Grandsons’ Sense of Resiliency When Raised by African American Grandmothers

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Grandsons’ Sense of Resiliency When Raised by African American Grandmothers

Abstract
This study utilized an interpretative phenomenological analysis to explore the lived experiences of young adult males, ages 18 – 24, raised by their African American grandmothers and supported by a not-for-profit organization. It sought to determine the extent to which their overall needs were met and resiliency developed. The researcher utilized a two dimensional theoretical framework that focused on McCubbin & Patterson (1983) theory of family stress and adaptation (double ABCX model) and Erikson's theory of psychosocial development (1968). Utilizing the Connor-Davidson Resilience Scale (CD-RISC), 5 participants were identified scoring 76-100 on the scale, indicating a high resiliency level. Through detailed experiences from the voices of the participants during semi-structured in-depth interviews, the results indicated that overall support from social services, family and friends, along with a strong relationship between grandmother and grandson, played a significant role in their ability to self-reflect, develop, and maintain a level of resiliency. The findings begin to describe the phenomenon of young males raised by their grandmothers and how these young males adjust and adapt to their environment as they prepare to transition out of kinship care into adulthood through the themes of; support from internal and external resources, feelings of abandonment due to their absent biological parents, misconduct exhibited through disruptive behavior, education of learned skills applied to life, misunderstandings between grandmother and grandson known as generational gap, health of their aging grandmother, and self-reflection of their lived experiences being raised in kinship care.

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Grandsons’ Sense of Resiliency When Raised by African American Grandmothers

By

Nikki Stewart

Submitted in partial fulfillment
of the requirements for the degree
Ed.D. in Executive Leadership

Supervised by
Dissertation Chair
Dr. Gilbert Louis

Committee Member
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Ralph C. Wilson, Jr. School of Education
St. John Fisher College

December 2016
Dedication

Growing up, I would always hear, “With GOD All Things Are Possible.” This saying rang true throughout my journey completing my dissertation. I want to take this opportunity to thank GOD for HIS never ending love and support. I am a true believer in HIS mercy. Those who walk with GOD always complete their journey.....and so I did.

First, I would like to thank my mother, my forever supporter. Mommy, without your support during this process, I would not have reached my goal. You cared for my children while I pursued my dream of obtaining a doctoral degree and for that I’m truly grateful. As a little girl, I watched you sacrifice for your only child, working tirelessly to provide for me. You taught me to love and love hard, and to ignore anyone who told me I can’t do what I was meant to do. I kept what you taught me close to heart which allowed me to become the woman I am today. Thank you Mommy.

Second, to my three wonderful children Brianna, Christian, and Camryn. I am truly blessed to be your mother. You three have given me a reason to live. Brianna, I take pride in the woman you turned out to be. It wasn’t easy being a single mother at 20 years old, but watching you grow each day motivated me to keep pushing. Now you are off to college and embarking on your own journey. I know you will succeed, because you walk with GOD and you have me for a mom. Christian, my only son, my prince. You are the apple of my eye. You are so smart, handsome, and you have the drive and passion of a future leader. I see it every time you step out on the basketball court. I can’t wait until you come into your own as a young man and I will be there with you every step
of the way. Finally, my miracle baby, Camryn. You gave everyone a scare when you came into our family. As a preemie (just a little over 2 pounds) you fought to be here. I knew you were something special when the doctors informed me that you ripped your breathing tube out, hours after being born. GOD had a plan for you then and He continues to have a plan for you now. Camryn you are my youngest princess. You and I have many years together and I can’t wait to watch you grow into a beautiful young lady.

Next to my sister Dr. Gifty Akomea-Key. Well, I just had to follow in your footsteps and get that Ed.D. Thank you for over 20 years of friendship and sisterhood. As an only child, I never knew what it felt like to have a sibling until I met you. My ride or die for life…I love you for that.

To my committee, Dr. Louis and Dr. Hamlett, thank you for your support and guidance through this difficult process. You believed in me and for that I’m truly grateful. You will forever be in my heart and on my dissertation cover page, smile.

To my Cohort…WITHOUT YOUR LOVE & SUPPORT, I definitely would not be here. When I needed you the most, like angels you came to my rescue to help me complete this journey…priceless…who does that? Only the best…Cohort 6. To my girls, Paola and Susan, thank you for your continued support. I have truly found forever friends in you. Ann, Diane, Kyana, Lisa, and my group 2016 & Beyond, thank you.

Finally, to my love Eric. You have taken this journey with me for the last 2 years, encouraging me to stay the course and directing me back when I veered off. Now that this journey is completed, I am ready to embark on the rest of our lives, together. Thank you for always loving me as I love you. May GOD continue to bless us my love, Eric and Nikki, the world is ours. To be continued…
Biographical Sketch

Nikki Stewart is currently a Director at the Department for the Aging (DFTA). Ms. Stewart attended the College of Mount Saint Vincent from 1996 to 2000 and graduated with a Bachelor’s in Health Education in 2000. She attended Baruch College from 2003 to 2005 attending the Executive Master of Public Administration program, graduating in 2005. She came to St. John Fisher College in the summer of 2014 and began her doctoral study in the Ed. D. program in executive leadership. Ms. Stewart pursued her research in the resiliency of young adult males raised by African American grandmothers under the direction of Dr. Gilbert Louis and Dr. LaTasha Hamlett and received the Ed.D. degree in 2016.
Abstract

This study utilized an interpretative phenomenological analysis to explore the lived experiences of young adult males, ages 18 – 24, raised by their African American grandmothers and supported by a not-for-profit organization. It sought to determine the extent to which their overall needs were met and resiliency developed. The researcher utilized a two dimensional theoretical framework that focused on McCubbin & Patterson (1983) theory of family stress and adaptation (double ABCX model) and Erikson’s theory of psychosocial development (1968). Utilizing the Connor-Davidson Resilience Scale (CD-RISC), 5 participants were identified scoring 76-100 on the scale, indicating a high resiliency level. Through detailed experiences from the voices of the participants during semi-structured in-depth interviews, the results indicated that overall support from social services, family and friends, along with a strong relationship between grandmother and grandson, played a significant role in their ability to self-reflect, develop, and maintain a level of resiliency. The findings begin to describe the phenomenon of young males raised by their grandmothers and how these young males adjust and adapt to their environment as they prepare to transition out of kinship care into adulthood through the themes of; support from internal and external resources, feelings of abandonment due to their absent biological parents, misconduct exhibited through disruptive behavior, education of learned skills applied to life, misunderstandings between grandmother and grandson known as generational gap, health of their aging grandmother, and self-reflection of their lived experiences being raised in kinship care.
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Chapter 1: Introduction

Kinship care is a practice of placing children with family (particularly grandparents) to “keep the family together,” rather than having the children grow up in the foster care system when biological parents are unable or unwilling to care for them (Edwards & Daire, 2006; Whitley, Kelley, Williams, & Mabry, 2007). Dating back to the 1800s, the United States responded to the growing number of children in need through children protection specific policies. The historical development of policies focused on the understanding that the needs of children were distinct from those of adults, forming a movement to protect children at all cost (U.S. Department of Health and Human Services, 2000). Within the last decade, child welfare agencies have relied heavily on placing these children within kinship care.

Over time, the nuclear family structure in the United States has changed dramatically. One of these changes includes an increase in African American grandparents raising their grandchildren in biological parent-absent homes (Kelch-Oliver, 2011). According to the U.S. Census (2010), 2.7 million grandparents are responsible for the basic needs of one or more grandchildren living under their care. Of the 2.7 million grandparents raising their grandchildren, 1.7 million are grandmothers (U.S. Census, 2010). While the phenomenon of grandmothers caring for their grandchildren exists in all socioeconomic and cultural groups, it is most prevalent among the low socioeconomic marginalized populations, predominately within the African American community (Bene, 2010). Historically, African American grandmothers have been anchors of the family,
fulfilling a role as surrogate parents for their grandchildren. (Thomas, Sperry, & Yarbrough, 2000). In 2014, the U.S. Census Bureau reported 320 million people living in the US, of whom 74 million were children. The racial breakdown of children within the US represents approximately: 52 % (38.3 million) White, non-Hispanic; 24 % (17.6 million) Hispanic; 14 % (10.3 million) Black, non-Hispanic; 5% (3.7 million) Asian, non-Hispanic; and 5 % (3.7 million) non-Hispanic representing other races. The 2010 U.S. Census Bureau stated over 20% (14.7 million) of children reside solely with grandparents and 28% (20.6 million) of those children are African American (U.S. Department of Commerce Economic and Statistic Administration, 2012). The traditional American family structure is slowly disappearing replaced by family dynamics reflecting for example, single parent homes, and grandparent headed homes. According to “America’s Children, 2015”

In 2014, there were 74 million children ages 0-17. Sixty-four percent lived with two married parents, 4 percent with two biological or adoptive parents, 24 percent lived with only their mothers, 4 percent lived with only their fathers and 4 percent lived with no parent. Among the 4 percent (2.8 million) not living with their parents, 56 percent (1.6 million) lived with their grandparents. (p 2)

This study looked at the lived experiences of young adult males raised by their grandmothers, to determine their resiliency after being raised in kinship care, to gain an understanding of their perceived challenges and relationship with their grandmothers, and to highlight to what extent social support systems impact their ability to maintain resiliency and prepare them to transition out of kinship care.
Kelley, Whitley, and Campos (2011) stated, “Being raised by grandparents can occur abruptly after a long and difficult period with the biological parent. Often times, there are multiple and interrelated reasons why children are raised by grandparents.” (p. 2138). Some of those reasons are due to factors such as: child maltreatment, parental drug abuse, parental abandonment, teen pregnancy, domestic violence, parent incarceration, and death of a parent (Bene, 2010; Dolbin-MacNab & Keiley, 2009; Edwards, 2006; Edwards & Daire, 2006; Kelch-Oliver, 2011; Lever, & Wilson, 2005; Ross, & Aday, 2006; Sands, Glen, & Shin, 2009; Tompkins, 2007; Whitley, Kelly, & Campos, 2011). The majority of the participants within this study, according to their understanding, were removed from parental custody of their biological parents to reside with their grandmothers due to their parents being deemed unfit by the judicial system to care for their children. Research (Lever and Wilson, 2005) indicates that these factors can cause challenges to grandmothers as they struggle with the added responsibilities along with other demands. Some of these challenges experienced by grandmothers are medical problems, emotional stress, frustration, and anxiety (Lever & Wilson, 2005; Ross & Aday, 2006; Whitely, Kelley, & Sipe, 2001; Whitley, Kelley, & Campos, 2011). It is well documented that African American grandmothers experience numerous emotions and difficulties as they care for their grandchildren; however, the experiences of the grandchildren have yet to be fully explored (Bene, 2010; Dolbin-MacNab & Keiley, 2009; Kelch-Oliver, 2011; Lever & Wilson, 2005; Sands, Glen, & Shin, 2009; Tompkins, 2007).

The phenomena of African American grandmothers taking on the primary custodial role of their grandchildren due to the absence of the child’s biological parent is
well studied (Kelch-Oliver, 2011; Scannapieco & Jackson, 1996; Shearin, 2007; Tompkins, 2007). Grandmothers may experience a multitude of challenges associated with caring for their grandchildren, such as emotional stress, anxiety, and physical disabilities (Edwards & Daire, 2006; Lever & Wilson, 2005; Ross & Aday, 2006; Whitely, Kelley, & Sipe, 2001; Whitley, Kelley, & Campos, 2011). The implementation of interventions, such as supportive services through nonprofit organizations, was created to address the challenges associated with grandparents raising their grandchildren. The National Family Caregiver Support Act of 2000, in conjunction with the reauthorization of the Older Americans Act of 2000, created the National Family Caregiver Support Program. This program supports older adults (including grandparents caring for their grandchildren) to receive city and state funds to provide resources to assist with caregiving responsibilities (Burnette, Sun, & Sun, 2012). These services include, but are not limited to; information and referrals to community services, individual and group supportive counseling, educational trainings and workshops, temporary relief from caregiving responsibilities, and a one-time only assistance with caregiving expenses (Burnette et al., 2012). Furthermore, these services include housing for grandparents raising their grandchildren. This is a critical asset as housing security is a pervasive challenge and a major source of anxiety. Burnette, Sun, and Sun (2012) state, Children are prohibited from living in senior housing facilities in the U.S., which creates a serious obstacle to suitable living arrangements for grandparent caregiver families in urban high rise apartments. Grandparent Family Apartments in New York City are funded by a mix of public housing funds, non-profits, and philanthropic grants, and feature child-safe, elderly-friendly apartments, separate
and common spaces for each generation, and specialized services, such as tutoring and parenting programs, as well as intergenerational programming. (p 52)

In line with the services required under the National Family Caregiver Support Services Program, Emerson's Grandfamily Services (EGS) has become a beacon of hope for 55 grandparents and 134 grandchildren living in the Northeast region. Emerson’s Grandfamily Services was founded in the 1960s when a small group of volunteers banded together to help care for older members of their church community. This multi-service agency is comprised of several senior centers, providing recreational activities and meals for the older adult population, caregiver support programs, providing short-term services to assist with senior care, and the Emerson's Grandfamily Apartments (EGA), built specifically for grandparents raising grandchildren. EGS provides referrals, counseling, parent education, temporary relief from caregiving responsibilities (also known as respite), a youth after school program, and programs created to assist young adults, ages 16-24.

