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IT TAKES A VILLAGE TO RAISE A CHILD:  
PERCEIVED COMMUNITY SUPPORT AND  
PARENTING SATISFACTION AND  
EFFICACY AMONG AMERICAN INDIAN  
YOUNG MOTHERS

Ann Marie Douglas

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IT TAKES A VILLAGE TO RAISE A CHILD: PERCEIVED COMMUNITY SUPPORT AND  
PARENTING SATISFACTION AND EFFICACY AMONG AMERICAN INDIAN YOUNG  
MOTHERS

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Dissertation

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It takes a village to raise a child: Perceived community support and parenting satisfaction and efficacy among American Indian young mothers

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Although there has been a decline in teen pregnancy in White, African American, and Hispanic teens, American Indian teen pregnancies have stayed relatively stable. According to Indian Health Services (2014), young women under the age of 24 years old account for 80 percent of births in the American Indian population. With a high percent of young mothers in this population and the stigma associated with young parenting, it is important to explore American Indian young mothers' satisfaction and efficacy associated with parenting. It is also important to see how American Indian communities can support young mothers. The present study examined how attachment to parents, grandmothers, and peers and intimate partner violence impacts American Indian young mothers parenting satisfaction and efficacy. There were 134 American Indian young mothers who participated in this study. Results of the simple linear regression analyses revealed significant positive relationships between attachment to a mother figure, attachment to a father figure, and attachment to friends. However, attachment to father figures seems to have more of an impact than other attachments. Intimate partner violence was shown to have a negative impact on parenting satisfaction and efficacy. In this study community support was not a significant moderator on parenting satisfaction and efficacy, but when examined alone had a negative impact on parenting satisfaction and efficacy. Further analyses suggested that young mothers with high levels of attachment to father figures (and perhaps mother and grandmother figures) perceived or received less community support. This study shows that having a positive attachment may help young mothers to feel more satisfied and efficacious as parents and also shows that intimate partner violence can have a negative impact on American Indian young mothers' satisfaction and efficacy as parents. The results of this study can be used to inform programs about the impacts of attachment, community support, and intimate partner violence on American Indian young mothers' parenting satisfaction and efficacy.

Keywords: young mothers, American Indian, community support, attachment, intimate partner violence

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## **Dedication**

I dedicate my dissertation to my children, Sydnie, Peyton, Andrew, and Logan, for making me a mother. Being your mother is the greatest feeling in the world and because of you I am a better person.

“It is the mothers, not the warriors, who create a people and their destiny.”

-Luther Standing Bear, Oglala Lakota

## **Chapter 1**

### **It takes a village to raise a child: Perceived community support and parenting satisfaction and efficacy among American Indian young mothers**

I am proposing that parenting satisfaction and efficacy of American Indian young mothers is influenced by support they receive from their tribal communities, the strength of their emotional attachment to others, and by the relationship the mother had with her romantic partner. In particular, intimate partner violence likely has a negative impact on parenting. Parenting satisfaction and efficacy is explored to get a sense of how American Indian young women perceive themselves in their role as a mother. It seems reasonable to propose that in considering these influences, community support plays the role of moderating the impact of attachment and intimate partner violence. These influences and their interrelationships are considered below.

The topic of teen pregnancy has been an area of interest for researchers for several years (Barratt, 1991; East & Jacobson, 2000; Jackson, 2000; Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001). These studies are usually linked to adversity that affects both the young parent as well as her child. Ultimately, the studies conclude with suggestions on how to prevent teen pregnancy. Much effort and funding have been dedicated to the prevention of pregnancy in adolescent girls. Although efforts at reducing the rates of teen pregnancy have been successful, teen pregnancy prevention has stigmatized teen parents and impacts how teen parents feel as parents and community members (Miller, 2000). Although information about the negative impact of teen pregnancy is needed, it can potentially stigmatize young parents, leaving this population to cope with not only being parents, but also receiving little emotional support from their communities.

Youth is a loosely defined category; however, it is often specified in the US culture as the age when a young person leaves school or the age at which young people find their first steady employment. The concept of adolescence has been evolving and has grown to include older individuals. This extension of adolescence can be linked to the economy because young people are not finding long-term jobs and are living at home for a longer period of time (UNESCO, 2015). With the extension of the time a young person is considered an adolescent or dependent on their parents or guardians for support, the stigma associated with young parenting also extends. Therefore, the age definition of youth according to the United Nations is a person between 15 and 24 years old (UNESCO, 2015). This definition is used in the research proposed below in order to capture the current concept of youth and young parenting.

According to the National Center for Health Statistics (2015), the total number of teen pregnancies reported in the US in 2013 was 26.5 pregnancies for every 1,000 15- to 19 - year-old young women. Although the number of parenting teens has declined since 1990 (59.9 pregnancies for every 1,000 15- to 19 – year - old young women), the US still has one of the highest teen pregnancy rates in industrialized countries. The birth rate for women 20 to 24 years old in 2013 was 80.7 for every 1,000, which dropped since 2012, but is still considerably higher than women between the ages of 15 and 19. American Indian young women between the ages of 15 and 24 have the third highest pregnancy rate in the United States (53.3 births per 1,000), yet there is little research on this population (Indian Health Service, 2015).

As mentioned above, American Indian women have children younger than the general US population. The Indian Health Service (2015) noted that the birth rate for their population in 2007 to 2009 was 1.8 times the rate for all races within the US population (25.4 and 14.0, respectively) (p.33). The Indian Health Service (2015) also reported that 39 percent of first time

mothers in 2007 to 2009 were under 20 years old with 40 percent of first time mothers between 20 and 24 years old, respectively. These statistics show that about 80 percent of all births in Indian Country were to mothers 24 years old and younger. For all races in the US, birth rates for mothers under the age of 24 were around 51 percent, showing a meaningful difference between American Indian and US rates for young mothers.

This study examines the cultural contexts in which pregnancies of young American Indian mothers are viewed and several factors that influence young parents' experiences of parenting as well as their self-efficacy. Such factors to be explored include community support, attachment to parents, peers, and grandmothers, as well as intimate partner violence. The stigma associated with young parenting is very evident in US society; therefore, this study will address how young American Indian mothers experience being a parent (parenting satisfaction and efficacy) and not how well they parent (parenting competency). The focus will be on parenting satisfaction and efficacy because of the stigma associated with young childbearing and the ill-effects that stigma can have on young mothers.

### **Stigma**

In 1976, the Alan Guttmacher Institute declared teen pregnancy an epidemic in a pamphlet entitled *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States*. This information began a frenzy of research labeling teen pregnancy as a social problem (Furstenberg, 2007; Luker, 1996) while stigmatizing and disenfranchising adolescent mothers in the process. Research journals were bombarded with articles about the adversities of teen pregnancy for the mother, the child, and especially society. Emphasis was made on the impacts to the social welfare system highlighting poverty and minorities, particularly unwed Black teen mothers and their children (Geronimus, 2003; Kaplan,

1997; Luker, 1996). A report by Hoffman (2010) highlighted the economic hardship for citizens by reporting that teen pregnancy in the United States has cost the public sector nine billion dollars a year. This avenue of treating teen pregnancy and parenting alludes to the idea that teen mothers are to blame for large deficits in public spending. These earlier concerns resulted in huge investments in prevention of teen pregnancy that may have resulted in the present reduction in adolescent birthrates, but added to the stigma of being a young mother. According to Furstenberg (2007), “the public and private costs of early childbearing have a basis in reality; however, our response to the issue has both exaggerated these costs and produced remedies that are either ineffectual or counterproductive” (p. 3). Focusing on the cost of early childbearing does not help young parents; it only stigmatizes them. However, American Indian adolescent birth rates have not decreased or increased, the rates for American Indian adolescent births is staying fairly constant, and the stigma of being a young parent does not seem to be as present.

The morality of teen pregnancy and parenting has also been addressed as teen headed families are regarded to be in direct contrast to the traditional definition of what a family is supposed to be (Kelly, 1996), which includes a father figure as the provider for the family and not a single mother (Kelly, 1996). Linders and Bogard (2014) reported that “teenage sexuality, including pregnancy and birth, have been subjected to interventionist claims” (p. 152). This allows society to have control of when women should and should not bear children. Forms of control have ranged from formal, like the juvenile justice system, to informal such as shaming. Examples of shaming can range from disgusted looks in public to not being allowed to attend the same school as non-parenting peers. However, all efforts to prevent teen pregnancy have been aimed at maintaining the mainstream moral boundary of what is considered acceptable and unacceptable forms of young women’s behavior (Linders & Bogard, 2014). These efforts were

put in place even after decades of scientific evidence that casts doubt on the US mainstream idea of the acceptability of fertility and childbirth (Geronimus, 1997, 2003; Nathanson, Borkowski, Whitman, & Schellenbach, 1991).

An analysis of the teen parenting literature by Kelly (1996) found that there is no evidence to show that teen pregnancy causes welfare dependency. Although research shows a correlation between early childbearing and lower socioeconomic status, Geronimus and Korenman (1992) state that earlier research has overstated the negative socioeconomic consequences of teen parenting. Studies (Milan, Ickovics, Kershaw, Lewis, Meade, & Either, 2004; Beers & Hollo, 2009; SmithBattle, 2006) have found that in many circumstances the life course of teen parents is not significantly different from their socioeconomic peers. These studies suggest that even if young parents from disadvantaged backgrounds delayed childbirth (until they were older) their life circumstances would not be that much different. It has also been found that teen parents and their children fair equally as well as their peers when given strong and meaningful support (Klien, 2005). If attention is only given to the age of the young mothers and not the disadvantages they faced before becoming a parent, their socioeconomic peers who delay having children until their 20's will not be at an advantage (Aronson, 2008). Aronson (2008) highlights the importance of looking past age and looking at the life circumstances of the mother before the birth as reasons why they are socioeconomically disadvantaged.

A report by SmithBattle and Leonard (2012) presents two cases from a longitudinal study that investigated how teen headed households' family members' lives unfold in the context of race, class, family practices, and communities. Both cases show the diverse outcomes and the cumulative impact of social advantage and disadvantage on the transition into young adulthood. In this report, one family started out impoverished and continued on that path while the other

family had more opportunity before and after the teen pregnancy. This report shows that the socioeconomic status and not the age of the teen parent was more of a future predictor of life outcome. On a community level, young parenting in some communities can be viewed as normative and/or a positive experience and positive life event (Beers & Hollo, 2009). These findings suggest that American Indian young mothers fair better when they feel supported by a community and at the personal level. American Indian women seem to benefit from the support of their community when making the transition from being childless young women to being young mothers.

### **Community Support**

Community support is a combination of social support and sense of community or belongingness to a community (Herrero & Gracia, 2007). Community support has beneficial effects for individuals along the lifespan. However, it may have particularly important protective factors for young people. For example, Hardaway, McLloyd, and Wood (2012) found that positive relationships with parental figures and community involvement like afterschool activities helped to mitigate the negative effects of violence. Peterson, Buser, and Westburg (2010) also found community support and strong attachment to family and community to be beneficial for adolescent well-being. This study found that, compared to adolescents with low levels of community support, teens who were involved in the community and had strong attachments were less likely to use drugs and alcohol. Because community support is an umbrella concept for social support and belongingness, these two components will be explored further in the next sections.

**Social support.** Social support is defined by Albrecht and Adelman (1987) as both verbal and nonverbal communications that helps a person feel connected to and supported by the

person giving the support. This behavior reduces insecurity of self, others, relationships, and situations. Social support has been found to positively affect outcomes for young mothers and their children (Nathanson, Borkowski, Whitman, & Schellenbach, 1991; Sieger & Renk, 2007; Umaña-Taylor, Guimond, Updegraff, & Jahromi, 2013). This kind of support provides individuals, including young mothers, with emotional support as well as help with daily tasks of being a parent (Cooley & Unger, 1991).

This support is crucial for all parents; however, because of the stigma associated with young parenting, social support is especially important for this group. Among older mothers, Cooley and Unger (1991) found that support from a male partner was positively correlated with less stress on the mother. However, this finding was not true for adolescent mothers (Cooley & Unger, 1991). Instead, support from extended family, mainly the grandmother, helped the teen mother gain parenting skills and be more satisfied with her living situation. In a qualitative study conducted by Douglas (2014), the researcher found that support provided by a grandmother was important in helping young American Indian mothers to gain parenting skills and feel confident in their new role. Hallman (2007) studied the experience of non-Native teen parents in a school setting. The results indicated social support from schools lead participants to report high self-efficacy and to graduate from high school. Consistent with these examples, Palacios and Kennedy (2010) examined social support among American Indian teen mothers from a Southwestern tribe. They found that young mothers who lacked social support had chaotic childhoods and poor relationships with friends and family before becoming pregnant. As a result, the lack of support from individual members in their family and friend group minimized their experiences as parents.

Social support is primarily an individualistic approach to helping or supporting others. In other words it focuses on the individual and a small group of helping others. This support has many beneficial outcomes but does not suggest much about belongingness or identity as part of the overall community. In collectivist societies, group well-being is just as important as individual well-being. This is evident in the goals of American Indian societies. It is important to respect these views and incorporate a collectivist identity, ideas of support, and belongingness when considering how community support affects American Indian young mothers.

**Identity and Young Parenthood.** Identity and belongingness is an important aspect of a person; especially important for young ethnic minorities. Identity and belongingness provide a positive sense of self and group identity (Smith and Silva, 2011). For example, Phinney (1989) found that ethnic minority adolescents who had embraced their ethnic identity also experienced high levels of family and peer support. These adolescents also showed a high sense of self-mastery and had high self-evaluation. Having a strong identity and enhanced belongingness to one's culture or ethnic group may also be more important for adolescents and young adults than older adults (Smith & Silva, 2011). Particularly, with American Indian youth, Kenyon and Carter (2011) found that youth who had a strong American Indian identity had higher scores on sense of community scales and higher positive affect than participants who did not report a strong American Indian identity. A meta-analysis conducted by Smith and Silva (2011) found that persons who identify with their cultural heritage have a sense of belongingness and also feel more supported in everyday life. Identity with one's culture has also been found to have positive effects on psychological well-being. Schiefer and Krahe (2014) found that American Indian adults and adolescents who identify with their culture have increased feelings of personal control and positive psychological well-being.

More generally, community support is related to the culture of the community where a person lives. Community support reflects the ideas and values of a culture; with culture being defined as shared beliefs, values, and customs that the members of a society use to manage their world and their expectations of others (culture, n.d.). Culture is passed on from adult to child, from generation to generation. Cultural ideals are the foundation of a society and are central to the development of personal identity and feelings of belongingness. This also makes a person susceptible to social control messages in the context of social support (Geronimus, 2003). For example, an adolescent mother in the US dominant culture may receive less support than a 30-year-old mother because a cultural norm has been violated by having a child as a teenager. Society does not want to support or encourage individuals who break societal rules. In this way, fertility and female reproduction is culturally mediated and controlled (Geronimus, 2003). Control of reproduction is especially impactful for American Indian women as forced sterilization was a common practice in the United States (Lawrence, 2000).

However, fertility practices, acceptance of pregnancy, and parenting among different cultures vary greatly. For instance, in the United States, there are over 556 federally recognized tribes with their own beliefs regarding fertility, childbearing, and childrearing. According to Douglas (2005), Pikuni or Blackfeet elders reported that children are sacred and celebrated in the community no matter the age of the mother at the time of the child's birth. It is an honor for a Blackfeet person to see his or her great-grandchildren and, therefore, the community supports the young woman in her new role. Consistent with this, the results of a study by Dalla and Gamble (1997) found that Navajo teen mothers that were connected to their culture were more likely to be committed to their role as mothers as well as to have support from their community. Similarly, a study conducted with Navajo participants ranging from the age of 16 to 35

(Dempsey & Geese, 1995) found that a pregnant woman was considered special, with one participant stating, “Pregnant women are looked upon as special and cared for by all family members” (p. 595). This study found that the beliefs of culture created a community that supported these mothers.

