

## Reflections of Native American Teen Mothers

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### ABSTRACT

**Objective:** To understand the previously lived experience of early childbearing among adult Native American women.

**Design:** A community-based participatory research approach.

**Setting:** The first interview took place at a mutually agreed-upon time and place and averaged 120 minutes. Second interviews were conducted 1 to 3 months later.

**Participants:** A convenience sample of 30 self-identified Native American adult women was recruited, and a semistructured interview explored their early childbearing experiences.

**Method:** An interpretive phenomenological study was conducted with a Northwestern tribe.

**Results:** All of the women in the study described stressful childhoods. Two primary themes were identified: Chaotic childhoods represented stressful events in youth that introduced or resulted in ongoing chaos in women's lives and diminished childhoods described early maturity as a result of assuming extensive responsibilities at a young age.

**Conclusions:** The findings suggest that the childhood experiences described by participants may be related to the risk for early childbearing. Prospective research should examine the relationship between young women's lives and early childbearing to design interventions to support them in postponing pregnancy and when they do become pregnant.

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Early childbearing (ECB), or having a child at age 18 or younger, is common among Native American populations. Although ECB birthrates have declined for the general population since 1991, the ECB birthrate for Native American women ages 15 to 19 rose 3% from 40.5 births per 1,000 in 2005 to 41.9 births per 1,000 live births in 2006 (Martin et al., 2009). It is important to note that childbearing outcomes for Native American adolescents have been aggregated with adult women, making it difficult to link outcomes specifically to maternal age within this population. Low income levels, low educational attainment, and membership in a marginalized group are all factors that place Native American women at risk for ECB (Elfenbein & Felice, 2003; Indian Health Service, 2001; Martin et al., 2005). Grossman et al. (2002) suggested health disparities between Native American and White infants are related to higher rates of poverty, lower levels of maternal education, and limited use of prenatal care, placing these women at risk for gestational hypertension (Martin, Hamilton, Ventura, Menacker, & Park, 2002), gestational diabetes,

macrosomic infants (LaVallie et al., 2003), fetal-alcohol spectrum disorder, preterm deliveries (Martin et al., 2002), sudden infant death syndrome (Randall, Krogh, Welty, Willinger, & Iyasu, 2001), low-birth-weight infants, and neonatal and postneonatal deaths (Grossman et al.).

Despite higher rates of ECB, little is known of Native women's experiences of motherhood at a young age or what factors influenced their becoming pregnant. The paucity of data may reflect difficulties of recruiting young women from this population into research studies (Center for Disease Control, 2001) or the challenges of sampling from a diverse population with more than 500 tribes speaking at least 200 languages (Center for Disease Control; Parker, Haldane, Keltner, Strickland, & Orme, 2002). Nonetheless, to provide best reproductive care for young Native American women, it is important to fully understand the issues of ECB, specifically what contextual factors in these women's lives might contribute to ECB. Understanding the experience of ECB among Native American women holds

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## The experiences of early childbearing among Native American women can influence future health needs of this often-vulnerable population.

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potential to influence health care of this often-vulnerable population.

### Background

Scholars have stressed the importance of understanding women's family backgrounds when studying ECB. Factors associated with a young woman's risk for ECB and repeat pregnancy include ethnic minority status (Crittenden, Boris, Rice, Taylor, & Olds, 2009; Hogan, Sun, & Cornwell, 2000; Manlove, Ikramullah, Mincieli, Holcombe, & Danish, 2009); being a daughter of an ECB mother (Manlove et al., 2009; Manlove, Terry, Gitelson, Papillo, & Russell, 2000; Meade, Kershaw, & Ickovics, 2008); lower socioeconomic status (Raneri & Wiemann, 2007); diminished parental involvement including supervision, support, and communication (Raneri & Wiemann; Velez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005); living with a single parent (Bonell et al., 2006; Manlove et al., 2009); and lower educational levels (Raneri & Wiemann; Scaramella, Conger, Simons, & Whitbeck, 1998).

