

Daughters' Perspectives on Maternal Substance Abuse: Pledge to be a Different Kind of Mother

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The purpose of this grounded theory (Strauss & Corbin, 1998) study was to explore the experiences of racially and culturally diverse young mothers whose own mothers abused substances two decades ago when substance abuse peaked in inner city, urban neighborhoods in the United States and to identify the factors that have influenced how they parent their own children today. Semi-structured interviews were conducted with ten drug-free mothers who report having been raised by a mother who was addicted to drugs, primarily crack cocaine during their childhoods. The emergent grounded theory is that exposure to maternal substance abuse has a significant and unique impact on female children throughout their lifespan, with particular emphasis at the onset of motherhood. Among the goals the young mothers expressed is that they wanted to “be there” for their children, protect their daughters from sexual abuse, and raise sons who do not abuse women. Key Words: Grounded Theory, Maternal Substance Abuse, Domestic Violence, Parent/Child Relationships, Resilience, Attachment, Child Abuse, and Neglect

Introduction

Due to the substance abuse epidemic that peaked in the mid-1980s (Reinarman & Levine, 1997), there are a significant number of young adults who grew up exposed to maternal drug use. Today, more than 20 years later, many of these young people are now parents themselves. The present study grew out of our increasing clinical awareness of the need for parenting guidance expressed by young mothers reared by mothers who abused drugs. The purpose of this grounded theory (Strauss & Corbin, 1998) study was to explore the experiences of racially and culturally diverse young mothers whose own mothers abused substances two decades ago when substance abuse peaked in inner city, urban neighborhoods in the United States and to identify the factors that have influenced how they parent their own children today. There is evidence to suggest that drug use is on the rise again with 1.2 million new cocaine users in 2001, a level not reached since the late 1970s when incidence of cocaine use generally rose to a peak in 1980 when there were 1.7 million new cocaine users (Substance Abuse and Mental Health Services

Administration, 2003), in the United States. These levels have remained constant from 2002 through 2008 based on the most recent statistics of crack use in persons 12 years and older (Substance Abuse and Mental Health Services Administration, 2009). Parental drug abuse has a significant impact on children. In the late 1970s through the 1990s, the number of children residing in foster homes due to abuse or neglect increased throughout the United States (Tyler, Howard, Espinosa, & Doakes, 1997) with the majority having a biological parent/s who either abused drugs or was involved in the drug trade (Simms, 1991) placing these children at-risk for a wide range of medical and developmental problems (Dicker, Gordon, & Knitzer, 2002).

The World Health Organization (WHO) and the International Society for Prevention of Child Abuse and Neglect (ISPCAN; World Health Organization, 2006) suggest training health care professionals to identify and to refer adult survivors of child maltreatment, and provide parent training strategies to prevent child maltreatment in the next generation. The Adverse Child Experiences study (Anda, Felitti, Bremner, Walker, Whitfield, Perry, et al., 2006; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, et al., 1998) found that deleterious physical health outcomes were associated with childhood maltreatment. Diseases in adulthood, specifically obesity, diabetes, cancer, heart disease, and skeletal fractures have been traced back to childhood experiences of emotional, physical, or sexual abuse, and household dysfunction. According to the WHO and ISPCAN, it is essential to identify those parents with histories of adverse childhood experiences and provide them with support in order to break the intergenerational cycle of poor physical and mental health outcomes in the next generation of children.

Among the most significant factors influencing the adjustment of all children is the quality of attachment to their primary caregivers, derived from family relationships and family processes (Bowlby, 1969; Hill, Fonagy, Safier, & Sargent, 2003; Owens & Shaw, 2003; Pawl, 1995; Steele & Steele, 2005), which influence development and affect risk of psychopathology (Rutter, 2000; Shonkoff & Phillips, 2000). The impact of trauma on early personality development coupled with the question of how parents' unresolved traumatic experiences affect their subsequent parenting of their own children is gaining increasing attention in the trauma literature and in attachment research (Lieberman, 2004; Osofsky, 2004; Siegel & Hartzell, 2003; Steele & Baradon, 2004). The intergenerational cycle of risk of poverty, crime, psychological distress, and illness is well-documented in the literature (Chase-Landsdale, Wakschlag, & Brooks-Gunn, 1995; McLoyd, 1998).

To provide a context for our study, we first will review the risk factors associated with poverty, drawing attention to the childhood experiences of maternal substance abuse from the perspectives of young women whose mothers were addicted to drugs. We will then discuss the research methods chosen to understand this particular unstudied group of young women. After data analysis, based on open, axial, and selective codes, we will provide the story line which emerged. The study concludes with findings that shed light on the factors which have influenced young mothers, as they define for themselves the kind of mother they are striving to become.

Risk factors associated with poverty. The number of children living in poverty increased by 21% between 2000 and 2008. There are 2.5 million more children living in poverty today than in 2000 (Wight, Chau, & Aratani, 2010). Children raised in adverse

situations are likely to experience the same risk factors as their parents and subsequently become the parents of another disadvantaged generation, who are born with an increased rate of medical and psychosocial problems (Shonkoff & Phillips, 2000). The factors that place children at risk for adverse outcomes associated with living in poverty (Egeland, Carlson, & Sroufe, 1993) include maternal psychopathology (Seifer, 2003), specifically maternal depression (Hammen, 2003), parental alcoholism (Walker & Lee, 1998; Zucker, Wong, Puttler, & Fitzgerald, 2003), physical and sexual abuse (Bolger & Patterson, 2003; Clyman, 2003; Hodges, Steele, Hillman, & Henderson, 2003), homelessness (Zima, Bussing, Bystritsky, Widawki, Belin, & Benjamin, 1999), teen pregnancy (Brooks-Gunn & Chase-Landsdale, 1991; Sciarra & Ponterotto, 1998), exposure to domestic and neighborhood violence (Gorman-Smith & Tolan, 2003; Osofsky & Thompson, 2000), and lack of social support (Luthar, D'Avanzo, & Hites, 2003).

There is abundant evidence that disturbed parent-child relationships constitute an important risk factor for psychopathology (Rutter, 2000). Bolger and Patterson (2003) found childhood maltreatment highest among parents with histories of psychiatric disorders such as substance abuse and depressive diagnoses (Brennan, Hammen, Andersen, Bor, Najman, & Williams, 2000). Children living in inner-city neighborhoods are most likely to be exposed to community violence (Cauce, Stewart, Rodriguez, Cochran, & Ginzler, 2003) and to multiple chronic stressors including poverty, family disruption, inadequate housing, and difficulty accessing social resources (Gorman-Smith & Tolan, 2003).

Experiences of mothers addicted to drugs. The independent effect of prenatal cocaine exposure on subsequent childhood development is difficult to separate from postnatal exposure to poverty, inconsistent parenting, and exposure to violence (Azuma & Chasnoff, 1994). Many women who have abused drugs experienced high rates of childhood trauma themselves, which places them at risk for subsequent ineffective and ambivalent parenting and higher rates of neglect and abuse of their own children (Davis, 1990; Kearney, 1998).

In the first study of mothering among non-institutionalized, active heroin users in the California San Francisco Bay area, Rosenbaum (1979) interviewed 100 women addicts, of whom 70 were mothers. She found motherhood to be the central and only legitimate social role among heroin-addicted women. Their children were a stabilizing force in their lives, but the pursuit of money and drugs in a chaotic and impoverished socioeconomic context sometimes led to mothers' absence and neglect of children's needs. When children are placed in alternative homes, either voluntarily or involuntarily, these women often give up trying to control their heroin habit.

Kearney, Murphy, and Rosenbaum (1994) conducted a grounded theory analysis of interview transcripts with 68 mothers who used crack/cocaine and found that the women addicts were committed to their parenting responsibilities and experienced significant emotional distress when they failed to achieve their mothering goals. Kearney (1998) concluded, after reviewing ten grounded theory studies related to women's addiction, that pregnancy, mothering, and fear of loss of custody have been found to inspire recovery efforts.

In a study examining the effects of maternal substance abuse on children 12 years of age, Luthar et al. (2003) found that maternal substance abuse was "not necessarily

more damaging to children's social-emotional well-being than other maternal psychiatric disorders" (p. 104). According to the authors, these findings do not minimize the negative impact of maternal substance abuse on children, but speak to the deleterious effects of maternal affective/anxiety disorders.

Protective factors. The ethnographic work of Jarrett (1997, 1999) provides descriptions of how some parents persist in their parenting efforts even in the most deprived community conditions. There is a growing body of literature that focuses on gaining an understanding of how adaptation or competence unfolds under adverse conditions (Lieberman, Padron, Van Horn, & Harris, 2005; Seidman & Pederson, 2003). Results from ethnographic and empirical studies suggest that "effective parenting can make a difference in high-risk environments" (Cauce et al., 2003, p. 355).

The question remains regarding the psychological and physical costs for at-risk children who manage to grow into competent, confident, caring adults (Felitti et al., 1998; Garnezy, 1991; Werner, 2000). Werner suggests, after conducting longitudinal studies (Werner, Randolph, & Masten, 1996; Werner & Smith, 1992) and reviewing descriptive life stories (Radke-Yarrow & Brown, 1993) of individuals who have displayed resilience, that there is a need to explore the price exacted from such children because some protective factors may promote positive adaptation in one context, but have deleterious effects at a later developmental stage.