Likewise, the Apsaalooke or members of the Crow tribe believe that life begins at the time of conception, with “the most sacred time in an individual’s life being the time spent in the mother’s womb” (Reed, 2002, p. 50). This belief emphasizes the importance of the role of a mother and the support she needs to raise a child in the community. Additionally, the Nez Perce place importance on familial relationships and the special role given to elders in rearing children, including caring and support. Everyone in the Nez Perce culture has a role within the tribe. The need for everyone to contribute fosters high expectations, a sense of purpose and future, and encouragement of children’s participation (Harris & McFarland, 2000). Interdependence within the community helps to teach children to be socially competent community members. Every member of the tribe is valued, and positive peer pressure helps to keep antisocial tendencies in check (Harris & McFarland, 2000). The Nez Perce way of living promotes and fosters community support, ensuring that the children in the community feel a sense of belonging and connection to the community.

Not all communities and cultures stigmatize young parenting; some, in fact, support the young mother in her new role. This is true for many American Indian communities. Therefore, because community support (belongingness and social support) is a key characteristic of American Indian communities, it may reduce the negative impact of intimate partner violence and enhance the positive effects of emotional attachments on adolescents’ parental satisfaction and self-efficacy. As noted earlier, contemporary emotional attachments among adolescent

women as well as exposure to intimate partner violence may also influence parental satisfaction and efficacy while, at the same time, interacting with community support. Relevant research on the importance of attachment in adolescents' lives will be explored as well as how intimate partner violence affects parenting satisfaction and self-efficacy of adolescent parents.

## **Attachment**

Caregivers have many varying roles in the lives of the children they care for. Among those roles is attachment figure (Benoit, 2004). Attachment is a system of an enduring affectional connection that results in an individual having a close relationship with a person who is more capable of handling concerns and providing support in the world (Bowlby, 1988). Attachment is an essential aspect of close relationships. Therefore, it is a relevant factor regarding how young mothers accept their roles as mothers and how they will parent their own children. Individuals have a need to be close to others as well as to feel safe and secure. This closeness helps individuals to have confidence in others and themselves (Ainsworth, 1989; Bowlby 1973, 1988). Attachment usually develops in the first nine months of life but is also seen throughout the lifespan (Bowlby, 1988; Howe, 2011). Bowlby (1973) identified that the attachment system is active from the beginning of life to the end of life. The quality of attachment is defined as secure or insecure. Individuals with secure attachments receive loving, consistent, and protective care. Individuals learn to trust that their caregivers will respond in an accessible and responsive manner. Individuals with insecure attachments receive inconsistent and unpredictable care. Individuals with insecure attachments cannot be certain that their caregivers will respond in a manner to fit their needs. These styles of attachments can then follow individuals throughout their lives and influence other attachment relationship. According to Armsden and Green (1987) the “positive affective/cognitive experiences of individuals with secure attachments will result in

trust and the negative affective/cognitive experiences of individuals with insecure attachments will result in anger and/or hopelessness (p.31).” As mentioned above, attachment style is relatively stable; however, it can change throughout the lifespan depending on environmental, interpersonal, and social factors (Fraley, 2002; McConnell & Moss, 2011). For example, if individuals learn to trust their environment and attachment figures, then as young adults, they are more likely to trust their environment and have trust in their relationships. This is especially important during the adolescent period of life. An early look at the transfer of parent attachment to peer attachment by Fraley and Davis (1997) indicated that having a caring, trusting attachment to parents consistently transferred to later peer attachments suggesting that secure attachments are more stable throughout life. Simpson, Collins, Tran, and Haydon (2007) found that attachment-related experiences have a profound impact on later relationships including peer and romantic partners with the attachment experiences during earlier developmental stages having the most impact on the developmental stage that immediately follows.

As mentioned above, attachment is found in all relationships from infancy to adulthood. Attachment to parental figures, peers, and grandmothers falls within this realm of relationships. Attachment informs the process of interactions in personal relationships and predicts how people will interact with their environment. These distinctions provide information about the relationship qualities of an individual.

**Parental attachments.** The first attachments that are formed are usually to parental figures and close relatives. These attachments impact the individual: specifically, a loving and affectionate caregiver early in life impacts the well-being of an individual (Benoit, 2004; Karen, 1998). Alternatively, unpredictable and dismissive caregiving early in life can lead individuals to preoccupation with the attachment figure and low self-worth (Moretti & Peled, 2004).

Furthermore, the relationships that individuals form with their caregivers as well as peers influence how they interact with their own children. Kershaw et al. (2014) examined how early family relationships affected the parent's sense of competency. These researchers found that among a sample of young low-income parents, having a positive relationship with their mother figure increased their current sense of parental competence. In short, young parents who had positive relationships with their mother figures were more likely to be satisfied as a parent themselves.

In a study conducted by Green (2012), the quality of attachment between American Indian mothers and adolescent daughters was impacted by time spent together, communication, and quality of caregiving. The researchers found that positive attachments existed among this population when the mother was actively participating in the life of her daughter. Similarly, Niyonsenga, Blackson, De La Rosa, Rojas, Dillon, and Ganapati's (2012) research with Latina mothers and daughters found that positive attachment qualities are a protective factor against high-risk behavior and increase the adolescent daughters' social support. This shows that within this collectivist culture, positive attachments to mothers or mother figures lead to an increase in support and less risky behavior. However, children also form attachments to their father figures. When children have a positive attachment to their mother figure and their father figure the children fair better later in life (Benoit, 2004; Karen, 1998). Attachment is a vital aspect of adolescents' lives; therefore, it is important to examine how this relationship affects American Indian young mothers' perception of self and parenting. Grandmothers play an incredibly vital role in most American Indian cultures. This is why it is also important to examine the importance of attachment to a grandmother figure in the lives of American Indian young parents.

**Grandmother attachment.** In many American Indian tribes, the role of a grandmother is very important. Grandmothers hold wisdom and knowledge to be given to the younger generations. Douglas (2014) found that American Indian teen parents reported significant involvement in their lives by a grandmother. Moreover, the grandmother taught the teen parent about their new role as a parent and supported them in their new role. According to the Tewa culture, a grandmother has many roles in the community. Grandmothers in this society, just as in the study mentioned above, have the duty of teaching their children and grandchildren basic skills and knowledge, providing new parents with support and giving love (Jacobs, 1995). Dalla and Gamble (1996) conducted interviews with young Diné mothers and their mothers (or grandmothers to the child) regarding their role as the grandmother in their lives. Again with this population, grandmothers were found to hold the roles of knowledge giver and supporter. One individual, whose biological mother who did not raise her, had a surrogate grandmother that filled that role for her and her child. Family involvement during adolescence promotes connections to young people's social environments which, includes interpersonal relationships outside of the family such as attachments to peers (Engels, Finkenauer, Meeus, & Deković, 2001).

**Friend attachment.** The period of adolescence is a transitional period for individuals (UNESCO, 2015). During this stage of life, close peer relationships become important in the attachment process (Gorrese & Ruggieri, 2012). Attachment relationships are transformed from external needs of support to internal ideas of support (Sroufe, 2005). This process of internalizing support affects individuals' sense of self as well as how they view relationships with other people like their peers. Freeman and Brown (2001) found, on average, that

adolescents reported a peer as their primary attachment figure just as often as a parent. This study highlights the transition of attachment from parents to peers.

In adolescence, peer attachment has a distinctive role in serving as a source of support for the young person. This support includes emotional support and trust. Support is also sought after by connecting and building friendships (Nickerson & Nagel, 2005). According to Meeus, Oosterwegel, and Vollebergh (2002), peer influence has a greater impact on adolescent life concerns such as sexual activity, than does parental/adult influence. Meeus, et al. (2002) found that peer attachment was related to issues that are very present in the lives of adolescents such as interpersonal commitment and exploration. They also reported that maternal attachment is a predictor of adolescent peer attachment. According to Allen and Land (1999), during this period, an extraordinary effort is made to be more independent and to have fewer needs met by a caregiver. During late adolescence, the possibility of becoming a parent becomes an option, which would change the role of the adolescent to both needing care and providing care.

Furthermore, positive qualities of peer attachment increase individuals' ability to form other positive attachments and see relationships as being more supportive (Meeus, Oosterwegel, & Vollebergh, 2002). In contrast, individuals who have more negative attachment qualities in their caregiver relationships view peer relationships as being less supportive and have fewer positive attachments (Meeus, Oosterwegel, & Vollebergh, 2002). Positive attachment qualities with parents and peers have also been linked to how adolescents feel about themselves. This is especially true for females in late adolescence, with social behavior being a mediator of this relationship (Laible, Carlo, & Roesch, 2004). The above information provides valuable insight into how peer attachment affects female adolescents. Knowing the significance of peer

attachment shows the importance of peer relationships in how young adolescents, especially females, view themselves and how they interact with their environment.

Sroufe (2005) found that early attachment and peer bonds provide the foundation for the intimate relationships of adulthood. This is important as security in adolescent attachment hinges on the history of a secure attachment which will then allow for open communication and reliance on others in time of distress, including in romantic relationships.

### **Intimate partner violence and young parenting**

All relationships have positive and negative qualities. When there are negative qualities such as jealousy, control issues, and substance use (Edwards, Murphy, Tansill, Myrick, Probst, Corsa, & Gidycz (2012), there can be a higher chance for intimate partner violence (IPV). Specifically, IPV is often times a direct factor leading to unplanned pregnancy. According to the Center for Impact Research (2000) over half of the teenage mothers who took a survey experienced violence in their relationship with 51 percent reporting that their partner sabotaged their birth control method (e.g. condom refusal). Pregnancies that are unplanned and/or unintended can be a result of power and control that manifest in their partner refusing to wear a condom, interfering with birth control to allow for pregnancy to happen, and forced sex (Miller, Silverman, & Raj, 2006). In a study conducted by Miller et al. (2010) three-quarters of the participants reported the following information regarding IPV in their relationships: pregnancy coercion and/or birth control sabotage and a history of intimate partner violence. For participants who reported a history of intimate partner violence, the risk for unintended pregnancy doubled. In some cases, IPV was not present until after the pregnancy (Miller et al., 2010). The prevalence of intimate partner violence has been found to increase during pregnancy (Bailey, 2010) and young mothers are more likely to experience violence at the hands of their

partners than adult mothers (Harrykissoo, Rickert, & Wiemann, 2002). Whether the pregnancy is intended or unintended it is common for young mothers to experience intimate partner violence in their relationship, with IPV both preceding as well as following pregnancy. The lack of social support for young mothers has also been linked to unhealthy relationship qualities.

Intimate partner violence has also been shown to increase parental stress among mothers (Levendosky, & Graham-Bermann, 2001; Raikes & Thompson, 2005). Harrykissoo, Rickert, & Wiemann (2002) analyzed data at 3, 6, 12, 18, and 24 months postpartum among a multiethnic sample of adolescent mothers. Overall, 41 percent of the adolescent mothers reported IPV at some point across the 24 months after the birth of their child. The highest rates of IPV were around the 3 month period and lowest around 24 months postpartum. However, the percentage of mothers who experienced severe IPV increased over time (Harrykissoo, Rickert, & Wiemann, 2002).

This highlights the devastating vulnerabilities of pregnant and parenting young people in their relationships with their partners and families. It also highlights concerns for young mothers' financial, educational, and social constraints, factors that increase the likelihood of IPV (Miller, Silverman, & Raj, 2016). Covington, Justason, & Wright (2001) found that violence during pregnancy occurred in approximately one in six adolescent relationships and one in eight adult relationships, and reported that adolescents were more likely than adults to report severe violence. It is also proposed (Covington, Justason, & Wright, 2001) that young mothers may have increased levels of stress compared with adult mothers due to the experience of having family, friends, and romantic partners as perpetrators of violence, which may mean young mothers are more vulnerable to the consequences of prenatal violence (Covington, Justason, & Wright, 2001).

A study conducted by Sussex and Corcoran (2005) found that one in four adolescent parents will experience violence in a relationship. This finding was still present after an 18 month time period. The prevalence of intimate partner violence among young mothers is considerably high and young mothers usually have few to no resources to leave the relationship. For example, Wood and Barter (2014) found that young mothers from a disadvantaged background had few opportunities to leave a violent relationship. When the young women in the study disclosed an abusive relationship to adults, their experience was minimized or normalized by an adult, which led the young women to withhold disclosing again or seeking out resources to leave the relationship. This experience is also common among American Indian women.

When looking at the rates of IPV for American Indian women, the Center for Disease Control and Prevention (2008) found that 39 percent of American Indian women surveyed said they were victims of intimate partner violence over their lifetime. This rate is higher than any other race or ethnicity surveyed in the CDC report. According to Burbar and Thurman (2004), the high rates of violence against Native women can be linked to historical trauma and the breakdown of traditional Native support systems. For American Indian women living on a reservation, this number is thought to be much higher; at least 50 percent higher than the national average of 24.3 percent. Violence against American Indian women occurs on a spectrum with verbal abuse at one end and severe injury and/or death at the other end. In most cases these incidents go unreported because of a belief that nothing will be done (Amnesty International, 2007). In a longitudinal study conducted by Dalla et al. (2010) the researchers reported that all participants in their study mentioned violent behavior perpetrated on them by former and current partners. Experiencing IPV affects the way women feel about themselves on many different levels including their perception and satisfaction of being a mother.

## **Parenting Satisfaction and Self-efficacy**

Feeling supported as a parent contributes to how parents see themselves and how they feel about their ability to be a parent. Self-efficacy is an individual's belief in his/her ability to be successful in an activity (i.e. parenting), and to produce desired outcomes. Therefore, self-efficacy refers to how a person judges his/her own ability to effectively organize skills to obtain the goal at hand (Zimmerman & Cleary, 2006). According to Bandura (1982), self-efficacy, whether positive or negative, influences how people interact with their environment. Individuals will avoid an activity that they perceive exceeds their abilities, but will perform tasks they judge themselves to be capable of managing. As Bandura (1997) stated, "the stronger the perceived self-efficacy, the more active the efforts" (p.194). Self-efficacy beliefs are typically developed before engaging in the actual task or activity (Zimmerman & Cleary, 2006). For example, adolescents who perceive themselves as capable of taking care of their own child may base this assumption on positive past experiences of taking care of siblings and/or babysitting other children and their interactions with primary attachment figures. However, verbal persuasion and similar types of social influence also influence self-efficacy (Bandura, 1982). Individuals will use cues from their environment that help them label their perceived ability to accomplish the task at hand (Bandura, 1982).

Self-efficacy is related to how young mothers perceive themselves as mothers, women, and community members. Their identity and self-efficacy is affected by how they are viewed by society, which is likely to occur in both negative and positive directions. For example, Hallman (2007) found that when a school views teen mothers as both viable students and mothers, and when young mothers view the school as a place of learning as well as a community, teen mothers report more positive feelings about themselves and greater self-efficacy as parents. Zimmerman

and Cleary (2006) reported that self-efficacy plays an important role in the transition from childhood into adulthood and helps individuals form ideas around their abilities to do an activity. Individuals make judgments of their actual functioning based on past experiences, other people's feedback, and the environment. As for parenting, Jones and Prinz (2005) found that parents with higher parenting self-efficacy tend to have more effective parenting skills. Therefore, self-efficacy should not be considered as it may operate as a protective factor against risk factors associated with poverty and elevated stress that can come with young parenting (Jones & Prinz, 2005).

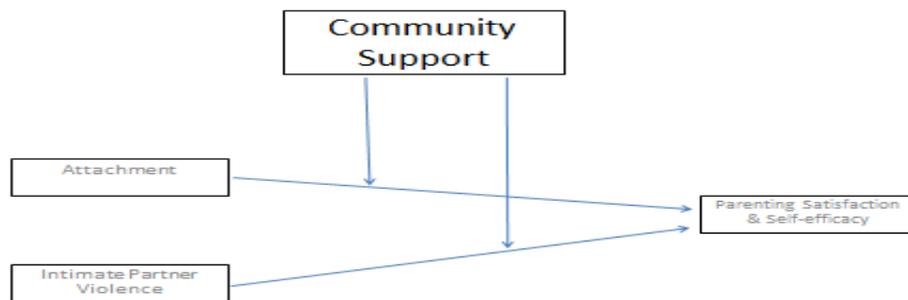
Although there are studies that address young parenting among American Indian women, there are no studies that look at the impact of community support on how young American Indian mothers perceive themselves as parents as related to attachment and intimate partner violence. Community support is an important factor to explore because American Indian societies are community oriented. Receiving community support is beneficial for mothers, children, and the community. When a community stands by their young parents and helps them transition into their new role, everyone benefits.

