)

**Trustworthiness**

In qualitative research, trustworthiness is a process of persuasion whereby the researcher makes a case that the findings are worth paying attention to (Lincoln & Guba, 1985). Trustworthiness is a way of describing the virtues of qualitative research terms outside of the terms typically applied in quantitative research (Given, 2008). In this study, member checks and an audit trail were the primary means of establishing trustworthiness. Member checks were used as a strategy to maximize the validity of the study (Given). Participants were asked during the interviews to clarify whether emerging categories correctly reflected their experiences. For example, once “Missing red flags” had emerged as a category, participants were asked if this correctly captured their experiences. “Protecting the baby as the main reason for leaving” was another category that emerged that was specifically validated through member checking during the interviews.

**Credibility**

The data analysis must create a believable link between the expressions of the participants and the themes that emerge (Given, 2008). Credibility can be defined as “the methodological procedures and sources used to establish a high level of harmony between the participants’ expressions and the researcher’s interpretations of them” (Given, p.138). One way to establish credibility is to assure that the correct participants were selected for the study (Given). In this study, young women who were just beyond the teenage years and had experienced abuse during an adolescent pregnancy were
selected so that memories would be recent, and all participants would have experienced the phenomenon being studied. Narrative analysis was an appropriate method for this study in that participants were able to tell their own stories in their own words and provide details of the experiences that were most meaningful to them. Conveying the details of the interesting stories also added grab to the study findings which is another important component of credibility and is necessary to engage the reader in the research (Gilgun, 2005).

Auditability

An audit trail was maintained throughout the analysis process and recorded coding decisions and tracked changes in the development of themes and categories (Morse & Richards, 2002). An audit trail was created by diagramming or sorting the data in the spreadsheet used for data analysis (see Appendix E) and allowed the research advisor to inspect the procedures, protocols, and decisions made in the study (Marshall & Rossman, 1999). The researcher’s academic advisor and mentor independently reviewed transcripts of the taped interviews, as well as independently developed coding schemes, categories, and themes for comparison purposes. This strategy was helpful in addressing any bias concerns from either of the researchers and assisted in establishing confirmability.

Fit

As demonstrated previously, documented research in the literature supported the categories and themes that emerged from this study. The work of Landenburger (1989, 1998) particularly supported the findings of this study. Within the four phases of binding,
enduring, disengaging, and recovering, descriptive phrases corresponded to the categories and subthemes of the current study. Desire for a loving relationship was similar to the subtheme of “Looking for love” in the current study. Warning signals were similar to “Missing the red flags.” Covering corresponded to the “Secrecy” that emerged in the current study. Shrinking of self matched closely with “Losing self.” Several of the descriptors in disengaging and recovering were similar to the current themes of Being Destroyed: Body, Mind, and Spirit and Reaching Solid Ground: Building a New Life.

Several interventions described by Landenburger (1989, 1998) were also identified by the participants of this study. Rigor associated with fit will also be established in an ongoing process as findings are disseminated, and clinicians and researchers respond to the research with their own findings.

Implications of Findings

Several findings were unique to the current study, contributed to the body of literature, and have implications for practice. The experiences of leaving as told through the narratives of the adolescents were all valuable additions to the body of knowledge in adolescent intimate partner violence and can be used by pediatric and adolescent care providers, inpatient maternal-child nurses, and prenatal care providers.

Adolescents described an unstable family life that included erratic behavior in their families of origin and also violence while growing up. Most of the participants experienced broken relationships with their families and were looking for love when they found themselves in vulnerable positions trying to find someone to offer them love, protection, and shelter. They also told of missing the red flags of initial violence because...
they felt that they were either blinded by love or accustomed to violence from their families of origin.

The influence of family was a more prominent theme with adolescents than with adults in IPV studies. Health care providers working with adolescents should recognize the importance of family upon adolescents and incorporate strategies to involve family members, especially mothers as resources for support. Despite speaking of difficult or broken relationships with their mothers prior to turning to their partners for support, several participants attributed their ability to leave the abusive relationships to their mothers coming to rescue them and providing them with shelter and support. Health care providers can use this information to assess the adolescent’s support system and to encourage the teen to enlist her mother’s help to progress through the abusive relationship and the leaving process.