The purpose of the present study was to investigate the experiences of racially and culturally diverse young mothers whose own mothers abused substances, two decades ago when substance abuse peaked in inner city, urban neighborhoods in the United States and to identify the factors that have influenced how they parent their own children today. Building on the previous work of Kearney, Murphy, Irwin, and Rosenbaum (1995), who investigated the experience of substance abuse on mothers' ability to parent from the mother's perspective, this study examined maternal substance abuse from the daughters' perspectives, providing insight through a different lens.

Role of the Researcher

Anne Murphy, is a psychologist at the Early Childhood Center at the Rose F. Kennedy Center of the Albert Einstein College of Medicine (AECOM) where the research was conducted as her dissertation to meet the requirements for a doctoral degree from Fordham University. Dr. Murphy coordinated mental health services for mothers participating in an Early Head Start program, affiliated with AECOM with their children. She became increasingly aware that the young mothers had very little social support and questioned the belief that grandmothers were somehow instrumental in raising children and that extended families were part of social networks. This led her to the discovery that many of the young mothers had mothers who abused substances during their childhoods and these new mothers were quite socially isolated and may need different services and supports.

Joseph G. Ponterotto is a professor of counseling psychology at Fordham University and an active qualitative researcher. Dr. Ponterotto served as a reader on the dissertation committee for this project and is a strong proponent of qualitative research as a means of giving voice to often silenced and marginalized populations. His research and

clinical focus is on multicultural issues, and he maintains a small private practice in New York City focused on multicultural counseling and psychotherapy.

Anthony Cancelli is a professor in the school psychology at Fordham University and served as a mentor on the dissertation committee for this project helping to shape the research questions and provide thoughtful guidance throughout the project.

Susan Chinitz is the director of the Early Childhood Center at the Rose F. Kennedy Center, and was a founding co-director of an Early Head Start program, both of which were sites where the mothers interviewed for this study received therapeutic services and were recruited for this study. She was also the supervisor for Dr. Murphy in her clinical work with the mothers interviewed. Dr. Chinitz was a practitioner in the Bronx throughout the 1980s when such urban centers were affected by the increased use of crack/cocaine among women of child bearing age, and was witness to the impact of this epidemic on the parenting of young children by mothers affected by drug addiction, and, later, by these children as they became parents. Dr. Chinitz was a discussant/mentor to Dr. Murphy as she formulated her research questions and as she interviewed the mothers, as well as a direct therapist for mothers with similar backgrounds.

Method

In the present study, the impact of maternal substance abuse on daughters was investigated with the goal of generating a mid-range, substantive theory through a comparative analysis among women with similar childhood experiences. Given our focus on only one particular substantive area (i.e., impact of maternal substance abuse), the emergent theory is considered “substantive” rather than “formal” (Glaser & Strauss, 1967, p. 79). An important goal of substantive grounded theory generation is to reach beyond basic theme identification to show the inter-relationship and inter-play between and among themes so that a richer clinical understanding of the phenomena under study can be generated (Charmaz & Henwood, 2008; Fassinger, 2005; Glaser & Strauss). Furthermore, consistent with grounded theory, the current research team sought to generate a new substantive theory, rather than to verify any existing theories.

Participants

Participants chosen for this study were purposely selected from the population of mothers who have attended parent/child programs at an evaluation and therapeutic clinic affiliated with a medical school in an urban city in the northeast United States. The first author has been employed at this site since 1998 enabling close, prolonged interpersonal contact with the participants. The nature of this contact facilitated depth of interviews and co-construction of the participants' experiences (see Ponterotto, 2005 on constructivist interviews). The mothers who were included in the study met the criteria of being daughters of women with a history of substance abuse, having no personal history of drug abuse (based upon their own report), and retaining custody of their young children.

Ten young mothers were interviewed for this study, ranging in age from 20 to 36 years old. The group of young mothers consisted of four Hispanic, three Black, and three White women. With regard to educational background, two young mothers went straight

through school to college, six young mothers earned a General Education Diploma (GED), two other young mothers left school in fifth and eighth grades and have not returned to school, but are enrolled in job training programs.

Nine of the mothers interviewed reported that their mothers are living, while one young mother reported that her mother died of a drug overdose. Five young mothers reported that their fathers are living, and two of these are in regular contact with them. One mother reported never knowing her father. Four of the mothers reported that their fathers were deceased; two died of AIDS, one of cancer, and one father was murdered. Six of the mothers reported being sexually abused as children from as young as five years old to 12 years old, and seven participants reported physical abuse. Every mother interviewed reported a history of relationship abuse with men in their adult lives (see Table 1).

Procedure

Participants chosen conformed to the criteria of theoretical sampling as outlined by Glaser and Strauss (1967). Approval was granted by the Institutional Review Board (IRB) at Fordham University, where the first author was a doctoral student and from the Committee on Clinical Investigations (CCI) at the Albert Einstein College of Medicine, where the first and fourth authors were employed and the subjects recruited.

The purpose of the study was explained by the first author to all mothers and it was explained that their decision whether to participate would not affect the ongoing services they were receiving at the center. Confidentiality was also discussed and mothers were given the assurance that no identifying information would be linked to their transcripts or in any published manuscript. Consent for an audio taped interview was obtained prior to the first interview, scheduled at a time and location of the mother's preference. A second visit scheduled after the interview was transcribed so the participant could verify that the information fit with her lived experience and decide whether her words could be included in the study. A total of 18 home visits were conducted, each lasting between 60 and 120 minutes. Two interviews were audio-taped over the telephone, because these mothers relocated out of state. Transcripts of the phone interviews were mailed to the participant and reviewed again over the telephone. The interviews came second to the demands the family was experiencing at the moment and were rescheduled if necessary. The interview process lasted over an 8-month period, and the first author conducted all of the interviews.

Each mother was given \$25.00 for her participation in the study and provided with contact information for the interviewer to report any further issues arising as a result of the interviews. The interviewer remained in the homes with the young mothers after the interview for at least 30 minutes to help them debrief after a potentially emotional session.

Table 1

Age, Race, Ages of Children, History of Sexual Abuse, History of Relationship Abuse, Grade Left School, Grade Completed, and Maternal Status

Participant	Age	Race	Ages of children	Hx of sexual abuse	Hx of relationship abuse	Grade left school	Grade complete	Maternal status
1.	25	White	5, 4	No	yes	8	2 years college	Addicted
2.	36	Hispanic	12, 11, 8, 4, 2, 1, pregnant	Yes	yes	3.5 years college	3.5 years college	Addicted
3.	20	Black	4, 3, 2, 1	Yes	yes	5	5	Addicted
4.	28	Hispanic	10, 4	Yes	yes	8	8	Deceased
5.	30	White	8, 5, 4	No	yes	10	2 years college	Addicted
6.	24	Hispanic	9, 6	Yes	yes	11	GED	Addicted with new baby
7.	34	Hispanic	10, 7, newborn	No	yes	HS	HS	Addicted
8.	26	Black	5, newborn	Yes	yes	10	2 years college	Addicted
9.	30	Black	2, newborn	Yes	yes	10	Vocational school	Addicted
10.	27	White	2	No	yes	BA	BA	Addicted

Interview Guide

Semi-structured interview protocols, developed by the research team, were based on clinical experience and a review of relevant literature. Demographic information, which included family, education, and relationship history, was collected from every participant. During the interview, each mother was asked questions that evolved after each interview, but always began by saying, "Tell me about your mother." Consistent with theoretical sampling and discovery-oriented interviews, the protocol evolved from interview to interview and included additional questions after maternal drug use was identified, such as "How did your mother's drug use affect you, your father, your schoolwork and your living situation at home?" and "If you could change anything about your childhood what would it be?" and finally, "Describe the kind of mother you are trying to be."

Data Analysis

Utilizing the grounded theory method, interviews based on multiple visits to the field were conducted until data saturation was reached. Saturation of data was determined when subsequent interviews yielded no additional information and reached the point of redundancy (Creswell, 1998; Strauss & Corbin, 1990). In the present study, interviews were conducted, transcribed, and coded before the next interview occurred to facilitate the discovery-oriented nature of the study and methodology (Fassinger, 2005). The researchers examined the text for salient concepts and wrote these down in the margins of the transcript. As subsequent interview transcripts were analyzed, more of these concept notes were similar and were pulled together to define broader categories encompassing the thoughts expressed in the hundreds of pages of transcripts.

We used the constant comparative approach (Glaser & Strauss, 1967), to reduce data to the most meaningful categories. The number of open codes was initially extremely large and was ultimately reduced to include 68 open codes. Once an initial set of categories was developed, the researcher identified a single category as the central phenomenon of interest and began exploring the interrelationship of categories to conduct axial coding (Creswell, 1998). To illustrate this process we use the example of concept notes that led to the identification of open categories embedded within broader axial and then selective categories. Concept notes in the margins of the text led to the identification of the open categories of "physically abusive mother," and "involvement with child welfare" that were subsumed under the broader axial category of "mother abusive when high." This axial category was one of three that was later subsumed within the selective category of "experiencing maternal drug use."