### **Research Rationale**

Expected contributions of this study include (a) identifying insecure attachments to parents, grandmothers, and peers as negative influences on how American Indian young mothers view parenting and their ability to parent, (b) identifying intimate partner violence as a negative influence on how American Indian young mothers view parenting and their ability to be a parent, and (c) identifying community support as a moderator that will decrease the effects of negative attachments and intimate partner violence on parenting satisfaction and efficacy for American Indian young mothers.

## Hypotheses

This study proposes that attachment enhances parenting satisfaction and efficacy and that intimate partner violence reduces it. Furthermore, it is proposed that community support moderates the influence of attachment and of intimate partner violence on parenting satisfaction and efficacy. Specifically, community support should reduce the negative effects of insecure (negative) attachment and of violence.



*Hypothesis 1a:* Low mother attachment will predict low parenting satisfaction and efficacy.

*Hypothesis 1b:* As community support increases, the strength of the negative effect of low mother attachment on parenting satisfaction and efficacy will decrease. In other words, the relationship between parenting satisfaction and efficacy and mother attachment will be moderated by perceived community support.

*Hypothesis 2a:* Low father attachment will predict low parenting satisfaction and efficacy.

*Hypothesis 2b:* As community support increases, the strength of the negative effect of low father attachment on parenting satisfaction and efficacy will decrease. In other words, the relationship

between parenting satisfaction and efficacy and father attachment will be moderated by perceived community support.

Hypothesis 3a: Low grandmother attachment will predict low parenting satisfaction and efficacy.

*Hypothesis 3b:* As community support increases, the strength of the negative effect of low grandmother attachment on parenting satisfaction and efficacy will decrease. In other words, the relationship between parenting satisfaction and efficacy and grandmother attachment will be moderated by perceived community support.

*Hypothesis 4a:* Low peer attachment will predict low parenting satisfaction and efficacy.

*Hypothesis 4b:* As community support increases, the strength of the negative effect of low peer attachment on parenting satisfaction and efficacy will decrease. In other words, the relationship between parenting satisfaction and efficacy and peer attachment will be moderated by perceived community support.

*Hypothesis 5a:* As intimate partner violence increases, parenting satisfaction and efficacy will decrease.

*Hypothesis 5b:* As community support increases, the strength of the negative effect of intimate partner violence on parenting satisfaction and efficacy will decrease. In other words, the relationship between parenting satisfaction and efficacy and intimate partner violence will be moderated by perceived community support.

## **Chapter 2**

### **Method**

#### **Participants**

The target population for this study was American Indian young mothers. The United Nations Educational, Scientific, and Cultural Organization (UNESCO) defines youth, as those “persons between the ages of 15 and 24 years” (UNESCO, 2015) and the age of consent to have sex in Montana is 16 years old. Therefore, this study used the UNESCO youth definition to define the population of interest excluding 15-year-olds. This study involved mature adolescents therefore, there was minimal risk to the participants. However, because of the stigma that surrounds young parenting; teen parenting in particular, participants may be at risk if the study asked for parental consent. Therefore, a waiver of parental consent was requested for 16 and 17-year-old participants. A waiver was granted by the University of Montana Institutional Review Board as well as the Rocky Mountain Tribal Institutional Review Board. Participants were given national mental health resources and support hotlines after completion of the survey (Appendix A).

For this study the sample included female participants between the ages of 16 and 24 years old who identify as American Indian and who are currently parenting their biological child(ren). Power analyses conducted using GPower estimated that 117 participants who are currently the primary caregiver to their child(ren) were needed for a medium effect size. For a small effect size 176 participants were needed (Faul, Erdfelder, Buchner, Lang, 2009). To account for missing data, the goal was to recruit 200 participants. Considering the statistic that shows around 80 percent of all births in Indian Country were to mothers 24 years old and

younger it was predicted that around 160 of the participants would have given birth before the age of 24.

## **Procedures**

**Recruitment.** Participants were recruited via social media and by posting flyers. Facebook pages targeted for young parents were identified. Programs that were contacted were the following: Native Women's Society of the Great Plains, Center of American Indian and Minority Health, American Indian Youth and Family Center, and Native Americans for Community Action to name a few. For a comprehensive list of all programs who were contacted see appendix H. The identified programs were contacted via Facebook Messenger and were asked if they would post information about the study and the link to the study. I also contacted programs associated with parenting such as; Women, Infant, Children (WIC) and young parenting programs and asked if they would send out the research link to their email list serves. American Indian student services at universities such as Montana State University and the University of Montana were contacted to see if they would also post the information about the study. Several tribal colleges in Montana were also contacted to ask if they would disperse the information about the study. Participants were recruited for four and a half months. Identified programs were contacted throughout the four and a half months. In a study conducted by Fenner, Garland, Moore, Jayasinghe, Fletcher, Tabrizi, Gunasekaran, and Wark (2012) that examined social media as a recruitment tool, found that women ages 16 to 25 years old responded 77 percent of the time to a suggested study. The Fenner et al. (2012) study was used as an example for participation expectations, I aimed for 176 young mothers to take part in the study in order to get the required number of participants and a total of 188 young mothers viewed and completed the survey.

**Survey process.** The survey was administered electronically using Qualtrics. An online survey was utilized in order to gain access to a large number of participants. An online survey was also used because young adults are more comfortable and confident when using online systems (Graya, Kleinb, Noycec, Sesselbergb, & Cantrille, 2005). After participants clicked the survey hyperlink or enter the web address for the study into an Internet browser, they were directed to an informed consent page (Appendix A). Participants were only allowed to participate once from a single computer in order to prevent multiple entries from the same person. Participants were instructed to read the consent form and if willing to take part in the study, electronically give consent by clicking an “I agree” button. Informed consents will be kept separate from study measures. Participants were automatically directed to the next webpage and asked to complete three questions to ensure that all participants who continued with the survey met the inclusion criteria. More specifically, participants must self-identify as American Indian and be mothers between the ages of 16 and 24 who are currently raising their biological child(ren). Participants who did not meet any one of the inclusion criteria were directed to a final page that thanked them for their time. Participants who meet inclusion criteria were directed to the study measures. Upon completing the survey, participants were thanked for their participation and provided with numbers and links to local and national mental health services (Appendix I). Participants were given the opportunity to enter an e-mail address to be entered into a drawing to win one of five \$20 Amazon gift cards. Five participants were chosen at random. Those participants were thanked for their participation and sent a link to claim their \$20 Amazon gift card.

## Measures

All participants that met the inclusion criteria completed the following assessment measures: Consent Form (Appendix A), Demographic Questionnaire (Appendix B), the Perceived Community Support Questionnaire (Appendix C), The Inventory of Parent and Peer Attachment (Appendix D), Abusive Behavior Inventory (Appendix E), and the Parenting Sense of Competence Scale (Appendix G).

**Demographic Questionnaire.** Participants provided standard demographic information such as age, gender, relationship status, ethnicity/racial status, tribe and tribal enrollment status, and living arrangement. Other questions on the demographic questionnaire included their age at the birth of their first child, the number of children they currently have, the number of children they are actively parenting, and the community they live in (i.e. reservation, rural non-reservation town, or urban town).

**The Perceived Community Support Questionnaire (PCSQ).** The PCSQ (Herrero & Gracia, 2007) is a 14-item, self-administered inventory that includes three scales assessing three dimensions of community support. These dimensions are social integration in the community, participation in the community, and use of community organizations. Items are rated on a 5-point scale from 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree* and 5 = *strongly agree*, with scores ranging from 14 (high community support) to 70 (low community support). Social integration in the community is comprised of four items that measure sense of belongingness or identification to a community. An example of a statement in this dimension is, “My opinions are valued in my community.” The second dimension, participation in the community, is comprised of five items and an example of a statement in this dimension is, “I take part in social activities in my community.” Items measure the degree that the participant is involved in social activities in

the community (Herrero & Garcia, 2007). The last dimension in this measure is use of community organizations and is comprised of five items such as, “I could find people to help me feel better.” This third dimension measures the degree of support the participant perceives from voluntary groups and organizations, such as recreational and sports clubs, services, and political and civic associations in the community (Herrero & Garcia, 2007). Each participant will be given a PCSQ with instructions to think about their involvement with their Native or Tribal community. The internal consistency and validity of the PCSQ are adequate for both the 14-item scale (0.86) and the three dimensions (0.76, 0.84, and 0.54, respectively) in all samples. There were no studies found that utilized this measure with an American Indian population. However, the PCSQ was culturally vetted<sup>1</sup> by a group of American Indian graduate students. Minor changes (such as in the directions, participants were asked to think about the Tribal community they are from) were made to the measure to make it more reader-friendly for an American Indian population.

**The Abusive Behavior Inventory-Revised (ABI- R).** The ABI-R (Postmus, Mathisen Stylianou, & McMahon, 2015) is a self-report inventory that has 25 items encompassing three subscales, Physical Abuse (9 items), Psychological Abuse (13 items), and Sexual Abuse (3 items). For the purpose of this study, the “used children to threaten you” item was included in the measurement. Postmus, Mathisen Stylianou, and McMahon (2015) suggested that this item needed further research, especially with ethnically diverse populations. Participants were asked to indicate how often a partner had committed specific abusive acts over the last 12 months prior to taking the measure. The survey uses a 5-point scale with answers ranging from 1 = *never*, 2 =

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<sup>1</sup>The measures were culturally vetted to make the questions culturally relevant. Also, to ensure that questions asked were respectful and not offensive (Vogt, King, & King, 2004).

rarely, 3 = *occasionally*, 4 = *frequently*, and 5 = *very often*. Participants' responses on the ABI-R range from 25 to 125. Higher scores reflect higher levels of physical, psychological and/or sexual abuse.

The ABI - R has exhibited good internal reliability, assessed by examining the Cronbach's alpha coefficient and item-total correlations of the total scale and each of the three subscales. The total ABI-R had a reliability coefficient of .95. All three subscales demonstrated strong internal consistency with alpha coefficients of Physical Abuse being .93, Psychological Abuse being .92, and Sexual Abuse being .85, (Postmus, Mathisen Stylianou, & McMahon, 2015). The ABI-R was shown to be valid to assess abuse in a relationship.

**The Inventory of Parent and Peer Attachment (IPPA).** The IPPA (Armsden & Greenberg, 1987) is a measure of adolescents' attachment to parents and peers. The IPPA is a self-report inventory that includes 25 items for mother, 25 items for father, and 24 items for friends/peers which assess both positive and negative affective and cognitive dimensions related to attachment. This measurement has three main areas that are identified and measured: degree of mutual trust, quality of communication, and extent of anger and alienation. Attachment to a grandmother will be added to this measurement. It will be 25 items that are similar to mother, but will be about the participant's relationship with a grandmother or elderly woman in the community.

Quality of communication is measured by 10 items for each area (e.g., "My mother/father/friends know(s) something is bothering me"). The degree of mutual trust dimension is measured with nine items (e.g., "My mother/father/friends/grandmother respect(s) my feelings"). The extent of anger and alienation dimension is measured with six items (e.g., "I don't get much attention from my mother/father/friends"). Two samples of adolescents, ranging

from 16 to 20 years old, were used to determine the reliability of the IPPA. Good internal reliability was found. The Cronbach's alphas for each area are as follows: .87 for mother attachment, .89 for father attachment and .92 for peer attachment (Armsden & Greenberg, 1987). Test-retest reliability at three-weeks was also good with .93 for mother and father attachment and .86 for peer attachment (Armsden & Greenberg, 1987). Questions are answered on a 5-point Likert scale ranging from 1 = *almost never or never true*, 2 = *not very true*, 3 = *sometimes true*, 4 = *often true*, and 5 = *almost always or always true*. Six of the 24 items are reverse scored and those items are 2, 4, 5, 6, 9, and 10. Participants' responses to the IPPA can range from 24 – 120.

Two samples of adolescents, ranging from 16 to 20 years old, were used by Armsden and Greenberg (1987) to determine the reliability of the IPPA. They found good internal reliability. This measure was also previously used with a First Nations sample of adolescents ranging in ages 12 to 18 (Hammond, 1999).

This measure was also culturally vetted by a team of American Indian graduate students. It was decided that a section for attachment to grandmother should be added. Minor wording (i.e., added the word figure after mother and father) was also changed to make it more reader-friendly for an American Indian population.

**Parenting Sense of Competence Scale (PSOC).** The PSOC (Gibaud-Wallston & Wandersman, 1978) is a 17 item self-report scale that assesses parents' satisfaction and self-efficacy. The items on this scale are phrased for parents. An example of a question on the PSOC is, "Being a parent is manageable, and any problems are easily solved." Participants complete the scale by indicating their level of agreement with each item by responding with a number between 1 = *strongly agree*, 2 = *somewhat agree*, 3 = *agree*, 4 = *disagree*, 5 = *somewhat disagree*, and 6 = *strongly disagree*. There are eight items (question 1, 6, 7, 10, 11, 13, 15, 17) in

this measure that are reverse scored. Scores can range from 17 – 102; lower scores represent lower parenting satisfaction and higher scores indicate higher parenting satisfaction. The internal consistency of both efficacy and satisfaction scales was .80 (Ohan, Leung, & Johnson, 1999). The PSOC was culturally vetted by a group of American Indian graduate students.

## **Chapter 3**

### **Results**

#### **Demographic information**

A total of 188 16 to 24-year-old American Indian mothers participated in the study, however, because of non-eligibility and missing data. More specifically, 54 of the participants did not meet criteria for inclusion in the study, meaning they were not currently parenting their biological child(ren), did not identify as American Indian, were not between the ages of 16 and 24, or they did not complete the surveys. This resulted in a total sample of 134 participants. Sixty-eight percent of participants indicated they were enrolled members of a Tribe, less than 1% reported being descendants, and 31% chose not to disclose their Tribal membership. Of the 134 participants in this study, 50% were currently living on an American Indian reservation, 26% reported living in a rural, non-reservation town, and 23% reported living in an urban setting. The majority (60%) of the participants reported living in Montana with the other 40% reporting living in 10 other states (Colorado, Arizona, California, Utah, Washington, Oregon, South Dakota, Kansas, Wisconsin, Iowa) and 2 Canadian provinces (British Columbia and Alberta).

Over half of the participants reported currently being in a committed relationship (55%) or being married (14%) and of those participants in a committed relationship or married 59% were in a relationship with the father of their first child. Zero participants reported being divorced or widowed. Around 52% of the young mothers lived with their significant other, 22% lived with their parents/guardians, 12% lived alone, 5% lived with their grandparents, and approximately 9% lived with friends or other individuals. When asked if the participants' parents were teen parents, 55% reported that their mother was a teen parent and 38% reported

that their father was a teen parent. The average age of the American Indian young mothers completing the survey was 21 years. See Figure 1 for a distribution of age frequency.

