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THE EXPERIENCE OF CHILD ABUSE OF TEENAGE MOTHERS AND THEIR CAREGIVING REPRESENTATIONS

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Summary. Teenage motherhood is often an indirect effect of abusive experiences of young mother in her childhood and a risk factor for less optimal development of the mother-child relation. The quality of maternal caregiving representations plays a significant role in the development of both, mother-child relation and child attachment quality. In the present study I asked the question to what extent the early age of childbirth of mother is also linked to the quality of maternal caregiving representation.
Two groups of preschool children's mothers were compared in terms of the frequency of their childhood abusive experiences and their caregiving representations (trust, helplessness & and attempt to control, distancing in caregiving relation). Mothers who gave birth under the age of 18 years ($N = 34$) reported more experiences of emotional, physical, sexual abuse and negligence and demonstrated a lower level of trust in caregiving relation and a higher level of helplessness and attempts to control as compared to those who gave birth at the age of 25 or later ($N = 36$). To establish predictors of the caregiving representations quality, the stepwise linear regression analysis was performed. The sum of abusive experiences in childhood and the age of the child were main predictors of the caregiving representations quality. The age of childbirth was a significant (but the weakest) predictor only in the case of helplessness and attempts to control in caregiving relation. The results and limitations of the study were discussed and the directions for further research were indicated.
Key words: teenage motherhood, caregiving representation, childhood abuse, childhood negligence.

Introduction

The aim of the study is to highlight the links between caregiving representation and experience of interpersonal abuse in premature mothers. Using the term 'premature', I mean the motherhood of teenage girls which can be regarded as a developmentally unpunctual event (Brzezińska, 2003). In most cases, at least in the Western societies, when a teenager becomes a mother it is neither her conscious

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decision, nor it results from a steady and mature relationship. For this reason the teenage motherhood is mentioned as a risk factor for some adverse outcomes and a social phenomenon requiring prevention.

Teenage motherhood – the causes and the consequences

In Poland the general number of deliveries by teenagers has steadily and visibly declined since 1970 (a decrease of 63%), however, in the group of women aged 16 or less such a difference has not been observed. On the contrary to that long-lasting demographic trend, between 2002-2010 the fertility of 15, 16 and 17 years old women has increased by 63%, 48% and 16%, respectively (Szukalski, 2011). Thus, the lower age of teenage women, the bigger fertility increment.

There are several factors mentioned as the most common causes of premature motherhood: insufficient sexual education, early age of the sexual initiation (Izdebski, Niemiec, Wąż, 2011) as well as social deprivation (McDermott, Graham, 2005) and experience of interpersonal violence (Leiderman, Almo, 2001; Noll, Trickett, Putnam, 2003). For example, Hillis et al. (2004) identified several factors predicting teenage pregnancy: physical abuse, sexual abuse, emotional abuse, abuse between adult partners at home, living with an adult addicted to alcohol or drugs, living with a mentally ill adult or somebody with a criminal history, divorce or separation of parents. It is noteworthy that even the presence of just one of these factors caused the increased risk of teenage pregnancy by 5%, and each additional experience multiplied the rate of pregnancies so that it went up to 56 % among those who reported all or nearly all of them. Also Polish studies on small populations of teenage mothers, show the presence of similar problems in their families of origin e.g. parental alcoholism, unstable personal situation, domestic violence, lack of firm bonds, deprivation of emotional needs and neglect (Kościelska, 1998).

On the other hand, researchers indicate a lot of possible prospective negative consequences of teenage motherhood for both mothers and their children:

1. Socioeconomic low outcomes including: interruption in studying which results in a lower level of education, difficulties in the course of career development, lower income and economic problems (Olausson et al., 2001; Bidzan, 2007; Assini-Meytin, Green, 2015).
2. Physical health problems associated with childbirth such as low birth weight, higher risk of perinatal death (applying to the child and mother alike); a higher risk of infection with sexually transmitted diseases (Hillis et al., 2004; Bidzan, 2007; Chazan et al., 2007). The pregnancies of very young women are considered high risk pregnancies because of immaturity of the uterus and more frequent complications (Dębski, 1997).
3. Future physical and mental health problems of mothers. In their adulthood they assess their general health, physical functioning and vitality as poorer and report more bodily pain as well as emotional and social troubles when compared with their peers (Patel, Sen, 2012). They also experience a higher rate of depression than older mothers (Long, 2009).
4. Children's impaired developmental outcomes in comparison with their peers born by older mothers, such as: lower cognitive and language development (Keown, Woodward, Field, 2001; Lodise, 2008), higher risk of pervasive developmental disorder (Lampi et al., 2013), child conduct problems (Christ et al., 1990),

depressive symptoms in adolescence (Mescall, 2015), criminal convictions, poor academic performance, and substance-related problems (Coyne et al., 2013).

