Helplessness experienced by adolescent mothers and pregnant adolescents sheltered in institutions

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> **Abstract** The experience of helplessness or abandonment during pregnancy affects the emotional state of women, hindering their disposition in taking care of themselves and their baby. The aim of this study was to understand the emotional experience arising from intra-family violence experienced by institutionally sheltered adolescent mothers and pregnant adolescents. This study is exploratory, descriptive, clinical and qualitive. Semi-structured interviews were conducted with a psychologist from the institution and with six adolescents in the institution: one pregnant girl and five mothers. The data showed that helplessness was experienced by participants both during their pregnancy and throughout their lives. The institution was found to be the only place of protection, care and support for adolescents in the puerperal pregnancy period. The adolescents' mothers had also experienced abandonment by either their family members or their partners and the adolescents themselves repeated this abandonment with their own children. This study concludes that violence has consequences for the lives of adolescents, causing immense suffering and a transgenerational repetition of violence, demanding greater prevention and intervention.

> **Key words** Pregnancy in adolescence, Shelter institution, Intra-family violence, Violence cycle

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Introduction

Currently it has been noted that there is a significant number of pregnant adolescents in the world, with 7.3 million young people under the age of 18 giving birth. Of this total, 2 million are adolescents that are less than 15 years old¹. In Brazil this percentage is 10.6% for adolescents between the ages of 15 to 19 years old and 8.6% for adolescents who are less than 15 years old, totaling 19.3%. This shows a higher rate of pregnancy amongst adolescents².

The greatest concentration of pregnant adolescents can be found in the classes that are economically low³ and or amongst those that have lived through or are living through intra-family violence. They are often in economic, social and educational situations that are worse than those that are not in their situation4. Considering intra-family violence as "Every act and/or omission practiced by the parents or the guardian in relation the child and/or adolescent that - is able to cause pain or damage to the physical, sexual and/or psychological state of the victim - meaning, on the one hand, a transgression of power/ obligation for protection from the adult and on the other side a "objectification" of one's infancy." This means the denial of the right that the child or the adolescent has to be treated as a subject and person in a peculiar condition in their development"5.

Innumerable studies, both international and Brazilian, have shown the traumatic effects of intra-family violence in the development of children and adolescents culminating in diverse problems in relation to identity, social adaption and personality disorders⁶⁻¹⁰. Another aspect that has also been observed is the transmission of the pattern of abuse amongst generations, demonstrating the permanent and perpetual force of the traumas that come from intra-family violence¹¹⁻¹³.

The violence against children and adolescents both internationally and nationally still presents numerically significant data with the estimate that annually amongst 500 million to 1.5 billion children in the world suffer violence¹⁴. In Brazil in 2013 Viva/Sinan (the Sistema de Vigilância de Violências e Acidentes incorporado ao Sistema de Informação de Agravos de Notificação) registered in total 156,975 appointments and of these 43.7% corresponded to the age group from <1 to 19 years old. In relation to the nature of the violence, physical, sexual, psychological violence was spotlighted as well as negligence and others. In

childhood, negligence was highlighted amongst the boys (52.75%) and girls (39.6%), followed by physical violence for the boys (37.1%) and sexual violence for the girls (38.9%). In adolescence, physical violence was highlighted by both sexes (78.3% girls and 57.8% boys), followed by negligence for boys (15.2%) and sexual violence for girls (33.9%)¹⁵. Studies with pregnant adolescents or teenage mothers that went through situations which involved intra-family violence, showed significant failures in the process of emotional maturity, affecting the physical and psychological health of teenagers with reference to their baby and consequently the bonding process between the mother and baby¹⁶⁻²⁰.