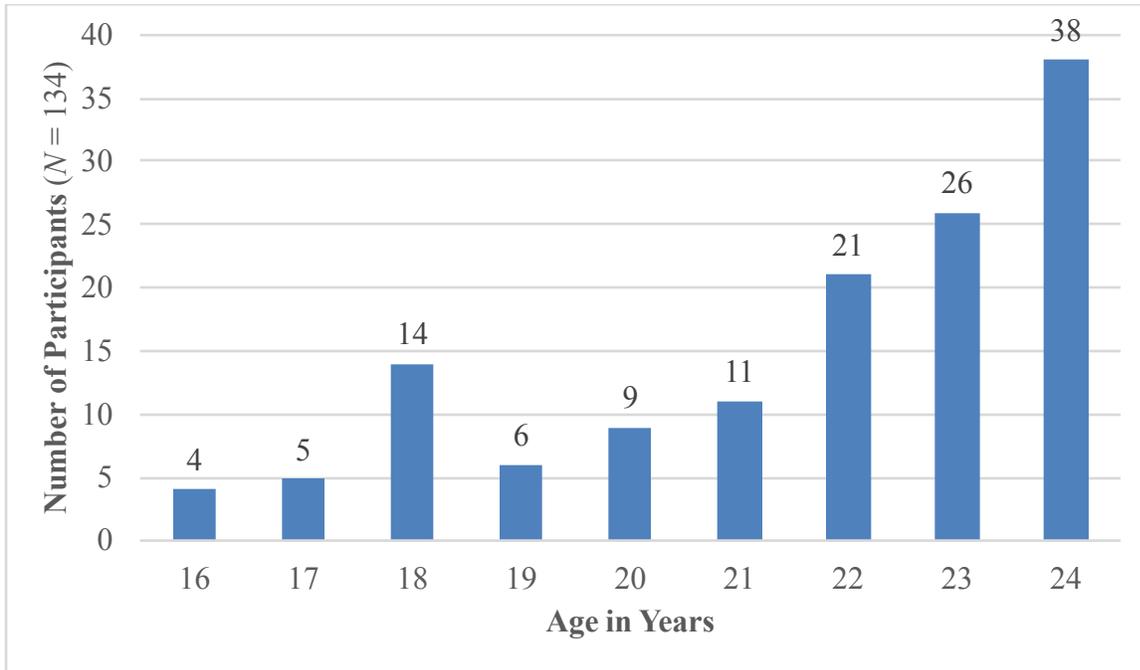


Figure 1. Age frequency distribution of all participants.

The average age at time of birth of their first child was 18. Participants had been parenting on an average of 3 years. The participants reported having on average one to two children whose ages ranged from two weeks old to 10 years old. Approximately 59% reported still being in a romantic relationship with their first child’s father. Regardless of whether the participant was in a relationship with their first child’s father or not, around 79% reported maintaining contact with the father. The majority (85%) of the participants reported not having a current parenting plan in place.

The participants were asked if police were ever called because of violence within their relationship with their first child’s father. Twenty-three percent of the participants in this study reported that police were called because of violence in their relationship, and of that 23%, 7.9% of the participants reported having a restraining order on the father of their first child.

This sample seemed to be relatively highly educated or educated commensurate with their age. Around 49% of the participants reported having education beyond a high school diploma. More specifically, 35% of the participants reported having some college education, 6% reported having a vocational degree, 7% reported having a college degree and 1% reported having a Master’s degree or above. Twenty-two percent reported having a high school diploma and 10% reported having a GED. Lastly, 19% of the participants reported having some high school education (Figure 2).

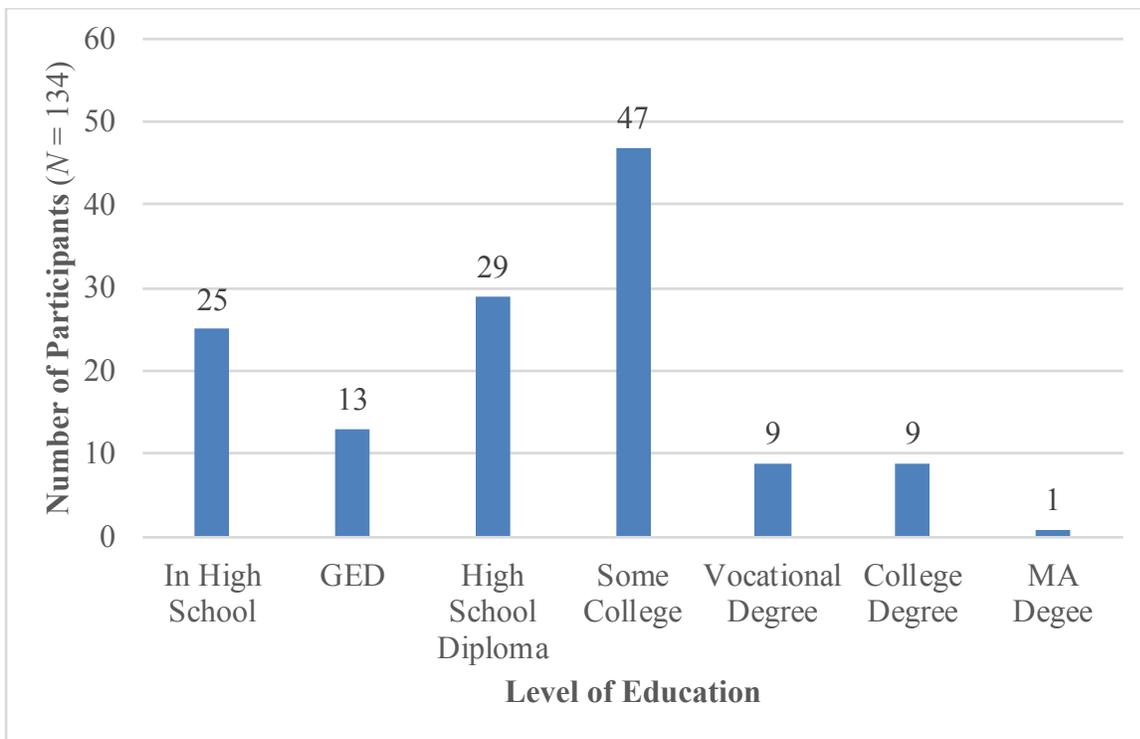


Figure 2. Education levels of participants.

### Regression Analysis

In order to test the main research questions regarding how attachment and intimate partner violence impact young American Indian mothers’ parenting satisfaction, five simple linear regression analyses were conducted. These regression analyses were used to predict parenting satisfaction and efficacy from attachment to mother figure, father figure, grandmother

figure, and friends as well as from intimate partner violence. Simple linear regression analyses were used to see how each individual variable impacted parenting satisfaction and efficacy. Moderation analysis was used to determine if community support would moderate low levels of attachment and higher levels of abuse in predicting parenting satisfaction and efficacy of American Indian young mothers. Preliminary analyses were performed to confirm there was no violation of the assumptions of normality and linearity. Tests for Skewness and Kurtosis of the variables entered into the regression analyses revealed moderate normality (< 2.0 for skewness and < 7.0 for Kurtosis) (Curran et al., 1996).

Table 2.

*Simple Linear Regression Analyses Summary for Factors Related to Parent Satisfaction and Efficacy.*

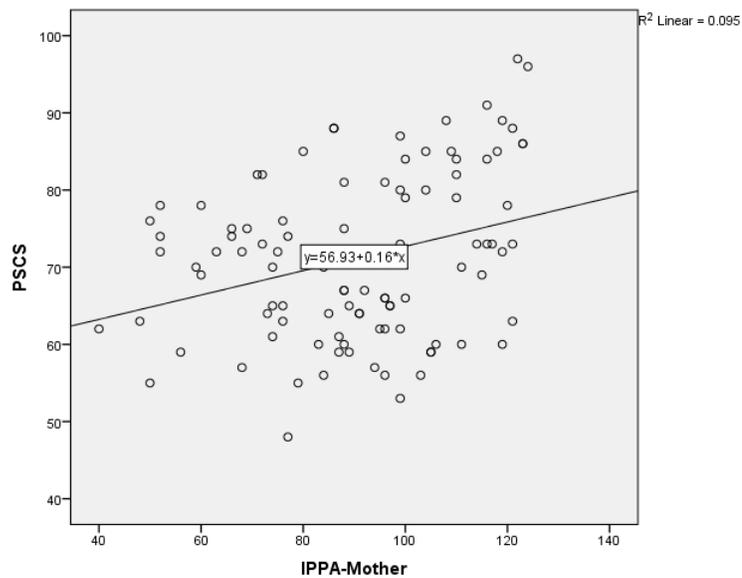
Model	<i>B</i>	<i>SEB</i>	$\beta$	<i>p</i>	<i>R</i> <sup>2</sup>
Attachment to Mother Figure	.158	.049	.307	.002	.095
Attachment to Father Figure	.183	.045	.385	.000	.149
Attachment to Grandmother Figure	.055	.049	.113	.263	.013
Attachment to Friends	.292	.109	.267	.008	.072
Intimate Partner Violence	-.143	.045	-.308	.002	.095

\**p* ≤ .05.

Footnote: Mother Figure attachment *n* = 100, Adj. *R*<sup>2</sup> = .085; Father Figure attachment *n* = 98, Adj. *R*<sup>2</sup> = .140; Grandmother Figure attachment *n* = 100, Adj. *R*<sup>2</sup> = .003; Friend attachment *n* = 96; Adj. *R*<sup>2</sup> = .062; IPV *n* = 100, Adj. *R*<sup>2</sup> = .068

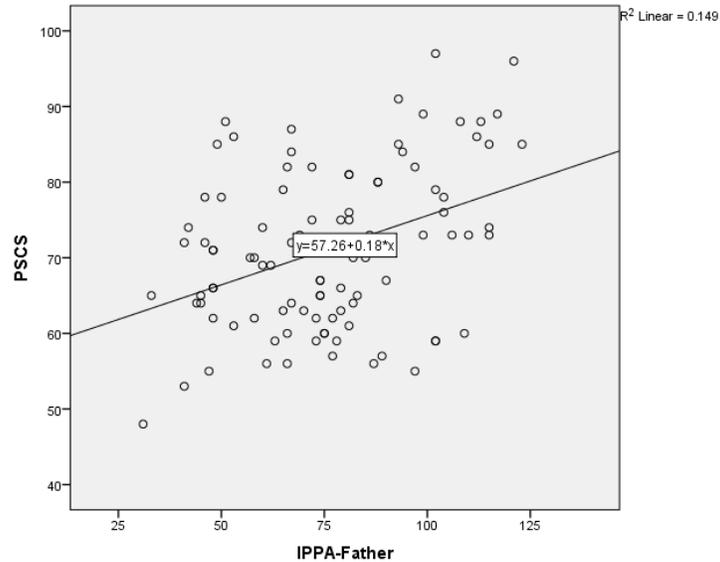
Regarding mother figure, most participants reported thinking about their biological mother (93%) when completing the measure, with the other 7% reported thinking about other

relatives such as aunt, step-mother, cousin, and sister. Less than 1% reported thinking about their grandmother as a mother figure. The findings indicated that attachment to mother figure had a significant effect on parenting satisfaction and efficacy ( $F(1, 98) = 10.233, p < .002$ ) with an  $R^2$  of .095. Satisfaction with being a parent and feelings of efficacy toward parenting increased by .158 units (range from 17 to 102, lower scores being lower satisfaction) with each 1 unit increase in their attachment to their mother figure (see Figure 3). There was a small, but significant relationship between attachment to a mother figure and parenting satisfaction and efficacy; this may suggest that the more psychologically secure an American Indian young mother's attachment is to her own mother figure, the more satisfied she may be as a mother herself. This data may reflect a trend toward a higher level of parenting satisfaction and efficacy for American Indian young mothers when attachment to her own mother figure is positive, however, since the percent of variance explained is so low, it is important to interpret this finding with caution.



*Figure 3.* The relationship between perceived parenting competence and efficacy and mother figure attachment. IPPA-Mother is attachment to mother figure and PSOC is the perceived competence and efficacy of participants.

When exploring the attachment to a father figure for American Indian young mothers, there was a significant effect on parenting satisfaction and efficacy and attachment to father ( $F(1, 96) = 16.751, p < .000$ ) with an  $R^2$  of .149. The parenting satisfaction and efficacy of participants is equal to  $57.262 + .183$  (father attachment) with parenting satisfaction and efficacy measured by the Parenting Sense of Competency Scale (PSOC). Satisfaction with being a parent and feelings of efficacy toward parenting increased by .183 unit with each 1 unit increase in their attachment to a father figure (see Figure 4). There was a significant, but small relationship between attachment to a father figure and parenting satisfaction and efficacy, this may suggest that the more psychologically secure an American Indian young mothers' attachment is to a father figure, the more satisfied she may be as a mother. In other words, this data may reflect a trend suggesting that the higher the attachment to a father figure, the greater the parenting satisfaction and efficacy for the young mother, but this finding should be interpreted with caution as the percent of variance is low.



*Figure 4.* The relationship between perceived parenting competence and efficacy and father figure attachment. IPPA-Father is attachment to father figure and PSOC is the perceived competence and efficacy of participants.

There was also a significant and positively correlated effect on parenting satisfaction and efficacy and attachment to friends ( $F(1, 94) = 7.244, p < .008$ ) with an  $R^2$  of .072. The parenting satisfaction and efficacy of participants is equal to  $46.618 + .292$  (friend attachment) when parenting satisfaction and efficacy is measured by the Parenting Sense of Competency Scale (PSOC). Satisfaction with being a parent and feelings of efficacy toward parenting increased by .292 unit with each 1 unit increase in their attachment to a friend (see Figure 5). There was also a small, but significant relationship between attachment to friends and parenting satisfaction and efficacy. This may suggest that the more psychologically secure an American Indian young mothers' attachment is to friends, the more satisfied she may be as a mother. This finding also indicated that the higher the attachment to friends, the more the young mother would be satisfied as a parent, but again, should be interpreted with caution because the percent of variance explained is so low.

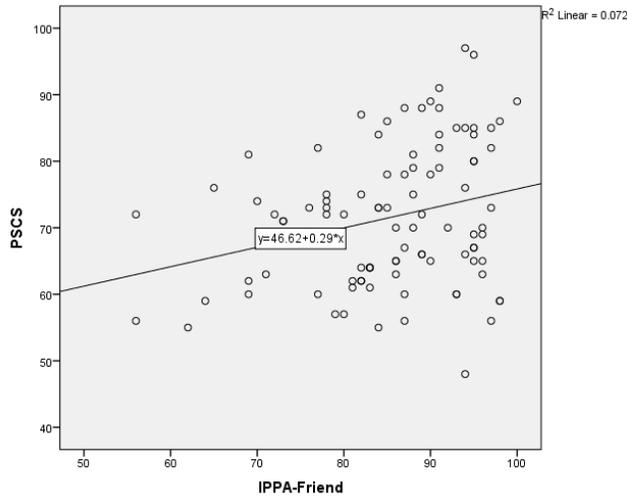


Figure 5. The relationship between perceived parenting competence and efficacy and friend attachment. IPPA-Friend is attachment to friends and PSOC is the perceived competence and efficacy of participants.

There was not a significant effect on parenting satisfaction and efficacy and attachment to grandmother figure ( $F(1, 98) = 1.269, p .263$ ) with an  $R^2$  of .013. The parenting satisfaction and efficacy of participants is equal to  $65.910 + .055$  (grandmother figure attachment) when parenting satisfaction is measured by the Parenting Sense of Competency Scale (PSOC). The participants' levels of parenting satisfaction and efficacy only increased by .055 unit with every 1 unit increase in attachment to their grandmother figure (see Figure 6).