One longitudinal study comprising White and Black ECB women revealed that young mothers with advantaged childhoods over time fared better (in terms of improved care giving practices and socioeconomic status) than those starting motherhood with disadvantaged childhoods and that the children of each group were similarly influenced (Smithbattle, 2007). These participants appeared to be enacting gendered roles with specific expectations inherited from each woman's respective sociocultural background. Findings from Smithbattle's (2007) study suggest that the stance from which women took up ECB determined a specific path in adulthood.

In a qualitative study by Williams and Vines (1999), seven first-time White mothers aged 13 to 20 reported histories of abuse and neglect that contributed to tenuous relationships with friends and family. Given their childhood circumstances and disintegration of subsequent relationships, these women undertook coping measures (e.g., denial, minimalization, and compartmentalization

of their pasts) to emotionally distance themselves from their experiences.

History of sexual abuse has also been attributed to an elevated risk for teen pregnancy. One study found a 36% prevalence rate of sexual abuse for women younger than age 18; of these, 26% became pregnant teens (Kenney, Reinholtz, & Angelini, 1997). Another study found that two thirds of adolescent mothers were sexually abused. Compared to their nonabused ECB peers, abused ECB women initiated sex earlier, were more likely to have used drugs or alcohol, and were less likely to use contraception (Boyer & Fine, 1992). Esperat and Esparza (1997) found that 44% of the Black and Mexican American ECB women revealed a history of sexual abuse, suggesting the prevalence of sexual abuse among ECB mothers may be higher in minority women.

Ivey's (1999) content analysis of interviews of four White and four Black ECB women found many revealed harsh home responsibilities (e.g., caring for siblings at a young age) starting between ages 10 and 12 as a central part of their childhood experience. Participants from this study felt that motherhood immediately conferred adult status. Such activities may imply limited life opportunities for some but could also be seen as the normative life progression for others. Burton's (1990) multigenerational work among urban African American ECB women posits that an alternative life course strategy of young motherhood fosters individual growth and family continuity. This creates a viable, culturally appropriate option in the face of shorter life expectancies and often-limited opportunities.

Although Smithbattle's (2000, 2006, 2007) work with urban non-Hispanic White and Black ECB women identified a woman's life background influences her ECB trajectory and caregiving practices, little is known of rural-dwelling ECB Native American women's childhood experiences. We do know that Native American women are at risk for poor childbearing outcomes and ECB; thus it is essential to understand their childhood experiences to explore potential strategies to change the ECB cycle and poor pregnancy outcomes. The purpose of this interpretive phenomenological study was to understand the previously lived experience of ECB among adult Native American women. The research question, "What are the ECB experiences of Native American women?" guided this qualitative study, with specific aims for understanding women's childhood contexts, obstacles and barriers, life trajectory, and role of their experience as Native

American women on their ECB experience. The results presented in this article represent one aspect regarding the context of women's lives in relationship to ECB. Additional findings are reported elsewhere (Palacios, 2008).

## Method

### Collaboration

Due to the consistent exploitation of Native American communities resulting in the loss of lives, privacy, economic viability, and trust in researchers (Manson, Garrouette, Goins, & Henderson, 2004; Norton & Manson, 1996), this collaborative study incorporated a philosophical orientation to community-based participatory research (CBPR). This type of research seeks to equalize power between the researcher and the researched (Minkler & Wallerstein, 2003). The researchers recognized the Tribal Nation's sovereignty through consistent communication and the endorsement of an appointed advising committee. Each step of the project, from proposal development to dissemination, was shared with the partnering Tribal Nation. Joint approval was received by the collaborating Tribal Nation and the primary author's institutional review board.