Throughout this process, outlines, flow charts, and diagrams were developed to try to understand the interrelatedness of the categories being studied. After revising and redefining, 29 axial categories were developed, which began to tell the story of all of the aspects involved in the young mother's experience of maternal substance abuse. The researchers identified a storyline, through selective coding that integrated the categories in the axial coding model. Ten selective codes emerged, which gave the story its structure and backbone supported by evidence in axial and, even more specifically, in open codes.

The result of this process of data collection and analysis is a theory, a substantive-level theory, written by the researchers close to a specific phenomenon or population of people. The real merit of a substantive theory lies in the ability to speak specifically for the populations from which it was derived and to apply it back to them (Strauss & Corbin, 1998, p. 267). The unused data from the transcripts were reviewed to determine whether any categories were overlooked and/or if the data made sense in the newly created categories. To further establish and maintain credibility and trustworthiness of the data, member checks were utilized. As suggested by Lincoln and Guba (1985) the transcript was provided to each respondent and checked for accuracy during the second home visit or contact. The transcript was read in its entirety to insure that the mother's words captured what she wanted to say and was read back for understanding. The transcripts were reviewed periodically with the team to insure trustworthiness of the data.

Results

The ten interview transcripts were analyzed according to the methods outlined earlier. This in-depth analysis yielded 68 open categories with 29 axial categories across ten selective categories. *Table 2, Selective, Axial, and Open Categories* illustrates the relationship among open, axial, and selective categories that leads to the development of a core theory. The substantive grounded theory emerging from our data was built inductively stemming from open categories that were joined into axial categories in which relationships among these categories were grouped under broader, selective categories.

Young mothers responded to questions to tell about their mothers with statements that spoke about how their mothers' drug use affected their lives. Every respondent confirmed the researchers' clinical intuition that daughters of mothers with substance abuse problems are impacted throughout their lives. The selective categories depicted in *Table 2* illustrate the key areas leading to a substantive theory.

Experiencing Maternal Drug Use

The first selective category illustrated daughters' experiences of maternal substance abuse with emphasis on discussions of how their mother was "never there," of physical abuse by mothers, and of exposure to drugs. One mother put it very succinctly, "She was never, never around for all of us. Not for the big one, not for the little one, not for the middle one." Another mother noted when asked to describe her mother, "[I] disliked everything. She was never there for me." One respondent described the basic things that her mother was unavailable to provide when she stated, "I had to buy my own toiletries. I had to find a way to get my own toiletries. Deodorant, you know, tampons at the point of when I became a woman." Another mother commented on how her mother's drug use eventually became out of control to the point where her mother was unable to manage the household:

Well, my mother growing up she was like the type of parent that in the beginning she always worked two jobs and then, as we begin to grow up and get of age, I know that she used to get high. She stopped working,

and you know sometimes there wasn't no food in the house or, you know, she used to just be out partying and stuff like that.

Table 2

Selective, Axial, and Open Categories

Selective	Axial	Open
1. Experiencing Maternal Drug Use	1. Mother Was Never There	1. Physically, Emotionally, Nothing 2. Feelings of Abandonment 3. Trying to Be a Friend, Not a Parent
	2. Abusive When High	4. Physically Abusive Mother 5. Involvement with Child Welfare
	3. Exposure to Drug Culture	6. Mother So Hooked on Drugs, No Food in the House 7. Observing Mother and Friends Getting High 8. Mother Abused by Men 9. Supporting Their Drug Habits 10. Health Risks Reported
2. Encountering Problems Because of Mother's Drug Use	4. Mother Unable to Protect Children From Men	11. Sexual Abuse/Rape
	5. Too Much Responsibility Placed on Children	12. Grew Up Fast 13. Responsible for Household 14. Responsible for Siblings 15. Burden of Too Much Responsibility
	6. Instability	16. Family Separated by Constant Moves 17. Involvement With Child Welfare 18. Ran Away From Home
	7. Impact on School	19. Problems in School 20. Mother's Lack of Involvement in School
3. Feeling Ambivalent Towards Mother	8. Positive Feelings About Mother	21. Positive Qualities 22. Knew Mother Loved Them 23. Tried to Protect Daughter From Abusive Relationships
	9. Negative Feelings About Mother	24. Mother Did Not Believe Daughter Was Sexually Abused/Raped 25. Anger at Mother
	10. Rationale for Mother's Behavior	26. Maternal History of Intergenerational Abuse/Addiction 27. Mother Was Not Ready to Be a Parent
	11. Strategies to Help Mother	28. Tried to Get Mother off Drugs 29. Frustrated at No Change in Mother's Behavior
4. Understanding the Role of their Biological Father	12. Father as Protector	30. Father's Anger Over Sexual Abuse 31. Ambivalent Feelings Toward Father 32. Belief That Life Would be Different With Father Present
	13. Rationale for Father's Absence	33. Left Because of Mother's Drug Use
	14. Impact of Stepmother	34. Feelings of Not Belonging 35. Positive Relationship With Stepmother

Selective	Axial	Open
5. Defining the Role of Extended Family	15. Role of Grandmother	36. Supportive Grandmother 37. Abusive Grandmother 38. Supportive Grandfather
	16. Role of Aunts and Uncles	39. Supportive 40. Relatives Busy Coping With Their Own Problems
	17. Family Beliefs	41. Relatives Did Not Believe Extent of Mother's Drug Problem 42. Treated Like Black Sheep of the Family
6. Receiving Outside Support	18. Supportive People	43. People on the Streets 44. Supports in School 45. Friend's Mothers 46. Being Incarcerated
7. Becoming a Parent	19. Parenting Goals	47. To Be a Good Role Model 48. Responsive Parent
	20. Relationships With Children's Fathers	49. Supportive Partnerships 50. Relationship Problems 51. Goal of Two-Parent Family
	21. Concerns About Repeating Past	52. Parenting Style 53. Protective of Children
	22. Wishes for Children	54. Avoid Difficulties Experienced in Childhood
	23. Fears for Daughters	55. Reflects on Own Sexual Abuse 56. Challenges in Raising Daughters
	24. Hopes for Sons	57. Treat Women as You Would Like Your Mother Treated 58. Challenges in Raising Sons
8. Mother Becoming Grandmother	25. Mixed Feelings About Mother as Grandmother	59. Demands From Mother 60. Supportive When Not High 61. Disappointing Grandmother
9. Developing Personal Strengths	26. Pledge to Never Be Like Mother	62. Fear of Becoming Just Like Mother 63. School Was a Way Out
	27. Learned From Experiences	64. Learned the Hard Way
10. Reflecting	28. Perceptions of Mother's View of Daughter Today	65. Belief That Mother Is Proud 66. Wishes Mother Wasn't Still Getting High
	29. Wishes for Self	67. How Things Could Have Been Different 68. Parenting Goals

Encountering Problems Because of Mother's Drug Use

The second selective category pointed out the problems encountered because of their mother's drug use specifically that mothers were unable to protect their daughters from sexual abuse, the belief that too much responsibility was placed upon the daughter for managing the household and younger siblings, and the instability in the family that resulted from constant moving. The mothers interviewed spoke of their mothers never

being there and this theme reappeared in the discussion about sexual abuse. Many blame their mothers for the sexual abuse they endured. One young mother offered this story:

Had my mother been there it wouldn't have happened. I got molested. I got molested, sexually abused, oral sex. I had been forced to do oral sex on one of my uncles. And for four years. The first year I was so devastated, falling apart and then after that it was normal, no big deal any more. It was happening, big deal. I was between the ages of eight, nine, ten four years, between eight and 11 that happened. I have watched my uncles do a lot of sick things.

Another mother spoke of being raped by her uncle, a situation that she testified to in court leading to his conviction and six-month jail sentence. The incident, as reported by this 20-year-old mother, is presented in its entirety:

When I was little, I was raped by my uncle, so I don't want that to happen to my kids. I was like five. I was five. He would just drop me off. My [maternal] grandmother used to pay him to drop me off at school and, instead of him dropping me off; he was taking me to my other grandmother's building which was a big time project. He would take me up to the roof and tell me this is what I really have to do. When I started knowing he was like, "yeah, yeah, yeah." He used to drop me off at school every day late. Then the teacher or whatever tried to figure out what's going on. Then my grandmother on my father's side got involved...At first it hurt, yeah, but then after I was telling him to leave me alone; he just kept on doing it, you know, and I realized he's not going to stop.

When asked if she sees him, now that he is out of jail, she acknowledged that she did and commented, "I don't say shit to him." Another mother spoke of how she was raped as a young child because her mother was high and unaware of who was in the house. This young mother recalled:

I got raped because she was doing drugs, her friends were in the house and she didn't know what happened. Do you know what she said, "Oh, I am sorry, I didn't remember, I forgot, I am not supposed to bring nobody in the house". I was seven years old.