A unique finding of this study was that many of the young women had a strong desire that their infants would have fathers who were involved in their lives unlike the fathers in their own lives when they were growing up. Participants consistently described a feeling of loss, because they had not had positive relationships with their fathers when growing up. The participants spoke of trying to make the relationships work out and their hope that their own children would have fathers present in their lives. Armed with this information, health care providers should assess the adolescents’ relationships with their partners to determine if the young women are at risk for staying in abusive relationships.

The participants described manipulation and isolation forced upon them by their partners as well as conflict over the pregnancy. The young women often kept the abuse
secret, because they were embarrassed to tell their families. Health care providers should keep the risk of isolation in mind and provide resources for support to teens to combat the isolation from their typical support systems. Dealing with the turmoil of abuse encompassed being pressured to have children and then experiencing conflict over the pregnancy including questions of paternity and escalating violence. Once again, thorough assessment of the adolescent’s relationship with her partner and her feelings regarding the pregnancy are of utmost importance.

The abuse typically began with verbal abuse during which the participants were humiliated, threatened, and beaten down. The violence often escalated with pregnancy when they were beaten, often resulting in injuries that required treatment from health care providers. They lived with fear for themselves and their babies but yet feared that they would be abandoned by their partners despite the abuse. Health care professionals should be alert to injuries that could have been the result of abuse and question the circumstances surrounding the injuries. Informing teens of the initial red flags of abuse is an important role of health care professionals and other service professionals. Too often, teens are unable to recognize the initial signs of abuse without direction from others and need to be informed of the potential risks to their own safety and to their infants’ safety. Timely development of a safety plan is of utmost importance.

Most participants reached a turning point when they decided that the relationship needed to end. Leaving was sometimes planned and sometimes spontaneous, but in almost all instances, the young women depended upon family or friends for support when leaving. Some of the young women left and returned several times before making their
final departures. Regardless of whether the teen leaves or stays in the relationship, support is needed from family, friends, and health care providers and tolerance for the process no matter what the length or the outcome. Ambivalent feelings were common when leaving the abusive relationships. Great effort was exerted to stay apart as partners would seek forgiveness, and the participants would need to remind themselves of the pain through self-talk or journaling in order to not go back to the relationships. Journaling as a strategy for staying apart from the perpetrator was an important finding of this study. The young women found it helpful to be reminded of how devastating the relationship was as they read their journals after leaving.

Moving on with their lives after leaving the relationships demanded commitment for success and believing that they could make a life on their own without the support of their partners. Participants focused on their children in believing that they could provide them with better lives without their partners. Guidance and direction with setting realistic goals is another important intervention from health care providers.

The acronym, **ALERT**, described the behaviors from health care providers and others that the young women found helpful during the leaving process. **Ask, Listen, Encourage, Resources, and Trust** were critical support measures identified by the participants. It is believed that the development of the acronym will assist health care providers in remembering the important interventions identified by the teens as supportive during the leaving process and will serve as the foundation for awareness and education within the health care community.
Ask

It is imperative that health care providers ask clients about their relationships and assess their social situations. In this study, the women warned that missed prenatal appointments could be a sign of problems or violence at home. Women who miss prenatal appointments should be questioned in a non-confrontational manner as to why the appointments were missed. The young women wanted to be asked about abuse and to have abuse acknowledged so that when they were ready, they could share their home situations. The participants cautioned that health care providers should not push too hard for answers or advice, because the behavior could lead to the young woman being dishonest about her situation. The young women also wanted health care providers to allow time for discussion so that they had opportunity to share their stories and to feel that the provider was interested and willing to listen.