5. Inadequate, unattuned mother – child relation, which can be followed by serious consequences for child development. Research conducted in the 1980s showed that teenagers at their first childbirth were more likely to physically punish their children, maltreat and neglect them that older mothers (Zuravin, 1988). Adolescent mothers had also less knowledge of child development and less mature expectations of their maternal role, they were more controlling and communicated in a more nonverbal manner with their children in comparison with older mothers who were more reciprocal and stimulating in interactions with their infants (Fry, 1985). Young adolescent mothers were also less sensitive to infants' signals or needs (Mercer, 1980).

Further and more specific studies on quality of adolescent parenting and mother – child relation have yielded ambiguous results. For example, Ávila with contributors (2004) revealed that adolescent mothers had secure relations with their infants, characterized by sensitivity, responsiveness, firm communication and adequate context for environment exploration. In addition, the research on 18-month-old infants attachment classification (assessed by Strange Situation) conducted by Andreozzi with contributors (2002) showed no difference between infants of adolescent and nonadolescent mothers. However, these results are inconsistent with previous meta-analysis conducted by van IJzendoorn, Schuengel and Bakermans-Kranenburg (1999) who indicated elevated rate of disorganized attachment (23%) in comparison with standard distribution. For that reason adolescent motherhood is deemed as a risk factor for disorganized attachment of infants (Madigan, Moran, Pederson, 2006). There is also an evidence that teenage mothers themselves have higher rates of insecure attachment style compared to older women (Figueiredo et al., 2006). Adolescent mothers in comparison with adult mothers demonstrate the higher percentage of overcontrolling, intrusive and insensitive behaviors which can lead to the greater risk of physical abuse (Paquette et al., 2001); they use less mind-related comments when interacting with their children (Demers et al., 2010) and tend to be harsher (Lee, 2009). The research conducted with video-recording of interaction between mothers and their 3-month-old babies have shown that adolescent mothers spend more time in negative engagement and are less involved in a play with their infants than adult mothers. Moreover, teenage mother – infant dyads demonstrate higher duration of negative matches and lower duration of positive matches in interaction (Riva Crugnola et al., 2014). To sum up, the majority of researchers underline disadvantageous effects of such a young motherhood for caregiving capacity and establishing a safe mother – infant relation.

However, many researchers point out that the young age of childbirth usually interferes with other risk factors (economic, social and psychological) causing confounded, illusive correlations. As Vandenbelt, Luster and Bates (2001) concluded, adolescent mothers seem to be non-homogenous group, strongly diversified as regards caregiving behaviors. Thus, it should be emphasized that it is not just the mother's young age which contributes to the developmental risk of poorer mother's

and child's mental health. "Rather, both the combination of risks, such as poverty, domestic violence, dysfunctional family relationships, or a psychiatric disorder, all of which predispose to adolescent pregnancy, as well as the strains of parenthood during the mother's own developmental stage add to the psychosocial risks of children of teenage mothers" (Dahmen et al., 2013, p. 407).

The quality of mother – child relation is a very special issue in this context. According to the attachment theory, unresolved loss and trauma may diminish mother's emotional availability, sensitivity and responsiveness to child's signals which can influence the development of infant's insecure attachment and decrease their adaptability. It is quite well documented that insecure attachment of parents and their caregiving helplessness is correlated with insecure attachment patterns of their infants (Main, Hesse, 1990; Hesse, Main, 1999; Solomon, George, 2011; Berthelot et al., 2015). The mother's caregiving representation is probably the main factor involved in that process (George, Solomon, 1996; Solomon, George, 2011).

The mental representation of caregiving

According to attachment theory, there are two main complementary behavioral control systems involved in the parent-child relation: the attachment system (activated in the infant) and the caregiving system (activated in the parent). Both of them serve a common goal, which is maintaining the proximity and security of the child (Bowlby, 1969; George, Solomon, 1996). They are closely connected with each other and internally guided by cognitive structures called working models or representations of attachment/caregiving (Bowlby, 1969; George, Solomon, 2008).

According to George and Solomon (2008), the caregiving representation captures adult's reconstruction of the experiences with the child in intersection with memories of their own attachment history. It is specific to the child and it influences behavioral or emotional reactions to an infant. The caregiving representation is reflected in parents' appraisal of their relation with the child. Similarly to working model of attachment, it can be described as composed of declarative knowledge (content) and procedural knowledge (proceses) (Hawkins et al., 2015). The content of caregiving mental representation covers (George, Solomon, 1989):

- representation of self – oneself as a caregiver, with self-assessment from at least three perspectives; readiness to respond to the child's needs, ability to read and understand the child's signals, and effectiveness in providing care to the child;
- representation of the other – i.e. the child as the object of caregiving and protection, with evaluation regarding the need of and deserving care and protection, the ability to clearly signal one's own needs, and the readiness to respond to/accept the care that is provided;
- representation of the caregiver-child relationship, which ideally entails perceiving the relation as involving two autonomous individuals.