This mother pointed out her mother's indifference to the rape, dismissing her daughter's story because she said the same thing had happened to her as a child. This young mother noted her mother's lack of understanding telling her, "You learn how to live with it. Several young mothers recalled incidents where they felt unprotected by their mothers against men in their families. One young mother shared:

Well, I can tell you, me growing up...no she couldn't have protected me because me growing up, I was raped by my sister's father. You know, my

mom, she was too busy doing what she was doing and she would leave me in the house with him. And, you know of course, it happened and when it happened to this day she still don't believe me.

Disbelief that the rape occurred is a recurring theme throughout the interviews. One mother noted:

I had to be like 11, ten, 11 years old. To this day she still don't believe me. She told me that I was lying and that my cousin put me up to that. But, see, that goes back to show you what drugs do to people because if your child is coming to and telling you this and this happened, you're going to look into it, you're not just going to blow her off and say, "Oh, please," you know, and that's all it was.

This same young mother appeared to suggest that her normal development into puberty in some way contributed to being raped. She offered the following explanation:

It was hard for me because me growing up, being that age, you know, I developed quickly, so I had everything was just developed. I was just all over the place, you know, and that's what happened. It was on more than one occasion. He would have me do certain little things and stuff like that but you know it happened, you know I can't change it.

Many mothers described the physical abuse they experienced. One mother explained, "If she didn't have her drugs, she'll take it out on me." Another mother described the severity of the abuse:

At times, she would hit me like when she was high or couldn't get high. And, as I got older, when I was a teenager, she would send me to go buy her drugs for her, and if I refused, then she would hit me. So I really had no choice to either get hit or go get what she wanted.

Daily running of the household was a responsibility several mothers interviewed shared because their own mothers were either inconsistent or left this responsibility entirely to their daughters. One mother recalled:

I've been washing clothes since I was a little kid, so I did it myself, you know. She left cash there. She left stuff there to wash clothes, soap or whatever, and I mean wherever she stayed, I mean it was my grandfather's house, so since it was my grandfather's house, she didn't have no bills on her left to pay, so you know, she just made sure she left enough money, you know, to pay the cable and stuff like that. I was there, I used to pay them. She just left the checkbook there, she signed her name and I just had to write down the amount and that was it. I was like eight.

Feeling Ambivalent Towards Mother

In the third selective category, young mothers focused on their feelings toward their mothers as they were growing up, noting a range of positive, negative, and ambivalent emotions. These quotations capture that ambivalence, as one mother noted, “Yeah, she was always happy and whenever she was not doing anything bad, she was a good mother. Not the best one, not the good one but she was for that moment; she was a little bit good.” Another young mother went on to describe the strength it took for her mother to give her up after she begged for money on the street to support her mother’s drug habit:

I went out there and I asked a few people and eventually, an hour later, I had ten dollars and I gave my mother ten dollars. And that was February 12th and February 13th my mother took us to ACS (Administration for Children’s Services) at 150th and Gerard Avenue and gave us up. It was me, my little sister, my older brother; he’s a little older than me. And my mother. She just went, she couldn’t even. She just left us there. I guess she couldn’t bear to see us, leaving us there like that. But, like I said, we were, I was really abused. Not my little sister as much as I was but I remember, I used to go to school and I used to have workers, social workers, and they would search me every day and count my new bruises and still send me home. I remember that. And I guess my mother saw that they weren’t doing anything so she just had to do what she had to do. And she just gave us up.

The influence of men on their mother’s continued drug use was repeated throughout the interviews. This belief was echoed throughout the interviews as one mother described how her stepfather abused her mother the night he checked her out of a rehabilitation program. She recalled:

Cause he used to get high too, so he didn’t want my mother not. So he beat my mother that night so bad with an aluminum bat. Her finger, it was hanging. Literally hanging. And my mother didn’t want to go to the hospital. She’s just, I don’t know. I don’t blame her. I just blame the people she just got involved with. Everybody she dealt with was so abusive and to my mother, if a man didn’t hit you, he wasn’t a man.

Understanding the Role of Their Biological Father

The role of their biological fathers was the subject of the fourth selective category, with the belief of their father as their protector, and the rationale for his absence discussed. One young mother recalled her father:

He just passed away in July. He was a star in Puerto Rico, like he is a singer and stuff. He never drank, smoked cigarettes, used drugs, that is the reason why he left her, because she was always a drug addict since she

was 16 and that is when they got married, at 16 and once he found out what type of woman she was, he did not want to be bothered because he had a career to pursue.

One mother saw the reason her father left her mother was because she was spending his salary on drugs. She explained:

He was living with us but he was working two jobs and he was traveling back and forth from Manhattan to Jersey so most of the time he stayed in Manhattan where he was working and when he was home he was sleeping to try to catch up on his rest. And they were always arguing about money because she was always spending the money on herself and her habits.

She expanded on that point describing her mother's spending habits:

She was supporting her habit by taking my father's money whether he knew about it or not. When he was sleeping, I remember her going in his pockets and taking money. That's one of the reasons they would fight, between the money and the getting high.

The impact of a stepmother was addressed as the young mothers spoke about their involvement with their father's new family. The role of the stepmother in the family was complicated and varied. One mother commented about life with her father and stepmother:

I lived with him for a while but he got a wife and stuff and she always put down my mother. Like, he down her, he'll call her a hoe, 'cause he speaks Spanish, he'll call her a hoe and a drug addict and everything. That is fine for him to say but then his wife used to go on and on and on and at that time, like I said, Anne, I was really bad, really disrespectful. So I used to try and fight and hit her, you know, I used to run away from both families, Anne. I used to run away.

Defining the Role of the Extended Family

In the fifth category, the role of the extended family was raised by many of the young mothers interviewed as many spoke of being ostracized, of not belonging. In speaking about her extended family, one mother stated, "They thought that I would end up like my mother and for many years put me like the black sheep of the family." Another mother spoke of being homeless at 16 and hiding in her grandmother's house. She explained that her grandmother did not want her to bring her mother's drug problems around:

And then I went to my grandmother's house but she didn't know. She had a two family house and she lived on the first floor so I went up to the second floor and I was staying there at night but she didn't know that I

was staying there cause she had told me before that she didn't want me staying there 'cause she thought that my mother would come by and bring her problems.

Even when extended family stepped in to help, one young mother expressed her feelings about her grandmother assuming the parental role:

I wasn't a happy kid. Like other kids, their parents used to show them love and affection and stuff and always be there for them, like my mother was never there. My grandmother used to be the one picking us up and that is not who we wanted to be with; we wanted to be with our parents. I never liked my grandmother so I never was there.

Family beliefs included the belief that the young mothers would be just like their mothers and a legacy of abuse would continue, particularly with the middle child receiving the most severe abuse. One mother commented:

And to me that was going to happen because if I have a middle daughter, that makes me like her, she was the middle child and she abused me, she did everything to me. So I was afraid I was going to become her with my middle daughter.

Receiving Outside Support

Outside supports were the subject of the sixth selective category, with support coming from school, people on the streets, friends' mothers, and spiritual beliefs. One mother spoke of receiving support through the prison system when she served a three-year jail sentence. Some mothers spoke of people on the streets who knew their mothers and were a source of support. One mother elaborated:

When I was out on the streets, the people from the streets was the ones that were there for me. When I needed somewhere to stay, my friend used to take me home to her house. Her mother did not tell her grandmother. They did not close their door on me. You understand. When I needed food or when I was hanging out regardless they were drug dealers or whatever, instead of me talking, I need a bag of weed, I'll talk about I need food and they'll go buy me food. You understand. But the people from the streets mainly, not people from the streets, I guess the adults that knew the circumstances that I was in.

Becoming a Parent

The seventh selective category emerged as mothers spoke of having children as the moment in their lives when they knew it was their chance to make a new start and become a different type of parent. Many of the young mothers interviewed spoke of how becoming a parent represented a significant change in their lives. All expressed how they

had resolved to be different mothers than what they experienced with their own mothers. These quotations illustrate the challenges each mother is facing as she works to become what each believes to be a good parent:

When I had (baby's name) it was like, it was to me, it was do or die that's how I felt. It was me against the world if I don't do what I have to do. I would die trying 'cause ain't nobody gonna take care of mine.

One mother explained how strongly she does not want to parent as her mother did, when she explained:

Oh, God, everyday. I live my life that way, making sure that I don't make the same mistakes that my mother made, for my kid. Even, I don't just mean doing drugs, I mean being reliable, being stable. Even though he's only two, it is very important to me that he knows that he's gonna have a bath before he goes to bed and "I get a book read to me". The reliability. Two parents, which is another struggle.

The young mothers spoke of their parenting goals, concerns about repeating the past, and wishes for children. Mothers were aware of the complexity of parenting and how sometimes children may react negatively to limits and restrictions placed upon them but believe setting limits is part of the job of being a responsible parent. One mother would like to be described by her child as:

"Pain in my butt". 'Cause that means I did my job. That means I was involved, maybe sometimes too much to his liking that means that I am aware of everything that is going on, what he's doing, where he is going and supported him in whatever he wanted to do: sports, music, whatever it is.