**Grandparent services in kinship care.** EGS provides grandparents raising their grandchildren resources needed to assist in caring for their grandchildren. Grandparents who reside within EGA have access to services within the building, 5 days a week, from 10a.m. – 6p.m. A caseworker is assigned to assist the grandfamily’s needs. Services on site include referrals, counseling, parent education, temporary respite, weekly grandparent support group, and monthly education and trainings. There are also monthly outings in and out of the community, for example, Broadway shows and shopping trips, in order for the grandparents to participate in spending adult time in addition to raising their grandchildren.
Children, adolescent and young adult services in kinship care. EGS children, adolescent, and young adult services are structured holistically to meet the needs of grandchildren raised by their grandparents within EGA. The afterschool program operates Monday – Thursday from 2:45p.m. – 5:30p.m. The youth participating in the after school program are typically between the ages of 5 – 12 years old. The program is organized with daily homework assistance, tutoring in major subject areas (math, English, and writing), activities (board games, arts and craft, etc.), and educational workshops (nutrition, self-care, etc.). The after-school program also serves a dual purpose, allowing grandparents respite hours before the youth returns home.

The young adult program empowers young adults raised by their grandparents to embrace adulthood as they begin to embark on the next phase of their lives. For the purpose of this study, the young adults between the ages of 18 – 24, represent individuals who were raised by African American grandmothers. The young adult program serves young adults ages 16 - 24, and provides support through: individual counseling, education and training, college preparation, and employment guidance. It is crucial to the young adults’ success that they are held accountable to make provisions for their education and livelihood as they prepare to transition out of EGS. Without structured support systems such as the young adult programs at EGS, as these youth begin to enter the next phase of their lives, they begin with a disadvantage, not having access to resources needed to live healthy and productive lives.

Problem Statement

Grandchildren may suffer from emotional disorders being raised within grandparent headed families, due to feelings of abandonment, resentment causing
disruptive behavior, and poor academic performance (Edwards, 2006; Edwards & Daire, 2006; Kelch-Oliver, 2011; Kelly, Whitley, & Campos, 2011; Storm & Storm, 2011;)

Yet, as grandchildren become young adults, it is unclear how they process the idea of transferring out of kinship care subsequently to live on their own as well as their understanding of being raised in a grandparent headed household. Studying the stress, coping capacity, crisis and its resolution from the perspective of grandchildren, who are now young adults (in particular young adult males), has the potential to add to what is already well established using the perspectives of grandmothers, teachers, and human services professionals.

Theoretical Rationale

This study focused on a two dimensional theoretical framework: (a) McCubbin & Patterson’s (1983) theory of family stress and adaptation (double ABCX model) as the primary theoretical rationale and (b) Erikson’s (1968) eight stages of psychosocial development to determine the resiliency of young adult males who were raised by their grandmothers.

McCubbin and Patterson’s (1983) theory of family stress and adaptation (double ABCX model) concentrates on post crisis variables to explain and predict why some families recover from crisis while other families stay vulnerable or deteriorate after crises. This theory expanded on the original family stress model of Rueben Hill in 1949, in an effort to create their resiliency model in 1983. Reuben Hill’s 1949 ABCX family stress model studied families’ responses to war, war separation, and eventual reunion of families after WWII (McCubbin & Patterson, 1983b). The ABCX model focused on stressors and the families’ response to stress while dealing with life events. The formula
for the ABCX model illustrated the steps that lead to crisis and a family’s response for dealing with the crisis. The A represents the event/stressor that the family is faced with; B represents the resources available to assist the family deal with the crisis; C represents the families’ perception of the event; and X represents the crisis. The interaction between A stressors, B family resources, and C perception of events as the stressor is what defines X as a crisis for any individual family. McCubbin and Patterson added to Hill’s theory to create the double ABCX model of family behavior and added the post crisis variables in an effort to describe: aA representing the additional life stressors which shape the course of family adaption; bB representing the resources that the families acquire over time in order to manage the crisis; cC representing the changes in the definition to the crisis, after the family makes sense of the situation; dD representing the families coping strategies; and eE the outcomes of the families efforts (McCubbin & Patterson, 1983). There are two distinct parts of the double ABCX model that expounded the original ABCX model of Hill (1949). The adjustment phase speaks to the families establishing stability through coping strategies after a crisis, and the adaptation phase describes the family making necessary changes such as established roles, rules, and goals to the family structure in order to adapt to the crisis (McCubbin & Patterson, 1983).

Erikson’s theory of psychosocial development, as the secondary framework for this study, focuses on the social context of an individual’s personality development (Erikson, 1968). Erikson’s theory expands on Freud’s stages of psychosexual development and describes eight stages of psychosocial development that span over a lifetime (childhood to adulthood). Table 1.1 illustrates Erikson’s eight stages of psychosocial development. Erikson believed that successful completion of each stage...
leads to a healthy personality, thus a healthy individual. Failure to successfully complete each stage can affect an individual’s personality, therefore resulting in an unhealthy personality and sense of self (Erikson, 1968).

Table 1.1

*Erikson 8 Stages of Psychosocial Development*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Psychosocial Crisis</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (Birth to 18 months)</td>
<td>Trust vs Mistrust</td>
<td>Developing a trusting relationship with their caregiver</td>
</tr>
<tr>
<td>Early Childhood (age 2 to 3)</td>
<td>Autonomy vs Shame/Doubt</td>
<td>Developing physical skills for the child’s independence</td>
</tr>
<tr>
<td>Preschool (age 3 to 5)</td>
<td>Initiative vs guilt</td>
<td>Developing the skill in asserting control and power over their environment</td>
</tr>
<tr>
<td>School Age (age 6 to 11)</td>
<td>Industry vs Inferiority</td>
<td>Coping with social and academic demands</td>
</tr>
<tr>
<td>Adolescence (age 12 to 18)</td>
<td>Identity vs Role confusion</td>
<td>Developing a sense of self and personal identity.</td>
</tr>
<tr>
<td>Young Adulthood (age 19-40)</td>
<td>Intimacy vs Isolation</td>
<td>Formulation intimate and long relationships with other people.</td>
</tr>
<tr>
<td>Middle Adulthood (age 40 to 65)</td>
<td>Generativity vs Stagnation</td>
<td>Creating and nurturing things that will outlast the adult, that is having children</td>
</tr>
<tr>
<td>Maturity (age 65 to death)</td>
<td>Ego integrity vs Despair</td>
<td>Looking back on life and feeling a sense of fulfillment</td>
</tr>
</tbody>
</table>
For the purpose of this study, the researcher focused on the adolescent stage, stage 5 and the young adulthood stage, stage 6. Within the adolescent stage (ages 12-18), the adolescents attempt to establish connections within their environment, cultivate relationships with their peers, and formulate a clear sense of identity (Erikson, 1968; Guptia & Thapliyal, 2015). Within the young adulthood stage (ages 19-40), individuals seek love and intimacy from people with whom they interact, friendships or relationships (Erikson, 1959, 1968). If unsuccessfully completed this can cause isolation among the young adults, thus affecting how this individual will function within the next 2 phases (Middle-age Adult and Older Adult) of their development (Erikson, 1968). The core concept in Erickson’s theory is the concept of identity which becomes the main factor within the adolescent stage. The identity factor is divided into two ideas: (a) self-concept, which describes the way an individual views themselves, and (b) self-esteem, which describes the way an individual evaluates their self-worth (Guptia & Thapliyal, 2015).

Erikson’s theory of psychosocial development sheds light on the resiliency of grandchildren who experience trauma and their ability to adapt to the environment of residing with their grandmothers, if successful in each stage of development leading up to adulthood. As these children begin to enter into adulthood, unaddressed issues can develop into multiple challenges associated with the trauma, such as psychological distress, and emotional disorders (Bramlett & Blumberg, 2007; Edwards, 2006; Edwards & Daire, 2006; Kelch-Oliver, 2011; Kelley, Whitley, & Campos, 2011; Storm & Storm, 2011).
Statement of Purpose

The purpose of this study was to explore the lived experiences of young adult males, raised by their grandmothers, supported by a nonprofit organizations, and determine the extent to which their overall needs are met and resiliency is developed. Children raised by grandparents are often traumatized by the absence of the biological parents (Edwards & Daire, 2006). Developing resiliency is key to healthy living. This study seeks to understand the perceptions of these children as they navigate this different microsystem than the one they were born within. This study seeks to understand the extent to which they find themselves as young adults capable and striving. This study also addressed the perceived challenges by these young adult males, as well as their understanding of their relationships with their grandmothers. This study also explored these young adult males’ understanding of preparing to transition out of kinship care, as well as their sense of self concept and resiliency.

Research Questions

1. What are the perceptions of young adult males regarding their relationship with their African American grandmothers?

2. What challenges do young adult males experience being raised by African American grandmothers?

3. To what extent do supportive services impact young adult males raised in kinship care?

4. What are the factors that determine resiliency of young adult males raised by African American grandmothers?
5. What are the self-perceptions of young adult males raised by African American grandmothers regarding their own resilience?

Potential Significance of the Study

According to the U.S. Census (2010), 4.9 million grandchildren are being raised by their grandparents. This number has more than doubled from 2.4 million grandchildren reported in the 2000 U.S. Census. This alarming number has prompted researchers to report on the dynamics of grandmothers as caregivers, as well as studies devoted to the grandmothers’ perspective, yet the experiences of the grandchildren are unexplored and not well understood phenomenon (Bene, 2010; Dolbin-MacNab & Keiley, 2009; Kelch-Oliver, 2011; Lever & Wilson, 2005; Sands, Glen, & Shin, 2009; Tompkins, 2007). With the projected number of children expecting to increase to 76.3 million by 2030 (U.S. Census, 2010), it is clear that an increase in grandmothers raising grandchildren is likely. Learning the dynamics of this phenomenon from the young adult male perspective allows for a more in depth understanding of their experience. This study provided insight from their points of view and the extent to which supports from, their grandmothers, the nonprofit organization, and family and friends are effective to their overall development. This study also adds value to what currently exists and will advance knowledge in the field of kinship caregiving, from the perspective of young adult males. So to this study will provide policy makers with a perspective that will inform future regulations, practices, and resource allocations. The grandson’s perspective as a young adult has been silent and giving it voice is a major tenet of this study.
Definitions of Terms

*Biological Parent* is an individual who has given birth to and/or that has a generic link to the child that can be identified as the child’s mother or father (Kelch-Oliver, 2011).

*Emerson’s Grandfamily Services (EGS)* For the purpose of this study, EGS is pseudonym given to the agency represented within this study. It represents the nonprofit organization that provides social services to the grand families (grandparents and grandchildren) who reside within the grandparent family apartment.

*Grandparent Headed Family (GHF)* describes the grandparent being the head of the family, supporting those who reside within the home (Kelch-Oliver, 2011).

*Grand Families* is a term used to describe grandparents who are caring for their grandchildren, typically grandmothers and their grandchildren. (Kelch-Oliver, 2011).

*Kinship care* is the primary practice in placing children with family (particularly grandparent) to “keep the family together” rather than have the children grow up in the welfare system (Whitley et al., 2007).

*Marginalized Population* is defined as populations that are those excluded from mainstream social, economic, cultural, or political life (Bene, 2010).

*Nuclear Family* describes the traditional family, with a heterosexual married couple (“America’s Children,” 2015).

*Parent- absent home* is when the biological and/or the adoptive parent does not reside within the home of the child (Kelch-Oliver, 2011).

*Phenomenon* describes the meaning for several individuals and their lived experiences of a concept (Creswell, 2013).
Resiliency is the concept that typically refers to the ability to recover from or adjust easily to misfortune or sustained life stress. It also refers to the capacity to respond and endure or develop and master in spite of life stressors or adversity (Sands, Glen, & Shin, 2009).

Respite is the relief for caregiving responsibilities (National Family Caregiver Support Act of 2000).

Self-concept "is the set of beliefs one has about oneself" (Guptia & Thapliyal, 2015).

Young Adult is defined in Erik Erikson's 8 Stages of Psychosocial Development in stage 6: Young Adulthood (age 19 - 40). This stage is when childhood/youth end and the individual’s life begins with the development of intimacy, described as one's ability to relate to another human being on a deep and personal level (Erikson, 1959 & 1968).