The procedural aspect of the caregiving representation refers to the way in which the caregiver processes the information on the relationship with the child, and to what extent that process activates internal defences which lead to exclusion or distortion of certain information and emotional experiences. The flexibility

of caregiving representation seems to be its most important quality that underlies the infant security: "Representational flexibility would be expected to contribute to integration and balance, thus maintain caregiving homeostasis. Optimally, these processes enable sensitivity, and they fortify the parent's commitment to the child with feelings of competence and joy" (George, Solomon, 2008, p. 839).

Table 1. Theoretical correspondence between parental state of mind with regard to attachment (diagnosed with Adult Attachment Interview), caregiving representation (diagnosed with Caregiving Interview) and child's attachment pattern (diagnosed with Strange Situation)

Mother's state of mind with respect to attachment	Mother's caregiving representation	Pattern of child's attachment
Secure – freely autonomous	Secure base	Secure
Insecure – dismising/ detached	Rejecting	Insecure – avoidant
Insecure – preoccupied – enmeshed	Uncertain	Insecure – resistant
Unresolved	Helpless	Disorganized

It can be assumed that the caregiving representation plays a major role in the intergenerational attachment transmission described by van IJzendoorn (1995) in his huge meta-analysis study. George and Solomon (1989, 1996, 2008) stated that parents' representations of caregiving are rooted in the working models of attachment. By influencing parental responsiveness to infants' signals and sensitivity to their mental states, caregiving representations have an impact on the child's attachment development (van IJzendoorn, 1995; Sette, Coppola, Cassibba, 2015; Verhage et al., 2016). George and Solomon (1996) empirically confirmed the consistency between the representations of parents' care diagnosed with *Caregiving Interview*, their internal working models of attachment examined with *Adult Attachment Interview* (Main, Kaplan, Cassidy, 1985), and the classification of their children within the *Strange Situation* procedure (Ainsworth et al., 1978; see Table 1). It is therefore likely that traumatic experiences (abuse, negligence) constitute a significant factor in shaping caregiving representations underlying infant insecurity.

From the developmental perspective, caregiving representations become stable during adolescence, when young people ask themselves questions on their potential future parenthood (Solomon, George, 1996; George, Solomon, 2008). The final stage of the development of caregiving representations comes at the time of transition to parenthood, when the images of the relation with children become real. In teenage mothers those stages overlap and the need to meet real life obligations regarding caregiving to their children seems to be a major challenge.

Aim of the study

The present study has been designed to answer the following questions:

1. Do teenage mothers differ from adult mothers with regard to the frequency of childhood abusive experiences and the caregiving representation?
2. Are the dimensions of caregiving representation related with the frequency of childhood abusive experiences?
3. Does the age of childbirth moderate the associations between childhood abusive experiences and caregiving representations?

I expected that when compared to their counterparts who gave birth after 25, women who gave birth as teenagers would report significantly more harmful experiences. I also expected that caregiving representations in teenage mothers – as compared to adult mothers – would indicate a lower level of trust in the caregiving relation, as well as a higher level of rejection, insecurity and helplessness in the caregiving relation. Moreover, consistently with the assumptions of the attachment theory and reports obtained from the research (Solomon, George, 2011), I expected that the more harmful experiences women reported, the less supportive their caregiving representations would be for the infant secure attachment regardless of the age of childbirth. Consequently, the level of trust in caregiving relation would be lower while the indicators of helplessness, uncertainty and rejection would be higher. Ultimately, I expected that the age of childbirth would moderate the relation between the frequency of abusive experiences and the caregiving representations. I expected that caregiving representations of teenage mothers would be more sensitive to disadvantageous effects of childhood harmful experiences. Mothers who experienced childhood abuse and gave birth in their teens may not have had access to adequate psychological and social resources to compensate deficiencies resulting from their early childhood relations over the course of their lives, as opposed to older mothers. Therefore, I expected that the relation between childhood harmful experiences would be stronger in teenage mothers in comparison with adult ones.