Winnicott²¹ noted the importance of the support and care given to pregnant women either by their partners, their families or even the State and he added that only with this "protective cover" will women be able to develop "primary maternal preoccupation"22 and will be available for their baby and their needs. According to the author "primary maternal preoccupation" is a state that starts in the last months of the pregnancy and endures some months after the birth which permits the mother to meet all the needs of the baby which in turn allows for the development of the process of healthy maturity. Women can only enter this special state if the environment around them affords sufficient conditions so that they can feel safe and protected. "It is in the case of a rupture of the natural protective forces that show how vulnerable mothers are. (...) It is not just the development of the primary maternal preoccupation that is difficult for certain mothers to reach, but the process of regaining a normal attitude in relation to life and self can produce clinical infirmities"21.

In this way, in the face of environments where family abuse exists, it is necessary to adopt measures to remove the children and teenagers from their parents and/or guardian²³. Thus the Statute for Children and Adolescents²³ makes provisions for institutional care as a preliminary measure and one that is adopted under exceptional circumstances (art. 101). Winnicott²⁴ argues that in some situations the removal of a child from their homes to institutions that offer a better environment, is a necessary measure for the health of the child and the family. Considering an environment that is sufficiently good is one where the environment is as the aforementioned, as well as being in family relations and through interpersonal relationships, they can offer favorable conditions for physical, psychological and affective development for the people involved. If these people are children or adolescents, it is necessary that the responsible adult note their physical, psychological and affective needs which will open the door for their needs to be taken care of. It should be borne in mind that there is no ideal environment as there is an involvement of human relations which can be fallible. The institutions referred to by the author would be the *first homes*, in other words, "an environment adapted for the special needs of the child, without which the foundation of mental health cannot be established"²⁵.

According to ECA23 the care institutions and SUS have their obligations of catering for the rights of children and adolescents. Going beyond the judicial legislation, the study shows that the pre-natal period is fundamental in order that women can follow their pregnancy in a healthy way being both aware and safe so that at the birth the baby is exposed to the minimum amount of risk for the health of both. In this way the pre-natal process that is carried out regularly will contribute to the reduction in maternal and fetal morbidity and mortality26. In relation to teenagers that are in the gestation process, they deserve special attention as this is a highly vulnerable group principally if the young person is very young as the rates of premature births and babies that are below weight and height are a real probability²⁷.

In the face of the exposure, this study had the objective of understanding the emotional experience stemming from intra-family violence that teenage mothers and teenage pregnant girls in intuitional care have lived.

Methods

Type of study

This is a prospective, exploratory and descriptive study done in a clinical-qualitative way²⁸.

Participants

This study was carried out with pregnant teenagers and five adolescent mothers (Chart 1) between the ages of 13 to 16 years old in care and with a psychologist from the institution. The care institution is governed by a non-governmental organization and it will not be identified in order to preserve the anonymity of the participants.

Instruments and procedures

Firstly, one of the researchers contacted the directorship of the institution to present the research and to ask for support to conduct the

Chart 1. Participants in the research, age and violence suffered.

Name*	Age	Violence suffered
Eliane	16 years old	Domestic marital violence from the father
		Physical violence and psychological and abandonment by the father of the baby
Neusa	16 years old	Maternal and paternal abandonment (parent were drug users)
		Abandonment by the father of the baby
Nice	16 years old	• Brought up by her great grandfather (the mother of the adolescent has mentally
		disabled due to being the result of an incestuous relationship)
		Paternal abandonment
		 Physical and verbal aggression and violence from their aunts
		Sexual abuse by a stranger
		Abandonment by the father of the baby
Gilda	13 years old	Negligence and psychological violence from father
		• Domestic marital violence from the father-in-law
		Abandonment by the father of the baby
Cristina	15 years old	Domestic marital violence from the father-in-law
		Paternal abandonment
		Abandonment by the father of the baby
Fátima	16 years old	Physical violence from her mother
		• Maternal and paternal abandonment (parents were drug users)
		Physical and psychological violence from adopted parents
		Abandonment by the father of the baby

^{*} The names used to refer to the adolescents are fictitious pursuant to the precepts of ethical research conducted on human beings.

investigation. The importance of carrying out studies on this theme was promptly accepted. After institutional authorization was given, a collective invitation was given to all of the adolescents resident in the institution. They promptly accepted and voluntarily participated in this study. After this, interviews were scheduled with the adolescents based on their availability. They came on the day and time that had been arranged accompanied by teachers from the institution. The interviews got underway in a calm room that was free from noise and interference. These were semi-structure interviews with individual teenagers. Each interviews lasted 45 minutes and they were conducted between January and March of 2015. In the interview with the young people the following themes were proposed namely: relations with other family members and the father of the baby, and with the baby, the experience of the pregnancy and puerperal, support from the health service, the experience in the care institutions and schools and life projects.