Listen

The young women in this study had a strong desire to be heard. They wanted the health care provider to listen to them in a non-judgmental and caring manner. The objectivity of the health care professionals beyond what their families and friends could offer was highly valued. Health professionals offered a neutral sounding board for the young women who verbalized less embarrassment when sharing their stories with health care providers than with family or friends.

Encourage

Encouragement is a key action in providing support to teen mothers. Success stories from other mothers who have left relationships were beneficial and provided the
needed push to take action in their situations. Health care workers need to be advocates to protect the health of their clients. The women in this study appreciated health care providers who limited visiting in the hospital in order to protect them from unwanted visitors. Providing privacy during the prenatal appointment in order to assess for violence was also critically important to the teens. Creating an opportunity to be alone by finding a reason to ask others to step out during the visit is essential when conducting an abuse assessment.

Resources

Providing resources to young women in violent situations was considered critical by the participants in this study. Hotline telephone numbers and community resource packets were considered to be helpful. Shelter telephone numbers provided information so that the woman could know that there are other options than staying in the relationship. Counseling and help with developing a safety plan were also supported in this study and in the literature as appropriate interventions. Teen parenting groups were an opportunity to discuss issues with peers and were identified as being helpful by the participants. Women identified journaling to remember the horror of the abusive relationship after leaving. Finally, goal setting was important in helping women move on with new lives.

Trust

Participants reported that establishing a trusting relationship with their health care providers was key in promoting an environment where communication could take place. The participants wanted to know that the health care professional was interested and
willing to take the time to listen to them and to provide help and support. They reported that prenatal appointments often only focused on the baby and accomplishing tasks rather than providing time to allow conversation to occur about their family situations. Some women are more likely to trust and share information with health care providers than are others. However, trust in their health care providers was important for the young women.

Limitations

Several limitations exist with the current study. The study was retrospective in nature, and therefore it was possible that the participants may not have had accurate recollection of all of the data and recall bias likely existed. Findings may have varied had the interviews been conducted during the leaving process. All participants had already left their abusive relationships and would have likely had a different perspective on the process than when they were initially experiencing it although the process of leaving would otherwise not be complete. Only one interview was completed with each participant. Findings might have been different had a more long term participant-researcher relationship been established and more than one interview conducted with each participant.

The unique members of the group of participants who came forward to be interviewed were likely to have possessed different qualities and characteristics than those who did not come forward and can be considered another limitation. The participants verbalized wanting to help other teens who were experiencing abusive relationships as a reason for coming forward to be interviewed. It is possible to speculate
that those coming forward had more success in the leaving process and were more willing to share their stories than those who did not.

The demographics of the participants did not vary significantly in that all participants were lower income and city dwellers except for one previously rural participant. The researcher did not ask ethnic identity which would have been helpful information during the analysis in order to determine if there were variations related to ethnicity. The limited demographic variation impacts transferability of this research. The scope of this study has been described so that its applicability to other contexts can be discerned by other researchers (Given, 2008).

Future Research

In the future, prolonged engagement in longitudinal studies with pregnant adolescents during the leaving process would be helpful in order to study the process in depth as it was occurring. It is expected that feelings and perceptions would change throughout the experiences and could be captured more accurately in a longitudinal study. However, it would be more difficult to recruit participants during the tumultuous times of abuse, and participation in a study could be especially risky to their safety. Also, mandatory reporting laws for abuse could jeopardize the adolescent’s support system, as placement in foster care would be highly likely. Elliott (2005) made the point, as well, that quantitative longitudinal studies lose the perspective of participants telling their own narratives about their own lives.

Replication of this study with different ethnic and socioeconomic groups would be advantageous in increasing the variation within the sample. Most studies have been
done with lower socioeconomic groups, so inclusion of higher socioeconomic groups would be beneficial in determining if the findings would be similar or not. It would be helpful to investigate whether adolescents of higher socioeconomic groups that have access to more resources would utilize those resources or whether secrecy regarding the abuse would prevail and limit their use of available resources.