Method

Sample[1]

The study was conducted among mothers of preschool children (their first children were between 2-6 years). There were two groups of participants:

1) 'teenage mothers' (an criterion group, *N* = 34) – women who gave birth to their first children at the age between 15-17 (*M* = 16,50; *SD* = 0,75). At the time of the study the main age was 20,50 (*SD* = 1,48);

[1] The data collected by Agnieszka Nowak-Zamołojko (2014) as a part of her MA thesis were partially used in this study.

2) 'adult mothers'[2] (a control group, $N = 36$) – women who gave birth to their first children at the age of 25 or later ($M = 28,20$; $SD = 2,75$). The average age at the time of the study was 33 years ($SD = 3,24$).

Table 2. Sociodemographic characteristics of 'teenage mothers' group and 'adult mothers' group with chi-square values ($N = 70$)

Variables		'Teenage mothers'	'Adult mothers'
		n (%)	*n* (%)
Education	Primary	7 (20,6)	1 (2,8)
	Vocational	8 (23,5)	3 (8,3)
	Secondary	4 (11,8)	6 (16,7)
$\chi^2 (4) = 48,20$***	Higher	–	26 (72,2)
	Still learning	15 (44,1)	–
Place of residence	Village	3 (9)	13 (36)
	Town up to 50 thousand	12 (35)	5 (14)
$\chi^2 (2) = 9,10$*	Town above 50 thousand	19 (56)	18 (60)
Relationship status	Single	6 (18)	3 (8)
	Have partner (child's father)	20 (59)	33 (92)
$\chi^2 (2) = 12,10$**	Have partner (other)	8 (23)	–
Housing conditions	Very good	1 (3)	9 (25)
	Good	13 (38)	19 (53)
$\chi^2 (3) = 13,05$**	Average	15 (44)	7 (19)
	Poor	5 (15)	1 (3)

*$p < 0,05$; **$p < 0,01$; ***$p < 0,001$

Other demographic characteristics of both groups are shown in Table 2. There are some differences between the level of education in two groups: women who gave birth later in their lives are better educated in comparison with the 'teenage mothers' group. It is a reasonable result: at the moment of the study 44% of participants from the 'teenage mothers' group have still been continuing their education. However, quite a big part of that group finished their education at earlier stage (primary or vocational school) which is consistent with results of other research on

[2] The terms ,teenage mothers' group and ,adult mothers' group in the whole article are used to avoid mistaking the age at delivery with the age at data collection.

teenage mothers (Bidzan, 2007; Chazan et al., 2007; Boden, Fergusson, Horwood, 2008). The groups also differ as regards the place of residence, the relationship status and the housing conditions. In a 'teenage mothers' group more women live in small towns and fewer in the countryside in comparison with 'adult mothers' group; a comparable number of subjects in both groups live in the town above 50 thousand inhabitants. The majority of 'adult mothers' stayed in the relationship with the father of their children and only 3 subjects were single, whilst in the group of 'teenage mothers' 8 of them got involved with another partner and 6 were single. Compared with women who first gave birth at the age of 25 or more, 'teenage mothers' assessed their housing conditions as significantly poorer. All these results reflect the findings of research cited above.

Measures

To assess mothers' caregiving representation the *Parent Questionnaire* by Zielona-Jenek (2007) was applied. It is a self-report measure of the internal working model of caregiving. It includes 35 statements on different parental thoughts and feelings linked with a parent-child relationship. They are assessed on a Likert scale from 0 (never) to 4 (almost always). The instructions the participants were given before filling in the form were as follow: *The questionnaire for parents serves to describe the feelings, beliefs and experiences that accompany parents of preschool children. Every parent experiences the parenting in a different way as every man is different and everybody raises a different child. Therefore, there are not appropriate or inappropriate answers. Please, read the following statements attentively and circle your answers taking into consideration how often you experience feelings and situations described or how frequently you observe such behaviors in your child.*

The tool enables to measure three different dimensions of parental caregiving representation[3]:

– **Trust in the Caregiving Relation** (**Trust**) refers to mother's perception of her parental competence, involvement in caregiving, ability to recognize and meet her child's needs as well as her perception of her child as an individual who deserves her attention and care, and is competent enough to express and communicate their needs. This aspect is closely connected with the term „secure base" in the origin terminology of attachment theory. The scale consists of 11 items, e.g. *I can recognize when my child feels safe or uncertain and anxious; My child is able to convey when he or she needs help and support;*
– **Helplessness/Attempts to Control in the Caregiving Relation** (**Helplessness & Control**) reflects mother's uncertainty and unease; the caregiving relation is perceived as demanding, causing a lot of obligations, hindering mother's own needs; the child is recognized as problematic and unpredictable. The scale contains 13 items, e.g. *I cannot do anything when my child is naughty; I find it difficult to pursue my own plans because of the necessity to take care of my child*;

[3] The dimensions were reduced as a result of conducting factorial analysis in order to devise a questionnaire measuring the caregiving representations (Zielona-Jenek, 2007).