The interview with the psychologist of the institution was also scheduled beforehand and based on availability. They occurred about three months after the all of the interviews with the teenagers had been carried out. In this way the idea was to ensure that the researcher was free from any preconceived ideas of the teenagers and that the information supplied by the psychologist did not interfere in the interviews and that there was the obtaining of a better understanding on the meaning of the lives of the young people. The psychologist was interviewed individually in a tranquil room free from noise and interference. It lasted for 50 minutes and it covered: the backgrounds of the young people, the teenagers in the care institutions, the relations with their child, other family members and the baby's father. The aim of the interview with the psychologist was to complement the information obtained from the adolescents after having been put through a process of analysis. The content of the report was highlighted and separated from the interviews with the adolescents. All of the interviews with the teenagers and the psychologist were recorded and were subsequently transcribed for detailed analysis. The emerging content of the interviews was analyzed according to Bardin²⁹.

Ethical considerations

The study was presented and approved by the Comitê de Ética em Pesquisa do Instituto de Psicologia at USP which falls under the Comissão Nacional de Ética em Pesquisa – Ministério da Saúde. The adolescents signed a participation and agreement form which highlighted all of the ethical issues for this research with human beings. The study was conducted in accordance with resolution nº 466/12 (CNS, 2012).

Results and discussion

Based on the interviews with the adolescents, some empirical categories were identified that are going to be presented and discussed.

Abusive family relations and negligence

In the face of the backgrounds of the adolescents, all of the six adolescents gave their stories which included abandonment, negligence and/or abuse by a family member. All of the names are fictions in order to preserve the anonymity of the adolescents. They gave stories of living in environments replete with violence which included the use and abuse of alcohol and drugs. Neusa (16 years old with a child of 7 months) described her relationship with her mother. She said, Can you honestly believe that she used to give me raw peanuts to eat (sic). Fátima (aged 16 with a 1 year old child) talking about her mother stated: she used to come home drunk and beat us (sic). The parents of these adolescents died due to alcohol and drug abuse. Neusa was adopted and Fátima was placed into care at the age of 4. I have been living in a care institution for 4 years. I was adopted but it didn't work out so I ended up returning again to the shelter (Fátima).

The adolescent Nice (16 years old with a 5 month old daughter) was brought up by her great grandfather as her mother was mentally disabled. She was the child of an incestuous relationship between grandparents that were siblings. The perpetrator went on the run. Her grandmother was abused and had a child with the partner of her great grandmother. In this incestuous environment were two aggressive aunts and one of them had a mental illness. After completing 6 years old, Nice started living in various places with her mother and stepfather and returned to her great grandfather's house. She also lived in the street and started using drugs. Nice suffered physical and psychological aggression from both of her aunts and she was raped whilst living on the streets. At the age of 9 I started to use drugs. Then that's when she (great grandmother) discovered. I was 12 at the time so I decided run

away. I trafficked drugs to get high and I stayed on the streets for 1 to 2 months. During this time, I was raped. I notified the police. My aunt informed the child protection authority and then I went to a shelter when I was 13 but very soon I ran away (Nice).

Cristina (15 years old with a child of 6 months) also thought that she had no option but to live on the streets. Her mother and stepfather were alcoholics and drug users and the girl witness domestic violence between the two of them. As a result, she decided to run away from home at the age of 10 to live on the streets. There were times when there weren't any places to stay so I had to make do at night and sleep on the streets (Cristina).