Several mothers spoke of wanting to be a good role model for their children and to encourage them to finish school. One mother explained:

I am trying to be a good role model. I am trying to be the kind of mother that teaches them how to respect their responsibilities, their manners, good ways of life, you know. I just want my daughter to be a senator or something or my son could be the next president that is what I want for them. I mean I am going to try my best to raise them right, you know. I am gonna try 'cause my husband didn't finish school neither. You know I graduated but from beauty school never from high school because of all my problems.

Mothers spoke about their fears for their daughters related to sexual abuse and hopes that their sons will grow up to be men who treat women without abuse. Despite abusive relationships, some mothers in their desire to be different from their mothers, strive to provide a two-parent home for their children. A belief expressed was that their

lives may have been better if they had their fathers present in their households growing up. One mother shared:

The only experience I wish I had was having my dad live in the household and stuff. Like, I always, their dad and I don't get along and sometimes I just want to be with him because of the kids. But that is the only thing; I just don't want them to grow up like me without a dad. Because I'll try my best to do my part, I don't want them to experience nothing I went through. I want them to finish school. I want to always be there for them because I never had a mother growing up. I think that is the main one, I hope their dad always be with us and watch them grow up and that way maybe I don't know if it will change anything, but hopefully they'll be good kids.

This mother went on to explain her concerns:

In terms of the relationship I am in now and his father being very angry, violent. It came to the last straw that we are not going to have any more violence in front of my son. So that, I told my husband that I do not want my son around that, to learn that. I do not want him to learn that that is the way you handle situations you are uncomfortable with or not satisfied with, so that he doesn't learn that as a solution is hitting people or throwing things or when he gets older he gets angry trying to control someone and she doesn't listen to him so he whacks her and she puts him in jail. And then I am visiting my son in jail because that is what he learned from his father because I didn't take him away from. That is very important to me, very...one of my biggest worries right now. Also, how much respect he'll have for me if he sees his dad do that to me. That doesn't show that I have respect for myself allowing it to be done to me. How could he have respect for me if I don't? So those are, that is one of my challenges is to make sure it doesn't affect him that way, if I can.

Each mother interviewed expressed her wishes for her children, which included education and the ability to do the best they can. These sentiments were shared:

I just want them to do something, just better their self in life, go further in life than what your mother did, you know what I'm saying. Become a doctor or a lawyer or something like that. But whatever they chose to do when they get older I am gonna be behind them 100% regardless if they are not that doctor or that lawyer or that cop or whatever, but just do the best that you can and be the best you can. That is all I ask. Finish school; try to make something of yourself. Don't just be a bum on the corner; want to sell drugs or stuff like that. Do something better. Be something better. That is all I ask of them, be the best that they can.

Similar wishes were expressed by another mother who spent time in jail:

I would protect them from like, I wouldn't want my son to be a drug dealer or I don't want him to go to jail like I did. Or my daughter, I don't want, like my mother used to sell her body and sleep with men. I don't want her [daughter] to have to go through that, you know I want them to be able to trust me, anything I could help them with, I would. I just don't want them to experience bad ways of life, negativity in their life. Yeah they'll have some, cause not everyone is perfect but I don't want my son or my daughter, God forbid in jail or prison for life. That is the only thing.

Another mother, who is pregnant and even though a sonogram confirmed she is having a girl, commented, "I am hoping that it is a boy. I am hoping it's a boy." One mother spoke about her fears about having a daughter:

I wish the first baby was a boy, because I am scared, the reason why I am scared for (daughter's name) is that I started bad at an early age, you know I lost my virginity at an early age. I used to smoke cigarettes, I used to smoke weed, when I was young, luckily I did no heavy drugs, but Anne, I used to be real bad, I used to sell drugs, I used to fight every day, you know and I am just scared because my mother always said that your kids are going to be how you are and that is my worst fear, that is my only fear, I just want them to be different.

Raising sons who treat women with respect was a goal repeated throughout discussion of parenting boys. Such sentiments were reflected in the following:

I want my son to treat women the way he would like his mother treated. He doesn't want his mother to be hit by a man; he doesn't want no man to abuse his mother. So I don't want him to do it either to no other woman. If a woman hits him, he puts his head down and keeps on going. I don't care if she was wrong, I don't care if she was right, you just keep on going. You never touch a woman.

Mother Becoming Grandmother

In the eighth selective category, the young mothers spoke about their expectations of their mothers as they become grandmothers. Some of the young mothers interviewed did not welcome their mothers into the new role as one mother put it succinctly, "She says, 'Oh, I'm a grandmother.' I said, 'Yeah. I have a son.' It's amazing. I'm like, the woman abandoned me, now she has the audacity to say to me that she's a grandmother." Another expressed a sense of hope that her mother would assume this new role, "You know but I tell her, it is just that I want to see her do something with her life. You know. I just want to see her be a grandma."

In some cases, their mother's drug habit kept them from becoming the support the young mothers sought. In other cases, the young mothers described feeling drained at the

responsibility of caring for their babies while their mothers continued to make demands on them for food and money. One mother described her feelings about her own mother:

To this day my mom she still gets high. She still calls me because her and my stepfather he gets high too. I think he shoot drugs and he sniff cocaine. But it's no food in the house; there's never no food. He works but it's never no food. The bills is never paid you know so then the responsibility falls on me because that's my mom, I'm not going to see nothing bad happens to her. So if she calls me and says, "Well, I don't have anything to eat." I'm going to go in my freezer and take something out for her to eat. You know.

One mother pointed out how difficult it is to meet her mother's desire that she forget the past and embrace her mother into her life. She explained her ambivalent feelings about her mother's desire to be involved:

Today she is trying her best now to be a better mother. She tries so hard, she messes up. She always messes up by throwing it in our faces, you know, "I do this I do that..." You know, okay, now, good, but you haven't been there all my life and now you expect me to turn around and tell you, I love you and hug you. You know it is hard for me to tell her I love her and hug her and be affectionate to her. It is hard. It is not going to happen overnight. You never been there for me.

Developing Personal Strengths

In the ninth selective category, mothers expressed what they viewed as their personal strengths, specifically the pledge many made never to be like their own mothers, something learned from their experiences. Mothers repeatedly spoke of how the example of their mothers, gave them the strength to be different as parents. One mother expressed this sentiment:

Actually the only support that I thought I had, it was her, my mother because I would say, "I won't be like her when I grow up..." So she was my support, always saying, I won't be like her, I would never let it be like her.

The pledge to be different remains a struggle as one young mother expressed that the fear of becoming just like her mother is a pressure as well as a motivating factor. One mother explained her fear as her mother used to threaten that she would turn out just like her and how she and her childhood friend spoke about their mothers:

I remember me talking about it with my friend and I used to tell her that I didn't like the way she is, whenever she gets mad and whenever she has an attitude, I just don't like her. To me we always talked about the way

we would be because her mother did the same thing so we said, “we are not gonna be like them, we are not gonna be like them”.

One mother spoke about how she turned her life around after being in jail for three years. She explained:

Yeah I was young, but yeah that [being in jail for three years] is really what changed my life around. Because at that time, I used to be so young, I used to sell drugs, I used to always want to fight and be thinking I’m bad. That don’t get you anywhere in life, I learned. So I try to have manners, show myself manners and show myself how to be a lady, you know. I tried the rough way and it don’t gain anything.

Reflecting

Finally, in the tenth selective category, mothers reflected on their wish that their mothers were no longer using drugs and questioned what their mothers thought of their parenting style and ability. Throughout the interviews many of the young mothers reflected on their lives, how things might have been different had their mothers not used drugs, their feelings about their mothers today, and their hopes for their children. Most believe they are the people they are today because of their struggles and would not change their past but on the other hand expressed that they wished things had been better and have pledged to provide a different childhood for their children.

Some young mothers reported the belief that although their mothers cannot express it, they are proud of their daughters. One young mother shared, “I think she is [proud] in her own little way but she just don’t know how to show it or express it. I think she is.” Another young mother noted complex feelings from her mother and sister:

Yeah, but I think she envies me. She has written me letters to that effect of being proud of me and being very sorry that she is not part of the good person I have come to be. That she can’t take any responsibility for that. Yeah, especially with my brother now being 19 and about to have a baby and my sister being homeless with five kids here, there and everywhere. And me still being college grad, good job. They don’t know all the things [abusive relationship] I go through with (husband's name), they know it is hard. But at the same time, I am with my son’s father which she can’t say that for herself or for my sister.

Other mothers expressed the belief that had their mothers been off drugs, the sexual abuse would not have happened:

Oh my God. I wish my mother had been...I wish I had just had my mother here and that she would never have gotten involved with drugs. That would be my biggest...just to have a mother figure growing up. Cause even in between that when I was growing up, I had a stepfather that molested me and my mother knew but she didn’t want to believe it. And

before she passed away she...she...I don't know. She admitted to me that she knew but I guess she was so afraid of losing him because he was the one that was buying her drugs. He was her moneyman at the time. And she just didn't want to believe it.