- **Distancing from the Caregiving Relation** (**Distancing**) is connected with mother's unwillingness to take care of the child, doubts whether she should take on a parental role and perception of the child as immature, non-cooperative and non-supportive for the caregiver. This scale includes 11 items, e.g. *Taking care of my child requires continuous checking what happens to him; My child is able to manage as an adult*.

The mean score was an indicator of intensity of every caregiving representation dimension. The reliability of *Parent Questionnaire* was satisfactory in case of Trust and Helplessness & Control, however it was low for Distancing (Cronbach's α were: 0,68, 0,80 and 0,44, respectively).

Occurrence of violence in childhood was assessed using the modified version of *Abused Child Syndrome Scale* (ZDK) by Kmiecik-Baran (1999). This 40-item questionnaire enables to measure 4 types of child abuse: emotional abuse (humiliation, insulting, mocking; e.g. *I was introduced to strangers as a bad and a naughty child*); physical abuse (physical aggression, e.g. *I was beaten when I did not obey commands*); negligence (deprivation of basic physical needs, e.g. *I was left without care for many hours*); sexual abuse (obtaining sexual pleasure by engaging a child; e.g. *Others satisfied their sexual needs in my presence*). The participants were asked to assess all statements taking into consideration their experiences which occurred while they were children (the age was not specified). Every item was estimated with reference to mother, father and others in terms of frequency from 0 – never to 5 – very often (almost every day). The total score of every 10 items was a measure of the frequency of each kind of abusive experience. The reliability *Abused Child Syndrome Scale* in the majority was high; Cronbach's α was: for Emotional abuse – 0,93, for Physical abuse – 0,93, for Negligence – 0,95 and for Sexual abuse – 0,65.

Demographic questions included: the age at the time of the study, the age of first childbirth, the age of the first child, education, place of residence, relationship status and housing conditions (assessed by women as "very good", "good", "average", or "poor").

Procedure

Participants were recruited in kindergartens, night schools for adults and counselling centres. Women were asked to complete questionnaires at home and return them to the researcher. The participation in the survey was voluntary, women were also informed that all data collected was confidential. From among 90 packets of questionnaires, 79 were returned completed, however 9 were rejected due to missing data. Thus finally there were 70 participants in the study.

The data collected was statistically analysed using the IBM SPSS Statistics 22 software. The statistical analyses of the empirical material included: Student's *t*-test, correlation and regression analyses.

Results

In order to answer the first question and to compare both groups of mothers regarding the frequency of harmful experiences in childhood and the caregiving representations, Student's *t*-test was used (cf. Table 3). Unsurprisingly, the women who gave birth before 18 considerably more often reported to have experienced all forms of harm in childhood, as compared to women who gave birth after 25. Furthermore, caregiving representations in 'teenage mothers' indicate a lower level of trust in caregiving relation as well as a higher level of helplessness and attempts to control the caregiving relation, as compared to mothers who gave birth after 25. The groups do not differ with regard to the level of distance in the caregiving relation.

Table 3. The comparison of childhood abuse/neglect frequency and caregiving representations in 'teenage mothers' group and 'adult mothers' group

Compared variables		'Teenage mothers' ($n = 34$)		'Adult mothers' ($n = 36$)		*t*	*df*
		M	*SD*	*M*	*SD*		
Childhood abusive experiences	Emotional abuse	26,7	21,65	7,5	10,53	4,67***	47
	Physical abuse	11,6	16,78	2,0	5,68	3,17**	40
	Negligence	22,8	25,00	4,4	10,08	4,01***	43
	Sexual abuse	2,3	3,84	0,5	1,27	2,59*	40
Caregiving representations	Trust in the Caregiving Relation	2,55	0,54	2,97	0,38	3,72***	59
	Helplessness/ Attempts to Control in the Caregiving Relation	1,8	0,57	1,2	0,41	4,87***	68
	Distancing from the Caregiving Relation	1,8	0,49	1,6	0,44	1,56	68

*$p < 0,05$; **$p < 0,01$; ***$p < 0,001$

In order to determine whether there are links between different forms of abusive experiences in childhood and caregiving relations, a correlation analysis with Pearson's *r* coefficient was conducted (Table 4). The frequency of experiencing negligence and emotional, physical and sexual violence correlates at a moderate or low level with two dimensions of caregiving representations – trust and helplessness/

attempts to control. The nature of the discovered links appears consistent with the assumptions. The more harmful experiences a mother declares to have had in her childhood, the lower the level of trust in herself and her children in the caregiving relation, and the higher the level of helplessness towards her child. Distance in caregiving relation appeared to be uncorrelated with experiences of violence, except for experiences of negligence, which it correlates with in a positive way, although at a low level.