Domestic violence was also witness by Eliane (16 years old with a 9 month of baby) during the whole of her childhood. For Gilda (13 years old with a child of 5 months) she decided to live with other relatives. In the case of Eliane the aggressor was her own father. In the other cases the aggressor was their stepfather. There was a time when he decided to beat up my mother who was pregnant at the time. I tried to stop him and I ended up being punched in the face so I had to go to the hospital (Eliane). Various studies^{30,31} have shown that marital violence that is witnessed by the children is as prejudicial as the other forms of intra-family violence (sexual, physical, psychological, negligence, fatal).

Abandonment and/or violence from the father and the partner

The mothers of all of the six adolescents experienced violence and/or a lack of support from their partners. All of the six adolescents, on talking about their family relations, mentioned abandonment and/or paternal violence. Nice talked of paternal abandonment when her mother was pregnant. My mother met my father and he left his wife but after they got back together he decided to leave my mother. At the time my mother was pregnant and my father left (Nice). Cristina talked of paternal abandonment when she was baby. They (parents) separated when I was a baby and I don't know anything about my father (Cristina). Eliane stated that her father drank and used lots of drugs and he used to beat her mother. The parents of Fátima and Neusa were also users of illicit drugs. My mother used to drink, so they reported her to the authorities. As a result, I was taken into care and was sent to a shelter (Fátima). None of the cases had environments that were safe or protective in relation to the relationship between the parents and the adolescents.

From the adolescents' reports, it is possible to see that due to the environment where they were brought up in relation to their mothers' partners, abandonment, the presence of violence and the use and abuse of drugs, they were not able to have the care needed in their childhood. The difficulties experienced by the mother can also be observed from the adolescents during a period in which women require care and special protection so that they can be safe and healthy for their babies and this moment for both the mother and the baby was not good. The mothers' experiences were repeated when the six adolescents had their own babies as can be seen in the reports given. The lack of partners is a stressful factor for pregnant women and for the future lone parents. They end up assuming the responsibility of bring up the child alone^{32,33}. Aside from this, other studies have shown that the lack of a paternal figure affects the development of the child. The children may not feel loved, they may feel that they have no worth as well as feeling guilty and generally bad due to an absent father^{34,35}.

The abandonment and/or aggression from a partner that transformed itself into violence took place for all of the mothers of the adolescents and repeated it self in the lives of the six young people. Eliane suffered physical aggression from her partner upon informing him of her pregnancy and he continued to threaten her. He [the father of the baby] heard that I was pregnant and wanted to beat me up. He beat me so that I would lose the child but I didn't lose it (sic). Cristina, Gilda and Neusa were all left to fend for themselves when they became pregnant. In the cases of Nice and Fátima, their partners also lived in care institutions. They accompanied them during their pregnancy and the initial period of the puerperal. But then they left them and the child. *Now he* [the baby's father] doesn't visit me anymore because he is working, but he'll make time to visit us. (Nice).

Sanford³⁶ noted that the girls that experienced abandonment from paternal figures often chose to embark on similar relationships to that of their childhood. The women end up putting all of their frustrations that they have lived through on their partners. This happens in an unconscious way because they are seeking to fill a lack of affection that was absent when they were children.

The use of alcohol and other drugs by family member and the adolescents

Of the six adolescents four had memories of situations when their parents were under the influence of alcohol and other drugs. The parents of Fátima, Neusa and Eliane died when they were young owing to the excessive use of this type of substance. Cristina's mother lost custody of her children due to licit and illicit substance abuse.

In relation to the adolescents, Cristina, Nice and Gilda talked of the start of the use of drugs before becoming teenagers. When they discovered that they were pregnant they stopped using drugs, however Cristina smoked during her pregnancy. Gilda only realized that she was pregnant in her 5th month. For the whole of the period she used cocaine and her child was born with cardiovascular problems. She said, *The doctor said that she* [her daughter] *didn't know how to breath properly and was left with a heart defect related to breathing you know. He* [the doctor] *said that this was because of drug use and I felt really guilty* (Gilda).