Chapter Summary

Over the past 40 years, a shift in the nuclear family has occurred, reflecting an increase of grandparents raising their grandchildren. It is reported that 2.7 million grandparents (1.7 million are grandmothers) are raising one or more grandchildren, numbering 4.9 million (U.S. Census, 2010). Grandmothers taking on this responsibility are faced with many challenges, such as stress and anxiety, associated with this new role (Lever & Wilson, 2005). Grandmothers are better equipped to meet the needs of the grandchildren they are raising when supported by nonprofit organizations which provide services such as information and referrals to available community services and housing (Burnette et al. 2012). Special housing for grandparents raising grandchildren is essential as children are prohibited from living in senior housing facilities in the US (Burnette et
Grandparent Family Apartments, like EGA, provide child-safe, elderly-friendly apartments, with specialized services for the grandparent and grandchild. With all that is reported on the experiences and challenges of grandparents raising grandchildren, little is reported on the lived experiences of young adult males being raised by their grandmothers. The work of Sands et al., (2009), which studied the perspectives of grandchildren, age 17 years old and younger, both boys and girls, cared for by their grandparents, responded to this gap in the literature. According to Sands et al., (2009), there is a plethora of research pertaining to the perspective of grandparents raising their grandchildren; however there is little attention given to the voices of the grandchildren.

Children represented over 73.6 million living in the United States in 2014. African American grandchildren, compared to 10% of Hispanic and White grandchildren, make up 90% of grandchildren being raised by their grandmothers in the United States (U.S. Census Bureau, 2010). Like their grandmothers, grandchildren are at risk emotionally, behaviorally, and physically due to their history of family disruption and being placed within the home of a grandparent (Kelch-Oliver, 2011). Feelings of rejection due to parental abandonment can produce occasional feelings of depression and resentment, causing a child to behave disruptively toward those who are least likely to strike back, that is the grandparent (Storm & Storm, 2011). The need of support from their grandmothers, family, friends, and social services is essential to their success, as they embark on life’s challenges of abandonment issues, misconduct, educational life lessons, health concerns, intergenerational differences, and as these young adults self-reflect on their journey in kinship care. As these grandchildren become young adults,
their perceptions of their lived experiences through their own voices, their interpretations of the nature of the relationships with their grandmothers, and resiliency in the context of their environment, is key to better understand the impact of children being placed in kinship care. While the perspective of young males is no more important than those of young females, for the purpose of this study the focus will highlight the perspective of the young males raised by their African American grandmothers. Chapter 2 examines the literature in support of the dissertation topic. Chapter 3 provides a detailed overview of the research methodology used in this qualitative study. Chapter 4 presents the major findings of the study, which includes seven themes: support, abandonment, misconduct, education, generational gap, health, and self-reflection. Chapter 5 provides implications of the findings, the limitations of the study, and recommendations for policy and future practice.
Chapter 2: Review of the Literature

Introduction and Purpose

Grandmothers as primary caregivers of their grandchildren are experiencing multiple levels of difficulties, such as minimal social connections, reflecting limited time spent with their peers and lack of self-care to focus on their needs; declining physical and emotional wellbeing, such as body pain, general mental illness, stress, and feelings of fatigue; and an increase in financial expenses as they often live on a fixed income (Edwards & Daire, 2006; Lever & Wilson, 2005; Ross & Aday, 2006; Whitley, Kelley, & Sipe, 2001; Whitley, Kelley, & Campos, 2011). Similarly grandsons raised by grandparents suffer from the loss of being removed from their parents and the new circumstance of being raised by grandparents. Some of these challenges are seen in areas of poor academic performance, emotional disorders due to feelings of abandonment, and disruptive behaviors identified as “acting out” (Bramlett & Blumberg, 2007; Edwards, 2006; Edwards & Daire, 2006; Kelch-Oliver, 2011; Kelley et al., 2011; Storm & Storm, 2011).

Access to effective interventions is key in addressing some of the problems grandparents and grandchildren experience within their kinship relationship (Collins, 2011; Edwards & Daire, 2006; Hayslip & Kaminski, 2005; Thomas et al., 2000; Ziminski, 2007). The use of well-funded intervention programs can go a long way to assist in the transitions of grandsons into kinship care. These interventions include grandfamilies’ connections to social networks, such as church, social groups, family,
friends, school counselors and psychologists’, support groups, and counseling. The phenomena of grandmothers raising grandchildren has been studied through qualitative and quantitative methodologies primarily through the perspectives of grandparents and educators (Kelch-Oliver, 2011). Understanding the perspective of grandsons raised by their grandmothers is crucial, as it gives insight in the lived experiences of young adult males raised by their grandmothers, and how they prepare to transition out of kinship care as adult males.

**Review of the Literature**

This section is organized thematically focusing on six major themes. It includes the history of the African American family structure, the challenges of grandmothers raising grandchildren, the known behaviors and problems associated with grandchildren raised by their grandparents, the relationship between grandchildren and grandparents in GHFs, resiliency of young adults raised within GHFs, and effective interventions and supportive services for grandfamilies.

**The history of African American family structure.** The African American family structure is rooted in strength and stability. The strengths of the African American family can be attributed to these families being a part of the kinship network. Historically, the preservation of the African American family lineage spans from slavery to the years of the Civil Rights movement (Scannapeico & Jackson, 1996). African American families were built on two generations residing within the same household, representing a mother/wife, father/husband, and children (Revell & McGhee, 2012). According to Revell (2015) both parents, mother and father within the African American family are instrumental in the rearing of a child, in order for the child to reach their full
potential in life. Over time, these families moved to a three-generational family structure, adding extended family members, in particular grandparents due to factors, such as social and economic decline (Dunifon, 2013; Revell & McGhee, 2012). Children within the African American culture are seen as the central part of the family unit, utilizing family members and the community to teach children the essentials of life (Revell & McGhee, 2012). These children make up the majority of children entering into kinship care validating the strength and bond to maintain the family unit. The value of extended family within the African American community must be understood in order to preserve the culture of the African American family unit (Scannapeico & Jackson, 1996). As strong as the African American family unit was intended to be, circumstances such as parental abandonment, parent incarceration, and child maltreatment (Bene, 2010) intervened and disrupted the family unit. This caused the removal of children from parental care and placed in kinship care primarily with grandparents.

Ingram (1996) and Collins (2012), describe kinship care as the use of relatives as an alternative to the placement of a child with unrelated families. The intended purpose of kinship placement of a child is to preserve family ties and reduce the trauma of separation from the child’s parents to the care of the grandparent. For this particular reason, child welfare agencies have relied heavily on this practice for permanent placement of children (Ingram, 1996). With an expected increase of children to occur by 2030 (U.S. Census, 2010), it is likely that grandmothers raising their grandchildren will also increase. Custodial grandmothers can provide love, security, encouragement, and structure for the grandchild who might otherwise have been placed in foster care (Hayslip & Kaminski, 2005). Grandmothers taking on this responsibility may experience multiple
challenges which may affect their overall physical and mental health, as well as their grandchild’s health.

**The challenges of grandmothers raising grandchildren.** At a time when most grandparents look forward to retirement with a more leisure schedule, some are faced with the responsibility of raising their grandchildren with no parental support (Ross & Aday, 2006). Associated with the new role as primary care provider, grandmothers experience the gratification of raising their grandchildren instead of placing them in foster care but also experience multiple challenges, such as physical, emotional, and financial stress, as well as intergenerational disconnection (Lever & Wilson, 2005).

**Physical challenges.** The physical capacity of keeping up with children, active as they may be, can be a strenuous task especially for older adults. Whitely, Kelley, and Sipe (2001) conducted a survey using a quantitative tool to gather the perceptions of 100 African American grandmothers regarding their health, while caring for their grandchildren. The tool measured physical functioning, body pain, limitations, general mental illness, social functioning, such as activities with social groups, vitality representing fatigue/energy, and overall general health. The study found that grandmothers who were caregivers of their grandchildren suffered from lower physical functioning such as experiencing body pain, social functioning representing limited to no social activity, and general perceptions of health. The results indicated that grandmothers serving in a caregiving capacity need to preserve their overall health through consistent follow-up with primary medical doctors and keeping up with required medication. Preserving their overall health will allow grandparents to better care for their grandchildren. Physical challenges of grandparents who care for their grandchildren can
also become problematic due to lack of access to medical services and/or extensive time constraints as a result of caregiving responsibilities, thus forcing grandparents to utilize the emergency room and urgent care facilities more frequently (Whitley, Kelley, Williams, & Mabry, 2007). Other factors play into the accessibility of primary care for grandparents caring for their grandchildren, including limited financial means.

**Financial challenges.** Financial challenges become an issue for grandparents raising grandchildren due to grandparents living on a fixed income with limited access to and/or knowledge of resources (Whitley et al., 2007). Grandparents that have formal custodial care of their grandchildren have access to financial assistance (Cooper, 2012). However, due to families’ lack of information of regarding available services and or reluctance to receive services due to a negative experience with the child welfare system, their access to services might be affected (Cooper, 2012; Whitley et al., 2007).

According to Cooper (2012), formal kinship care is available in a number of states, allowing relative family members to care for children in the absence of their biological parent, usually recommended by child welfare and upheld within the court. Formal kinship families can receive services such as Temporary Assistance to Needy Families, also known as TANIF. TANIF is a child-only grant, provided by Medicaid to cover medical needs and food stamps for children (Cooper, 2012; Whitley et al., 2007).

Securing appropriate housing is a serious financial hurdle for grandparents raising grandchildren. Many grandparent caregivers are paying a large portion of their fixed income on rent. Because children are not allowed to reside within senior housing, grandparent caregivers do not have access to discounted rates to senior living (Fuller-Thompson & Minkler, 2003; Hayslip & Kaminski, 2005). According to Burnette et al.,
“Children are prohibited from living in senior housing facilities in the US, which creates a serious obstacle to suitable living arrangements for grandparent caregiver families…” (p 52). Child welfare mandates state that certain living accommodations must be upheld in order for caregivers to maintain custody of a child such as the number of bedrooms per family member (Little, 2007). This poses a problem for grandparents living on a fixed income to make an adjustment of this magnitude. With all that is associated with grandmothers caring for their grandchildren, such as experiencing physical difficulties, and trying to adhere to housing accommodations to maintain custody of their grandchildren, growing stressors of mental and psychological issues can be added to their caregiving role.

**Emotional challenge.** Lever and Wilson (2005) explored the challenges that grandparents raising their grandchildren experienced as a result of grandchildren being removed from parental custody. Utilizing the context presented in the work of Carter and McGoldrick “The Life Cycle,” 2005, Lever and Wilson (2005) reviewed the emotional challenges tied to kinship caregiving. They found that grandparents taking on the responsibility of parenting experienced a sense of resentment, and the grandchildren experience grief from being removed from parental custody. They also found both grandparents and grandchildren struggle to identify their role within their new family structure (Lever & Wilson, 2005). Grandparents who become caregivers usually assume this role within the middle to older adult stage of life at a time of their new found freedom as they begin to prepare for retirement (Lever & Wilson, 2005). Also reflected during this time, grandparents may begin to reflect on recognizing their own successes, deepening of friendships, and embarking on things they couldn’t do prior to retirement.
(Lever & Wilson, 2005). Resentment may come to fruition as grandparents raising their grandchildren realize their plans for retirement may need to be put on hold in order to focus on their caregiving role (Lever & Wilson, 2005). Grandparents, similar to grandchildren may experience grief and loss due to the nature of how their grandchildren came to live in the grandmothers’ custody (Lever & Wilson, 2005). Utilizing professional assistance through means of grief counseling for the family can be seen as beneficial. Fostering communication between the grandparent and grandchild in order to begin the process of expressing their feelings can create a cohesive family unit (Lever & Wilson, 2005). Support through interventions and access to resources for these families can also provide structure for these families to thrive and be successful.

Generational differences can be seen as an issue between the young and the old in the era of innovative technology and new language (Pew Research Center, 2009). This difference can also serve as emotional distress with the forever changing world as the generational divide can be seen as an obstacle. This is due to the disconnection between what was acceptable in past generations and what is acceptable in today’s society. The challenges of raising grandchildren later in life may contribute to the growing amount of stress for grandparents ultimately having some effect on the grandchild’s development. In order to reduce the generational differences between the young and the old, quality time spent between the generations is important (Pew Research Center, 2009). Caregivers reported having fewer arguments with the children in their care, all increased time spent with the child (Pew Research Center, 2009). While the generational divide may continue to exist, it is clear that communication and time spent between generations is fundamental to better understand and accept the differences.
Grandparents are experiencing physical, financial, and emotional challenges raising their grandchildren (Edwards & Daire, 2006; Lever & Wilson, 2005; Ross & Aday, 2006; Whitely, et al., 2001; Whitley et al., 2011). Utilizing effective coping strategies, maintaining connection to community resources, and fostering consistent communication with their grandchildren can decrease their stress, leading to an increase of self-control, acceptability of parental role, positive reappraisal for grandchildren, and effective problem solving (Ross & Aday, 2006). These challenges are not only prevalent with grandmothers raising their grandchildren; grandchildren also may face challenges associated with the new family structure, such as, emotional and behavioral problems.