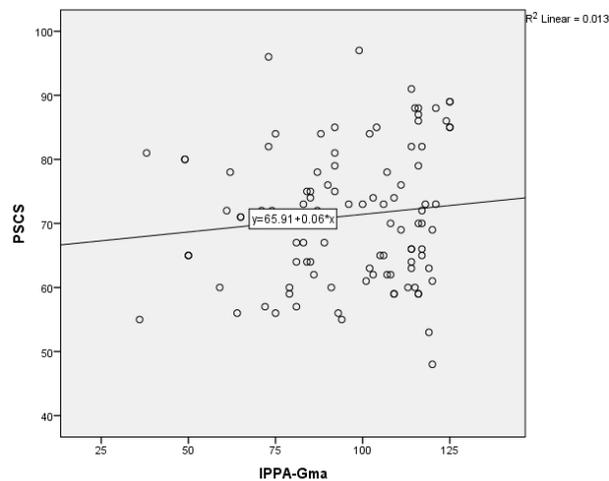
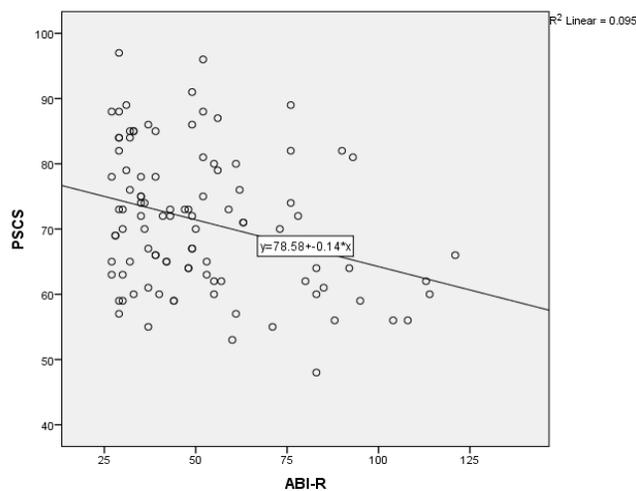


Figure 6. The relationship between perceived parenting satisfaction and efficacy and grandmother figure attachment. IPPA-Gma is attachment to grandmother and PSOC is the perceived competence and efficacy of participants.

The relationship between grandmother attachment and parenting satisfaction and efficacy fell short of statistical significance (see Table 2 above).

A simple linear regression analysis was conducted to predict parenting satisfaction and efficacy from intimate partner violence. Intimate partner violence had a significant effect on parenting satisfaction ( $F(1, 98) = 10.289, p < .002$ ), with an  $R^2$  of .095. The participants' expected level of parenting satisfaction and efficacy is equal to  $78.578 - .143(\text{abuse})$  when parenting satisfaction and efficacy is measured by the Parenting Sense of Competency Scale (PSOC). The participants' levels of parenting satisfaction decreased by .143 unit with every 1 unit increase in their reported level of abuse (see Figure 7). This finding may indicate that the more abuse a participant was exposed to, the lower her level of parenting satisfaction and efficacy. However, since the percent of variance was low it is important to interpret the results with caution.



*Figure 7.* The relationship between perceived parenting satisfaction and efficacy and intimate partner violence. ABI-R is frequency of intimate partner violence and PSOC is the perceived competence and efficacy of participants.

The data were explored further using a standard multiple regression analysis to test the significance of the relationship between the different attachment variables on parenting satisfaction. This analysis examined the contribution of each attachment variable with the influence of the others controlled. That is, the variance simultaneously shared among attachment variables and parent satisfaction and efficacy were removed to examine the contribution of each attachment variable independent of the others. The results indicated that, combined, the four attachments significantly predict 15% ( $R^2 = .154$ ) of the variance of parenting satisfaction and efficacy,  $F(2, 89) = 5.416, p = .001$  (see Table 3).

Table 3.

*Standard Regression Analysis: Parent Satisfaction Predicted by Attachments*

Predictor	$\beta$	$p$	$t$
Mother Figure	.162	.134	1.512
Father Figure	.280	.008*	2.697
Grandmother Figure	.011	.917	.105
Friends	.143	.178	1.359

\* $p < .05$

Footnote:  $n = 94$ , Adj.  $R^2 = .154$

Although attachment to mother figure, attachment to father figure, and attachment to friends were all significant when analyzed separately, once all attachments were accounted for in

the current multiple regression model, attachment to a father figure was the only variable with statistical significance (see Table 3).

The data was also examined to see if community support had a moderating effect on father figure attachment. Centered variables were used for this analysis. When examining the contribution of father figure and community support using a hierarchical regression analysis, attachment to a father figure contributed significantly to the model  $F(2, 95) = 9.509, p = .045$ . However, community support did not. The influence of father figure attachment was not moderated by community support. In other words, community support did not influence the relationship between father figure attachment and parenting satisfaction and efficacy (see Table 4).

Table 4.

*Hierarchical Regression of Father Figure Attachment on Parenting Satisfaction & Efficacy, Moderated by Community Support*

Predictor	$\beta$	$p$	95%CI
Father Figure attachment	1.089	.045*	.012, 1.023
Community Support	-.348	.341	-.607, 1.735
Father Figure Attach x Comm. Sup	-.808	.170	-.023, .004

\* $p < .05$

Footnote:  $n = 111, \text{Adj. } R^2 = .157$

A hierarchical regression analysis was also used to test the significance of intimate partner violence and community support on parenting satisfaction and efficacy, and the possibility that community support moderated the influence of intimate partner violence on parenting satisfaction and efficacy. The results indicated that while both intimate partner

violence and community support independently predicted parenting satisfaction and efficacy, community support did not moderate the effect of intimate partner violence (see Table 5). However, an unexpected relationship emerged: as community support increases, parental satisfaction and efficacy decrease. When considered together with community support, increases in IPV predicted decreases in parenting satisfaction and efficacy.

Table 5.

*Hierarchical Regression of IPV onto Parenting Satisfaction & Efficacy, Moderated by Community Support*

Predictor	$\beta$	$p$	95% CI	
IPV	-.132	.004*	-.219,	-.004
Community Support	-.328	.033*	-.629,	-.028
IPV x Community Support	-.008	.262	-.022,	.006

\* $p < .05$

Footnote:  $n = 100$ , Adj.  $R^2 = .120$

Results from the moderation analysis prompted further investigation into whether father figure attachment contributed to the inverse relationship between community support and parenting satisfaction and efficacy. A stepwise regression analysis was conducted to determine if both father figure attachment and community support were necessary to predict parenting satisfaction and efficacy for American Indian young mothers. In the first step, father figure attachment was entered. Father figure was significantly related to parenting satisfaction and efficacy  $F(1, 96) = 16.751, p < .001$ . The multiple correlation coefficient was .149, meaning that approximately 14% of the variance of parenting satisfaction and efficacy could be accounted for by father figure attachment. At the second step of the analysis, community support did not enter

into the equation ( $t = -1.630, p > .05$ ). Therefore, the results of the post hoc stepwise analysis revealed that only father figure attachment had an impact on the variance and community support did not have a significant effect.

## **Chapter 4**

### **Discussion**

As there is little research conducted with American Indian young mothers, this study attempted to understand the role of community and attachments in supporting young American Indian mothers. Based on previous research (Douglas, 2005) it was hypothesized that because of most American Indian tribes' high respect for children, American Indian young mothers would feel better as parents because of this worldview associated with their Tribal community. Therefore, it was proposed that American Indian young mothers with support from their Tribal community would have greater parenting satisfaction and efficacy even when they had low attachments and/or were experiencing intimate partner violence.

It appears attachment is a protective factor for American Indian young mothers. Findings from this study suggested that having a positive psychological attachment to a mother figure, a father figure, and friends predicted a small, but statistically significant increase in parenting satisfaction. However, when attachments are considered together as a group, only father figure attachment was a significant predictor of parenting satisfaction for American Indian young mothers. This suggests that the stronger the relationship that an American Indian young mother has with a mother figure, a father figure, and their friends, the more satisfaction the young mother will get from being a parent, but that father figure attachment seems to play a particularly important role that "explains" the other attachment contributions. There was no statistical significance found with grandmother figure attachment. Of note, a larger sample size might yield significant results for grandmother attachment. It is possible that the attachment measures were not culturally adequate and may not have captured culturally specific attachment aspects of the relationship. This may especially be the case for attachment to a grandmother figure as the role

of a grandmother in an Indigenous worldview can be different than the role of a grandmother in mainstream culture. Also, the lack of significance could be associated with a cohort effect, more specifically, that this cohort of grandmother figures may not have been able to be supportive because of personal issues such as substance use or depression. However, the correlation matrix (attachment to mother, father, and grandmother figures correlations with parenting satisfaction and efficacy for young mothers) revealed slight significance; implying that overall, all of these supportive relationships may increase parenting satisfaction and efficacy for American Indian young mothers.

There was also a significant finding suggesting that intimate partner violence negatively impacts parenting satisfaction. American Indian young mothers in this study seem to feel less satisfied as mothers when they experienced intimate partner violence. With that said, this data may be helpful in understanding the importance of attachment in American Indian young mothers and the negative effects of intimate partner violence as they impact parental satisfaction and efficacy. Although, community support itself also was a predictor of parental satisfaction and efficacy, it was not found to be a significant modifier of the effects of attachment or intimate partner violence on parenting satisfaction and efficacy. It seems attachment and particularly attachment to a father figure, was a predictor of positive parenting satisfaction and efficacy independent of the effects of community support. Community support also did not positively influence parenting satisfaction when the participants were experiencing intimate partner violence. There was no evidence that supported that community support moderated attachment or intimate partner violence; however, the data indicated that community support by itself actually decreased parenting satisfaction and efficacy in this sample. This is explored further in the community support section.

## **Parental Attachment**

Positive psychological attachments to a mother figure and a father figure are related to a person being more resilient later in life (Benoit, 2004; Karen, 1998). Hamilton (2000) reported that attachment to mothers early in life had an impact on attachment during adolescence. Also, a secure attachment seemed to work as a protective factor during negative life events and Hamilton (2000) proposed that individuals with a secure attachment may be more resilient to life stressor in adolescence and into adulthood. It seems this may be true for young American Indian mothers who experience positive psychological attachments to their parental figures. Whereas, having a positive psychological attachment to a mother figure may foster emotional regulation; a positive psychological attachment to a father figure could provide confidence in areas of uncertainty or in new roles such as parenting (Duchesne & Ratelle, 2014). American Indian mothers' in this study seem to feel better about their ability to parent when they have a positive psychological attachment to important parental figures in their life. Although, both parental figures had a positive impact on the parenting satisfaction and efficacy of American Indian mothers, consistent with the findings of Duchesne and Ratelle, 2014, father figure attachment was more impactful on parenting satisfaction and efficacy.

A study by Shears, Bubar, and Hall (2011) examining fatherhood among urban American Indian fathers found that being an active participant in their children's lives was an important aspect of fatherhood for urban American Indian fathers. Their study also highlighted that fathers who were engaged and not just physically present, had a close connection to their children and their children were more successful socially (Shears, Bubar, & Hall, 2011). This could explain the finding here that a positive psychological attachment to a father figure significantly increases a young American Indian mothers' satisfaction and efficacy as a parent. There may also have

been a cohort effect . When the participants in this study were children, the National Fatherhood Initiative, which is a non-profit organization established in the early 1990's to end father absence (National Fatherhood Initiative, 2016) was introduced to Native communities. This suggestion needs to be confirmed by further studies that examine the effects of father-daughter attachment as there is little to no research on American Indian father-daughter attachment or on the effects of the Fatherhood Initiative. However, as noted by White, Godfrey, and Moccasin (2006) in a traditional Dakota family life, a father's role was to show unconditional support for his children as well as to show warmth and encourage belonging. Although the participants in the current study were from many different tribal nations, not only from the Dakota nation; unconditional support and closeness may explain the results.

### **Attachment to Friends**

When examining how attachment to friends impacted American Indian mothers' feelings of parental satisfaction and efficacy, it was found that this attachment may have a positive impact, although it does not appear to act independently of attachment to father figures. This finding is congruent with other research (Freeman & Brown, 2001; Gorrese & Ruggieri, 2012; Meeus, Oosterwegel, & Vollebergh, 2002) that indicates attachment to peers during adolescence is an important relationship in the lives of many young adults. In this sample of participants having friends whom they felt a connection with and had a positive psychological attachment to were more likely to be satisfied with their parental role.

### **Intimate Partner Violence**

The results of this study indicated that when participants experienced intimate partner violence, the less satisfied and capable they felt as a parent. This is compatible with research about the impacts of IPV. For example, Ahlfs-Dunn and Huth-Bocks (2016) found that intimate

partner violence that involved the parental role of the mother and her children directly impacted the mother's levels of anxiety, hostility, and PTSD. These authors (Ahlf-Dunn & Huth-Bocks, 2016) propose that it is especially important to be aware of the impact of IPV for mothers whose primary focus and role is on caregiving, which can be the case with many young mothers. Also, the effects of IPV on the parenting role were associated with more parenting stress and may impact their children's behavior. All in all, Ahlf-Dunn and Huth-Bocks (2016) stated that "IPV involving children and the parenting role is damaging to mothers' personal, relational, and parental functioning beyond what is typically captured by assessments of general experiences of IPV" (p. 396). Given the data of the current study, IPV has a negative influence on the parental role in that the young mothers' satisfaction and efficacy with parenting is lower when they are subjected to intimate partner violence. It can be inferred that lacking satisfaction in the parental role would lead to less warmth and investment as a parent. This is important as Waldman-Levi, Finzi-Dottan, and Weintraub (2015) reported that women, who were exposed to IPV as a child and experienced IPV as an adult, were significantly impacted. More specifically, IPV negatively impacted their perceptions of their maternal role, which indicates that if not interrupted, this can lead to a vicious and traumatic cycle of women and children experiencing IPV. Also Estrellado and Loh (2016) found that women with children will stay in an abusive relationship to keep their family intact even if it means a lost sense of self.

### **Community Support**

Although findings from this study indicate that support from close relationships such as parents and peers are an ideal form of support to foster parenting satisfaction and efficacy, there are also young women who do not receive support from these sources. Therefore, it was proposed that having a community that helps young mothers' transition from a childless

adolescent to a young mother, would increase young mothers' feelings of satisfaction and efficacy. According to the results of this study, community support did not have a significant moderating impact on parent satisfaction and efficacy. This finding could mean that the community support measurement did not adequately measure community support from an Indigenous worldview and may not have addressed the unique aspects of a Tribal community. This study attempted to capture the complexities and unique aspects of Indigenous communities that are not captured in most social support scales. There are currently no community support questionnaires designed for American Indian populations, which could mean in order to capture what community support looks like for Tribal communities, culturally appropriate measures need to be developed. It may be more appropriate for a scale to be developed that can be adapted to fit the distinct culture of tribal communities. Other confounding variables to be considered are the participants' connections to a tribal community. Participants may have little to no connection to their tribal community or they were currently experiencing extreme intimate partner violence, therefore, isolated from the community. However, it was found that among this sample community support by itself actually lowered parenting satisfaction and efficacy, which may be explained by stigma and internalized oppression.

**Stigma and Internalized Oppression.** It could also be that community support was not helpful because of the influence of mainstream morals, values, and beliefs. The population of interest for this study had the intersecting identities of being American Indian and a woman. This could mean there were levels (not identified in this study) of systematic and lateral oppression in the participants' communities that were reflected in the negative impact of community. Previous research (Furstenberg, 2007; Geronimus, 2003; Kaplan, 1997; Luker, 1996) has found that in the mainstream American culture, being a young mother is stigmatized.

However, many American Indian tribes value children and mothers. Poupart (2003) proposes that the internalization of Western society devaluing of women and children, which do not align with many American Indian values of women and children, have contributed to oppressive views. Within American Indian communities this internalization may be expressed outwardly toward other Indigenous people, including American Indian young mothers (Poupart, 2003). Poupart (2003) states, “American Indian women and children are among the most economically, socially, and politically disenfranchised groups in the United States” (p. 91). Which is important acknowledgment when working with and understanding American Indian young mothers. This study provided a glimpse into how American Indian young mothers perceive and experience community support. The negative finding can help increase the awareness of the impact communities are having on young mothers and help to start a conversation on how to be more supportive of this disadvantaged population.

### **Limitations and Future Research**

A limitation of this study is the small number of participants, which seem to be centralized in the Northwest United States, specifically Montana. Ideally, the sample should have included over 200 participants from varying American Indian tribal groups. This study could be more effective if it were administered at a federal and multiple state level to ensure as many Tribes are represented as possible, therefore, making it more generalizable. Another limitation of this study is the specific measures that were used. The measures were not developed or normed with an American Indian population. Although a few studies have used the Inventory of Parent and Peer Attachment (IPPA) with an American Indian population and this study attempted to culturally vet several of the measures, it would be more beneficial to use measures that are made for American Indians.