### Interpretive Phenomenology

Understanding an individual's lived experience of a phenomenon, including his or her background and life context, is consistent with Native American cultural practices that value recounting one's personal story. Husserlian phenomenology seeks to uncover the universal essence of a phenomenon (Dowling, 2004; Van Manen, 1990). However the search for such absolute, objective truth negates the rich variation of an individual's contextualized life. Interpretive hermeneutical phenomenology, in the Heideggerian tradition, recognizes the importance of what it means to be (Dasein; Being-In-The-World) a person, and the breadth of truths of a particular phenomenon given each person's lived experience (Leonard, 1994). These multiple truths reflect the space and time as one exists in the world (Heidegger, 1962; McConnell-Henry, Chapman, & Francis, 2009). Such truths also influence investigators' interpretations due to the diversity of their experiences. Thus, an investigator's understanding is approximate and forever changing, not static and simplified (Geanellos, 1998; Smythe, Ironside, Sims, Swenson, & Spence, 2008). Heideggerian phenomenology posits that a person's situation (including worldhood, concerns, self-interpretation, embodiment, and temporality) must be routinely considered to understand it fully (Benner, Tanner, & Chesla, 1996). Rather than a one-size-fits-all philosophical view of the world,

interpretive phenomenology values how an individual's background and life context affects his or her experience. Additionally, this method recognizes that the world into which the person is born will circumscribe possibilities and avenues in life (Benner & Wrubel, 1989; Leonard). Scholars have pointed out that living in the Native American world often involves poverty, low educational attainment (Indian Health Service, 2001), and high rates of substance use (Walters, Simoni, & Evans-Campbell, 2002). Thus, this method provides an opportunity to more fully understand the phenomenon of ECB within the context of the woman's life.

### Sample and Setting

Public flyers announcing the project were posted throughout a Northwestern U.S. reservation and two local newspapers. Adult women (age 18 and older) were recruited who self-identified as ECB Tribal Nation members and currently lived on the reservation. Potential participants contacted the investigator by a local telephone number, except in one case, where consent to be contacted was obtained through a community member. After initial screening, potential participants were read a copy of the consent form before they provided written consent. A final convenience sample of 30 women was enrolled. Data collection began in July 2007 and ended in April 2008. All women completed the first interview, which took place at a mutually agreed-upon time and place and averaged 120 minutes. Second interviews were conducted 1 to 3 months later. However, during this short time many women were unlocatable; only 8 women (27%) completed second interviews, and only 3 women (10%) completed a third interview. Participants received \$20 cash for each interview. Interviews were digitally voice recorded, transcribed verbatim, and checked for accuracy. Field notes and observations during the interviews were documented.

A semistructured interview guide was developed and piloted with urban Native American women prior to being adjusted and used with this study's participants. Each interview began with the open-ended invitation, "Tell me what was going on when you became pregnant," to elicit a starting point for the woman to describe her experience. Probes, such as, "Can you share a memory of what you did when you suspected you were pregnant?" were employed to identify specific memories. Data were collected until redundancy across the interviews was noted.

### Interpretive Hermeneutical Analysis

Interpretive phenomenology follows an iterative, recursive process, where analysis and interpretation

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**Women described growing up in a context that often catapulted them into adult roles, despite their young chronological ages.**

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is ongoing with data collection. Emerging interpretation informs future data collection. Open ended questions were used to elicit memories of events, activities, and feelings, whereas probing questions confirmed the interviewer's perception of what was being shared; in this way a dialogue was created that led to further understanding of the women's ECB experience. All interviews, field notes, and interpretive memos were transcribed and imported into a qualitative software program that aids coding, organization, interpretation, and thematic analysis. Repeated readings of the interviews and interpretive memos were employed to determine meanings (Benner, 1994). Codes were developed by moving back and forth between portions of each interview looking for distinctions and similarities, in effect engaging in the hermeneutic circle to uncover ideas and meanings of an experience. Instances of intense concern or complex meanings comprised paradigm cases. Exemplars, or specific examples from the text, were drawn to illustrate similarities and contrasts. Paradigm cases and exemplars offered the researcher an opportunity to engage in the woman's world, moving closer to the reality of her lived experience.

### Trustworthiness

The study drew upon strategies described by Polit and Beck (2007) to enhance the credibility of the study. To help process and recognize biases, the primary investigator kept a reflexive journal to document her fore-structure of understanding, including her cultural background as a Native American woman and her experience as the eldest child of a young mother. Additionally the findings were validated through member checking with women who participated in the study. Peer examination by members of the University research community added to the study's rigor.