Table 4. The correlations between childhood abuse/neglect and caregiving representations (*r*-Pearson coefficients; $N = 70$)

Variable	Emotional abuse	Physical abuse	Neglect	Sexual abuse
Trust	-0,57**	-0,40*	-0,39**	-0,46**
Helplessness & Control	0,55**	0,43**	0,40**	0,35**
Distancing	0,22	0,19	0,28*	0,17

*$p < 0,05$; **$p < 0.01$

To identify the predictors of every caregiving representation's dimension (that is: Trust, Helplessness & Control and Distancing), the stepwise linear regression was performed. Because there were quite high correlations between all kinds of harmful childhood experiences (from $r = 0,485$ to $r = 0,776$, $p = 0,001$), the aggregation of these variables was executed by summing the results of four sub-scales into one overall indicator of childhood abuse (the sum of abusive experiences). Two other variables were also reduced to two categories due to their qualitative character. Thus, education was reduced to: lower level (primary, vocational, still learning) and higher level (secondary, higher); similarly, relationship status was reduced to: relation with child's father and another situation (single, have another partner). Finally, independent variables included to the model were: the sum of childhood abusive experiences, the age of childbirth, the age of the first child at the moment of study, housing conditions, the level of education, relationship status and place of residence.

The results of analysis conducted are shown in Table 5. It has pointed out two significant predictors of mother's trust in caregiving relation: the sum of childhood experiences which explained 25% of variance of the dependent variable and, surprisingly, the age of the child, which explained further 14% of variance.

Table 5. Stepwise linear regression model for the prediction of caregiving representations ($N = 70$)

Caregiving representation dimensions (dependent variable	Step and independent variable	*df*	R_{adj}^2	ΔR_{adj}^2	ΔF	*B*	*SE*	*β*	*t*
Trust	(1) Abusive experiences	(1, 68)	0,25	0,25	23,84***	-0,02	0,004	-0,46***	-4,81
	(2) Age of the child	(1, 67)	0,38	0,14	15,98***	0,15	0,04	0,38***	4,00
Helplessness & Control	(1) Abusive experiences	(1, 68)	0,24	0,24	23,12***	0,02	0,01	0,36**	3,25
	(2) Age of the child	(1, 67)	0,32	0,08	9,18**	-0,11	0,05	-0,24*	-2,29
	(3) Age of the childbirth	(1, 66)	0,36	0,03	4,19*	-0,02	0,01	-0,24*	-2,05
Distance	(1) Abusive experiences	(1, 68)	0,05	0,05	4,88*	0,01	0,004	0,26*	2,21

$^*p < 0,05$; $^{**}p < 0,01$; $^{***}p < 0,001$

As regards helplessness/attempts to control in caregiving relation, the regression analysis has shown three significant predictors: the sum of childhood abusive experiences ($R^2 = 0,24$), the age of the child ($R^2 = 0,08$) and the age of childbirth ($R^2 = 0,03$). These three factors altogether explained 35,5% of variance of the dependent variable.

The sum of abusive experiences was the only predictor of distancing from caregiving relation which was regressed on. This factor explained only 5% of the whole variance of dependent variable.

Finally, to establish whether the age of childbirth moderates the relationship between experiencing violence in childhood and caregiving representations, the analyses of moderation for every dimension of caregiving relation by Hayes (2013) were conducted. The independent variable (X) was the sum of childhood abusive experiences, the dependent variables were: Trust (Y_1), Helplessness & Control (Y_2), Distancing (Y_3) and the moderator (Z) was the age of childbirth. The results of these analyses were underwhelming: the effect of interaction of abusive experiences and the age of childbirth was nonsignificant for explanation all three dimensions of caregiving representation. Furthermore, introducing every kind of harmful experience as an independent variable to the model instead of the sum of abusive events did not change this outcome.

Similarly, including the age of the child to the model as a moderator did not give significant results. Neither the age of childbirth nor the age of the child moderated relation between abusive experiences and mothers caregiving representations.

Conclusions and discussion

The conducted study confirmed the hypotheses regarding the differences between women who gave birth before 18 and those who gave birth after 25 in terms of the frequency of experiencing physical, sexual, emotional abuse and negligence, as well as regarding trust in caregiving relation and sense of helplessness/attempts to control in caregiving relation. Consequently, as compared to 'adult mothers' group, 'teenage mothers' reported more experiences of abuse and negligence, and their caregiving representations were less likely to strengthen infant security because of higher helplessness and lower self-confidence in caregiving relation. These results are consistent with reports from other studies on childhood harmful experiences of teenage mothers and trans-generational pattern of violence or sexual abuse and early reproduction (Leiderman, Almo, 2001; Noll, Trickett, Putnam, 2003). Also Figueirido et al. (2006) have found that pregnant adolescents were nearly three times more likely to have enmeshed, angry-dismissive or fearful attachment styles in comparison with adult pregnant women.