Closer examination of internal and external characteristics that are different between adolescents who left abusive relationships and who did not deserves further investigation. Are there unique characteristics to the group of young women who left abusive relationships that can be explored? Most of the young women in this study attributed their leaving to doing what was best for their babies. Are adolescents who have children more likely to leave abusive relationships than those who do not have children?

Finally, further studies exploring effective interventions with adolescents would be helpful, especially considering the findings of this study regarding the important influence of mothers upon the adolescents. Opportunities to intervene during prenatal visits might include exploration of the young woman’s relationship with her mother as a potential source of support and should be further investigated. Quantitative studies testing the effectiveness of the interventions recommended by the adolescents in this study are warranted. More specific investigation of how adolescents prefer to be asked about abuse and what actions by health care providers promote disclosure are needed, as this study was the initial exploration of the process that had occurred when adolescents left abusive relationships. Further testing of the model proposed in this study is needed to determine if the relationships among concepts hold with other adolescent populations.
Conclusion

This study uniquely contributed to the body of knowledge of the leaving process among adolescents who were abused during pregnancy. Little had been known about the process in adolescents, and this researcher learned a great deal from the young women who came forward to participate in this study. It was a privilege to interview them and to hear their voices, as they told of their experiences growing up with violence, their recommendations for health care providers, and their joy in building new lives. These young women deserve respect and gratitude for coming forward to help other teenagers by telling of their experiences and sharing their insights of courage and determination as they faced their incredibly difficult journeys.
References


DeSantis, L., & Ugarriza, D. N. (2000). The concept of theme as used in qualitative nursing research. *Western Journal of Nursing Research, 22*(3), 351-372.


Renker, P. R. (2002). Keep a blank face. I need to tell you what has been happening to me. *MCN, 27*(2), 109-116.


Appendix A: Recruitment Flyer
A teen mom who would now like to help other teen moms by participating in a research study to share your experience when you left a partner who hurt you when pregnant?

Would you like to help health care workers to better understand what kind of support is most helpful to teens who are considering leaving a hurtful relationship?

Information is needed from women who were threatened or hurt by a partner during a teen pregnancy or during the three months after the pregnancy ended and then left that relationship.

You are eligible to participate if you:

- Speak English
- Are not currently pregnant
- Are between the ages of 18 and 22 years old
- Have been hurt by a partner during pregnancy or within three months afterwards

You will be asked to participate in an interview lasting no more than two hours. You will receive a $50 gift card for participating. Your WIC benefits will not be affected by your decision to participate in this study or not participate.

Please contact Teresa Francisco, RN, at (303)859-6266 if you are interested in participating. Ohio State University IRB Protocol Number 2007B0292
Appendix B: Resource Card
Here's How to Protect Yourself

- Talk to a friend, neighbor, faith leader, nurse, social worker, or doctor – they can be a good source of support and help.
- Make a plan in case you decide to leave. Plan where you will go.
- Set aside some cash, important documents (birth certificates, social security cards, driver's license, check book, current unpaid bills, utility bills, insurance papers, prescriptions/medicines, rent papers, protection orders), a spare set of keys, and a change of clothes that you can access easily in a crisis situation.
- Contact community resources to find out how they can help. They can assist you if you need a place to stay or need help taking legal action against the person who is abusing you. Keep emergency shelter/hotline phone numbers where you can access them quickly.
- **If you are in an emergency situation, call 911.** The police or sheriff's office can get you and your children away from risk.
  (Used with permission from the Columbus Coalition Against Family Violence, Columbus, Ohio.)