As the women in the study described their experience of ECB, they often reflected on their own childhoods and how these childhoods shaped their lives. As the study continued, the interpretative analysis suggested these experiences were a temporal factor related to ECB. Subsequent interviews began to probe these factors more deeply to understand the contextual background of the women's experiences with ECB. This article specifically describes

their their lived childhood experiences and how these related to ECB. The findings are presented thematically with supporting exemplars. The women's names are pseudonyms; all identifiable information was changed to protect confidentiality.

## Results

The average age of ECB was 16 ( $SD = 1.38$ ) and ranged from 14 to 18 years old. Most women ( $n = 28$ ; 94%) completed high school or obtained their General Equivalency Diploma (GED). The mean age at the time of the first interview was 35.5 years old (range = 20-65;  $SD = 12.03$  years). Most lived in a household of three to six people ( $n = 20$ ; 67%) and reported an annual household income of \$40,000 or less ( $n = 23$ ; 76%).

### Chaotic Childhoods: "That was how life was supposed to be."

This theme was characterized by events such as death, divorce, parental substance use, neglect, and abuse that introduced and/or maintained chaos in women's lives as children. Many described their own substance use and risky sexual behaviors.

### Death, Divorce, and Parental Substance Use

Disruptions in family life were often characterized by traumatic childhood experiences and best summarized as a time filled with, "a lot of confusion." Often, the culmination of death, divorce, and parental substance use contributed to a feeling of needing escape: to leave the family and reservation to "go to a boarding school elsewhere" far from home or become a "wild child" engaging in risky behaviors.

Loss of a loved family member was particularly troubling. Reyna, who became pregnant at 16, witnessed her father's death and her mother's imprisonment related to alcohol use.

... my mom went to prison for a while and my grandma took care of us. And we were in foster homes. My dad died in front of me, over alcohol. And I look at the past and I know I was nothing like them. When I was younger I always told myself that I would never be an alcoholic. It just leads you in the wrong direction and puts you in places that you don't want to be put in.

Reyna reflected how her parents' substance use resulted in emotionally draining consequences. Although she

eventually rejected alcohol and her parents' lifestyles, she tried to escape through similar activities by staying out late with her friends, "drinking and driving," and not returning home for days at a time in an attempt to "get away from everything." Perhaps this was a coping mechanism to avoid family members and to manage the chaos in her life.

Similarly, Paloma sought to leave the reservation for a boarding school (where she became pregnant at age 16) in an attempt to control her life's events following the divorce of her parents and violence at the hands of her father. Praising her mother for leaving her father, Paloma described her father as a real "butthead" and claimed he "would be put in jail for the things he did physically and emotionally" to the kids. Paloma felt she had "no connection whatsoever" with her family and opted to go to a boarding school.

Paloma and Reyna conveyed a sense of needing to escape and distancing themselves (spatially) from the disorder in their lives. For Reyna, staying out late with friends and returning home every few days occupied her time, keeping her from thinking of those events as well as the reality she lived with in a home without her parents.

### Neglect

Women characterized neglect in two ways: lack of supervision and inconsistent family life. Lack of supervision ranged from both parents being absent for days to weeks at a time (sometimes due to alcohol binges), to single-parent mothers working double shifts. Inconsistent family lives were described as being jostled from place to place including foster families, juvenile detention homes, and other family member's homes.

Marisol, who identified herself as a "wild child," began alcohol and drug use at age 13 and by 16 had a police record reflecting her illegal activities.

My mom was a raging alcoholic and abandoned me when I was 5 months old, and my dad, I had never met him until I was 12 years old. And my grandparents took me in. But then [my grandfather] had a stroke when I was 6, so I had to go live with a foster family. And I lived there till I was 12 . . . [And later] . . . I was living in foster care on the other side of the reservation with these church people who made me wear dresses down to here [gestures to her calf], no tv, no makeup. They were strict, strict, strict . . . They weren't state

foster, but . . . my grandma had met this lady in the post office or something, and they had 10 kids, but all of her kids were grown. But they were mean, I mean we were their slaves! You know, they use to beat us. Beat us. You know, "spare the rod, love the child," that term in the Bible, they took that literally. My sister, she freaked out when she was like 15 and came back to the town were we're from. But I stayed there, because I was brainwashed, because I thought that was how life was supposed to be, until I was about 12 1/2 and then I was like, I'd had enough. I was like "No, I'm not going to bend over that chair and let you hit my ass. Sorry, not doing it."