**Known behaviors and problems of grandchildren raised in GHFs.**

Grandchildren are at risk emotionally, behaviorally, physically, and academically due to their history of family disruption being raised by a grandparent (Edwards & Daire, 2006; Edwards, 2006; Sands, Glen, & Shin, 2009; Shearin, 2007; Smith & Palmieri, 2007). While an abundant amount of research indicates the perceptions of grandparents raising their grandchildren, the experiences of grandchildren have yet to be fully explored from their perspective (Bene, 2010). Limited research highlights the emotional, behavioral, and physical problems associated with grandchildren raised in grandparent-headed families (Bramlett & Blumburg, 2007; Edwards, 2006; Edwards & Daire, 2006; Kelch-Oliver, 2011; Kelley et al., 2011; Sands et al., 2009; Smith & Palmieri, 2007; Storm & Storm, 2011).

**Emotional issues of grandchildren raised in GHFs.** Grandchildren being raised by grandparents can suffer emotional disorders (Storm & Storm, 2011). Feelings of rejection due to parental abandonment can produce occasional feelings of depression and
resentment which may cause a child to illustrate disruptive behavior toward those who are least likely to strike back, that is grandparent or school official (Storm & Storm, 2011). In order for children to reach maximum success, it is essential for both parents to take part in raising that child (Revell, 2015). Fathering, is especially critical in support of the African American family as they serve to form a solid foundation for the family as a whole (Revell, 2015). Smith and Palmieri (2007) explain that given the difficulties faced by children being raised by grandparents, in the absence of their biological parents, they tend to have more developmental issues such as a mental health diagnosis, than children being raised within another family setting. These emotional feelings for any child, especially those who have been removed from parental custody to reside with their grandmothers, can have lifelong effects leading into their adulthood. Storm and Storm (2011), Smith and Palmieri (2007) state for these children to have a chance of a healthy and successful life, grandparent involvement and intervention programs that meet the needs of the children are key.

Sands et al., (2009) and Kelch-Oliver (2011) identify the perception and experiences of school-age grandchildren being raised within a GHF through the use of a qualitative study. The majority of the grandchildren living with their grandparents are content, but may experience adjustment issues related to being removed from their parent(s) home (Sands et al., 2009). Grandchildren maintain a sense of security living within kinship care as opposed to being placed within foster care as it keeps them connected to their extended family. This provides children with a sense of family, culture, and belonging (Kelch-Oliver, 2011). The works of Sands et al., (2009) and Kelch –Oliver (2011) provide a rich and dense description that identifies a grandchild’s
experience of being raised by their grandparent. Their work refers to suggestions of interventions to assist with grandchildren’s transition into adulthood and provide specific client plans to adhere to the needs of the youth with no stipulations. Kelch-Oliver’s (2011) study offered a base of reference to review and consider for this study as it serves to adapt concepts of the study with two particular exceptions, the age and sex of the grandchild. This study explored the perception of grandchildren, focusing on young adult males raised by their grandmothers between the ages of 18-24. As grandchildren may exhibit emotional trauma or issues related to being removed from their parents care to live with their grandmother, they also may illustrate behavior problems.

**Behavioral issues of grandchildren raised in GHFs.** Many children raised by grandparents have experienced multiple adverse events that place them at risk for emotional and behavioral problems (Kelley, Whitley, & Campos, 2011). Some researchers (Edwards & Daire, 2006; Kelly et al., 2011) associate behavior problems of grandchildren raised in GHF to their environment and the well-being of their caregiver (particularly grandparents). Edwards (2006) conducted a comparative study to assess teachers' perceptions of a child’s behavior within the classroom based on whether they are being raised by their grandparent or their biological parent. The research findings corroborate the studies of Storm (2011), and Smith and Palmieri (2007), indicating children raised by their grandparents displayed behavioral and emotional problems that the teachers perceived to be disruptive.

**Physical issues of grandchildren raised in GHFs.** Like grandmothers who experience physical challenges raising their grandchildren, it has been found that children raised by their grandparents had the poorest health status of any youth group evaluated
Grandchildren exhibiting poor health is one of the factors related to why children are being removed from parental custody to live with their grandparents. These children come to live with their grandparents with limited to no medical history making them more susceptible to health issues (Bramlett & Blumburg, 2007). The lack of medical attention can limit the child’s ability to physically interact with their peers at school and to participate in extracurricular activities. To address this issue, assistance through Medicaid is offered to kinship families, providing primary medical care to preserve the grandchild’s overall health (Whitley et al., 2007).

It is clear through well-documented research that grandparents experience great challenges when they take on the responsibility of raising their grandchildren (Edwards & Daire, 2006; Lever & Wilson, 2005; Ross & Aday, 2006; Whitely et al., 2001; Whitley et al., 2011). Similarly, grandchildren who are removed from parental care to live with their grandparent experience behavior and other related problems. With all of the known emotional, physical, and financial challenges associated with grandparents and grandchildren in kinship care, building on the relationship of the grandparent and grandchild may be essential to a positive and cohesive family relationship.

The relationship between grandparents and their grandchildren. The relationship between grandparents and their grandchildren and the impact it has on the grandchild’s development is important for children to build resiliency and overcome the traumatic experiences which led them to live with their grandparent (Scannapeico & Jackson, 1996). There is limited research regarding the quality of grandparents’ parenting or the relationship they form with grandchildren in their care. In order to expound on the research of the parenting of grandparents within the kinship role, Gibson
(2005) conducted a qualitative study utilizing a strength-based perspective to capture the parenting strategies of 17 African American grandmothers raising their grandchildren. The findings indicated the grandmothers focused on seven strengths in their parenting of their grandchildren. The seven strengths were: maintaining effective communication, taking a strong role in the education of the grandchild, providing socioemotional support, involving extended family, involving grandchildren in selective community activities, acknowledging and working with the vulnerabilities of the grandchildren, and dealing with the absence of the biological parents (Gibson, 2005). The grandparents utilized the seven strengths to shape the abilities of their grandchildren in order to foster positive and productive adults. The grandmothers in this study focused on becoming better parents to their grandchildren, trying to rectify any mistakes made by the grandchildren’s biological parents (Gibson, 2005).

As grandparents begin building relationships with their grandchildren, the importance of grandparent involvement in academics and social activities is crucial to assist in the process of the grandchild adapting to their new lives in an effort to be resilient (Poehlmann, et al., 2008). Grandparents who stay connected to the process of the development of their grandchild foster a positive environment for the child to thrive and succeed (Storm & Storm, 2011). Dunifon (2013) states that children who reside within GHFs, may have different experiences from other children depending on the amount of support and involvement they receive from their grandparent. Grandparents’ intentions of providing a stable family environment for grandchildren who have been removed from parental custody is shown by their willingness to become the child’s primary caregiver. Grandparents for the most part are taking part in the lives of the
children in their care (Sands et al., 2009). However, for those grandparents who suffer from the limitations of older age, such as mobility and other health issues, taking part in the daily activities of the child in their care can be daunting (Sands et al., 2009). Family involvement can be beneficial in these circumstances, as it provides assistance in the transition of the child to the care of their grandmother, provides a sense of normalcy for the child as they remain within the family, and fosters growth within the relationship between the grandparent and grandchild (Shearin, 2007). Poehlmann et al., (2008) looks at grandchildren who do not thrive well in kinship care due to the lack of grandparent involvement. Grandchildren who receive less attention and/or involvement from their grandparent are more than likely to exhibit external behavioral problems within their lives (Poehlmann et al., 2008). This can be seen in any parenting dynamic, where if the primary care guardian is unable to be involved in the child’s life, the child is more susceptible to exhibit behavioral problems (Poehlmann et al., 2008). The success of kinship families relies on the grandparents’ involvement in the grandchild’s life and recognition of the importance of building a strong relationship with that child (Shearin, 2007).

**Resiliency of grandchildren raised in GHF.** Resiliency refers to the ability to recover from and/or adjust to misfortune or sustain life stressors (Sands et al., 2009). Resiliency among African American families to overcome environmental stressors allows for these families to maintain a healthy home environment (Scannapieco & Jackson, 1996). This can be seen in the dynamics of grandfamilies regarding the relationship between the grandmother and grandchild. Fostering family involvement allows for children within kinship care who may experience trauma to build resiliency by
maintaining some normalcy by remaining within their family (Shearin, 2007). Children feeling a sense of pride and accomplishment due to their grandparents involvement also allows them to be resilient and adapt to the circumstances which led them to live with their grandparent (Sands et al., 2009). McCubbin and Patterson’s (1983) Resiliency Theory concentrates on family stressors and why some families are resilient and recover from crises while others may stay vulnerable and deteriorate after crises. It describes the family's ability to cope with illness, or stressors looking at family strengths, resources, and coping/problem-solving abilities (Beckett, 2000). McCubbin and Patterson’s (1983) resiliency theory supports the strength depicted in the African American culture, illustrating the strength of the family unit. Grandparents who stay involved and/or connected within their grandchild’s life allows for the possibility for the grandchild, especially those who have been removed from parental custody and placed within kinship care, to become resilient and recover from crises. Grandparents who are unable to stay connected or involved with the day-to day lives of the grandchildren in their care can produce grandchildren who are more vulnerable and more apt to deteriorate after crises.

With literature highlighting grandparents’ and grandfamilies’ ability to become resilient, little is known regarding the resiliency of young adults raised by their grandmothers. Identifying ways young adults, raised in grandparent-headed homes, can adjust and adapt to crisis as well as identifying additional areas of intervention and support can be helpful for them as they transition out of kinship care.

**Intervention and support services for grandfamilies.** Interventions, resources, and social support for grandmothers and grandchildren are beneficial as they provide structure for these families to thrive and be successful. Most interventions are aimed at
grandparents raising grandchildren in order to strengthen their parenting skills, provide coping mechanisms, and offer much needed support (Thomas et al., 2000). Studies, such as Collins (2011), Edwards and Daire (2006), and Ziminski (2007), have focused on interventions specifically for school-age grandchildren raised within GHFs, as well as the family unit. A number of policy, program, and direct practice interventions as well as, social support services, have shown effectiveness in addressing the growing number of and challenges for grandmothers raising grandchildren in the US (Burnette et al., 2012; Lever & Wilson, 2005).

**Policy intervention.** The implementation of public policy interventions, such as supportive services through nonprofit organizations, was created to meet the challenges of grandparents raising their grandchildren. According to the U.S. Department of Health and Human Services (2016), The National Family Caregiver Support Act, of 2000, in conjunction with the reauthorization of the Older Americans Act created the National Family Caregiver Support Program (NFCSP). The NFCSP supports older adults, including grandparents caring for their grandchildren, distributing city and state funds to grandparents along with other resources. The purpose of these resources is to assist in alleviate some of the burden associated with caregiving responsibilities (Burnette et al., 2012). Services include information and referrals to available community services, individual and group supportive counseling, educational trainings and workshops, and temporary relief from caregiving responsibilities (Burnette et al., 2012).

Specific housing for grandparents caring for their grandchildren has become a public policy issue due to children being prohibited from living in senior housing facilities in the US. The concept of the Grandparent Family Apartments was created to
provide child-safe, elderly-friendly apartments, separate and common spaces for each generation, and specialized services, such as tutoring and parenting programs, as well as intergenerational programming (Burnette et al., 2012). Perticone’s (2007) Livable New York Resource Manual details information on the first grandfamily apartment created to house grandparents raising grandchildren. In 1998, it broke ground in Boston, MA. Seven years later, New York opened its doors to a similar project for grandparents raising their grandchildren. To date, there are 14 other grandfamily apartments either completed, under construction, or being planned for occupancy (Generations United, 2010).

**Professional and clinical intervention.** Social service providers and child welfare agencies are the frontline professional and clinical entities that are a key component of intervention for grandfamilies. According to Scannapieco and Jackson (1996), it is imperative to begin looking into social work practices to provide African American families resources needed to maintain their resilient nature while preserving the family unit. It is encouraged that the social service providers working with families ensure permanent placement for the children within kinship care. Furthermore, professional and clinical providers should acknowledge the importance of the extended family as a support system and include them within the grandchild’s care plan (Scannapieco & Jackson, 1996).