*Please print the following on the reverse side of card:*

**EMERGENCY:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>911</td>
<td></td>
</tr>
<tr>
<td>Denver – Safehouse</td>
<td>(303)318-9959 (303)318-9989 Hotline</td>
</tr>
<tr>
<td>Denver – Project PAVE (teens)</td>
<td>(303)322-2382</td>
</tr>
<tr>
<td>Denver – Project Safeguard (Legal advocacy, restraining order assistance)</td>
<td>(303)863-7416</td>
</tr>
<tr>
<td>Clear Creek County – Clear Creek County Advocates (Georgetown)</td>
<td>(303)569-3251 (303)569-3126 Hotline</td>
</tr>
<tr>
<td>Eagle County – The Resource Center of Eagle County (Avon)</td>
<td>(970)524-5045 (970)949-7086 Hotline</td>
</tr>
<tr>
<td>Garfield County – Advocate Safehouse Project (Glenwood Springs)</td>
<td>(970)946 4439 (970)285 0209 Hotline</td>
</tr>
<tr>
<td>Summit County – Advocates for Victims of Assault (Frisco)</td>
<td>(970)668-3906 (970)668-3906 Hotline</td>
</tr>
<tr>
<td>National Domestic Violence Hotline</td>
<td>(800)799-SAFE</td>
</tr>
<tr>
<td>National Sexual Assault Hotline</td>
<td>(800)656-HOPE</td>
</tr>
</tbody>
</table>
Appendix C: Informed Consent Form
The Ohio State University Consent to Participate in Research

Study Title: Adolescents' Experiences with Terminating Relationships with Perpetrators of Perinatal Abuse

Researchers: Paula Renker, Teresa Francisco

Sponsor: none

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:
The purpose of this study is:

1. To describe the experiences of pregnant teens who left hurtful relationships
2. To explore the factors that led teens who were hurt while pregnant or during the three months following the pregnancy by intimate partners to leave those relationships
3. To identify what behaviors from health care providers and others would be helpful from your perspective.

You are being asked to participate, because you have indicated that you were hurt by an intimate partner during a teen pregnancy and are no longer in an abusive relationship.

Procedures/Tasks:
You will be asked to participate in an interview during which you will be asked background information about yourself and be asked about the hurtful relationship when you were a teen and what behaviors by others were or would have been helpful in leaving that relationship. The session will be audio taped.

Duration:
The length of time required to be in the study is one interview lasting no more than 2 hours and a possible second hour long follow up interview at a different time. It will take approximately 30 minutes to agree to be in the study, sign this consent form, and complete the background interview questions.

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are
otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits:
Participating in the interview might be stressful as responding to questions about being hurt during a teen pregnancy may bring up difficult memories that are likely to be uncomfortable. You will be provided with support and the phone numbers of others who can lend support to you. There are no anticipated long term consequences to the interview process.

I, as the researcher, have the legal duty to report child abuse or potential or actual harm to a third party; however, no specific questions will be asked regarding reportable offenses.

I, as the researcher, will have a paid transcriptionist listen to the audio tapes to transcribe the tapes. This is necessary in order to analyze the data from the interviews. However, you will not be using your real name during the interviews. Prior to the interview, you will be asked to select a different name other than your own to use during the interview to protect your privacy.

There are no direct benefits to you for participating in the study other than the opportunity to potentially help health care workers enhance their ability to help support teens who are hurt by partners during pregnancy and also to provide support during the leaving process.

You do not need to respond to any question or you can withdraw from the study at any time if you do not want to continue. Also, I, as the co-investigator, am providing you with a listing of resources that are available in the community for support.

Confidentiality:
No information that could identify you or the location of recruitment will be included in the analysis. A code number or name that cannot be linked to you will be assigned. In reporting results, your name that you made up will be used so as not to reflect your ethnic identity. Information obtained from you including audio tapes and transcripts as well as field notes will be kept under lock and key or in password protected computer files and de-identified at the time of data generation and analysis. Information will be kept for a period of up to 5 years and then audio tapes and digital media will be erased and paper records will be shredded. Informed consent sheets will be kept separately from the data sets.

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):
• Office for Human Research Protections or other federal, state, or international regulatory agencies;
• The Ohio State University Institutional Review Board or Office of Responsible Research Practices;

Incentives:
You will receive $50 for participation in the first interview. If a second interview is needed, upon completion of the second interview an additional $25 will be given. The incentive payment will be distributed in the form of a gift card. If you withdraw from the study, the gift card will be mailed to the address that you provide.