Inconsistent family life, in a short span of time, marked by continuous shuffling and unstable security had Marisol bouncing between residences and detention centers. Evading her foster family's attempts to retrieve her, Marisol moved in with her mother and quickly acquired a juvenile record:

When the summer ended, I was supposed to go back there, and [the foster parents] came to get me, but I freaked out and ran away, I didn't want to go back. They let me stay in the town with my mother, and that's where I just went wild. Just because I had been so contained for so long. Once I was free, I was free, free. I was drinking alcohol and smoking pot . . . And I ended up dating a guy that was 18, and he's actually the one who got me into crank [methamphetamine] when I was 15.

In her case, little family consistency, traumatic psychological and physical abuse from foster care, and limited supervision culminated in early drug use.

### Abuse

Many of the women described becoming pregnant as the result of sexual, physical, and/or psychological abuse. Often, abuse resulted in "freaking out" or not "knowing how to deal with it." Many turned to substance use to cope. At the age of 16, Lily became pregnant during a weekend pass from reform school after meeting some friends and partying. Having previously experienced physical, psychological, and sexual abuse from her adopted and biological families, Lily was angry. Lily disclosed her anger as she briefly described her placement into adoption where she was maltreated and subsequently returned to her biological family:

I was adopted, and me and my sister were adopted. So I didn't really know where and I

didn't know who to turn to and who to trust . . . I was on my own basically . . . I was mad when I came back from adoption. 'Cuz I was molested and pretty much raped all through that period and then when I came back I was mad at the world and I wanted somebody to pay for what had been done to me.

A few months after her daughter's birth, Lily was raped by a relative and consequently bore a second child. Lily's attempts to confide in her mother did not help.

I tried to tell my mom, but she slapped me across the face and called me a slut . . . And I partied quite a bit after the whole thing, and no one understood, lot of people didn't know, my older sister, we were adopted together, she was my savior, my best friend, she still is, but, I'd tell her stuff, but she was busy with her own life. So it was pretty much deal with it, and I didn't know how to deal with it, so I drank a lot. And got into smoking weed, you name it I got into it. I got a juvenile record.

Neither Lily's sister nor mother were able to provide comfort in her destitution, so her only option was self-medication by alcohol and drugs.

The women in this study embodied their chaotic childhood in a variety of ways. Leaving home for boarding school, staying out with friends, and initiating substance use and sexual activity seemed to be strategies for coping. Physically displacing themselves from the situation seemed to be an attempt to set the traumatic events aside. Similarly, using substances mentally distanced the women from pain. Initiating early sexual relationships may have been a means to create stability.

Women's stories often reflected what coping strategies were available for them given their circumstances. In the absence of responsible adults, who could be trusted? Typically childhoods were described in terms that conveyed a sense of loss. At times women described an existence that was neither childhood nor adulthood but some difficult place in between.

### **Diminished Childhoods: "It was just what we had to do."**

The women's chaotic childhoods may have prompted an accelerated maturity. This theme is characterized by stories of growing up fast and engaging the world as quickly maturing youth. The

women's stories demonstrated how they matured developmentally, socially, psychologically, and emotionally beyond their chronological ages. They cared for and parented younger siblings, managed households, worked out of the home to help provide for their families, socialized with older adolescents and younger adults, balanced education demands with familial obligations, and gained a worldly wisdom that they used to their advantage. Aleah, who bore four children between 15 and 18 years of age, succinctly summarized her experiences, "By the time I was 13, I was old."

Brooke, pregnant at age 16, took care of her siblings and the household while her single mother worked double shifts to support their family.

I think I was already grown up . . . And since I was the oldest I had most of the responsibility for caring for my younger brother and sister. So I think I was already a parent before I became one. I don't know, I think that I was ready . . . I was 16 when I got pregnant and I was 17 when I had my baby. But I do not think it was negative . . . It was important though. It was not like a big chore for me. It was really empowering I guess because I was young enough or old enough to do that. Old enough for her to trust me to do that. So I did not really resent it. It was just what we had to do.