One young mother interviewed expressed the belief that it is not too late for her mother and that she could teach her mother how to be a good parent by her example. She stated:

She doesn't know how to be a mother and I feel I could that I could teach her so many ways if I just talked to her but I am afraid. You can learn so much from me, I feel like telling her. Say, "Mom, just do and see, you know, watch me and don't take it as an insult".

One young mother spoke of the difficulty growing up without the material things other kids have and how being without impacts negatively on your self-esteem. She shared:

Not having stuff or not having the money to do certain things. When I did do things like cheerleading, gymnastics, my father would come around and give me the money but I did not have much of a relationship with him either. He would pop up and I would ask him and he would come. Other than that, my friends always had better things, cleaner things and better haircuts and sneakers. As a kid, it kind of lowers your self-esteem.

Another young mother offered how she wants her children to remember her and follow her example. She described what she hopes her children will say about her when they grow up:

That I was always there for them, you know, and that everything went good basically. You know I don't want them to say, "Oh my mom was messed up. You know my mom didn't take care of me". I don't want them to do that, you know. I want them to think of me that I took care of them and when they have their own kids they can take care of their kids and say, "oh this is what's right and this is what's wrong". And choose the right way instead of the wrong way.

Many mothers interviewed reflected on their belief that they are who they are today because of their childhoods and their histories with their mothers. Although many expressed a desire for things to have been different and for them to be spared some of the negative experiences, each concluded that they are who they are today because of the cumulative effect of all of their experiences. One mother summed it up in this way:

I wouldn't be the person I am today if I didn't have any of that happen to me. I see it as that now. I don't know. I mean I would have liked to have been under one household, like you see on TV, happy family, you have your dinner at the table and we had our dinners at the table but my mom and dad always fought. I don't know it is hard. Because I see myself

today and I say “you know what, I see it as...I wouldn’t be how I am if that didn’t happen”.

Quotations taken from interview transcripts were included throughout the selective, axial, and open coding framework. These quotations are somewhat lengthy at times and are presented in their entirety to preserve the honesty present in the interviews and out of respect for the women who so openly shared their life stories.

Discussion

Up to this point, the data have not been presented within the context of related findings in the literature, in an effort to preserve the discovery-oriented process and the inductive method of data inquiry central to this study. At this time, the results can be integrated into existing literature to determine which aspects in this study are completely new, add support, or contrast with previous research.

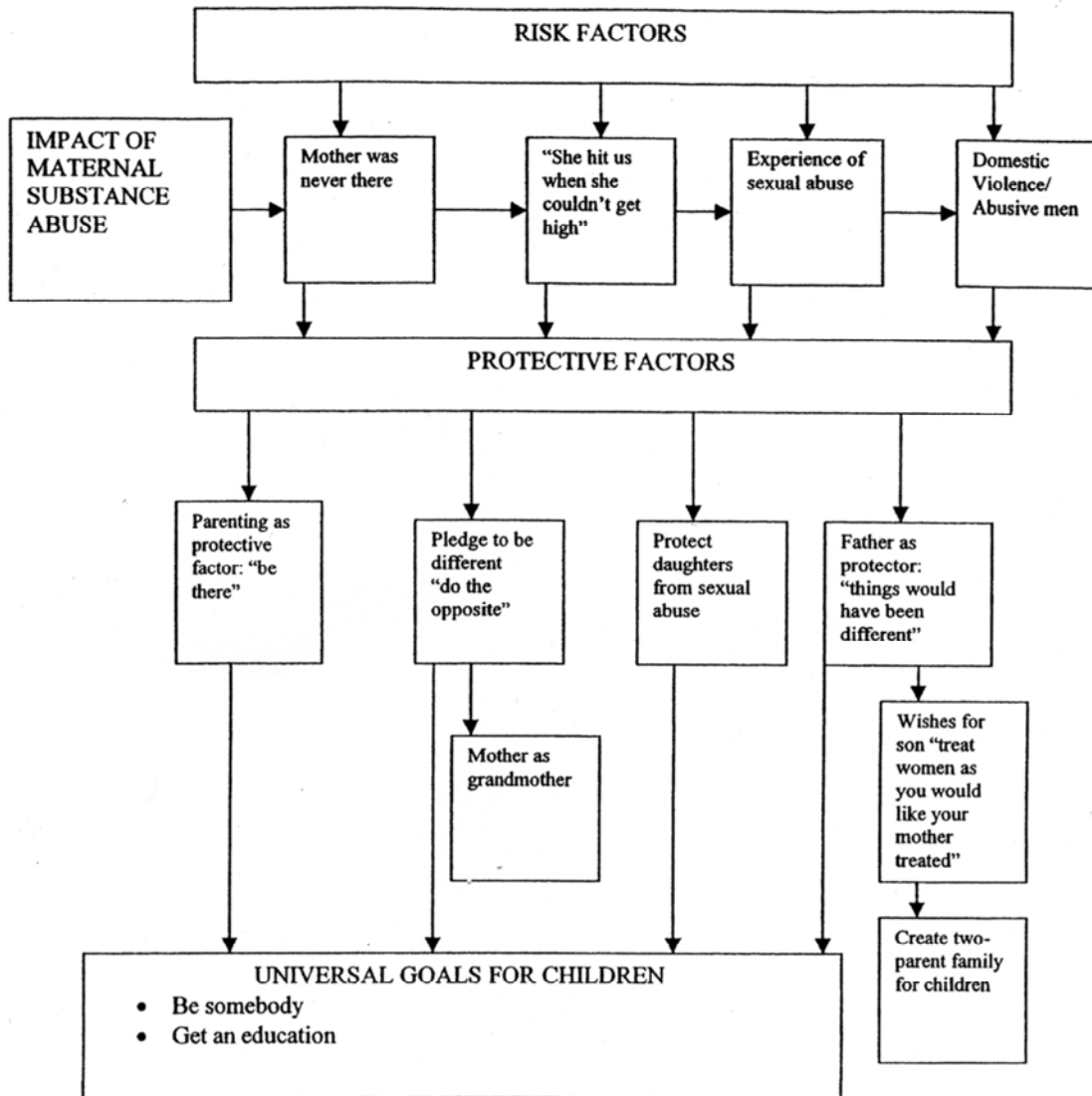
Despite their resilience, the experience of these young mothers is beyond what any person should have to experience. Cauce and her colleagues, who have done extensive work investigating the risk factors related to living in poverty, state:

History suggests that it is not possible to create an environment so oppressive as to totally vanquish the human spirit and eliminate the capacity of some to survive and overcome, but some environments come close. If one limits oneself to environments that one is likely to encounter in everyday life in the United States, inner-city neighborhoods characterized by high concentrations of poverty perhaps comes closest. We might do well to acknowledge this more readily and to focus our research on reinforcing factors that may mitigate toxicity, but also on making these environments less toxic. (Cauce et al., 2003, p. 355)

The challenge today is to figure out ways to intervene to prevent similar experiences in the current generation of children growing up exposed to maternal substance abuse across their life span. An additional goal needs to focus on providing assistance to the young mothers who were interviewed in the present study and others like them to meet the parenting goals that they have so clearly articulated throughout the transcripts.

In the present study we found that maternal drug abuse has a significant impact on children throughout their life span, placing them at increased risk for far reaching negative experiences, which include sexual abuse, physical abuse, neglect, homelessness, school failure, and subsequent abusive male relationships. Exposure to maternal drug abuse was found to be an experience that is unique and has aspects that are significantly different from any other risk factors which have been defined in the literature, and its effects are experienced throughout the child’s life and into adulthood. *Figure 1, Risk factors experienced and protective factors defined by mothers to promote positive outcomes in children*, illustrates the risk factors experienced and protective factors defined by the young mothers in this study, which they are trying to use to promote positive outcomes in their children (see *Figure 1*).

Figure 1. Risk Factors Experienced and Protective Factors Defined by Young Mothers to Promote Positive Outcomes in Their Children (Different Kind of Mother)



Pledge to Be Different: A New Parenting Paradigm

All mothers interviewed credited their mother with shaping the kind of mother they are working to become. Some went so far as to say that was all their mother gave them; she taught them what not to do. Several pledged to “do the opposite” of what their mothers did. Each of the mothers interviewed for this study pointed to a time where they made a pledge to themselves that they would never be like their mothers. Becoming a different type of mother was a central goal for every participant interviewed.

The results of ethnographic studies (Jarrett, 1999) and empirical studies define precision parenting (Mason, Cauce, Gonzales, & Hiraga, 1996) recommending that “parents who cultivate close and warm personal relationships with their adolescent children, who monitor their whereabouts and provide firm, not overly harsh nor overly lax and lenient discipline, can have a positive impact on the behavior of their children”

(Cauce et al., 2003, p. 355). Children and adolescents living in more dangerous environments may benefit from high levels of parental control, whereas children living in less risky neighborhoods may experience negative effects of such restrictive control (Furstenberg & Hughes, 1997). Although democratic, authoritative parenting (Baumrind, 1971) may be successful in increasing the academic achievement of white, middle-class children, those who live in more dangerous environments may benefit from higher levels of parental control (Sameroff, Gutman, & Peck, 2003). Although research has consistently found that parenting practices among the poor are harsh, some have suggested that this is an adaptive response to the dangers of the inner city. The ethnographic work of Jarrett (1999) identified keeping children inside and chaperoning them, helping their children identify safe spaces and people in the neighborhood, enlisting support of extended family, and supporting at home what the child learns in school as effective strategies some parents use to parent even in the most deprived communities. Future investigations are critical to help define the complex layers of what is required to raise well-adjusted children, minimizing exposure to risk factors for children living in poverty.

