

Infant Attachment among High-Risk American Indian (AI) Teen Mothers
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Among American Indian (AI) women, 80 percent experience Intimate Partner Violence (IPV) as adults (Hussong, et al, 2004) and up to 86 percent of pregnant and/or parenting teens are abused in past or current relationships (Mylant & Mann, 2008). Studies estimate that 10 to 20 percent of children are exposed to domestic violence (Carlson, 2000), which is assumed to be higher among AI children. These children have a greater likelihood of behavioral, social, emotional, cognitive and attitudinal problems; and chronic mental health issues, such as depression and trauma symptoms as adults.

The purpose of this pilot study was to describe patterns of attachment among a convenient sample of 19 infants and toddlers (ages 11-28 month) whose mothers were participants of an AI, primarily Northern Plains' teen parent program evaluation. Of the 19 teen mothers that participated in this pilot study, four of nine completing the Abuse Assessment Screen (AAS) reported IPV. Secure attachment patterns were observed among 13 of the 19 infants with only one of the teen mothers of a secure infant reporting IPV; the other six infants were categorized as insecure and four of these children were disorganized in their attachment patterns. In fact, 13 of the 19 infants and toddlers exhibited a moderate level of disorganized behaviors regardless of their attachment patterns. Four of six of the mothers of these children were identified as chemically dependent according to the Adolescent Substance Abuse Subtle Screening Inventory-A2 (SASSI); and three of four of the mothers had clinically elevated Child Abuse Potential (CAP) scores.

Although no causal effects can be assumed, results indicate a potential need for intervention that addresses attachment and its protective effects. West and George (1999) describe disorganization as a severe form of attachment insecurity, which is associated with abuse and violence in intimate relationships. Bowlby (1988) also emphasized that primary prevention must include the fostering of secure attachments to interrupt the intergenerational transmission of violence. Furthermore, these results support Zeanah, et al's (1999) recommendation that the attachment relationship be routinely evaluated with cases of IPV.

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