Future research should examine the reasons why attachment to each specific attachment figure (mother, father, and friends) is of importance for American Indian young mothers, and whether attachment to father figures does account for the possible influence of friends and mother figures. Further investigation is warranted into the finding that suggests when father figure attachment was positive; community support either was not present or was not perceived. These findings may suggest that when positive father figure attachment is present the young mother does not see or experience the support of the community. However, it could also mean that when a father figure is present in the young mothers' life, the community does not think the young mother needs the support of the community and therefore does not provide it. Furthermore, this relationship needs to be explained. The unexpected absence of a relationship between grandmother figure attachment and parental satisfaction and efficacy also needs to be explained. Also, of interest and deserving further exploration, after inspection of the correlation matrix (Appendix I) that included all predictors as well as parental satisfaction and efficacy (441 cells) the possibility of an inverse relationship between grandmother attachment and intimate partner violence was revealed. Given that this observation was post hoc, the relationship must be cautiously interpreted. It is, however, an area worth exploring further with other studies. It would be important to understand the reasons for this from the lived experience of American Indian young mothers and from an Indigenous perspective.

It would also be informative to investigate the negative connection between community support and parenting satisfaction and efficacy. Exploring how participants perceive community support and how it impacts their perceptions of parenting would help to better understand the finding in this study. Another area of interest that could be further explored would be the difference between reservation participants and non-reservation/urban participants.

## **Implications**

There are many clinical and community implications that can be derived from this study, perhaps the most important being the importance of having a positive psychological attachment to mother figures, father figures, and friends on the parenting satisfaction of American Indian young mothers. It appears that attachment to father figures is of particular significance. This study shows that having a positive attachment helps young mothers to feel more satisfied and efficacious as parents. This is important because when a young American Indian mother feels confident in her ability to be a mother to her child(ren), it promotes a positive outcome for the child (Yu, 2011).

Also of importance, is the negative effect intimate partner violence (IPV) has on parenting satisfaction. Experiencing IPV can lower the competency of young American Indian mothers' perceived ability to be a parent and to be satisfied with the role of mother.

The knowledge gained from this study can inform American Indian parenting programs about the importance of a positive attachment when working with young mothers. It can also inform Tribal programs on the importance of attachment and the role the community can take to fight the stigma of young mothers. This study shows that an intervention approach that empathizes a positive psychological attachment to parental figures and friends and that validates and incorporates American Indian young mothers' culture will help the mother to feel supported in her new role as a parent.

The findings from this study could also inform a community campaign to end bullying and stigma associated with young parenting by increasing the communities' awareness of cultural support and non-violence in which young mothers will feel satisfied, efficacious, and supported as parents despite their age. This study also indicated, more specifically, that young

mothers who do not have strong attachments to their father figures, mother figures, and friends could benefit from increased and targeted support from their tribal communities.

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## Appendix A

### Informed Consent

#### Research Team

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You are invited to participate in a research study to examine **community support for young American Indian mothers**. This study will explore the relationship of community support, attachment, and intimate partner violence to the perceived parenting competence and efficacy of young American Indian mothers. You will be asked questions about your relationships with significant people in your life including a mother figure, father figure, a grandmother, peers, and significant other. You have been invited to complete this survey because you are a mother between the ages of 16 and 24 years old, identify as American Indian, and are currently the primary caregiver to your biological child(ren). The survey will take 30 to 60 minutes to complete and consists of about 189 questions. Please read this material carefully to be sure you understand the nature of the project before agreeing to participate. If questions remain, or you later have concerns about any aspect of the project you may contact any of the investigators (as listed above) or if you have any questions regarding your rights as a research subject, contact the UM Institutional Review Board (IRB) at (406) 243-6672. Be sure to print a copy of this page for your records.

To be eligible you must meet all of the following criteria. You must be (1) **a mother between the ages of 16 and 24**, (2) **identify as American Indian**, and are (3) **currently the primary caregiver of your biological child(dren)**. If even one item does not apply to you, we ask that you not take the survey.

**An anonymous methodology is used.** This means we are collecting no information about your identity; we will not know who responded and there is no way to link answers to identities. However, we cannot guarantee the privacy of data transmitted via the Internet. The survey has been built using Qualtrics. Only the investigator(s) are the formal owners of the survey account, but all gathered information is available to any person who gains account access. Once the survey period is closed (April 2017), all data will be transferred to a secure storage device and the account will be deactivated. Also, as mentioned earlier, you may contact the investigators or the Research Office. It is important to realize that this may result in a loss of anonymity.

The study has been reviewed and approved by the University of Montana human subject research ethics committee. Any **potential risks** (e.g., emotional, financial, social, legal) due to participating are **minimal**, no greater than what one faces in normal daily life. One way to avoid potential risk is for you to not answer question(s) that may make you feel uncomfortable, and you may completely withdraw at any time simply by closing your browser or navigating away from the survey. If you do skip questions, we will use the responses you did provide. Once you

submit your survey, withdrawing is impossible due to the anonymous methodology.

There is no benefit to be gained by participating. Except for your time, there are no additional costs. It is important to understand you are receiving no services of any sort from University the Montana as a result your participation in this study. Any past, current or future relationships you may have with University of Montana will not be affected in any way as a consequence of your choosing whether or not to participate. There is **an optional drawing to win one of five \$20 Amazon.com gift cards**. Individuals who choose to enter the drawing will be asked to complete a separate survey on Qualtrics with their contact information to ensure anonymity of the information you provided on the study's questionnaire. Participants will only be contacted if they win the drawing.

Submitting your survey (you will be prompted again at the end of the questions) indicates that you understand the nature of your participation and that you freely and voluntarily grant your consent for the investigators to use your responses.

**Please click on the "I agree" button if you have read and understood your rights and agree to participate.**

- I agree
- I do not agree

## Appendix B

### Demographic Information

**Instructions:** For the following items, please select the response(s) that are most description of you and/or fill in the blank where appropriate.

1. Are you American Indian?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
2. Are you tribally enrolled?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
3. Are you a descendant of a Tribe?  
Yes \_\_\_\_\_  
No \_\_\_\_\_
4. Where do you live?  
\_\_\_\_\_ Rural (town)  
\_\_\_\_\_ Urban (city)  
\_\_\_\_\_ On a Reservation
5. In what state do you live? \_\_\_\_\_
6. What is your marital status?  
\_\_\_\_\_ Single  
\_\_\_\_\_ Committed relationship  
\_\_\_\_\_ Married  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Widowed
7. How old are you? \_\_\_\_\_ Years
8. How old were you when you had your first child? \_\_\_\_\_ Years
9. How old are your children?  
Child #1's age \_\_\_\_\_ Years  
Child #2's age \_\_\_\_\_ Years  
Child #3's age \_\_\_\_\_ Years  
Child #4's age \_\_\_\_\_ Years  
Child #5's age \_\_\_\_\_ Years  
Child #6's age \_\_\_\_\_ Years

Please answer the following questions regarding your first child's father.

10. Are you still in a romantic relationship with your first child's father?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

11. Do you have contact with your first child's father?

\_\_\_\_\_ Yes

If yes, you do have contact, is this by your choice?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ No

If no, you do not have contact, is this by your choice?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

12. Were the police ever called because of violence in your home due to the relationship with your first child's father?

\_\_\_\_\_ Yes

If yes, who called the police? \_\_\_\_\_

\_\_\_\_\_ No

13. Do you, or did you ever, have a restraining order on your first child's father?

\_\_\_\_\_ Yes

If yes, when? \_\_\_\_\_

\_\_\_\_\_ No

14. Do you have a Parenting Plan with your first child's father?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

15. What is your level of education? Please select highest level attained.

\_\_\_\_\_ Grade School (grades 1 – 5)

\_\_\_\_\_ Middle School (grades 6 – 8)

\_\_\_\_\_ High School (grades 9 – 12)

\_\_\_\_\_ High School Graduate (grade 12)

\_\_\_\_\_ General Equivalence Degree (GED)

\_\_\_\_\_ Vocational Education (Associate of Arts, Associate of Science)

\_\_\_\_\_ Some College

\_\_\_\_\_ College Degree (BA—Bachelor of Arts, BS—Bachelor of Science)

\_\_\_\_\_ Advanced Degree (MA—Master of Arts, MS—Master of Science)

\_\_\_\_\_ Doctoral (PhD—Doctor of Philosophy, JD—Juris Doctorate)

16. Living status. Please select all that apply.

- I live alone.
- I live with friend(s).
- I live with my parents.
- I live with my grandparents.
- I live with my significant other.
- Other, please specify: \_\_\_\_\_

17. How many people live in the household with you, including yourself? \_\_\_\_\_

18. In the household that you live, how many are minors (e.g., younger than 18 years of age), including yourself?

\_\_\_\_\_

19. Average annual household income:

- Less than \$7,500
- \$7,500 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$40,000
- Over \$40,000

20. Was your Mother a teen parent?

- Yes
- No

21. Was your Father a teen parent?

- Yes
- No

22. What are some of the challenges of being a young parent?

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## Appendix C

### Perceived Community Support Questionnaire (PCSQ)

**Instructions:** Please think about your *tribal*<sup>2</sup> community when you are filling out this form.

**Response Options:**

- 1 = Strongly agree
- 2 = Agree
- 3 = Neutral
- 4 = Disagree
- 5 = Strongly disagree

**Questions:**

1. I identify with my community.
2. My opinions are valued in my community.
3. Few people in my community know who I am.
4. I feel like my community is my own.
5. I collaborate in organizations and associations in my community.
6. I take part in activities in my community.
7. I take part in some social or civic groups in my community.
8. I respond to calls for support in my community.
9. I don't take part in socio-recreational activities in my community.
10. I could find people that would help me feel better.
11. I would find someone to listen to me when I feel down.
12. I would find a source of satisfaction for myself.
13. I would be able to cheer up and get into a better mood.
14. I would relax and easily forget my problems.

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<sup>2</sup>The PCSQ was reviewed by a group of AI graduate students representing five different tribal affiliations and one change was made to the instructions. The word, tribal, was added and noted in italics. No changes were made to any of the questions.

## Appendix D

### Inventory of Parent and Peer Attachment (IPPA)

This questionnaire will ask you about your relationships with significant people in your life. The four sections ask questions about people who you identify as your mother figure, father figure, grandmother, and peers. Each section has 25 questions.

**Instructions:** This questionnaire asks about your relationships with your mother. Each of the following statements asks about your feelings about your mother *or the woman who has acted as your mother (e.g., biological mother, a step-mother, aunt, grandmother, sister, cousin, other)*. Answer the questions for the one you feel has most influenced you.

**Who are you thinking about when you fill out this form?**

\_\_\_\_\_ *Biological Mother*

\_\_\_\_\_ *Step-mother*

\_\_\_\_\_ *Aunt*

\_\_\_\_\_ *Grandmother*

\_\_\_\_\_ *Sister*

\_\_\_\_\_ *Sister*

\_\_\_\_\_ *Other; please indicate the relationship of the person you were thinking about here:*

\_\_\_\_\_

#### Response Options:

1 = Almost never or never true

2 = Not very true

3 = Sometimes true

4 = Often true

5 = Almost always or always true

Questions:<sup>3</sup>

1. My mother *figure*<sup>4</sup> respects my feelings.

\*2. I feel my mother *figure* does a good job as my mother.

3. I wish I had a different mother *figure*.

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<sup>3</sup> Six of the 24 items are reverse scored and those items are 2, 4, 5, 6, 9, and 10. Reverse scored items are noted by an asterisk before the number of the question.

<sup>4</sup> The IPPA was reviewed by a group of AI graduate students representing five different tribal affiliations and small changes were made to the instructions and the questions. The words that were added are in italics; in addition, a section inquiring about relationship to a grandmother or a grandmother figure was added. No words were deleted.

- \*4. My mother *figure* accepts me as I am.
- \*5. I like to get my mother *figure*'s point of view on things I'm concerned about.
- \*6. I feel it's no use letting my feelings show around my mother *figure*.
7. My mother *figure* can tell when I'm upset about something.
8. Talking over my problems with my mother *figure* makes me feel ashamed or foolish.
- \*9. My mother *figure* expects too much from me.
- \*10. I get upset easily around my mother *figure*.
11. I get upset a lot more than my mother *figure* knows about.
12. When we discuss things, my mother *figure* cares about my point of view.
13. My mother *figure* trusts my judgment.
14. My mother *figure* has her own problems, so I don't bother her with mine.
15. My mother *figure* helps me understand myself better.
16. I tell my mother *figure* about my problems and troubles.
17. I feel angry with my mother *figure*.
18. I don't get much attention from my mother *figure*.
19. My mother *figure* helps me talk about my difficulties.
20. My mother *figure* understands me.
21. When I am angry about something, my mother *figure* tries to be understanding.
22. I trust my mother *figure*.
23. My mother *figure* doesn't understand what I'm going through these days.
24. I can count on my mother *figure* when I need to get something off my chest.
25. If my mother *figure* knows something is bothering me, she asks me about it.

**Instructions: This questionnaire asks about your relationships with your father. Each of the following statements asks about your feelings about your father or the man who has acted as your father (e.g., biological father, a step-father, uncle, grandfather, brother, cousin, other). Answer the questions for the one you feel has most influenced you.**

**Who are you thinking about when you fill out this form? Circle one.**

- Biological Father
- Step-Father
- Uncle
- Grandfather
- Brother
- Cousin
- Other

1. My father *figure* respects my feelings.
- \*2. I feel my father *figure* does a good job as my father.
3. I wish I had a different father *figure*.
- \*4. My father *figure* accepts me as I am.
- \*5. I like to get my father *figure*'s point of view on things I'm concerned about.
- \*6. I feel it's no use letting my feelings show around my father *figure*.
7. My father *figure* can tell when I'm upset about something.
8. Talking over my problems with my father *figure* makes me feel ashamed or foolish.
- \*9. My father *figure* expects too much from me.
- \*10. I get upset easily around my father *figure*.
11. I get upset a lot more than my father *figure* knows about.
12. When we discuss things, my father *figure* cares about my point of view.
13. My father *figure* trusts my judgment.
14. My father *figure* has her own problems, so I don't bother her with mine.
15. My father *figure* helps me understand myself better.
16. I tell my father *figure* about my problems and troubles.

17. I feel angry with my father *figure*.
18. I don't get much attention from my father *figure*.
19. My father *figure* helps me talk about my difficulties.
20. My father *figure* understands me.
21. When I am angry about something, my father *figure* tries to be understanding.
22. I trust my father *figure*.
23. My father *figure* doesn't understand what I'm going through these days.
24. I can count on my father *figure* when I need to get something off my chest.
25. If my father *figure* knows something is bothering me, she asks me about it.

***Instructions: This questionnaire asks about your relationship with grandmothers. Each of the following statements asks about your feelings about your grandmothers or elderly women who you think of as grandmothers. Answer the questions for the one you feel has most influenced you.***

***Who are you thinking about when you fill out this form?***

- \_\_\_\_\_ *Maternal Grandmother*
- \_\_\_\_\_ *Paternal Grandmother*
- \_\_\_\_\_ *Aunt*
- \_\_\_\_\_ *Family Friend*
- \_\_\_\_\_ *Neighbor*
- \_\_\_\_\_ *Friend's Grandmother*
- \_\_\_\_\_ *Other*

1. *My grandmother respects my feelings.*
- \*2. *I feel my grandmother does a good job as my mother.*
3. *I wish I had a different grandmother.*
- \*4. *My grandmother accepts me as I am.*
- \*5. *I like to get my grandmother's point of view on things I'm concerned about.*
- \*6. *I feel it's no use letting my feelings show around my grandmother.*
7. *My grandmother can tell when I'm upset about something.*

8. *Talking over my problems with my grandmother makes me feel ashamed or foolish.*
- \*9. *My grandmother expects too much from me.*
- \*10. *I get upset easily around my grandmother.*
11. *I get upset a lot more than my grandmother knows about.*
12. *When we discuss things, my grandmother cares about my point of view.*
13. *My grandmother trusts my judgment.*
14. *My grandmother has her own problems, so I don't bother her with mine.*
15. *My grandmother helps me understand myself better.*
16. *I tell my grandmother about my problems and troubles.*
17. *I feel angry with my grandmother.*
18. *I don't get much attention from my grandmother.*
19. *My grandmother helps me talk about my difficulties.*
20. *My grandmother understands me.*
21. *When I am angry about something, my grandmother tries to be understanding.*
22. *I trust my grandmother.*
23. *My grandmother doesn't understand what I'm going through these days.*
24. *I can count on my grandmother when I need to get something off my chest.*
25. *If my grandmother knows something is bothering me, she asks me about it.*

**Instructions: The next set of questions asks you about your relationship with your close friends.**

1. My friends can tell when I'm upset about something.
- \*2. When we discuss things, my friends care about my point of view.
3. When I discuss things, my friends care about my point of view.
- \*4. I wish I had different friends.