Similarly, Mia, who became a mother at 16 and cared for her siblings since age 9, said she "did not know how to be a kid." Leslie, a babysitter from age 10 and mother at 15, drew a similar comparison, stating she took care of her siblings because she "knew instinctively it had to be done."

After facing psychological, emotional, and physical abuse from her stepfather, who was eventually imprisoned, Jeneya, as a preteen, became the primary caretaker of her younger siblings while her mother worked double shifts. Before becoming pregnant at age 16, she shared that her mother "was basically like a stranger" because of her absence due to work:

Except for the once in a while day off that she got, where she was running around trying to pay bills and take care of this and that. And the whole thing about me and my brothers and sisters is that we pretty much became a self-contained little family, with someone just bringing in groceries. We just knew that there were certain times we had to be quiet so that mom could sleep. She'd get up and eat what-

ever we fixed her and then go off to work. She was just like a tenant that we saw who provided the food and paid the bills. So when my brothers wanted to join sports, they could never catch mom. So I started signing their permission slips. I'd forge my mom's name for whatever was going on. If the kids needed money for a game or an away game, I'd tell mom that I needed milk for my daughter, and she would give me money, I would give money to the kids. There were never any questions asked.

Like other women in this study, Jeneya's accelerated maturity through her mothering role became central to her experience. Understanding her family's predicament, her mother's workload and respite needs, she skillfully orchestrated signing permission slips and found periodic supplies of money to fund school activities and outings. Her decisions and actions were not in defiance of her mother but rather adept skills she acquired in managing the household.

Women described growing up in a context that often catapulted them into adult roles, despite their young chronological age. The theme of diminished childhoods evokes a sense of an eclipsed youth. At one end of their experience they were children, physically inhabiting a young body and treated by the world as a child. On the other end of their accumulated experience, they existed as mature beings, guided by concerns and their embodied knowledge of their situations. Through space and time, these women walked not just one linear path, but multiple paths oscillating between childhood, adolescence, and adulthood.

## Discussion

Representations and stereotypes in the literature suggest that ECB women are bad, promiscuous, and are cutting off their future opportunities (Hayes, 1987; Maynard, 1997). Academically, most of the women in this study returned to high school or obtained their GEDs after having their babies, which may reflect higher regard for education than what is typically attributed to young mothers. This may also reflect accessible incentives from the Tribe to complete their educations.

Health care scientists have identified familial, environmental, and sociocultural contexts that may precondition adolescents to initiate sexual activity (Levitt, Selman, & Richmond, 1991). Williams & Vines (1999) suggested that women's tumultuous

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childhoods contribute to poor relationships with family and friends, leaving young women isolated from support. As a way of coping with emotional distress, women minimized their experiences. Many women in this study lacked support systems and experienced psychological, physical, emotional, and sexual assaults that may have set them upon a course destined for ECB.

Increasingly, the link between childhood sexual abuse and ECB is being investigated. Due to self-report and taboos, the precise incidence of childhood sexual abuse may never be known. However, studies have found through self-report instruments that between 20% and 36% of ECB women were sexually abused as children (Harner, 2005; Kenney et al., 1997). Other researchers found that ECB women who revealed a history of sexual abuse had poorer self-concept, self-esteem, body comfort, sexual acceptance, peer security, family rapport, academic confidence, social conformity, scholastic achievement, and school attendance compared with nonabused ECB women (Esperat & Esparza, 1997). Erdmans and Black (2008) found that sexually abused ECB women internalized their abuse, which was expressed as risky behaviors (e.g., delinquency, substance use, truancy, and sexual activities) and likely contributed to their becoming "existentially fatigued." Many of the women in this study faced traumatic childhood events, including sexual abuse, and perhaps coped with stress by engaging in risky behaviors. Often, these women did not consider themselves to be children but indicated that they felt mature at a young age.