“Maybe It Would Have Been Different If I Lived With My Father”: Two-Parent Families as Protective Factor

Many of the mothers spoke of the belief that, had their own biological fathers been present, some of the negative experiences, particularly the sexual abuse, could have been avoided. This belief has some support based on the findings of a study conducted in South Africa, which found that the factors which predicted child sexual abuse was the child not living with the biological father and having a stepfather or adoptive father in the home (Madu, 2003). Many of the young mothers are struggling with current, difficult, often abusive relationships with their children’s fathers just to maintain paternal involvement and to try to provide something they wished they had, a two-parent family. Weighing the benefit of father involvement (Flouri, Buchanan, & Bream, 2002) with the cost of an abusive relationship is a tenuous balance many of the mothers interviewed are working to achieve. In the present study, many young mothers described how angry their fathers were upon discovering that their daughters had been sexually abused while in their mother’s care. The young mothers interviewed suggest a range of reasons why their fathers were not more involved in their lives. Promoting fathers’ involvement, especially with daughters, can be an effective way to promote well-adjusted family relationships in both adolescence and adult life.

“I Just Don’t Want It to Happen to My Daughter”: Child Sexual Abuse

All of the mothers interviewed who were sexually abused as children expressed the wish that their daughters will never be sexually abused. As the mothers interviewed know firsthand, there are considerable negative consequences related to the experience of having been sexually abused as children. Children who have been sexually abused are at increased risk for physical health problems in adulthood, including unwanted pregnancy, sexually-transmitted diseases including HIV infection, and adult sexual violence (Doll, Koenig, & Purcell, 2004). Messman-Moore and Long (2003), suggest the need for

further study to understand the mechanisms underlying the evidence that child sexual abuse survivors are at greater risk for sexual revictimization in adulthood.

In reviewing lifetime trauma histories in women who were sexually abused compared with non-sexually abused counterparts, Noll, Horowitz, Bonanno, Trickett, and Putnam (2003) found that sexually abused participants reported twice as many subsequent rapes or sexual assaults, more than one and a half times the number of physical affronts, including domestic violence, and almost four times the incidences of self-inflicted harm, and an additional 20% more significant traumatic life events. According to a study by Herrera and McCloskey (2003), child sexual abuse is the strongest predictor of girls' violent and non-violent criminal behavior.

A history of child sexual abuse has been identified as the strongest predictor of adult sexual assault compared with other risk factors such as alcohol use, illicit drug use, psychological distress related to past exposure to traumatic events, sexual behavior, and impaired risk recognition (Rich, Combs-Lane, Resnick, & Kilpatrick, 2004). The significant concerns regarding the risks associated with child sexual abuse and their desire to protect their daughters expressed by the young mothers interviewed is supported in the literature.

“Treat Women as You Want Your Mother Treated”: Domestic Violence

The realization that young boys exposed to domestic violence are likely to perpetuate the pattern of domestic violence was expressed throughout the interviews and is well defined in the literature. The primary objective for the mothers interviewed in this study with regard to raising boys is to raise sons who do not abuse the women in their lives.

As mothers interviewed expressed their concern about their sons witnessing their mothers being abused, their beliefs corroborate research findings in assuming the negative outcome for young males exposed to parental domestic violence. Research confirms that exposure to interparental aggression, even if not directly viewed, contributes to an array of emotional and behavioral problems in children and increases the risk of battering by males in their adult intimate relationships (Rosenbaum & Leisring, 2003).

Concerns about the intergenerational transmission of domestic violence and the family as training ground for domestic violence (Straus, 1978) has been part of the domestic violence literature for the past three decades. The term unintended victims (Rosenbaum & O'Leary, 1981) came out of research suggesting that batterers were more likely to have come from homes with aggression between parents and that male children were at increased risk for immediate and long term negative consequences.

In their recent study, Rosenbaum and Leisring (2003) speak of the “batterer paradox” (p. 17) which explains that while we may have sympathy for the male child exposed to domestic violence and acknowledge that such exposure increases his risk to become a batterer when he matures, there is little sympathy for the male once the “prophecy is fulfilled” (p. 17). Results of their study suggest that batterers described more dysfunctional and chaotic homes, reported seeing their fathers drunk, and were more likely to have seen their fathers hit or beat up their mothers. The challenge to raise

sons who are different from the men the young mothers have encountered is a complex task because of their coexisting goal to provide a two-parent family.

Universal Goals for Children

As the mothers spoke about their goals for their children, which included school achievement, higher education, “to be somebody,” and to be responsible, it became apparent that these are universal goals. The comment “be somebody” was stated throughout the transcript and suggested the mother’s desire for their children to find a legitimate place in the world away from the substance abuse, physical and sexual abuse and incarceration which was so central to their lives. The interviews with these very committed mothers further underscore that they value education, which gains entrance to the mainstream society which they have not been a part.

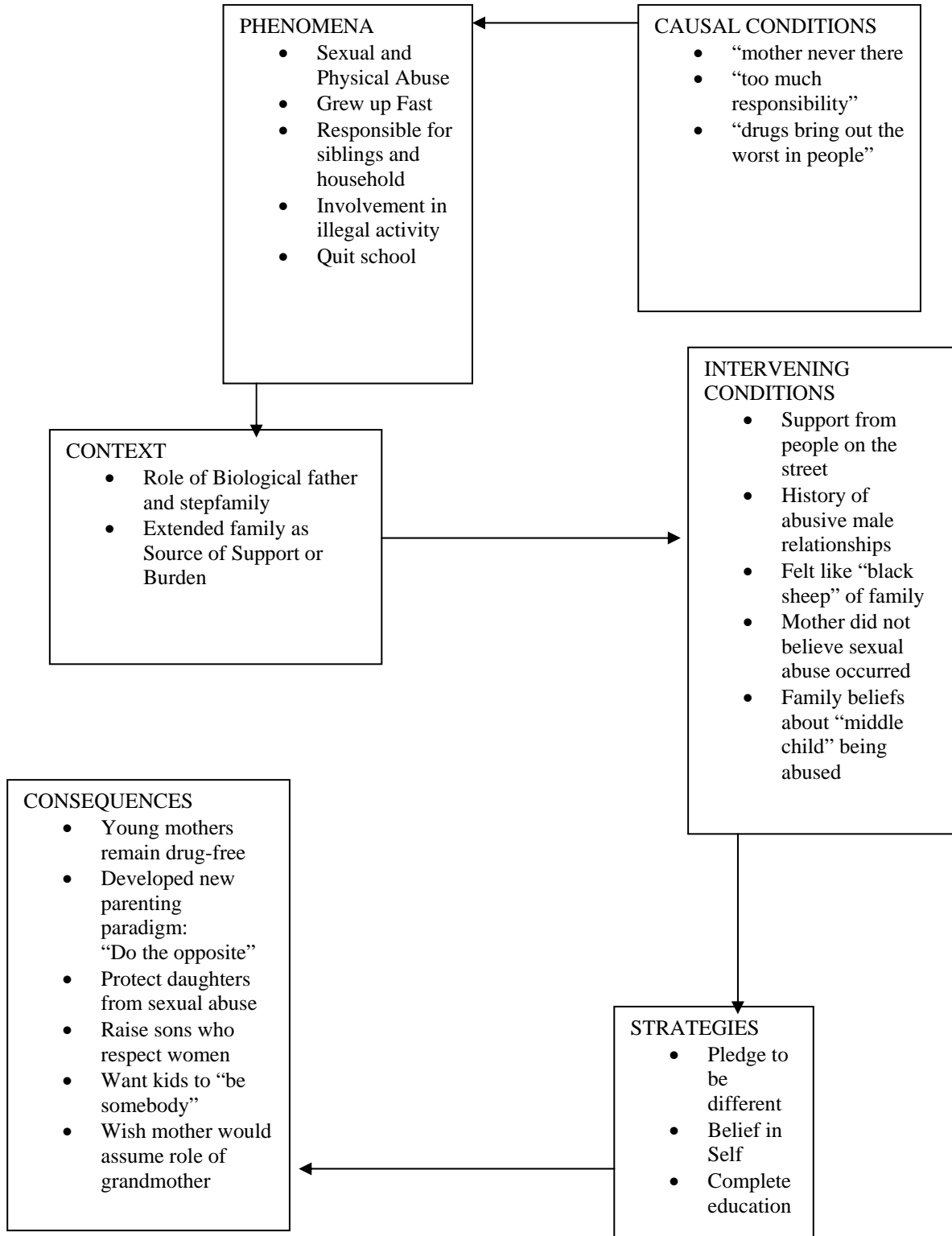
Grounded theory. The substantive grounded theory that has been generated in this study defines the impact of maternal drug abuse throughout the life span with introduction into motherhood as the opportunity for redefinition of a new parenting paradigm (see *Figure 2*). The theoretical model that emerged suggests the path that created the situation where the young mothers define a new parenting paradigm unlike what they experienced as children. Three types of causal conditions emerged from the data, which led to the emergence of a “different kind of mother” from the model the young mothers interviewed experienced. These causal conditions were: (a) mother never there, (b) too much responsibility placed on child, and (c) exposure to drugs. Causal conditions were conducive to an environment where mothers reported experiences of: (a) sexual and physical abuse, (b) growing up too fast, (c) responsibility for siblings and household, (d) involvement in illegal activity, and (e) having to quit school.