- \*5. My friends understand me.
- \*6. My friends help me to talk about my difficulties.
- 7. My friends accept me as I am.
- 8. I feel the need to be in touch with my friends more often.
- \*9. My friends don't understand what I'm going through these days.
- \*10. I feel alone or apart when I'm with my friends.
- 11. My friends listen to what I have to say.
- 12. I feel my friends are good friends.
- 13. My friends are fairly easy to talk to.
- 14. When I am angry about something, my friends try to be understanding.
- 15. My friends help me to understand myself better.
- 16. My friends care about how I am.
- 17. I feel angry with my friends.
- 18. I can count on my friends when I need to get something off my chest.
- 19. I trust my friends.
- 20. My friends respect my feelings.
- 21. I get upset a lot more than my friends know about.
- 22. It seems as if my friends are irritated with me for no reason.
- 23. I can tell my friends about my problems and troubles.
- 24. If my friends know something is bothering me, they ask me about it.

## Appendix E

### Abusive Behavior Inventory – Revised (ABI-R)

**Instructions:** Here is a list of behaviors that many women report have been used by their partners or former partners. *We would like you to estimate how often these behaviors occurred during your relationship with your child's father. Your answers are strictly confidential. Choose the option for each of the 26 items listed below to show your closest estimate of how often it happened in your relationship with your partner or former partner.*<sup>5</sup>

#### Response Options:

- 1 = Never
- 2 = Rarely
- 3 = Occasionally
- 4 = Frequently
- 5 = Very Frequently

#### Questions:

1. Called you a name and or criticized you
2. Tried to keep you from doing something you wanted to do (example: going out with friends, going to meetings)
3. Gave you angry stares or looks
4. Prevented you from having money for your own use
5. Ended a discussion with you and made the decision himself
6. Threatened to hit or throw something at you
7. Pushed, grabbed, or shoved you
8. Put down your family and friends
9. Accused you of paying too much attention to someone or something else

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<sup>5</sup> The ABI-R was reviewed by a group of AI graduate students representing five different tribal affiliations. The instructions were modified and a question was added. The changes are noted in italics, no words were deleted.

10. Became very upset with you because dinner, housework, or laundry was not ready when he wanted it or done the way he thought it should be
11. Said things to scare you (for example: told you something “bad” would happen, threatened to commit suicide)
12. Slapped, hit, or punched you
13. Made you do something humiliating or degrading (example: begging for forgiveness, having to ask his permission to use the car to do something)
14. Checked up on you (examples: listened to your phone calls, checked the mileage on your car, called you repeatedly at work)
15. Pressured you to have sex in a way that you didn’t like or want
16. Refused to do housework or childcare
17. Threatened you with a knife, gun, or other weapon
18. Told you that you were a bad parent
19. Threw, hit, kicked, or smashed something
20. Kicked you
21. Physically forced you to have sex
22. Threw you around
23. Physically attacked the sexual parts of your body
24. Choked or strangled you
25. Used a knife, gun, or other weapon against you
26. *Used your child(ren) to threaten you (e.g., to get custody)*

## Appendix F

### Parenting Sense of Competence Scale (PSOC)

**Instructions:** ~~Please rate the extent to which you agree or disagree with each of the following statements.~~<sup>6</sup> *For each of the following 18 questions, please select an item that conveys the extent to which you agree or disagree with the statement.*

**Response Options:**

- 1 = Strongly Disagree
- 2 = Somewhat Disagree
- 3 = Disagree
- 4 = Somewhat Agree
- 5 = Agree
- 6 = Strongly Agree

**Questions:**<sup>7</sup>

- \*1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.
- 2. Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age.
- 3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.
- 4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.
- 5. My mother was better prepared to be a good mother than I am.
- \*6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.

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<sup>6</sup> The PSOC was reviewed by a group of AI graduate students representing five different tribal affiliations. The instructions were modified and the changes are noted in italics and words that were deleted are lined out. No changes were made to the questions.

<sup>7</sup> There are eight items (question 1, 6, 7, 10, 11, 13, 15, 17) in the PSOC that are reserve scored. They are noted with an asterisk before the number of the question.

- \*7. Being a parent is manageable, and any problems are easily solved.
- 8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.
- 9. Sometimes I feel like I'm not getting anything done.
- \*10. I meet my own personal expectations for expertise in caring for my child.
- \*11. If anyone can find the answer to what is troubling my child, I am the one.
- 12. My talents and interests are in other areas, not being a parent.
- \*13. Considering how long I've been a mother, I feel thoroughly familiar with this role.
- 14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.
- \*15. I honestly believe I have all the skills necessary to be a good mother to my child.
- 16. Being a parent makes me tense and anxious.
- \*17. Being a good mother is a reward in itself.

**Appendix G**  
**Debriefing Sheet**

**Thank you for participating in this study. Your participation is greatly appreciated! The purpose of this study is to examine the effects of community support on young American Indian mothers. It is hypothesized that when young mothers feel supported by their community, they will feel better about being a parent. I realize that completing this study may bring up thoughts or feelings that you may want to discuss in more depth. If you would like to speak to someone who may provide further support, the following resources are available:**

**National Website and Hotlines**

National Domestic Violence Hotline (*live chat available via website*)  
1-800-799-7233  
<http://www.thehotline.org/>

National Teen Dating Abuse Helpline (*live chat available via website*)  
1-866-331-9474  
Text “loveis” to 22522  
<http://www.loveisrespect.org/>

National Suicide Prevention Lifeline – 1-800-273-TALK (8255)  
<http://www.suicidepreventionlifeline.org/>

National Coalition Against Domestic Violence  
<http://www.ncadv.org/>

National Network to End Domestic Violence  
<http://nnedv.org/>

DomesticShelters.org – National Online search tool for finding shelter & help near you.

Substance Abuse and Mental Health Services Administration (SAMHSA)  
SAMHSA Treatment Referral Helpline – 1-877-SAMHSA7 (1-877-726-4727)  
<http://www.samhsa.gov/find-help/national-helpline>

National Alliance on Mental Health  
<https://www.nami.org/Find-Support/NAMI-HelpLine>

Indian Health Services  
<https://www.ihs.gov/>

**If you are interested in receiving a copy of the preliminary results of the study, please write to me at the email address listed below. Your request to receive a copy of the results will in**

**no way be connected to your responses on the survey. Please contact Ann Douglas at [ann.douglas@umontana.edu](mailto:ann.douglas@umontana.edu) if you have any questions or concerns about the study.**

**If you are interested in entering the drawing to win one of five \$20 Amazon.com gift cards, please follow this link to enter your contact information: <https://umt.co1.qualtrics.com/>. Please note that some degree of anonymity will be lost by entering the drawing. However, if you choose to enter the drawing, it is impossible to link your name to the response you provided in this questionnaire. If you do not wish to enter the drawing, please close the browser or navigate away from it. Thank you for your time.**

**Yes**

**No**

**\*Please print or save a copy of this form for future reference\***

### **National Website and Hotlines**

National Domestic Violence Hotline (*live chat available via website*)  
1-800-799-7233  
<http://www.thehotline.org/>

National Teen Dating Abuse Helpline (*live chat available via website*)  
1-866-331-9474  
Text “loveis” to 22522  
<http://www.loveisrespect.org/>

National Suicide Prevention Lifeline – 1-800-273-TALK (8255)  
<http://www.suicidepreventionlifeline.org/>

National Coalition Against Domestic Violence  
<http://www.ncadv.org/>

National Network to End Domestic Violence  
<http://nnev.org/>

DomesticShelters.org – National Online search tool for finding shelter & help near you.

Substance Abuse and Mental Health Services Administration (SAMHSA)  
SAMHSA Treatment Referral Helpline – 1-877-SAMHSA7 (1-877-726-4727)  
<http://www.samhsa.gov/find-help/national-helpline>

National Alliance on Mental Health  
<https://www.nami.org/Find-Support/NAMI-HelpLine>

Indian Health Services  
<https://www.ihs.gov/>

## **Appendix H**

### **Programs that were contacted about the study**

Center of American Indian and Minority Health – Duluth, Minnesota

Native American Youth and Family Center – Portland, Oregon

Native Americans for Community Action, Inc – Flagstaff, Arizona

N8tive Beauties

KyiYo Pow Wow – Missoula, Montana

American Indian College Fund – Denver, Colorado

Young Ute/Native American Mothers in Action – Uintah Basin, Utah

The Cobell Scholarship – Albuquerque, New Mexico

Healthy Start Missoula – Missoula, Montana

Women’s Opportunity & Resource Development (WORD) – Missoula, Montana

Mountain Home Montana – Missoula, Montana

Florence Crittenton – Helena, Montana

Missoula WIC – Missoula, Montana

Havre WIC – Havre, Montana

Native Women’s Society of the Great Plains – Timber Lake, South Dakota

Tucson Indian Center – Tucson, Arizona

Indian Health Center of Santa Clara Valley – San Jose, California

San Diego Indian American Society – San Diego, California

## Appendix I

### Correlation Matrix

		Where do you live?	What is your marital status?	How old are you?
Where do you live?	Pearson Correlation	1	.263**	.216*
	Sig. (2-tailed)		.003	.015
	N	129	129	126
What is your marital status?	Pearson Correlation	.263**	1	.294**
	Sig. (2-tailed)	.003		.001
	N	129	130	127
How old are you?	Pearson Correlation	.216*	.294**	1
	Sig. (2-tailed)	.015	.001	
	N	126	127	127
How old were you when you had your first child?	Pearson Correlation	-.042	.025	.361**
	Sig. (2-tailed)	.636	.774	.000
	N	129	130	127
How many children do you have?	Pearson Correlation	.202*	.262**	.293**
	Sig. (2-tailed)	.022	.003	.001
	N	129	130	127
What is your level of education? Please select the highest level attained.	Pearson Correlation	.192*	.093	.547**
	Sig. (2-tailed)	.029	.293	.000
	N	129	130	127
Living status	Pearson Correlation	.010	.061	.033
	Sig. (2-tailed)	.907	.487	.711
	N	129	130	127
Was your mother a teen parent?	Pearson Correlation	.000	.165	.127
	Sig. (2-tailed)	.999	.060	.156
	N	129	130	127
Was your father a teen parent?	Pearson Correlation	-.040	.090	-.014
	Sig. (2-tailed)	.656	.312	.880
	N	128	129	126
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	-.099	-.236**	.037
	Sig. (2-tailed)	.266	.007	.681
	N	127	128	125

		How old were you when you had your first child?	How many children do you have?	What is your level of education? Please select the highest level attained.
Where do you live?	Pearson Correlation	-.042	.202*	.192*
	Sig. (2-tailed)	.636	.022	.029
	N	129	129	129
What is your marital status?	Pearson Correlation	.025	.262**	.093
	Sig. (2-tailed)	.774	.003	.293
	N	130	130	130
How old are you?	Pearson Correlation	.361**	.293**	.547**
	Sig. (2-tailed)	.000	.001	.000
	N	127	127	127
How old were you when you had your first child?	Pearson Correlation	1	-.346**	.226**
	Sig. (2-tailed)		.000	.010
	N	130	130	130
How many children do you have?	Pearson Correlation	-.346**	1	.008
	Sig. (2-tailed)	.000		.929
	N	130	130	130
What is your level of education? Please select the highest level attained.	Pearson Correlation	.226**	.008	1
	Sig. (2-tailed)	.010	.929	
	N	130	130	130
Living status	Pearson Correlation	.039	.103	-.045
	Sig. (2-tailed)	.663	.242	.611
	N	130	130	130
Was your m0 a teen parent?	Pearson Correlation	-.119	.046	.140
	Sig. (2-tailed)	.177	.607	.112
	N	130	130	130
Was your father a teen parent?	Pearson Correlation	-.160	-.007	.111
	Sig. (2-tailed)	.070	.940	.209
	N	129	129	129
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	-.306**	.059	.014
	Sig. (2-tailed)	.000	.505	.879
	N	128	128	128

		Living status	Was your m0 a teen parent?	Was your father a teen
Where do you live?	Pearson Correlation	.010	.000	-.040
	Sig. (2-tailed)	.907	.999	.656
	N	129	129	128
What is your marital status?	Pearson Correlation	.061	.165	.090
	Sig. (2-tailed)	.487	.060	.312
	N	130	130	129
How old are you?	Pearson Correlation	.033	.127	-.014
	Sig. (2-tailed)	.711	.156	.880
	N	127	127	126
How old were you when you had your first child?	Pearson Correlation	.039	-.119	-.160
	Sig. (2-tailed)	.663	.177	.070
	N	130	130	129
How many children do you have?	Pearson Correlation	.103	.046	-.007
	Sig. (2-tailed)	.242	.607	.940
	N	130	130	129
What is your level of education? Please select the highest level attained.	Pearson Correlation	-.045	.140	.111
	Sig. (2-tailed)	.611	.112	.209
	N	130	130	129
Living status	Pearson Correlation	1	-.180*	.018
	Sig. (2-tailed)		.041	.843
	N	130	130	129
Was your m0 a teen parent?	Pearson Correlation	-.180*	1	.526**
	Sig. (2-tailed)	.041		.000
	N	130	130	129
Was your father a teen parent?	Pearson Correlation	.018	.526**	1
	Sig. (2-tailed)	.843	.000	
	N	129	129	129
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	-.274**	.033	.074
	Sig. (2-tailed)	.002	.712	.406
	N	128	128	127

		Are you still in a romantic relationship with your first child's father?	Do you have contact with your first child's father?	Were the police ever called because of violence in your home due to the relationship with your first child's father?
Where do you live?	Pearson Correlation	-.099	-.003	.085
	Sig. (2-tailed)	.266	.971	.340
	N	127	125	127
What is your marital status?	Pearson Correlation	-.236**	-.158	.020
	Sig. (2-tailed)	.007	.077	.827
	N	128	126	128
How old are you?	Pearson Correlation	.037	.049	-.073
	Sig. (2-tailed)	.681	.591	.422
	N	125	123	125
How old were you when you had your first child?	Pearson Correlation	-.306**	-.260**	.080
	Sig. (2-tailed)	.000	.003	.369
	N	128	126	128
How many children do you have?	Pearson Correlation	.059	.024	-.180*
	Sig. (2-tailed)	.505	.786	.042
	N	128	126	128
What is your level of education? Please select the highest level attained.	Pearson Correlation	.014	.092	-.098
	Sig. (2-tailed)	.879	.303	.272
	N	128	126	128
Living status	Pearson Correlation	-.274**	-.026	.086
	Sig. (2-tailed)	.002	.775	.332
	N	128	126	128
Was your mother a teen parent?	Pearson Correlation	.033	-.038	.068
	Sig. (2-tailed)	.712	.672	.448
	N	128	126	128
Was your father a teen parent?	Pearson Correlation	.074	.040	.034
	Sig. (2-tailed)	.406	.659	.700
	N	127	125	127
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	1	.617**	-.149
	Sig. (2-tailed)		.000	.093
	N	128	125	127