Ziminski (2007) conducted a study in the UK that focused on the complexity of systemic practices of child welfare and how social service agencies can benefit in children placed in kinship care. These practices focused on skills such as full assessments of the family, therapeutic work with the family, solution focused
interviewing, and parenting education and intergenerational therapy (Ziminski, 2007). The study specifically looked at the language and experience of the grandparent and grandchild to determine the needs of the family. The participants of Ziminski’s (2007) study were identified from the local child and adolescent clinics in southeast England representing 16 caregivers and 18 grandchildren. The results of study indicated that 12 of the 18 grandchildren had some mental health needs, mainly emotional and/or behavioral. The majority of caregivers experienced financial hardship and 12 of the 16 caregivers had some association with social services related to the child having temporary or permanent residence with the caregiver. All 16 caregivers stated that while some of their experience with social services or child welfare provided positive resources and support, the majority of the experience was disheartening due to lack of assistance, intrusion of privacy, and lack of respect. The study provided informative data that can be used for interventions while working with child welfare and social services. Ziminski (2007) states the importance of child welfare and social services providers to understand the dynamics of kinship care. Giving voice to these families and supporting their efforts to maintain the family unit will allow for these children to live a more productive life (Ziminski, 2007).

**Social support.** Social support for grandmothers raising grandchildren allows for grandmothers to receive additional support from the community, professional providers, faith base organizations, and school officials. Additionally, this provides an increase of knowledge of services available to kinship families (Bene, 2010; Burnette et al., 2012; Collin, 2012; Edwards and Daire, 2006; Lever & Wilson, 2005; Sand et al. 2009; Storm & Storm, 2011). Encouraging grandfamilies, to develop supportive networks within their local communities is a proactive method for these families to alleviate stress (Edwards &
Daire, 2006). Kresak, Gallagher, and Kelly (2014), indicted that having more impactful sources of support from family and friends can increase the quality of life for kinship families. Kresak et al., (2014) conducted a study to examine the sources of support and satisfaction ratings of family quality of life for 50 grandmothers raising grandchildren with or without a disability. The potential impact of four family characteristics were also reviewed. These include; (a) age of grandmother, (b) educational level of grandmother, (c) age of grandchild, and (d) presence of child disability on sources of support and family quality of life (Kresak et al., 2014). The overall results indicated that grandmothers raising grandchildren without a disability reported significantly more informal support than grandmothers raising children with a disability (Kresak et al., 2014). Kresak et al., (2014) validated building a support system through the use of strength based case management and support groups, as well as appropriate policies, programs, and outreach efforts are needed to better address the needs of grandparents raising their grandchildren.

Concentrating on the well-being of the grandparent, Edwards and Daire (2006), stressed the importance of support groups for grandparents to address the following issues: “role timing (caregiving role was unexpected), role ambiguity (parental role, sometimes with no legal custody), and role conflict (traditional and expected role as a grandparent versus surrogate parent role)” (p 116). Grandparents are at risk of increased emotional stress, yet they are without adequate social support (Hayslip & Kaminski, 2005). Social support from support groups facilitated by familiar social networks, such as faith-base and school-base support, can assist families in addressing their issues. Collin’s (2011) work focused on a growing number of elderly, single, grandmothers
raising their grandchildren within a faith-based setting. Through the use of facilitated support groups, interventions for these grandmothers centered around; health intervention to increase awareness, expanded information regarding social services: financial and legal resources, explored spiritual and religious resources, socio-emotional support, and utilization of youth programs to encourage respite. The benefit of these groups allowed for increased awareness and support for grandparents raising grandchildren. Edwards and Daire’s (2006) work highlighted the importance of school based interventions and the role that school professionals, school counselors, psychologists, and other school officials play to provide support for grandchildren raised by their grandparents. School based intervention include: support groups, social skills training, and peer /adult mentoring, each of which is geared to help managed the needs of children in kinship care.

Chapter Summary

The strength of the African American family can be attributed to their ties within the kinship network. African American families foster community and invest efforts in the wellbeing of their children, who are seen as the central theme for the family unit (Revell & McGhee, 2012). Due to many problems and issues with parents maintaining care for their children, children have been removed from their homes and placed in kinship care, primarily with grandparents (Edwards & Daire, 2006; Whitley et al., 2007). Over the past 20 years African American grandmothers have increasingly assumed the role of primary care custodians for their grandchildren due to the absence of the child’s biological parent (Kelch-Oliver, 2011). Faced with the new caregiving responsibility of raising their grandchildren, African American grandmothers are confronted with multiple challenges. Among these challenges are minimal time for
social activities, decrease in physical and mental health, increase in expenses and an intergenerational disconnection with their grandchild (Lever & Wilson, 2005). Similar to the challenges that grandmothers experience, grandchildren are at risk emotionally, behaviorally, physically, and academically due to their history of family disruption resulting in the grandchildren being raised by a grandparent (Edwards & Daire, 2006).

The literature illustrates that creating and maintaining the grandfamily relationship is key to the success in building resiliency after experiencing the stress of family disruption (Poehlmann et al., 2008; Scannapeico & Jackson, 1996). It also demonstrates that interventions and support services provide resources and structure for grandfamilies to deal and cope with any difficult change in their environment (Bene, 2010; Burnette et al., 2012; Collin, 2012; Edwards & Daire, 2006; Lever & Wilson, 2005; Sand et al., 2009; Storm & Storm, 2011; Ziminski, 2007). While the literature offers a rich depiction of the history of the African American family structure, challenges, the importance of kinship family relationships, the resiliency of young adults raised within GHFs, and effective interventions and supportive services for grandfamilies, it does not depict a fully explored interpretation of young adults who were raised by their grandmothers. Using McCubbin & Patterson (1983) theory of family stress and adaptation (double ABCX model) and Erikson’s theory of psychosocial development (1968), the researcher explored the experiences of young adult males, raised by their African American grandmothers, as they prepare to transition out of kinship care.
Chapter 3: Research Design Methodology

Introduction

The lived experience of young adult males raised within grandparent-headed families (GHF), through their own voices, is a phenomenon that has yet to be fully explored (Bene, 2010; Dolbin-MacNab & Keiley, 2009; Kelch-Oliver, 2011; Lever & Wilson, 2005; Sands, Glen, & Shin, 2009; Tompkins, 2007). For the purpose of this study, the researcher utilized qualitative research as the framework to explore and understand the experiences of young adult males raised by their grandmothers, as they prepare to transition out of kinship care. Exploring the lived experiences of this population, supported by a nonprofit organization, can be key in determining the extent to which their overall needs are met and resiliency is developed.

Qualitative research. Qualitative research is an approach that is used for exploring and understanding the meaning of individuals ascribed to a social or human problem Creswell (2014). It is characterized by its aims, which relate to understanding the questions about the “what”, “how”, or “why” of a phenomenon rather than “how many” or “how much”, which are answered by quantitative methods (McCusker & Gunaydin, 2015; Smith, Flowers, & Larkin, 2009). Qualitative research relies on the detailed description of human experiences and assumptions on a particular issue (Saldana, 2009). It offers a number of, such as the use of subjective information, unlimited flexibility in definable variables, and in-depth examinations that warrant a deeper understanding of a phenomenon (Saldana, 2009). Particularly when addressing
the phenomena of young adult males raised by their grandmothers, one advantage of using a qualitative approach is the ability to obtain information that can fill in the gap of research that has not been fully explored. While the use of a mixed-methods approach, quantitative and qualitative, was considered with respect to the general framework and analytical objectives of the study, for the purpose of this study the researcher utilized a qualitative approach as it seemed more suitable. The researcher sought to obtain a deep understanding of the participants’ interpretation of their lived experience being raised by their grandmother. Therefore, conducting qualitative research was more appropriate, particularly through interpretative phenomenological analysis (IPA).

**Interpretative phenomenological analysis (IPA).** The research design for this study provided specific direction for procedures and focused on interpretative phenomenological analysis (IPA) research. IPA is a specific qualitative approach that looks at the main aspect of a phenomenon but goes one step further and examines the individual’s personal experience and personal perception of the phenomena (Smith et al., 2009; Smith & Osborn, 2003). Historically, IPA emerged in the mid-1990s in order to make a mark in qualitative research centered in psychology. Its combined approach was not only to understand the experimental component of psychology, but to also understand the experiential component (Smith et al., 2009). Smith, Flowers, and Larkin (2009) identify IPA as a qualitative approach to understand the personal lived experience of an individual, by exploring the person’s relatedness to and involvement in a particular phenomenon. Smith and Osborn (2003), note that IPA also has emphasis on the role of the researcher in interpretation of the participants’ responses. Therefore, incorporating a two-stage interpretation process, the participants trying to make sense of their experience
and the researcher trying to make sense of the participants account of their experience (Smith & Osborn, 2003). Essentially, IPA explored the lived experience of young adult males raised in kinship care by their grandmothers.

Research questions in IPA are directed toward phenomenological material, examining an individual’s experiences, capturing their perceptions and views of the phenomenon, utilizing open-ended questions (Smith et al., 2009). For the purpose of this study, there were five research questions:

1. What are the perceptions of young adult males regarding their relationship with their African American grandmothers?
2. What challenges do young adult males experience being raised by African American grandmothers?
3. To what extent do supportive services have an impact on young adult males raised in kinship care?
4. What are the factors that determine resiliency of young adult males raised by their African American grandmothers?
5. What are the self-perceptions of young adult males, raised by African American grandmothers, regarding their own resilience?

Research Context

Setting. This study took place in one of the five boroughs of New York City, with participants who reside in a housing facility specifically structured for grandparents raising their grandchildren, the Emerson Grandfamily Apartment (EGA) building. EGA is a housing facility consisting of 55 units, 35 two-bedroom units and 20 three-bedroom units. EGA is equipped with a laundry room on each floor, a garden on the roof of the
building, 24-hour front desk security, and access to social services located on the lower level of the building. The social service program operates from 8a.m. – 6p.m., Monday through Friday, and provides activities for the children. There are four main qualifications for obtaining residency within the housing facility. The qualifications include: (a) the resident must have legal custody of the child who will reside with them in the housing facility, (b) the child must be 17 years old or younger, (c) the biological parent of the child cannot reside within the housing facility, and (d) the older adult must be 60 years of age or older and the biological grand or great-grandparent of the child.

Population. The population within the Emerson Grandfamily Apartment (EGA) represents 50 families, with a racial breakdown of 10% Hispanic and 90% African American. There are approximately 134 grandchildren residing in EGA, 60 of whom are grandchildren who are between the age 18 and 24 (41 are females and 19 are males). The researcher focused on the male population of 19.

Research Participants

Given the complexity of most human phenomenon, IPA research primarily focuses on quality not quantity, concentrating on a small number of participants within a study (Smith et al., 2009). This enables a detailed and time consuming case-by-case analysis and produces an in-depth examination of certain phenomena over a certain population (Picktiewicz & Smith, 2014). For the purpose of this study, the researcher used purposeful sampling to identify five participants. The concept of purposeful sampling allows for the researcher to select individuals who are knowledgeable about or experienced with the phenomenon being studied (Creswell, 2013). The five participants in the study are all young adult males, ages 18-24, raised by their grandmothers, who
reside in EGA and currently have access to services including individual counseling, education and training, college prep, employment guidance, mentorship with community leaders, and/or peer mentorship. Randy, Malik, Marcus, Elijah, and Jaden, were given as pseudonyms to the participants to protect their identity.

Each participant was identified by administering the Connor-Davidson Resilience Scale (CD-RISC). The scale was distributed by an EGA staff member during a monthly program meeting to 12 young adult males, age 18 – 24 who lived in EGA. The CD-RISC is a 25 question scale with a 5 point Likert-like scale, ranging from 0 (not at all) to 4 (true nearly all of the time). The scale is rated based on the participants total scores ranging from 0-100, with scores on the higher end indicating greater resiliency (Connor & Davidson, 2003). In order to maintain confidentiality as previously stated, the researcher created pseudonyms, as well as an ID# Identifier Sheet, listing a set of numbers starting from 9511601 (representing participant #1) to 9511619 (representing participant #19). This ID# served as an identifier of the participants who took the scale and who would be selected to take part in the interview portion of the study. The ID# Identifier Sheet had a line next to the ID# available to write in each participant’s name who took the scale. Each participant received the scale with the ID# already entered on top of the scale. Once the participant completed the scale, the participant returned the completed scale to the identified EGA staff member, who then wrote the participant’s name on the line next to the ID# that matched the ID# on the scale. The identified EGA staff member sealed all the scales and the ID# Identifier Sheet in a secured envelope and hand- delivered it to the researcher. The researcher compiled the scores of the scales to determine the percentage of young adult males who reflect low resiliency (scoring between 49 and below),
of moderate resiliency (scoring between 50 and 75), and high resiliency (scoring between 76 and 100). Of those 12 grandsons surveyed, the researcher selected five participants through purposeful sampling to participate in the in-depth interview process. The researcher’s expectation was to choose participants who presented a score of 76 to 100, reflecting high resiliency on the Connor-Davidson Resilience Scale. The identified EGA staff member hand delivered the introduction letter to the participants’ homes in order to enlist their participation in the study. All five participants verbally and with written consent agreed to participate in the interviews. Confidentiality was explained verbally and in written form to ensure that all participants were aware of the option to withdraw from the study, should the participant choose to at any time. The incentive for participation in the study was a $35.00 stipend.