Participant Rights:
You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact Dr. Paula Renker at 614-292-4513 or by email at renker.6@osu.edu.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If you are injured as a result of participating in this study or for questions about a study-related injury, you may contact Dr. Paula Renker at 614-292-4513 or by email at renker.6@osu.edu.
Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

Printed name of subject

Signature of subject

Date and time

AM/PM

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent

Signature of person obtaining consent

Date and time

AM/PM
Appendix D: The Ohio State University Human Subjects
January 22, 2008 (revised)

Protocol Number: 2007B0292
Protocol Title: ADOLESCENTS’ EXPERIENCES WITH TERMINATING RELATIONSHIPS OF PERINATAL ABUSE, Paula Renker, Teresa A Francisco, Community, Parent-Child and Psychiatric Nursing.
Type of Review: Initial Review
IRB Staff Contact: Jacob R. Stoddard
Phone: 614-292-0526
Email: stoddard.13@osu.edu

Dear Dr. Renker,

The Behavioral IRB APPROVED the above referenced protocol.

Date of IRB Approval: January 22, 2008
Date of IRB Approval Expiration: January 4, 2009

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

This approval is valid for one year from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of the investigator to promptly report to the IRB any serious, unexpected and related adverse events or potential unanticipated problems involving risks to subjects or others.

This approval is issued under The Ohio State University’s OHRP Federalwide Assurance #00006378. All forms and procedures can be found on the ORRP website – www.orrp.osu.edu. Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Steven J Beck, PhD, IRB Board Member
Behavioral and Social Sciences Institutional Review Board
April 18, 2008

Protocol Number: 2007B0292
Protocol Title: ADOLESCENTS’ EXPERIENCES WITH TERMINATING RELATIONSHIPS OF PERINATAL ABUSE, Paula Renker, Teresa Francisco, Community, Parent-Child & Psych.
Request to amend the protocol dated 04/07/08—Add research sites (Eagle County HHS facilities, Garfield County WIC facilities, Idaho Springs Clinic, Jefferson County Department of Health and Environment facilities)

Type of Review: Amendment— Expedited
Approval Date: April 17, 2008
IRB Staff Contact: Jacob R. Stoddard
Phone: 614-292-0526
Email: stoddard.13@osu.edu

Dear Dr. Renker,

The Behavioral and Social Sciences IRB APPROVED the above referenced protocol.

Note that if applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

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All forms and procedures can be found on the ORRP website – www.orrp.osu.edu. Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Shari R. Speer, PhD, Chair
Behavioral and Social Sciences Institutional Review Board
December 16, 2008

Protocol Number: 2007B0292
Protocol Title: ADOLESCENTS' EXPERIENCES WITH TERMINATING RELATIONSHIPS OF PERINATAL ABUSE, Paula Renker, Community, Parent-Child & Psyc.
Type of Review: Continuing Review—Expedited
IRB Staff Contact: Jacob R. Stoddard
Phone: 614-292-0526
Email: stoddard.13@osu.edu

Dear Dr. Renker,

The Behavioral IRB APPROVED BY EXPEDITED REVIEW the above referenced protocol. The Board was able to provide expedited approval under 45 CFR 46.110(b)(1) because the research presents minimal risk to subjects and qualifies under the expedited review category(s) listed below.

Date of IRB Approval: December 10, 2008
Date of IRB Approval Expiration: December 10, 2009
Expedited Review Category: 8

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

This approval is valid for one year from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of the investigator to promptly report to the IRB any serious, unexpected and related adverse events or potential unanticipated problems involving risks to subjects or others.

This approval is issued under The Ohio State University’s OHRP Federalwide Assurance #00006378. All forms and procedures can be found on the ORRP website – www.orrp.osu.edu. Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Shari R. Speer, PhD, Chair
Behavioral and Social Sciences Institutional Review Board
## Appendix E: Analysis Spreadsheet

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<td><strong>Subthemes</strong></td>
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<td>Erratic family life</td>
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