In this way it is noted that there was the presence of licit and illicit drugs in the lives of the adolescents. They remember their use by their parents and they used them as well. Studies show that situations of vulnerability such as these is common amongst pregnant teenagers who are victims of violence and drug abuse¹⁹. Other studies have shown relations between the and abuse of alcohol and other drugs in a person's childhood and the experience of situations of intra-family violence and domestic abuse in marriages^{7,8}.

The relationship between the adolescent and their baby

In the stories of the young people what can be seen is the abandonment and violence experienced between family members. This was the case for three of the six adolescents where there was an explicit repetition of the violence next to their children. Neusa, Gilda and Cristina noted their lack of patience with their children. When I arrived at the shelter I used to run away and return the following day. That was when my child was born and I gave birth [...]. Those days I just didn't have any patience even when he'd cried it would annoy me. I was yelling at him and I wasn't breastfeeding him regularly. But now I'm sitting with him and talking with him. I'm breastfeeding properly, but someone times I can't help myself (Neusa). I can't control myself when I get angry. I

just have to give her a hit or just leave her crying so that I can steamer down. I shout at my daughter. I off-load my anger on her. Then I spank her on the bottom, shout and I'm aggressive, do you understand (Gilda). When he was younger everything was OK but as he is growing up he is a lot more work. Sometimes I just get so angry. He keeps on crying. I don't know what's his problem. I end up getting angry and sometime I yell at him but I really love him (Cristina). The three adolescents related that owing to their impulsive behavior they feared losing their children.

In the case of Eliane the violence was not directly from the adolescent against her child. During her pregnancy she suffered physical aggression on her belly from the father of her baby. Aside from this, the adolescent had a serious fight with a new arrival to the institution which directly affected her daughter. Nice also told of episodes of her running away and she made a point of stressing that she didn't run to go clubbing but rather to visit family members. I ran away the day before yesterday. I went to my family's house. I went and now that I have her [daughter] they accept me. They let me stay with them because of her. My aunts aren't that accepting though but my uncle is. (Nice). Fátima talked about her concerns for looking after her child and not being aggressive towards him as her mother and her adoptive father were towards her. I want to look after my child. I'm never gonna beat him as I was beaten a lot and it wasn't nice (Fátima).

It can be noted in the stories of the adolescents the difficulty in redefining their lives and not repeating the forms of violence that they had done through. Research showed that children and adolescents that experience direct or indirect intra-family violence are more likely to become aggressors of victims of aggressors. They also have difficulties in making connections and they develop psychopathological disorders, anti-social personalities amongst other consequences^{9,11-13}.

Care institutions and health care

Of the six adolescents (Fátima, Nice and Cristina) three had already spent time in care institutions for teenagers before becoming pregnant. Fátima is the only one that has been in the institution since the age of 4 and only left when she was 6 until 9 when she was adopted. Due to aggression she was returned to the institution. Nice and Cristina were institutionalized in the pre-adolescence phase but they ran away and lived on the streets. Two of them returned to the

institution when they discovered that they were pregnant. When I find out that I was pregnant it came as a shock because I didn't have anywhere to live, no place to stay. It was hard. No one wants a pregnant woman in their house so the time came when I had no choice and I went to the children protection services. I looked for my mum but didn't find her. She had moved, that's why I couldn't find her. I went to the Children's Protection Services and they sent me to the care institution (Cristina).

The other three adolescents Neusa, Eliane and Gilda were institutionalized due to their becoming pregnant. Neusa was afraid that her father would find out so she went to the shelter. Eliane, when she found out she was pregnant was living with some friends. Her father had already died and she did not want to return home to live with her mother. In the case of Gilda, her family members did not know what to do as she disappeared when her child was born. They went to the police and called the child protection services and they decided that she should go to the care institution.