Unlike Ivey's (1999) study participants who often felt motherhood conferred immediate adult status despite their young age (between 10 and 12), women in this study identified as adults before becoming young mothers. It is unclear if the level of responsibility greatly differed between these populations or if the difference may be linked to sociocultural influences situating these two populations of women.

General health among Native American women has been proposed to be affected by historical effects and ongoing marginalization (Palacios & Portillo, 2009) that may manifest as elevated substance

use rates, violence, suicide, and abuse (Brave Heart, 2003). Several theorists posit that past traumatic events negatively affect the health and coping of each generation, cumulatively creating an intergenerational cycle of historical trauma (Brave Heart, 1999, 2003; Brave Heart & DeBruyn, 1998; Palacios & Portillo). For Native Americans historically traumatic events include but are not limited to loss of land, population decimation, prohibition from practicing cultural and religious beliefs, and sterilization campaigns. The women in this study, by virtue of being born and growing up Native American, entered the world already situated within a finite life course: a concept known as "thrownness" in phenomenological terms (Leonard, 1994). Thrown into living life on a reservation, the normalcy of risky behaviors may reflect a common route for coping.

### Implications for Nursing and Research

These findings demonstrate a need to work with young women in the context of their lives. Future collaborative research should investigate adolescent ECB experiences prospectively as they relate to risk for ECB and to develop strategies with them to support their needs and delay childbearing. Adverse childhood experiences (including abuse and neglect) have been linked to early adolescent alcohol use (Dube et al., 2006), early illicit drug use initiation and long-term addiction (Dube et al., 2003), higher adult risk for attempted suicide (Dube et al., 2001), increased use of prescription drugs (Anda, Brown, Felitti, Dube, & Giles, 2008), chronic obstructive pulmonary disease (Anda, Brown, Dube et al., 2008), and long-term depressive disorders (Chapman et al., 2004). Due to the high rate of sexual abuse and long-term sequelae, many investigators strongly encourage clinicians to ask patients about sexual exploitation (Seng, Sperlich, & Low, 2008; Edwards, Dube, Felitti, & Anda, 2007). The findings from this study reinforce this recommendation.

Including the woman's trusted family members, partners, and community members will enable care from a more holistic perspective. Nurses are uniquely positioned in school settings, clinics, and hospitals to identify potentially traumatic events that put Native American women at risk for ECB. Along with directly asking young women if they have been sexually assaulted, clinicians may also ask, "What are the greatest challenges you have faced and how did you meet them?" Discerning these risks while educating about contraception and referring for resources (e.g., counseling), may

postpone childbearing by drawing on women's perceived strengths. Certainly, education was valued among these women, and further study is needed into factors that contributed to their educational success. Additionally, familiarization with the social and historical context of their lives is a step closer in understanding these women's childhood contexts and life trajectories. Recognizing childhood experiences as forces potentially pressing women into early maturity may help build trust between patient and clinician. Finally, acknowledging young women's position on the cusp of adolescence and adulthood and fostering their continued responsibility may raise their self esteem, efficacy, and use of personal power to control certain aspects of their lives.

### Limitations

This study was limited to a convenience sample of rural Native American women from one reservation who were adults reflecting on their past ECB experiences. The ability to transfer the results of this study is limited. It is important to recognize that as there are cultural and language differences among Native American tribes, and there are important distinctions among women sharing the same Native American background. This study relied upon self-identification of Native American heritage for inclusion eligibility. Per Tribal community advisement, documentation proving women's tribal identity was not required because of past historical policies aimed at eliminating Native American people and complicated tribal enrollment issues. Women who self-selected to participate may have different educational accomplishments and be at different developmental and emotional stages in their lives than ECB women who chose not to participate. Finally, participant attrition between interviews decreased opportunities for subsequent interviews resulting in minimal member checking.

### Conclusion

Collectively, women's diminished and chaotic childhoods contributed to their engaging the world as adults. Risky behaviors appeared to be one point of entry into the adult world for the women in this study. Women who felt they became adults quickly spoke of burden and stress in their childhoods. From a young age, their life situations meant few doors of possibility opened to them. Understanding these women's experiences is a strong basis for promoting change with at-risk youth who are likewise corralled in similar life trajectories.

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