**Instruments used in Data Collection**

In qualitative research the researcher is viewed as an instrument used within data collection, as the researcher uses strategies of observing, questioning, and listening, typically involved in a sustained and intense experience with the participants (Creswell, 2014). Particularly in IPA research, the researcher plays an active role engaging in an interpretive relationship with the participants’ responses in order to gain an understanding of their experience (Smith & Osborn, 2003). In this case, the researcher is seen as an instrument, conducting the interviews of the five participants. The researcher observed and participated in active listening during each interview in order to capture rich data. Other key instruments utilized in collecting data within this study, were the use of a resiliency scale for screening participants and in-depth interviews to obtain a deeper understanding of the lived experience of young adults males raised by their
grandmothers, as well as an audio-recorder and transcription system to document and capture verbatim statements from participants.

**Connor-Davidson Resilience scale.** The Connor-Davidson Resilience Scale (CD-RISC) is a scale 25 questions, 5 point Likert like scale, ranging from 0 to 4. The scale is rated based on the participants feelings and total scores range from 0-100, with higher scores reflecting greater resilience (Connor-Davidson Manual, 2016). The Connor-Davidson Resiliency Scale (CD-RISC) has been used in other studies, trusting the resiliency of student and young adults (Brown & Tylka, 2011; Hartley, 2011). Conner & Davidson (2003) state,

The CD-RISC has been in the general population, as well as in the clinical samples, and demonstrates sound psychometric properties, with good internal consistency and test-retest reliability. The scale exhibits validity relative to other measures of stress and hardiness, and reflects different levels of resilience in populations that are thought to be differentiated, among other ways, by their degree of resilience for example, general population versus patients with anxiety disorders. (p 81)

**In-depth interviews.** The researcher conducted semi-structured interviews with the five selected participants in order to collect rich data. Semi-structured interviews are centered on a flexible and fluid structure, and are usually organized around topics, themes, or areas to cover during the course of the interview, rather than a sequenced script of standardized questions (Beck-Lewis, Bryman, & Liao Futing, 2004). In order to capture basic demographic data, a demographic sheet containing five closed-ended questions was utilized for the participants at the beginning of the interview. During the
interviews, the researcher asked 12 open-ended questions for participants to answer. Interviews lasted less than an hour in a private location. Prior to the start of the interview, each participant was given a consent form indicating that the interview was optional and participants could decline to participate at any time prior or during the interview without any risks to services they are currently receiving. During the course of the interview, with permission from the participants, the interviews were audio-recorded to document responses to the interview questions. To check for authenticity and credibility, the researcher used the validity strategy of member checking. Creswell (2013), explains one way to check for validity in qualitative research is for the researcher to use member checking to determine the accuracy of the qualitative findings through taking a final report or specific questions back to participants and determine whether these participants feel that they are accurate. The researcher clarified the participants’ responses throughout the interview to ensure accurate data was being recorded. There was risk of emotional discomfort to questions related to parental loss, abandonment, and/or absence. A licensed social worker was made available for debriefing after each interview.

**Procedure for Data Collection and Analysis**

The data analysis of this study consisted of a sequential system detailed in Creswell (2014), in order to analyze the data collected through the interviews. First, while listening to the recordings, the researcher reviewed all data collected in the interviews. The researcher then downloaded the recordings on a secured laptop in order to save and send the recording for transcription to a third party vendor. Once the transcriptions were completed and returned to the researcher, the researcher was able to
review the transcribed data and make notes. The researcher then read through the transcripts, multiple times, to gain an understanding of the information collected, making notes throughout the documents. Note taking is key, as it assists with organizing the researcher’s thoughts and begin to create the initial codes of the data collected (Saldana, 2009). Second, the researcher organized the data by utilizing Microsoft Office Excel. The software was used to organize and analyze interviews, notes, and textual sources. This provided a secure location to store all the collected data, as well as easily retrieve information when needed. Third, the researcher described the essence of the phenomenon captured during the interviews through codes and themes. This task allowed for the researcher to organize the data by bracketing texts and writing words that represent the category (Creswell, 2014). Fourth, the researcher grouped all the codes into major categories. Finally, the researcher interpreted the data in order to obtain knowledge of how the phenomenon was experienced by the five participants interviewed. The interpretation and findings of the study was conducted through the lens of the double ABCX model and Erikson’s psychosocial development theory, particularly the young adult stage. This process provided a deeper understanding of these young adult males as they prepare to transition from living with their grandmothers and subsequently out of kinship care.

**Summary**

Young adult males raised by their grandmothers is a phenomenon that has yet to be fully explored (Bene, 2010; Kelch-Oliver, 2011; Lever & Wilson, 2005; Dolbin-MacNab & Keiley, 2009; Sands, Glen, & Shin, 2009; Tompkins, 2007)). The researcher’s decision for selecting an interpretative phenomenological analysis (IPA)
supports the foundation of this study as it allows the researcher to obtain the interpretations of the lived experiences of young adult males raised by their grandmothers. The researcher used the Conner-Davidson Resilience Scale as a screening tool to identify the sample population for this study. Through the use of purposeful sampling the researcher identified five participants to interview. The researcher focused on data analysis, including organizing the data, reviewing the data, coding the data into themes, and interpreting the data. Through the use of an interpretative phenomenological analysis (IPA), this research design examined the phenomenon of young adult males raised by grandmothers as they prepare to transition out of kinship care. The research provided insight into the phenomenon from the perspective from the young adult males, as well as interventions and supports for kinship families.
Chapter 4: Results

The researcher utilized interpretative phenomenological analysis to analyze the lived experiences of young adult males, raised by their African American grandmothers and determine if resiliency was developed. Through detailed experiences from the voices of the participants, the researcher explored the foundation to the phenomena of young males raised by their grandmothers and how they adjusted and adapted to their environment as they prepared to transition out of kinship care into adulthood. This chapter provides an overview of the research questions, description of the participants’ profiles and background characteristics, analysis of the data and findings from the Connor-Davidson Resilience Scale (CD-RISC) and description of the identification and frequency of the themes, and answers to the research questions.

Research Questions

1. What are the perceptions of young adult males regarding their relationship with their African American grandmothers?

2. What challenges do young adult males experience being raised by African American grandmothers?

3. To what extent do supportive services have an impact on young adult males raised in kinship care?

4. What are the factors that determine resiliency of young adult males raised by their African American grandmothers?
5. What are the self-perceptions of young adult males, raised by African American grandmothers regarding their own resilience?

Data Analysis and Findings

Research participants profile. The research participants had common and differing characteristics detailed in table 4.1 as an aggregate and more specifically as follows: The names of the research participants were changed to protect their identities.

Randy resides in the home with his grandmother and younger siblings. Growing up, he was involved in some criminal activity and was shot in his mid-teens. Now in his early 20s, he currently works with troubled youths at a youth center where he was recently promoted to a team leader and working full-time this summer.

Malik resides in the home with his grandmother and a younger sibling. He was a D average student in high school but while attending college increased his GPA to a B+ in order to maintain his spot on the college football team. Malik graduated college and moved back into the home to help care for his aging grandmother. Currently he has a full time job as a guidance counselor at a New York City middle school.

Marcus resides in the home with his grandmother. Growing up he was involved in illegal activity until his late teens. He recently found religion as a source of support and guidance in order to turn his life around. He takes part in a weekly prayer group with other young adults at a local church. He is currently working with social services to find employment for consistent income.

Elijah resides with his grandmother and two siblings. He received mediocre grades in high school and had no interest in attending college or trade school. He is
currently working full-time in a local clothing store and assists in caring for his younger siblings when he is not working to provide support to his aging grandmother.

Jaden resides with his grandmother and older sibling. Jaden enjoyed high school and looked forward to starting college, where he is currently taking classes part-time. With one year left of college, Jaden works full-time at an alternative high school and would like to one day become an entrepreneur.

Table 4.1

*Background Characteristics of Young Adult Males*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Data</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>18-21</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>22-24</td>
<td>4</td>
</tr>
<tr>
<td>Age young adult male came to live w/ grandmother</td>
<td>10-5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4-2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>&gt;than 1 year old</td>
<td>4</td>
</tr>
<tr>
<td># of siblings:</td>
<td>10-5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4-1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Only child</td>
<td>0</td>
</tr>
<tr>
<td>Siblings living w/ grandmother:</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Currently Employed:</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>High School Diploma:</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>
The results of the Connor-Davidson Resilience Scale. The data analysis of this study begins with the scoring of the Connor-Davidson Resilience Scale (CD-RISC) which was used as a screening and selection tool for research participants. The scale was distributed to 12 out of the 19 young adult males, who agreed to complete the scale and possibly be called to participate in an interview. The researcher utilized the CD-RISC manual for details on scoring the scale. The scoring of the scales was based on summing the items, each of which is scored from 0-4. The CD-RISC-25 is a full range scale representing scores of 0-100, with higher scores reflecting greater resilience (Connor & Davidson, 2003). For the purpose of the study, the researcher interviewed five participants who scored 76 – 100, reflecting high resiliency. Table 4.2 depicts the results of the 12 young adult males who completed the scale.

Table 4.2

<table>
<thead>
<tr>
<th>Level of Resiliency</th>
<th>Scoring Range</th>
<th># of Young Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Resiliency</td>
<td>Score between 76 &amp; 100</td>
<td>7</td>
</tr>
<tr>
<td>Moderate Resiliency</td>
<td>Score between 50 &amp; 75</td>
<td>4</td>
</tr>
<tr>
<td>Low Resiliency</td>
<td>Score between 49 &amp; below</td>
<td>1</td>
</tr>
</tbody>
</table>

Identification and frequency of themes. To begin the process of identifying themes and frequency of the data collected from the five semi-structured in-depth interviews, the researcher thoroughly reviewed the transcripts multiple times. Each of the
participant’s responses was entered into an Excel spreadsheet in Microsoft Office. Line by line the researcher was able to extract verbatim narrative to identify common responses shared by the participants to analyze through the researcher’s own interpretation (Creswell, 2014; Smith et al., 2009; Smith & Osborn, 2003). Initial patterns emerged focusing the researcher to identify words that fit or matched the interview questions. Connecting themes that emerged from the transcripts involved an analytical and theoretical ordering which caused themes to cluster (Smith & Osborn, 2003). Each transcript was coded to interpret meaning of the responses for the purposes of pattern recognition, categorization, theory building and analytic processes (Saldana, 2009). Seven themes related to the lived experiences of the young adult males were identified and also represented the major findings of the study. Identification of the themes is important because it depicts what is interesting or significant about what the participant described regarding their experiences of a phenomena (Smith et al., 2009).

The following seven themes were identified and reported in no particular order:

**Support.** Relates to multiple means of identified support from the participants, including their grandmothers, family members, friends, professionals, youth programing, and other supportive services. Support also reflects consistent communication within the family, as well as, continued financial stability.

**Misconduct.** Refers to the discipline of the young adults received growing up due to misconduct and/or “acting out.”

**Generational gap.** Also known as “Gen Gap” describes conflict, misunderstandings, and/or miscommunication between the grandparent and grandchild.
**Education.** Includes attendance at school, activities in school, and learned skills throughout childhood and young adulthood to utilize in daily life.

**Self-reflection.** Is the awareness, consciousness, and feelings around one’s life.

**Health.** Explains the physical and emotional condition of the grandmother, as well as drug addition of any member of the family, including grandmother, young adult, and/or biological parent.

**Abandonment.** Reflects the disconnection of, the absence of, and/or leaving of the biological parent.

Table 4.3 represents the association between the themes and the participants’ responses to their interviews.