In five of the six stories the institution was chosen by the adolescents as the place of protection and safe at a moment of their being in a very vulnerable position considering this is the period of their pregnancy. Fátima who already had been in the institution said that, The shelter is good. You have a place where you can stay which is better than being on the road (sic). Gilda was the only one that did not choose the institution. At the time of the research the institution especially took in pregnant adolescents and adolescent mothers. Aside from the six adolescents that were interviewed with their children, the institution had a further three children that were in the process of being adopted. According to the adolescents all of them when they arrived at the institution received pre-natal sessions which monitored the development of the fetus and prepared the adolescents for the birth^{26,27}. It can be noted that both the care institution and the equipment used for their health meet the requirements in the Children and Adolescents Statute²³.

The six adolescents related that they like the health service that they received at the Primary Health Center but two of them complained that they had to wait a while to be seen to at the public hospital. During the pre-natal sessions all of the adolescents said that they had received good treatment and that they had been accompanied by health care professions. Eliane stated *I am always happy to go to a doctor's appointment* (sic). In the case of Nice it can be noted that there is a

personal connection with the professionals, *I am known there* (sic).

Aside from the pre-natal sessions, all of them had to return to their studies whilst they were pregnant and after the end of their maternity leave which paved the way for more opportunities in the future to either continue studying or to join the world of work. The adolescents that were at the age to work received guidance and technical incentives (a psychologist and two social workers) from the institution on how to search for jobs. At the institution the young people had to take on some responsibilities such as: tidying up their rooms and putting away their belongings, and especially looking after their children. However, care was also given by the educators, principally in the period when the adolescents were at school or working.

With no help from their families and little help from the institution, the adolescents were able to spend this period without worrying about having a roof over their head. They also did not have to think about housing conditions, food and hygiene was guaranteed. But the need for family ties remained and the suffering as a result of this need ensued which materialized in their accounts.

Neusa sadly related that her adopted father did not want anything to do with her. Nice would run away during the weekend to stay at her great grandmother's house. Cristina spoke of her hope of going to live with her mother who had met someone else and who was planning to live in a bigger house. Eliane who had, from the beginning of her teenage years, been fighting with her mother was trying to strengthen her ties with her mother through talking to her and getting closer. Gilda persisted with the hope of returning to her mother's house.

Fátima was the only one that did not have any family ties. Her relationship with were educators coupled with the techniques used by the institution and with her child seemed to be sufficient for her. In other words, she said that being in the institution was working out well for her as she was maturing, assuming responsibilities such as work, looking after her child and she was planning a life away from the institution. The young person is in a process of maturing, taking on responsibilities such as getting their first job and organizing themselves to leave the institution owing to their proximity with adulthood. In this case it was noted that the adolescents were able to take advantage of the benefits of the environment (institution) that they were being offered and according to Winnicott²⁵ this situation indicated that the environment was sufficiently good in the first months of the baby's life. With this, as much as their relationships with their parents, according to their memories, had been filled with woeful negligence and wanton aggression, something "good" from the primordial relations seemed to have remained registered in their subconscious and it was for this reason that they were able to care for their children. The same thing was noted in the cases of Nice and Eliane in that they were able to enter the special state of "primary maternal preoccupation" encompassing sensibility and availability for their babies²² and it can be said that the institution was fundamental in this.

School and the life projects

All of the adolescents related that they did not like school nor did they like to study. All of them had a background of truanting from school before becoming pregnant. The adolescents that remembered their school times stated that it was a complete "mess", full of fights and transgressions that they did at the institution. Others could not remember anything interesting about it. In this way the school for these adolescents never came across as being interesting or an opportunity for new projects and dreams however even though they were not enamored by school they did return to their studies whilst being in the institution.

The life projects of the adolescents can be summed up in completing their education, putting their children in a crèche, finding work and getting a house. The work that they spoke of was: manicurist, telemarketer and working in McDonald's. Cristina was an idealist in the way she talked whilst Gilda was vaguer stating that she wanted to give her daughter a better future. According to the psychologist the only one that was working during the time of the interviews was Fátima. She worked in McDonald's and all of the money that she received she saved in a savings account. Neusa, apparently, got a job at McDonald's but she only worked for one day and did not return the next day.