Strategies emerged as young mothers reared themselves in different contexts with biological fathers and extended families emerging as sources of strength or stress. In addition to context, there were intervening conditions that continue to impact how well the young mothers are managing daily stresses in their lives today. These intervening conditions include (a) support from people on the street, (b) the presence or recent history of abusive male relationships, (c) feelings that they were the “black sheep of the family,” (d) anger that their mothers did not believe sexual abuse occurred, and (e) family beliefs that the “middle child is always abused.” These conditions can be viewed as significant beliefs, emotions, and expectations of relationships that the young mothers hold, as they formulate a new life plan for themselves and their children.

These intervening conditions influence who these young mothers are today and what led to their strategies to discover a new parenting paradigm for themselves, which includes (a) a pledge to be a different kind of mother than what they experienced growing up, (b) a strong belief in themselves, and (c) the desire to complete their education. The consequences of the experience of maternal substance abuse include (a) the young mothers interviewed remain drug-free, (b) they are developing a new parenting paradigm which has a “do the opposite” of what they experienced growing up conceptualization, (c) mothers are vigilant about protecting their daughters from sexual abuse, (d) mothers want to raise sons who respect women and do not abuse them, (e) all possess the goal that their children “be somebody,” that is, finding their place in mainstream society, and (f)

the wish that their own mothers will assume the role in the next generation and “be a grandmother” to their children.

Figure 2. Substantive Theory of Path Leading to Creation of New Parenting Paradigm



Although the goals, wishes, and dreams expressed by the mothers for themselves are beyond admirable, theirs was a costly experience. Specific negative experiences were identified by the young mothers interviewed and support the theory presented in this study, underscoring how the influence of maternal substance abuse has qualities quite different from other adversities, which may coexist with this problem, producing effects which are particular to the experience of having grown up with a mother who actively uses substances, specifically crack cocaine.

The storyline which emerged illustrates that exposure to maternal drug abuse created a context where young daughters were not protected by their mothers, so they were at risk for sexual abuse; had too much responsibility placed upon them, and they assumed adult roles of managing the household. They were responsible for supervising siblings taking time from pursuing age appropriate activities of young children, and because of the illegal nature of illicit drug use, they were exposed to both illegal activities and to the criminal justice system at a young age.

Such exposure to maternal drug use robbed the young mothers interviewed of their childhoods. They had to grow up quickly and the model of their mothers served as guidance of the type of mother they did not want to become. They have adopted a “do the opposite” parenting paradigm as their model defines parenting as “being there” while protecting daughters from sexual abuse and raising sons who do not physically abuse women. By the same token, the mothers interviewed continue to feel an attachment to their mothers and have expectations that they will assume the role of grandmother. In the absence of their own lived experience of having a protective parenting model, the mothers interviewed are figuring what will work on their own. The belief that father involvement would have protected them from physical and sexual abuse contributes to their goal of providing a two-parent home, keeping them in abusive relationships to have a father present for their children. Much of their parenting style comes from taking the opposite position to what they experienced, which may have other negative outcomes.

Professionals will be helpful if they understand that these young mothers have many positive skills yet did not have early positive caregiving models themselves and may need support and guidance in becoming a “different kind of mother”. In addition, the power of good parenting as the magic bullet protective factor must not be overstated or oversimplified, because although these young mothers are raising their children without one significant risk factor, maternal drug abuse; the negative sequelae related to poverty continues to be present in the lives of the mothers interviewed. As parents from a variety of socioeconomic, and intergenerational family backgrounds will attest, raising children is a daunting task, even under the best circumstances and positive, protective parenting is a significant piece, but not the only ingredient required to raise physically and emotionally healthy children.

Limitations

The present study was exploratory and served as an investigation into an uninvestigated population of women who were raised by mothers who used drugs. The participants were limited to a group of mothers who sought parent-child programs with their children, so they may represent a particularly motivated group. The study was not intended to represent the experience of all daughters exposed to maternal substance

abuse, but rather to view the experience from a select group of young women who were participants in parenting programs. Since the study was only based on the perspectives of daughters, the results cannot be generalized to include sons or to include the broad category of children.

Recommendations for Future Research

These very informative interviews bring to light the experiences of a group of young mothers who are becoming parents. This study helps us to begin answering some questions, but also leads to the need for more inquiry into this population of young parents. Some areas of further inquiry may include:

1. A study, which seeks the sons' perspectives, would be a valuable follow up shedding light on the experiences of young fathers raised by mothers who used illicit drugs and what the impact has been on their lives.
2. More research is needed to understand the negative factors that contribute to raising young men who are abusive toward the women in their lives and to understand the relationship between a childhood history of maternal substance abuse and later relationship abuse.
3. A study that defines the coexistence of child sexual abuse and maternal substance abuse would shed light on the prevalence of the comorbidity in the context of neglect.
4. Effective parenting paradigms for raising children who can succeed in school and go on to higher education or legal employment needs to be further investigated, because current models may not have relevance for children in areas of high poverty.
5. The personal cost/benefit ratio to families of maintaining a two-parent family where there is domestic violence needs further study, as this concerning finding emerged in this study.
6. Follow-up studies on women who repeated the pattern of drug use and lost custody of their children would further understanding of the experience of the impact of maternal substance abuse on daughters who were less resilient.

Recommendations for Therapists

Responsibility for children is a central role for the women, as expressed in Kearney et al.'s (1994) work and in our findings in this study. The mothering role must be incorporated in any drug treatment programs. There is a need to develop interventions within substance abuse treatment programs that target the emotional well being of primary caretakers to maintain supportive, efficacious, and consistent patterns of parenting because most of these women retain responsibility for their minor children during treatment (Luthar et al., 2003).

Six out of the ten women interviewed for this study reported being sexually abused during their childhood. All six stated that they believed that they were unprotected by the

adults in whose care they were entrusted. Further study and prevention of child sexual abuse is needed because the adverse effects of such maltreatment have been well documented in the literature and expressed throughout this study. The findings of Bolger and Patterson (2003) attest to the crucial role of maltreatment in influencing children's development and underscore the need for effective interventions to promote positive parent/child relationships aimed at preventing child maltreatment.

Research has shown that when a sense of belonging and support are met by the neighborhood, the risk carried by the family is minimized, suggesting the need to connect youth to neighborhood support to improve family functioning (Gorman-Smith, Tolan, Zelli, & Huesman, 1996). In terms of helping families cope with the effects of community violence, the current state of research suggests three potential strategies for intervention: (a) strategies to reduce the occurrence of the violence itself, (b) working with families to protect children and help them cope with exposure to violence, and (c) designing effective treatment for those exposed to community violence (Gorman-Smith & Tolan, 2003).

In response to the need expressed by mothers to raise sons who respect women, researchers have shown that men who have reported loving and secure relationships with their parents were more sensitive and involved with their children than fathers with less positive memories (Cowan, Cohn, Cowan, & Pearson, 1996). Programs that combine a research component with an intervention designed to work with fathers and mothers to provide a paradigm for raising boys is needed.

Conclusions

Finally, the young mothers in this study represent a segment of our population who are trying to achieve the "best" for their children without a parenting model other than the guiding principle to "do the opposite" of what they experienced. Those interviewed have an underlying belief that they "knew mothers loved them." The pledge to themselves, "never be like them," is something several mothers interviewed credit as the only thing for which they are grateful to their mothers. Fears of sexual abuse for their daughters and hopes that their sons grow up to respect women are their primary parenting goals. The belief of the importance of father involvement continues from childhood, when they felt that their fathers would have protected them from sexual abuse, to adulthood when the young mothers contemplate remaining in an abusive relationship so "at least" their children have a father present. Many believe that "maybe it would have been different" had their father been there.

The mothers interviewed are very clear about what they want to avoid in raising their children, yet the path they wish to take is uncharted territory. Defining a parenting paradigm of raising children in areas of poverty with little paternal support and their own histories of childhood maltreatment is a challenge the mothers interviewed are facing. The research and clinical community needs to help define what will inoculate the new generation of children against the traumas their mothers endured.

The question remains, what to do now? We have had the opportunity to listen to these young mothers and must work to define a parenting paradigm so that their fears for their daughters do not materialize, that their hopes of raising respectful sons are realized,

and that their wishes that their children emerge as contributing members of society come to fruition.

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