While Smith and Osborn (2003) agree that understanding the meaning of the data is the central aspect of IPA research rather than measuring frequency, the frequency of themes is beneficial as they can quantify statements and words that emerge, illustrating relevance and importance within a study. The frequency of the themes in this study spoke to the perspectives of the young adult males interviewed and what resonated in terms of their overall support and ability to self-reflect on their experiences of being raised by their grandmothers.
Table 4.3

*Association Between Identified Themes and Participant Responses*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants’ Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>“I had a place to live. …I know my family…”</td>
</tr>
<tr>
<td></td>
<td>“…she didn't have to adopt me, but she chose to.”</td>
</tr>
<tr>
<td></td>
<td>“…a lot of services helped me here…keeping me out of gangs…”</td>
</tr>
<tr>
<td></td>
<td>“There was programs here…I felt like it was good for us, because we needed some place to be, other than being out there.”</td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>“I realized certain things you got to sacrifice for…”</td>
</tr>
<tr>
<td></td>
<td>“…when I was 17, I got shot at. It was not until then I started thinking I don't need to be out …”</td>
</tr>
<tr>
<td></td>
<td>“You gotta have something to fight for, so I tried to find ways to not let people get to me so easily.”</td>
</tr>
<tr>
<td>Abandonment</td>
<td>“…my parents… spiritually, wasn't there…mentally, not there…”</td>
</tr>
<tr>
<td></td>
<td>“I didn’t know my father.”</td>
</tr>
<tr>
<td></td>
<td>“…just wanting to have my mother…having that relationship…”</td>
</tr>
<tr>
<td>Misconduct</td>
<td>“I was in the streets as a kid and teen, doing whatever I wanted…”</td>
</tr>
<tr>
<td></td>
<td>“I smoked a lot of weed back in my day…”</td>
</tr>
<tr>
<td>Education</td>
<td>“…everything learned, I took that and I applied to real life, my real life…”</td>
</tr>
<tr>
<td>Health</td>
<td>“…she needs me around. …she can't get up…”</td>
</tr>
<tr>
<td></td>
<td>“…she's not able to move…do things like she used to.”</td>
</tr>
<tr>
<td></td>
<td>“…she has limited mobility…”</td>
</tr>
<tr>
<td>Generational Gap</td>
<td>“…grandma is too old school…old fashion…”</td>
</tr>
<tr>
<td></td>
<td>“…she's real old school with everything and it's just like, grandma, this is the way right now.”</td>
</tr>
<tr>
<td></td>
<td>“Things are different from when grandma was coming up.”</td>
</tr>
</tbody>
</table>
Table 4.4 illustrates the frequency of the participants responses to the seven themes identified in the study. Support and self-reflection yielded 63% of the 180 responses made from the participants and were the two highest themes reported, while generational gap and health generated 11% of the responses made by the participants were the lowest themes reported.

Table 4.4

*Frequency of Themes*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency of themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>89</td>
</tr>
<tr>
<td>Self-Reflection</td>
<td>24</td>
</tr>
<tr>
<td>Abandonment</td>
<td>20</td>
</tr>
<tr>
<td>Misconduct</td>
<td>15</td>
</tr>
<tr>
<td>Education</td>
<td>13</td>
</tr>
<tr>
<td>Generational Gap</td>
<td>10</td>
</tr>
<tr>
<td>Health</td>
<td>9</td>
</tr>
</tbody>
</table>

**Major findings.** According to the research participants, support and positive kinship relationships are essential for young adult males to be self-reflective and develop and maintain a level of resiliency. To address each research question during the interview, the researcher created a total of 12 open-ended interview questions to elicit fluid and authentic responses from each participant. For each research question, there were a number of interview questions and detailed responses which the researcher excerpted:
**Research question 1.** What are the perceptions of young adult males regarding their relationship with their African American grandmothers?

**Interview question 1A.** Tell me about a time you spent with your grandmother growing up?

Malik explained:

…I know I was dying to go to Sesame Place and she didn't really have a way to get us out there or to get the funds to take me out there and somehow, she did. She took me and my brothers and a couple of my friends out to Sesame Place. I think it was the best time of my life.

Elijah recalled:

…One memory is when we went to Disney World around, I don't know what year, but I probably was around 2, 3 or 4 maybe. That was a fun time and event. Probably stayed for a week….took a bunch of pictures with the Universal characters and things like that. Went to the beach, pool…It was a fun time.

Jaden described:

…Recently we watched a show that comes on every Tuesday together. It's very intense…I try to act like I didn't like it and then I was saying, "I can't wait to do this again." She be like, "You going to miss it." I'm like, "I'm coming home right now.

Marcus detailed:

…I remember a time going to church with my grandmother. My grandmother would force me to go to church. I would hate it because Saturday night would be the night that you stay up. Then Sunday morning we would have to wake up
early and go to church. I would always hate it. I remember a lot going to church, getting in trouble.

**Interview question 1B.** Describe how communication between you and your grandmother developed over the years?

Elijah described:

…excellent, I would describe. That's the best way. Excellent…I talk to her about everything, and I go to her for any information that I might need, and the feedback she gives me is just 100. I can always rely on her. She always comes through.

Jaden stated: “…yeah, we be talking. We be gossiping. I don't even gossip but we be gossiping….”

Malik recalled:

…I would say it was easy for me because growing up in a household full of females or females raising me to be not only a young man but a grown man, it's hard. It's difficult for her. I'm pretty sure it was, but the communication was easy because she was the one that was raising me…she was the only one I could turn to besides my sister, a little bit of my older brothers, but that was…that's pretty much it, though. I told her everything. She knows everything. I never kept nothing from her. She knows everything.

Randy explained:

…I would say it's off and on, because me as a person, by myself, I'm stubborn….conversations is fluent now… I sit there, and talk to my grandmother,
and we would have long conversations. She would talk about him…my grandfather… I would talk about my girlfriend. We would bond, just like that. Marcus detailed:

…My communication wasn't really that good because our grandmother is old fashioned and she didn't understand a lot of things like talking on equal terms. It was like, you got to respect what I say and how I say it. She really didn't take too much communication well. If it wasn't something that she didn't like it was considered talking back. She didn't understand that certain things were just me trying to voice my opinion...communication now is getting a little bit better because now since I'm older, I can express myself better.

While recalling meaningful experiences of family vacations and open communication with their grandmothers, feelings of support were expressed, articulating how their grandmothers made provisions to fulfill childhood memories and nurture open communication within the household. While the majority of the participants remembered good times, some participants had a slightly different experience describing the generational divide that sometimes hindered communication between the grandmother and grandson. This highlighted the theme of the generational gap, as participants indicated that their grandmothers were being “old fashioned.” The participants were also able to self-reflect, illustrated by the young males’ self-expression, verbalizing how they felt regarding their relationships with their grandmothers and identification of their personality as they became young adults.

**Research question 2.** What challenges do young adult males experience being raised by African American grandmothers?
**Interview question 2A.** How would you describe your relationship with your birth parents growing up?

Elijah explained:

…My father, I actually never met him. With my mother, it is I would say just as good as my grandmother's, but my grandmother raised me… I would see my mom…I will say often. Maybe 2 or 3 times a week….but she's a drug user, even to this day. My grandmother adopted me so I could have better opportunities at life.

Jaden described:

…Well, didn't know my dad. My mom, loved her…we did a lot of things…She threw barbecues in the summer. She made sure we had birthday parties… we went bike riding. She used to try to make us grow up faster. We used to bike ride to Manhattan…was like probably 13 when she passed.

Marcus indicated:

…I have a relationship with my mom. My father, I didn't have a relationship with… my mother…we talk, but we're not really on good terms. I don't agree with a lot of her decisions and how she lives her life…drugs…that’s the reason why I came to live here…mom wasn’t fit to raise me.

Malik detailed:

…I don't know my pops… actually besides my grandmother being my best friend, I always considered my mom to be like my best friend. I've always seen her on the weekends and stuff like that….at one point we all stayed with my mom and that's how I developed the relationship with my mom over time, when we moved
in with her. As I realized that she did mean a lot to me and I knew who she was and she was active in my life, that's when she passed away. That's when it was like a big deal to me.

Randy stated:
…financially they was there. Like spiritually, they wasn't there. Mentally, for me, they wasn't there. I felt like everybody needs to be around their parents, their actual parents, because that's where you actually came from. I never really had that. I had little spurts, moments with them.

*Interview question 2B.* Can you describe the pros and cons of growing up with your grandmother?

Malik stated:
…The pros is just finding the inner strength to make a way out of no way. The wisdom and the knowledge she has on life has always been the best thing for me because everything she's ever taught me ... They say a man should raise a boy. Everything she's taught me, I took that and I applied to real life, my real life. Nobody else's. The cons. Just not really growing up fortunate. That's always hard. My grandma had to do it on her own. No child support, no nothing. It was just her.

Randy indicated:
…It's funny, because I felt like the pros, at the time, was that I was able to do a lot of the things that other kids couldn't do, because my grandparents weren't like structured...I was able, I was more free...that was also a con, because I got myself into a lot of trouble, being out there.
Elijah explained:

…The pros, I would say the learning experience. I felt like I've probably learned more from my grandmother than I probably would have gotten from my mom. The loving. The loving from a grandmother is so different. Some people don't even know their grandparents. Some people haven't had their grandmother or grandfather in their lives. Maybe the cons just that want of having a mother. Just overall, just having a relationship because, of course, I settled for the relationship I've had with my mom, but always wanted more. That'd probably be the biggest con for me.

Marcus mentioned:

…The pros is I had a place to live. I know my family. Instead of being raised by a whole new family, I know my birth family. I know that she cares about me. The cons is the age gap. A lot of things that happened in her time she applies it to now. I tell her it's different now. Certain things are different now. How you were raised is different from how I'm being raised. The needs you needed back then are different from the needs that I have now.

Jaden described:

…The pros is grandparents love their grandkids. I guess they're a breath of fresh air, so you know you're loved automatically. They know how to show it. I guess they got years of raising people. They know how to show love. People say they love you, but grandparents know how to show it… The cons is, as for me, probably being nagged about, because you know everything is evolving, so she
question things about how people moving things, about like drugs and stuff, and just the new age women stuff…she’s old school.

**Interview question 2C.** If you had the ability to change anything about your childhood, explain in detail what it would be?

Jaden recalled:

…Honestly, nothing. I honestly liked my childhood. I had good friends that I'm still good friends with. I have a small circle of friends. I was raised basically growing up, if I was doing good in school, we got stuff for our birthday. We always had great Christmases. Thanksgiving is always full of food. We celebrate every holiday, and I grew up with morals and how to respect people, so I don't think. I mean, the beatings, but other than that, you look back at it, it made me a better person, a stronger person.

Randy detailed:

…Personally nothing. I feel like if this is how I was supposed to learn life, and grow, then so be it but more programs for teenagers in the building. Not so much, like older teens. I'm talking like preteens, like that 13, 14, 15, that's when people start to learn themselves. If you learn yourself in the wrong place, that's what you going to be. That's what you going to turn out to be. Around this neighborhood, if you out here, you bound to get into some either some trouble, or you bound to be locked up, or dead. I like the idea of programs, because it keeps you away from that.
Malik explained:

…it probably would be just … I know some kids right now who at a young age know what it's like to work hard. You know, parents instill that in their kids young, from the kids I know, because the parents have worked or they got to a point where they could support them and give them what they need and build them up. I just wish it was like that for me growing up, where someone could show me the ropes. Just show me how to do things. I didn't have to learn on my own.

Elijah described:

…it If I could change one thing, I don't know…we grew up in a crowded house. I'm a person who needs my space. I get frustrated. I just need my space, just like anybody else. I lived with my uncles for pretty much all my life and my niece and my cousin and my little sister. Maybe if the uncles and stuff just wasn't there and it was just us kids, that's probably something I would change.

The participants shared similar as well as different experiences as noted in their reporting. The similarities were regarding the relationship or lack thereof, with their birth parents. Feelings of abandonment resonated with the participants as they disclosed that some EGA clients have a relationship with their mothers, while the majority did not. There was a consensus of the pros and cons of growing up in kinship care among the participants. The pros for the participants related to the support they received from their grandmothers being raised in kinship care. They talked about the sacrifices their grandmothers made to raise them, providing learning experiences, a place for them to live, and connection to their biological families. However, the cons of being raised in
kinship care varied among the participants. There were also variations in responses related to changing anything in their childhood if they could. While some participants didn’t want to change anything, some were able to self-reflect on how things should have or could have been if they were not raised in kinship care. The themes of misconduct and self-reflection emerged relating to a particular participant who became aware that his misconduct was due to taking advantage of the fact that he was being raised by his aging grandmother. Finally, the theme of the generational gap emerged as a participant spoke about the difference in generations as being an opposing argument against being raised in kinship care.

Research question 3. To what extent does supportive services have an impact on young adult males raised in kinship care?

Interview question 3A. What other family members and/or friends can you recall spending time with you and your grandmother growing up and in what capacity?

Elijah explained:

…For the most part, yes. For sure. It was just all grandma. She did it all by herself. I can't really give any other credibility to anybody. She didn't drop me off on weekends at someone else's house, nothing. Nothing like that… she put clothes on my bag. She's the one who fed me. She's the one who did everything.

Marcus recalled: “I can recall on holidays my family would come over. My grandma would make a big meal for everybody. They would come over, and we would spend time. I spent some times at cousins houses…”
Malik detailed:

…My sister. My older sister. She's another one that I hold dear to my heart… my aunts, my mom, my sister, and my grandmother…Yeah but like I said, I was raised in a household with the females. My aunts, my mom, my sister, grandmother. My brothers didn't really teach me nothing. They was always into their own little world, their own lifestyle.

Randy indicated: “My mother, and my father. They would come buy groceries, clothes. I would see them give my grandmother money here, and there. A couple of my aunts, that's about it.