In addition, the more experiences of emotional, physical or sexual abuse and negligence women reported, the less confident and more helpless they felt in the relation with their children, which is consistent with the assumptions of the attachment theory. The strongest correlate of caregiving representation was emotional abuse, which often coincides with other harmful experiences in close relations (Briere, Scott, 2010; Włodarczyk, Makaruk, 2013). The humiliation, mocking or intolerance towards child's emotional experience, which has been also described as invalidating environment (Crowell, Beauchaine, Linehan, 2009), is a serious risk factor for emotion dysregulation. Thus, in adulthood it can disrupt the ability to maintain the synchrony in relationship with child and limit the sensitivity to the infants' mental states – the skill called reflective function (Fonagy et al., 1991) or maternal mind-mindedness (Meins et al., 2001).

In the presented study it appeared that the sum of abusive experiences in childhood was the most powerful predictor of the caregiving representations quality and the main risk factor for optimal development of caregiving relation between a mother and her child. This conclusion is still in line with empirical evidence on the effect of early rage pattern or complicated loss for maternal lack of resolution and mothers' caregiving helplessness (Solomon, George, 2011). Consistently with the theoretical assumptions, humiliating and undermining women's values, abusing them physically or sexually and neglecting their fundamental needs may diminish their sense of security and impede the maintenance of emotional stability in the future, when they are to give care to their own children. However, the sum of abusive experiences accounted for a quarter of the variance linking trust and helplessness/attempt to control in caregiving relation and only for a 5% of the variance

of distancing from caregiving relation. Therefore, other important factors should be considered regarding the quality of caregiving representation, such as mother's state of mind with respect to attachment (Berthelot et al., 2015) or specific medical problems of mother or child (Vreeswijk, Maas, van Bakel, 2012).

It is noteworthy that the age of child was the second significant predictor of trust in caregiving relation and helplessness/attempt to control, although the variance account of explained variables was lower (14% and 8%, respectively). Generally speaking, mothers of older children felt more confident of their parental competences and assessed higher their abilities to understand their children's needs and to respond to them correctly. The youngest children of women participating in the study were two and three years old ($n = 2$; $n = 21$, respectively), while the oldest – six and seven years old ($n = 12$, $n = 3$, respectively). It should be underlined that the development of preschoolers is comprehensive and encompasses physical growth, intensive cognitive progress (especially speaking ability), stability of individual emotion regulation strategies and internalization of social rules (Schaffer, 2014). The older children are, the more time they spend outside the home. They become less focused on relations with parents and create new social networks with peers and other significant adults. It is probable that in the course of these years mothers appreciate their children's independence and benefit from it. Thus, the result obtained seems to be reasonable, it is likely that mothers of older children perceive their relation with child as more predictable, satisfying and less tiring or frustrating.

The age of childbirth has proved to be a significant, but definitely the weakest predictor of helplessness and attempts to control in caregiving relation. The readiness and maturity of a woman to perform the social role of a mother can influence the caregiving representation. A young, inexperienced woman can feel uncertain and overwhelmed by challenges of caregiving, she can also perceive her infant as unpredictable and excessively demanding. The necessity of bringing together obligations of parenthood and education as well as limitations of satisfying developmental needs specific for adolescence (especially when parents do not provide emotional support) are probably crucial factors that cause this effect (Skowrońska, 2009). It can be concluded that having a child while adolescent involves the risk of feeling uncertainty and helplessness, however, it does not pose a threat to how much a mother commits herself to the caregiving relation and how ready she is to build a bond with her child based on trust and authentic emotional involvement.

The important result of the present study was the lack of effect of interaction between the abusive experiences and the age of childbirth in explaining the caregiving representation. Despite the fact that the age of childbirth yields a significant (however small) effect on caregiving representation, it can not be considered to be a moderator for the relationship between the frequency of childhood abusive experiences and mental models of caregiving. Thus, the assumption that later childbirth allows women to compensate deficiencies resulting from their own attachment history was not confirmed in this study. This result once again supports the meaning of secure relation with adult caregiver in childhood and its fundamental role for

future parental capacities. The long-term consequences of childhood physical, sexual and emotional harm or neglect seem to be independent of the age of childbirth.