		Do you, or did you, have a restraining order on your first child's father?	Parenting plan	PCSQ
Where do you live?	Pearson Correlation	.007	.093	-.138
	Sig. (2-tailed)	.935	.353	.127
	N	125	101	123
What is your marital status?	Pearson Correlation	-.154	.072	-.178*
	Sig. (2-tailed)	.086	.474	.049
	N	126	102	124
How old are you?	Pearson Correlation	-.022	.044	-.368**
	Sig. (2-tailed)	.810	.662	.000
	N	123	100	122
How old were you when you had your first child?	Pearson Correlation	.161	.090	-.089
	Sig. (2-tailed)	.072	.370	.328
	N	126	102	124
How many children do you have?	Pearson Correlation	-.105	.036	-.067
	Sig. (2-tailed)	.242	.721	.462
	N	126	102	124
What is your level of education? Please select the highest level attained.	Pearson Correlation	-.028	-.003	-.346**
	Sig. (2-tailed)	.755	.979	.000
	N	126	102	124
Living status	Pearson Correlation	.061	.205*	.072
	Sig. (2-tailed)	.495	.038	.427
	N	126	102	124
Was your mother a teen parent?	Pearson Correlation	-.087	-.108	-.125
	Sig. (2-tailed)	.332	.281	.166
	N	126	102	124
Was your father a teen parent?	Pearson Correlation	-.046	.115	-.094
	Sig. (2-tailed)	.608	.252	.302
	N	125	101	123
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	-.110	-.238*	.013
	Sig. (2-tailed)	.222	.016	.888
	N	125	101	123

		IPPA-Mother	IPPA-Father	IPPA-
Where do you live?	Pearson Correlation	-.059	-.039	-.062
	Sig. (2-tailed)	.526	.686	.524
	N	119	110	107
What is your marital status?	Pearson Correlation	-.199*	-.158	.074
	Sig. (2-tailed)	.029	.098	.450
	N	120	111	107
How old are you?	Pearson Correlation	-.005	.014	.145
	Sig. (2-tailed)	.955	.884	.141
	N	118	109	105
How old were you when you had your first child?	Pearson Correlation	.147	.018	.157
	Sig. (2-tailed)	.109	.849	.107
	N	120	111	107
How many children do you have?	Pearson Correlation	-.175	-.156	.071
	Sig. (2-tailed)	.056	.101	.467
	N	120	111	107
What is your level of education? Please select the highest level attained.	Pearson Correlation	.027	.228*	.094
	Sig. (2-tailed)	.769	.016	.336
	N	120	111	107
Living status	Pearson Correlation	.138	-.181	-.032
	Sig. (2-tailed)	.132	.057	.745
	N	120	111	107
Was your mother a teen parent?	Pearson Correlation	-.011	.118	.097
	Sig. (2-tailed)	.909	.218	.323
	N	120	111	107
Was your father a teen parent?	Pearson Correlation	.094	.086	-.068
	Sig. (2-tailed)	.307	.370	.491
	N	119	111	106
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	.014	.088	-.154
	Sig. (2-tailed)	.883	.359	.114
	N	119	110	106

		IPPA-Friend	ABI-R	PSOC
Where do you live?	Pearson Correlation	.032	-.071	.034
	Sig. (2-tailed)	.751	.482	.737
	N	99	101	100
What is your marital status?	Pearson Correlation	-.020	-.078	-.029
	Sig. (2-tailed)	.845	.440	.775
	N	99	101	100
How old are you?	Pearson Correlation	.027	-.006	-.011
	Sig. (2-tailed)	.789	.950	.915
	N	97	99	98
How old were you when you had your first child?	Pearson Correlation	-.016	-.235*	-.127
	Sig. (2-tailed)	.877	.018	.209
	N	99	101	100
How many children do you have?	Pearson Correlation	-.044	-.002	.030
	Sig. (2-tailed)	.663	.987	.764
	N	99	101	100
What is your level of education? Please select the highest level attained.	Pearson Correlation	.200*	-.043	.122
	Sig. (2-tailed)	.048	.666	.227
	N	99	101	100
Living status	Pearson Correlation	.210*	-.193	-.031
	Sig. (2-tailed)	.037	.054	.763
	N	99	101	100
Was your mother a teen parent?	Pearson Correlation	.174	-.075	.331**
	Sig. (2-tailed)	.084	.455	.001
	N	99	101	100
Was your father a teen parent?	Pearson Correlation	.047	.130	.168
	Sig. (2-tailed)	.645	.196	.096
	N	98	100	99
Are you still in a romantic relationship with your first child's father?	Pearson Correlation	-.198	.378**	-.006
	Sig. (2-tailed)	.051	.000	.952
	N	98	100	99

		Where do you live?	What is your marital status?	How old are you?
Do you have contact with your first child's father?	Pearson Correlation	-.003	-.158	.049
	Sig. (2-tailed)	.971	.077	.591
	N	125	126	123
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation	.085	.020	-.073
	Sig. (2-tailed)	.340	.827	.422
	N	127	128	125
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation	.007	-.154	-.022
	Sig. (2-tailed)	.935	.086	.810
	N	125	126	123
Parenting plan	Pearson Correlation	.093	.072	.044
	Sig. (2-tailed)	.353	.474	.662
	N	101	102	100
PCSQ	Pearson Correlation	-.138	-.178*	-.368**
	Sig. (2-tailed)	.127	.049	.000
	N	123	124	122
IPPA-Mother	Pearson Correlation	-.059	-.199*	-.005
	Sig. (2-tailed)	.526	.029	.955
	N	119	120	118
IPPA-Father	Pearson Correlation	-.039	-.158	.014
	Sig. (2-tailed)	.686	.098	.884
	N	110	111	109
IPPA-Gma	Pearson Correlation	-.062	.074	.145
	Sig. (2-tailed)	.524	.450	.141
	N	107	107	105
IPPA-Friend	Pearson Correlation	.032	-.020	.027
	Sig. (2-tailed)	.751	.845	.789
	N	99	99	97
ABI-R	Pearson Correlation	-.071	-.078	-.006
	Sig. (2-tailed)	.482	.440	.950
	N	101	101	99

		How old were you when you had your first child?	How many children do you have?	What is your level of education? Please select the highest level attained.
Do you have contact with your first child's father?	Pearson Correlation Sig. (2-tailed) N	-.260** .003 126	.024 .786 126	.092 .303 126
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation Sig. (2-tailed) N	.080 .369 128	-.180* .042 128	-.098 .272 128
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation Sig. (2-tailed) N	.161 .072 126	-.105 .242 126	-.028 .755 126
Parenting plan	Pearson Correlation Sig. (2-tailed) N	.090 .370 102	.036 .721 102	-.003 .979 102
PCSQ	Pearson Correlation Sig. (2-tailed) N	-.089 .328 124	-.067 .462 124	-.346** .000 124
IPPA-Mother	Pearson Correlation Sig. (2-tailed) N	.147 .109 120	-.175 .056 120	.027 .769 120
IPPA-Father	Pearson Correlation Sig. (2-tailed) N	.018 .849 111	-.156 .101 111	.228* .016 111
IPPA-Gma	Pearson Correlation Sig. (2-tailed) N	.157 .107 107	.071 .467 107	.094 .336 107
IPPA-Friend	Pearson Correlation Sig. (2-tailed) N	-.016 .877 99	-.044 .663 99	.200* .048 99
ABI-R	Pearson Correlation Sig. (2-tailed) N	-.235* .018 101	-.002 .987 101	-.043 .666 101

		Living status	Was your m0 a teen parent?	Was your father a teen
Do you have contact with your first child's father?	Pearson Correlation Sig. (2-tailed) N	-.026 .775 126	-.038 .672 126	.040 .659 125
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation Sig. (2-tailed) N	.086 .332 128	.068 .448 128	.034 .700 127
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation Sig. (2-tailed) N	.061 .495 126	-.087 .332 126	-.046 .608 125
Parenting plan	Pearson Correlation Sig. (2-tailed) N	.205* .038 102	-.108 .281 102	.115 .252 101
PCSQ	Pearson Correlation Sig. (2-tailed) N	.072 .427 124	-.125 .166 124	-.094 .302 123
IPPA-Mother	Pearson Correlation Sig. (2-tailed) N	.138 .132 120	-.011 .909 120	.094 .307 119
IPPA-Father	Pearson Correlation Sig. (2-tailed) N	-.181 .057 111	.118 .218 111	.086 .370 111
IPPA-Gma	Pearson Correlation Sig. (2-tailed) N	-.032 .745 107	.097 .323 107	-.068 .491 106
IPPA-Friend	Pearson Correlation Sig. (2-tailed) N	.210* .037 99	.174 .084 99	.047 .645 98
ABI-R	Pearson Correlation Sig. (2-tailed) N	-.193 .054 101	-.075 .455 101	.130 .196 100

		Are you still in a romantic relationship with your first child's father?	Do you have contact with your first child's father?	Were the police ever called because of violence in your home due to the relationship with your first child's father?
Do you have contact with your first child's father?	Pearson Correlation Sig. (2-tailed) N	.617** .000 125	1 126	-.019 .832 125
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation Sig. (2-tailed) N	-.149 .093 127	-.019 .832 125	1 128
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation Sig. (2-tailed) N	-.110 .222 125	-.007 .935 123	.467** .000 125
Parenting plan	Pearson Correlation Sig. (2-tailed) N	-.238* .016 101	.182 .068 101	.094 .350 101
PCSQ	Pearson Correlation Sig. (2-tailed) N	.013 .888 123	.062 .497 121	-.062 .493 123
IPPA-Mother	Pearson Correlation Sig. (2-tailed) N	.014 .883 119	-.010 .919 117	.030 .749 119
IPPA-Father	Pearson Correlation Sig. (2-tailed) N	.088 .359 110	.040 .683 108	.088 .358 110
IPPA-Gma	Pearson Correlation Sig. (2-tailed) N	-.154 .114 106	-.104 .292 104	.163 .096 106
IPPA-Friend	Pearson Correlation Sig. (2-tailed) N	-.198 .051 98	-.075 .471 96	.023 .824 98
ABI-R	Pearson Correlation Sig. (2-tailed) N	.378** .000 100	.275** .006 98	-.336** .001 100

		Do you, or did you, have a restraining order on your first child's father?	Parenting plan	PCSQ
Do you have contact with your first child's father?	Pearson Correlation Sig. (2-tailed) N	-.007 .935 123	.182 .068 101	.062 .497 121
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation Sig. (2-tailed) N	.467** .000 125	.094 .350 101	-.062 .493 123
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation Sig. (2-tailed) N	1  126	.066 .510 102	.021 .821 121
Parenting plan	Pearson Correlation Sig. (2-tailed) N	.066 .510 102	1  102	.021 .840 97
PCSQ	Pearson Correlation Sig. (2-tailed) N	.021 .821 121	.021 .840 97	1  124
IPPA-Mother	Pearson Correlation Sig. (2-tailed) N	.000 .997 117	-.060 .568 94	-.185* .043 120
IPPA-Father	Pearson Correlation Sig. (2-tailed) N	-.092 .341 108	.024 .829 86	-.211* .026 111
IPPA-Gma	Pearson Correlation Sig. (2-tailed) N	.152 .123 104	.165 .131 85	-.217* .025 107
IPPA-Friend	Pearson Correlation Sig. (2-tailed) N	-.003 .976 96	.093 .418 78	-.162 .110 99
ABI-R	Pearson Correlation Sig. (2-tailed) N	-.264** .009 98	.060 .600 80	.087 .387 101

		IPPA-Mother	IPPA-Father	IPPA-
Do you have contact with your first child's father?	Pearson Correlation	-.010	.040	-.104
	Sig. (2-tailed)	.919	.683	.292
	N	117	108	104
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation	.030	.088	.163
	Sig. (2-tailed)	.749	.358	.096
	N	119	110	106
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation	.000	-.092	.152
	Sig. (2-tailed)	.997	.341	.123
	N	117	108	104
Parenting plan	Pearson Correlation	-.060	.024	.165
	Sig. (2-tailed)	.568	.829	.131
	N	94	86	85
PCSQ	Pearson Correlation	-.185*	-.211*	-.217*
	Sig. (2-tailed)	.043	.026	.025
	N	120	111	107
IPPA-Mother	Pearson Correlation	1	.322**	.218*
	Sig. (2-tailed)		.001	.024
	N	120	111	107
IPPA-Father	Pearson Correlation	.322**	1	.190
	Sig. (2-tailed)	.001		.052
	N	111	111	105
IPPA-Gma	Pearson Correlation	.218*	.190	1
	Sig. (2-tailed)	.024	.052	
	N	107	105	107
IPPA-Friend	Pearson Correlation	.342**	.199	.320**
	Sig. (2-tailed)	.001	.050	.001
	N	99	97	99
ABI-R	Pearson Correlation	-.137	-.058	-.195
	Sig. (2-tailed)	.171	.567	.050
	N	101	99	101

		IPPA-Friend	ABI-R	PSOC
Do you have contact with your first child's father?	Pearson Correlation	-.075	.275**	.002
	Sig. (2-tailed)	.471	.006	.985
	N	96	98	97
Were the police ever called because of violence in your home due to the relationship with your first child's father?	Pearson Correlation	.023	-.336**	.004
	Sig. (2-tailed)	.824	.001	.971
	N	98	100	99
Do you, or did you, have a restraining order on your first child's father?	Pearson Correlation	-.003	-.264**	-.129
	Sig. (2-tailed)	.976	.009	.209
	N	96	98	97
Parenting plan	Pearson Correlation	.093	.060	-.062
	Sig. (2-tailed)	.418	.600	.583
	N	78	80	80
PCSQ	Pearson Correlation	-.162	.087	-.230*
	Sig. (2-tailed)	.110	.387	.021
	N	99	101	100
IPPA-Mother	Pearson Correlation	.342**	-.137	.307**
	Sig. (2-tailed)	.001	.171	.002
	N	99	101	100
IPPA-Father	Pearson Correlation	.199	-.058	.385**
	Sig. (2-tailed)	.050	.567	.000
	N	97	99	98
IPPA-Gma	Pearson Correlation	.320**	-.195	.113
	Sig. (2-tailed)	.001	.050	.263
	N	99	101	100
IPPA-Friend	Pearson Correlation	1	-.301**	.267**
	Sig. (2-tailed)		.003	.008
	N	99	97	96
ABI-R	Pearson Correlation	-.301**	1	-.308**
	Sig. (2-tailed)	.003		.002
	N	97	101	100

		Where do you live?	What is your marital status?	How old are you?
PSOC	Pearson Correlation	.034	-.029	-.011
	Sig. (2-tailed)	.737	.775	.915
	N	100	100	98
		How old were you when you had your first child?	How many children do you have?	What is your level of education? Please select the highest level attained.
PSOC	Pearson Correlation	-.127	.030	.122
	Sig. (2-tailed)	.209	.764	.227
	N	100	100	100
		Living status	Was your mother a teen parent?	Was your father a teen parent?
PSOC	Pearson Correlation	-.031	.331**	.168
	Sig. (2-tailed)	.763	.001	.096
	N	100	100	99
		Are you still in a romantic relationship with your first child's father?	Do you have contact with your first child's father?	Were the police ever called because of violence in your home due to the relationship with your first child's father?
PSOC	Pearson Correlation	-.006	.002	.004
	Sig. (2-tailed)	.952	.985	.971
	N	99	97	99

		Do you, or did you, have a restraining order on your first child's father?	Parenting plan	PCSQ
PSOC	Pearson Correlation	-.129	-.062	-.230*
	Sig. (2-tailed)	.209	.583	.021
	N	97	80	100
		IPPA-Mother	IPPA-Father	IPPA-Gma
PSOC	Pearson Correlation	.307**	.385**	.113
	Sig. (2-tailed)	.002	.000	.263
	N	100	98	100
		IPPA-Friend	ABI-R	PSOC
PSOC	Pearson Correlation	.267**	-.308**	1
	Sig. (2-tailed)	.008	.002	
	N	96	100	100

\*\*Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).