It was noted that the worries of the adolescents were in meeting their immediate needs meaning to survive and sustain their child. This was confirmed in the data from this study which noted that the pregnant adolescents sought in the short and long term financial stability, a place to stay and an experience of real life³⁷. Other projects that are not mentioned or are not even pos-

sible to be thought of in the face of backgrounds filled with violence, the ever present need to react to defend oneself³⁸ is the possibility to act in a spontaneous way and to think and create their own futures different to the past³⁸. It still felt far from being a reality except for Fátima who seems to be enjoying the institutional environment and is organizing and planning her future.

Information from the psychologist

The information from the psychologist in relation to the background on the lives of the adolescents seems to converge. She stated that all of the adolescents, as soon as they arrived at the institution were enrolled in the school and started pre-natal classes. They were also accompanied by educators when they gave birth and they received therapy from a psychologist but all of them did not keep with the therapy.

With reference to the young people that had family members during their period at the institution the psychologist state that: Eliane was visited by her mother every weekend. Neusa's adoptive father never visited her and her mother and only went to see her once. They did not demonstrate any interest in having their daughter back in their house. Nice, Cristina and Gilda were never visited by family members. Gilda spoke to her mother on the phone occasionally and Fátima did not have any connections with her family. In relation to the fathers of the children, the only diverging information was that from Nice where the specialist stated that she was visited by her daughter's father only when the baby was born.

In relation to the relationship between the adolescents and their children, according to the psychologist, Eliane, Nice and Fátima demonstrated care and affection for their children. Neusa, Gilda and Cristina were more harsh and aggressive with their children. Neusa and Gilda were summoned to have a talk with a judge concerning their violent behavior but even after the conversation the aggression continued. Cristina did not beat her child but she yelled at him a lot.

In relation to the outcomes of the stories of the adolescents in the institution, Neusa, Gilda and Cristina ran away. The first two put their children up for adoption and the last one kept her child. The specialist stated that she did not have any information regarding the whereabouts of the adolescents. Eliane and Nice went back to their family's house with their children. Eliane went to her mother's house and Nice went to live with her great grandmother. Fátima is with her

child in the institution. She is still working and studying and is preparing to leave the institution due to her age.

Final consideration

This study has helped to get a better understanding of the experience of maternity in the lives of institutionalized adolescents. It was noted that the young people had to endure a lack of family support, maternal and paternal abandonment and other forms of violence in their homes. The violence and abandonment from their partners was also observed in the experience of the adolescents which accentuated even further the situation of vulnerability for both the mothers and their babies.

This research evidenced the repetition of transgenerational violence. The adolescents were made to live through violence and/or abandonment by their partners during pregnancy which their mothers had also suffered. They also suf-

fered abject abandonment, negligence and violence perpetrated by their parents and some of the adolescents reproduced the same behavior that included violence and abandonment. The psychological marks of violence were so deep and traumatic that it proved difficult for them to find new meaning and purpose in their lives and as a result it was perpetuated throughout different generations. This study was timely and not longitudinal which suggests that the development of longitudinal research can accompany the process of development and connection of adolescents institutionalized with their children with the view to better understanding the cycle of transgenerational violence so that prevention measures can be brought in.

Lastly it was observed that the care institution can be a protective environment where care is give during the puerperal pregnancy period for the adolescents. This allows them to have regular pre-natal classes and to be accompanied during the birth. They can also return to school and enter the world of work.

Collaborations

PO Miura worked in the accomplishment of all the research (submission to the ethics committee, contact with the institution, delineation of the research, collection of data, transcription of the interviews, analysis and discussion of data, elaboration of the article); LSDLPC Tardivo and DMS Barrientos contributed in the contact with the institution, delineation of the research, analysis and dicussion of data and elaboration of the article. They all approved the final version.

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