The obtained results provide a basis to formulate some suggestions for social and clinical practice. Firstly, the prevention of premature pregnancies should be based not only on sexual education, but also on recognising teenagers' environment, paying more attention to its abusive features. If necessary, educators, counsellors or therapists could help young girls and their families overcome the disadvantageous patterns of interaction and cope with emotional consequences of trauma. Secondly, the diagnosis of teenage mothers' attachment style, caregiving representations and the quality of their social network may be useful to decide whether the therapeutic intervention is necessary and to plan an adequate support (Wallin, 2011). It is worth noting that caregiving representation directly influences the quality of parenting and mother – child interactions. Generally speaking, mothers with positive representations of their children and relations with them tend to be more sensitive and responsive to their infants (Slade et al., 1999). As it has been mentioned in the introduction, the mental models of caregiving and their behavioral or relational consequences are crucial for the child attachment development (George, Solomon 1996). For that reason, the interventions strengthening the bonds between mothers and their children should be applied with a particular emphasis on representational level (Suchman et al., 2008; Powell et al., 2015). Also, programmes including home visits during pregnancy and the first year of infant's life seem to be promising in this area. The efficiency of such interventions is well documented and supported by empirical studies in the group of adolescents (Cardone, Gilkerson, Wechsler, 2008; Bohr, BinNoon, 2014; Firk et al., 2015).

Some limitations of the present study have to be mentioned. First, there was a relatively small study group and future studies are needed to determine whether these results are generalizable to the whole population of mothers who gave birth in their adolescence or those who experienced abuse or neglect in childhood. Second, there were differences between 'teenage mothers' group and 'adult mothers' group regarding their personal situations, education and material conditions. These factors may have interfered with the studied variables and for that reason the theses presented herein must be interpreted with caution. Another limitation lied in the used research tools. Declarative collection of data on harmful experiences and caregiving representations is vulnerable to the influence of the social approval factor and defence mechanisms used by respondents. For those reasons it would be worth conducting the study on a bigger test group with the use of more advanced methods to measure the variables with consideration of the data on mothers' attachment. The non-declarative methods such as the observation of mother – child interaction as well as interviews allowing to gain narrative data are especially promising in this area.

Notwithstanding these limitations, the relations between harmful experiences, premature motherhood and caregiving representations deserve the attention of researchers and professionals dealing with such young parents. As teenage mothers in Poland still encounter stigmatisation from medical workers in the public health

service as well as labelling by family members or peers (Skowrońska, 2009) – there is still much to be done. The understanding of psychological and social mechanisms mediating the trauma, experience of premature motherhood, its consequences for a mother – child relation and child's attachment allow for accurate planning of therapeutic and preventive interventions.

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DOŚWIADCZENIE PRZEMOCY W DZIECIŃSTWIE ORAZ REPREZENTACJA OPIEKI RODZICIELSKIEJ U NASTOLETNICH MATEK

Streszczenie. Macierzyństwo nastolatek często jest efektem doświadczeń krzywdzenia i czynnikiem ryzyka zakłóconego rozwoju diady matka – dziecko. Istotną rolę pośredniczącą mogą tu odgrywać reprezentacje sprawowania opieki. Na bazie teorii przywiązania można przypuszczać, że są one związane z częstością doświadczeń krzywdzenia. Nie jest natomiast jasne, czy wczesny wiek urodzenia dziecka także ma znaczenie dla ich jakości. W zaprezentowanym badaniu porównano dwie grupy matek dzieci w wieku przedszkolnym pod względem częstości doświadczeń przemocy w dzieciństwie i reprezentacji sprawowania opieki (zaufanie, bezradność i próby kontroli, dystansowanie w relacji opiekuńczej). Matki, które rodziły poniżej 18 roku życia (N = 34) w porównaniu z tymi, które rodziły powyżej 25 roku życia (N = 36), częściej doświadczały przemocy emocjonalnej, fizycznej, seksualnej i zaniedbania, wykazywały też niższy poziom zaufania do siebie i dziecka w relacji opiekuńczej oraz wyższy poziom bezradności i prób sprawowania kontroli w tej relacji. Aby wyłonić predyktory jakości reprezentacji sprawowania opieki, zastosowano analizę regresji krokowej. Głównymi predyktorami okazały się: suma doświadczeń krzywdzenia i wiek dziecka w momencie badania. Wiek urodzenia dziecka był istotnym (choć najsłabszym) predyktorem jedynie w przypadku bezradności i prób sprawowania kontroli w relacji opiekuńczej. Wyniki poddano dyskusji i wskazano kierunki dalszych badań.
Słowa kluczowe: macierzyństwo nastolatek, reprezentacja sprawowania opieki, krzywdzenie dziecka, zaniedbanie dziecka

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