Jaden described:

…Two male role models, two of my friends had dads, so they were like the dads to the neighborhood, but they would gravitate to us because we was younger and growing up and they would make sure they looked out for us, everybody that I was friends with. They make sure, they helped got us outside in the streets and they took us on trips, whether we just went to the pool or to games, or just talking about sports in general. We had a good bond with those types of father figures. I didn't have a father figure, so those two was like very special in everybody life.

*Interview question 3B*. Did you ever utilize social services within the building, as well as outside the building? Describe how the services were helpful to you growing up?

Marcus stated: “Oh, yes… a lot of services helped me here like keeping me out of gangs’ lot of programs….I see myself doing a lot of gang-banging if it wasn't here…I would have been gang certified now”.
Elijah indicated:

…I've tried…I had once with a program…it was a program where we would meet and we would talk about different things...in the building…I have partaken in things like that. Boys and Girls Club. I can't really say that I've put something on my resume or something that came from building with growing traits, I guess, to go and utilize somewhere else.

Randy described:

…what got me to learn about the services is they threw a party, a back to school party. All of the kids were downstairs, and then I'm hearing, my grandma this, my grandma that, my grandma this. I'm like, they all live with their grandparents, like me? I felt like, what's the word, acceptance…it was just automatic. Like oh, they can relate…there was an after school program in the building, and they tried their best to keep us from being outside…we used to dance, they used to do like what you call them like, tournaments, contests, or whatever.

Malik explained:

…as I got older. That's when I started utilizing all the resources and stuff…before that, I wasn't in it like that. I wasn't really messing with nobody, really. I was playing football at the time, too. I had my coaches and stuff. I had my brothers on my team. I was really doing a lot of stuff in school, so I didn't really…I just didn't really feel the need to go downstairs and really talk to anybody about anything.

Participants responded to the interview questions related to research question 3 detailing support they received from internal and external services. Internal services were seen by programming made available within the Emerson's Grandfamily
Apartments (EGA). External services were received from outside sources and support from family and friends. These services were made available to the participants throughout their childhood leading up to young adulthood.

**Research question 4.** What are the factors that determine resiliency of young adult males raised by their African American grandmothers?

**Interview question 4A.** Describe how you handle a stressful situation?

Jaden stated:

…I used to bottle it up, just bury it, so sports was like my leeway…like senior year of high school and in college… now, when I'm stressed out, I breathe and I take away from whatever the problem is, and then I come back to the problem and I can find a solution in a more efficient way than being angry.

Elijah indicated:

…First, I would lay out the general problem of what needs to be fixed. Then, I will go about thinking how can I do it on my own. Then, the third is that would be just realizing if I'm going to need help or not.

Marcus explained:

…I handle stress I think, pretty well. I'm trying to get better at it. Right now, I try not to scream. I try not to get into arguments when I'm stressed out. I try to do that by trying to keep my answers short. Try not to get carried away into a conversation while I'm angry…I know I'm going to yell. I know I'm going to instigate it, so I try to keep the answers short…try to ignore certain things being said.
Malik described:

…Stress had me at a point where I wanted to commit suicide and I just didn't want to be here no more because in the midst of all of that ...I think going away to school (college) probably was the best thing for me…Even though my grandmother was there for me, I still had that sense that nobody really here for me…now I always had a little thing for poetry, so I got poems.

*Interview question 4B.* When faced with difficulty or a hard challenge, what is the first thing that you do?

Elijah indicated:

…I'm usually a person who likes to handle the things right on the spot. If it's a problem that needs to be taken care of right then and there, I like to attack it right there, so pretty much heads on, full force, got to take care of this because I don't want it to be a growing problem.

Malik detailed:

…The first thing I do, I always think about consequences and the results from everything, anything that comes my way. If I do it this way, will this happen? Or how can I go about doing this? Can I really complete this on my own? Should I call for help? Before it used to be my pride getting in the way.

Jaden stated:

…I learned that I build a force field with, what people say about me doesn't really bother me, and it helps me that way too as well because it makes me more determined to accomplish whatever it is I want to accomplish.
Randy explained:

…When my grandfather had passed away, I realized that he was like the bread winner. He was the one that made sure everything was good. When you young you don't know, you just know that there's life, as you live it. When he passed, things just got harder. Seeing my grandma depressed like that, it was one of the worst feelings ever…since then “I would just sit … and talk to my grandmother, and we would have long conversations. She would talk about him. I would talk about my girlfriend. We would bond, just like that.

The responses to the interview questions for research question #4 focused on self-reflection as it pertains to how the participants spoke about handling stress. The participants described ways they handled stress, difficult situations, and their ability to adapt to trying times. Coping mechanisms included writing poetry, analysis of the situation they were dealing with, praying, and playing sports. Education resonated with participants who made reference to dealing with stress through outlets of sports, school work, and hanging with friends while attending college. It also referred to the learned skills they acquired, as well as concepts taught by their grandmothers to be independent and survival tips such as how to prioritize their time and responsibilities.

**Research question 5.** What are the self- perceptions of young adult males, raised by African American grandmothers regarding their own resilience?

**Interview question 5A.** Do you think that you are ready to live on your own? If so, describe why? If not, describe why not?
Malik indicated:

…No, not yet…only because my grandma don't want to leave. If I go, she has to go with me. She can't be here by herself. If I move anywhere, whether it's out of state, whether its downtown, she has to come with me…I don't really want to leave either. I know I would miss her a lot.

Randy stated:

…Yeah but I'm not ready to leave my grandmother…she needs me around. She can't get up, and go get her medicine when it's ready for her…she can't get up and go to the supermarket …she needs food. I feel like she needs somebody there with her that can understand her…my sister…she needs somebody there, that's going to back her. I'm not ready to leave her.

Elijah mentioned:

…No. Not really, but I would like to. I would like to have my own little place, just to have my own things. Yeah, I would like to, but no. At this moment, I'm not ready to leave yet… from a financial standpoint, I'm not ready. From a financial standpoint, just to go out and venture on my own.

Marcus indicated: “Not right now…no…because I'm not financially stable enough, I don't feel. Just for the moving process, it would cost a lot of money”.

Jaden explained:

…Honestly, yes. I feel like I'm ready…time for my own space. I feel like I had the tools growing up to know how to live on my own. I did go to college and I lived on my own, so that was a step where I realized certain things you got to sacrifice for. You can't buy all the junk and wait for somebody to buy real food.
You gotta wash your own clothes, even though my mom made us wash our clothes when we was 11. Things like that was instilled in me at a young age, so when I'm only 24, I think I've been prepared.

**Interview question 5B.** What skills do you think you have developed that will prepare you for living on your own?

Elijah indicated:

…Hardworking, maybe. I'm a very disciplined person. I don't complain about a lot. If there's something that needs to be done, I don't try to find excuses or things of why I can't do it or don't want to do it. My communication skills. I can communicate very well. What was the question again? I forgot the question.

Malik stated:

…This is one thing my grandmother always taught me and still teaches me to this day. She always say, "Handle your business." Whatever it is….You can't really depend on no one else to do things that you have to do. Make sure your bills are taken care of.

Randy explained:

…Pretty much budgeting. My grandmother she tries to budget everything, if she can catch a sale, she don't care what the sale is about. She taught me how to budget. She taught me how to, just simple things, if like if you hungry, you don't have to cook all the food, you could just make you a little snack, and save the food for when you really need it….She told me you always keep a clean house, stuff like that.
Marcus described:

…I think I've developed some skills. Some growing up skills to manage … I think money management. I'd probably be able to manage money well. I feel like I would probably since I don't smoke weed anymore and waste my money on weed and other things. Focus on more serious things like paying bills.

Jaden mentioned:

…I did go to college and I lived on my own, so that was a step where I realized certain things you got to sacrifice for…I learned you can't buy all the junk…you gotta wash your own clothes, things like that was instilled in me at a young age, so when I'm only 24, I think I've been prepared already to move out.

The participants reflected on their need to care for their aging grandmothers and younger siblings within the home as well as their current financial instability as impediments to moving out.

**Summary of Results**

The use of IPA research explored the lived experiences of young adult males, ages 18-24, raised by African American grandmothers, residing within housing for grandfamilies. It was determined that support from internal (services within the grandfamily apartment building) and external (extended family and friends) resources, coupled with the fostered relationship between grandmother and grandson, had a significant impact on the resiliency of these young males.

The analysis began with identifying participants who scored between 76 to 100 on the Connor-Davidson Resilience Scale (CD-RISC), indicating high resiliency. The CD-RISC is a 25 question Likert-like scale representing scores from 0 to 100, with higher
scores reflecting greater resilience (Connor-Davidson, 2003). The results of the scale aligned with the findings of the study, further supporting the resiliency of the young adult males raised within kinship care.

Each participant, during their interview, was able to give voice to the phenomena, of raised by their grandmother by detailing accounts of their individual experiences being raised within kinship care, resulting in the identification of seven themes. These themes represented feelings of abandonment due to the absence of their biological parents, expressing misconduct to rebel or fit in with their peers, experiencing a generational divide between grandmother and grandson, receiving support from their grandmothers, extended family, friends, and social support programs, declining health of their aging grandmothers, access to educational resources and learned skills, and self-reflection of multiple aspects of their lives. Each theme provided significant meaning to what the participants expressed about their lived experience growing up in kinship care.

With a limited amount of research available regarding the phenomenon of the lived experiences of grandchildren raised in kinship care, this study fills the gap providing qualitative data on the perspectives of young adult males raised by their grandmothers. Furthermore, this study reveals that young adult males, raised in kinship care have the ability to self-reflect and maintain resiliency with supportive resources and unconditional love from their grandmothers.
Chapter 5: Discussion

Introduction

The purpose of this study was to gain an understanding of the perspective of the lived experiences of young adult males raised by African American grandmothers, and determine their resiliency in the context of their environment. The study revealed that these young males were reflective and open on various aspects of their lives, leading to seven identified themes to emerge throughout their interviews. These themes were support, self-reflection, misconduct, abandonment, education, health, and generational gap. The researcher also found that these young males were able to sustain a level of resiliency through internal support from social services within the Emerson Grandfamily Apartment and external support from extended family and friends. Furthermore, it is clear that a nurturing relationship between grandmother and grandson had an effect on the young males’ resiliency growing up in kinship care. Moreover, this study offers policy makers and providers qualitative content to inform the development of future kinship care service regulation.

This chapter will address the implications of the findings, limitations of the study, and recommendations for future research as it relates to professional practices and decision-making within kinship care. The double ABCX model (McCubbin & Patterson, 1983) and Erikson’s (1968) theory of psychosocial development, as well as the researcher’s 10 years of experience as a provider serving family caregivers, informed the discussion.
Implications of Findings

The young adult males who participated in this study experienced benefits of kinship care and avoided placement within foster care while preserving a connection to their biological families. They also experienced the emotional, financial, and physical challenges of being raised by their grandmothers. Nonetheless, through support of social services, family and friends, and a developed relationship between grandmother and grandson, these young adult males developed and maintained resiliency, graduated high school, obtained employment, and recognized the need to care for their aging grandmothers. The implications are presented on a conceptual level in relation to the identified seven themes and are in no particular order. They are followed by a brief description of the study’s limitations and recommendations for supportive services, best practices, and future research.

**Theme 1: support.** An analysis of this theme revealed a consensus among the participants regarding the support received throughout their childhood from their grandmothers. Appreciation for the sacrifice made by their grandmothers in order to provide them a better life became the driving force of success for these young males. According to Scannapeico and Jackson (1996), the relationship between grandparents and the grandchildren in their care has an impact on the grandchild’s development, allowing the child to build resiliency and overcome the traumatic experience which led them to being raised in kinship care. Grandparents have the potential to play a significant role within the lives of the grandchildren in their care through discussing appropriate behavior, encouraging academic success, and providing emotional support (Dunifon, 2013). The support of the grandmothers raising their grandsons within this study
provided the opportunity for success for these young males who were already at a
disadvantage, facing the challenging reasons why they were placed in their
grandmother’s care. For the majority of these participants, the reasons they were placed
in kinship care included parental drug abuse, parental abandonment, parent incarceration,
and/or death of a parent. The participants in this study also referred to other sources of
support, such as the social services agency within the Emerson Grandfamily Apartment,
as well as extended family and friends. This maximized the support they received to
develop and maintain resiliency. Tailored programing and direct care service serve as
other forms of support specifically for grandparents and grandchildren in kinship care.
They serve to meet the needs of kinship families and are detailed within this chapter
under recommendations.

Grandmothers are encouraged to begin the process of building a solid connection
immediately with grandchildren placed in their care, especially for those children placed
prior to preschool age. According to Erikson (1968) during the infancy stage (birth to 18
months), the child is in the process of developing a trusting relationship with their
caregiver. Fostering support and building a connection with the grandchild is key to the
child progressing to the next stage of development. Support includes nurturing a positive
relationship such as reading bed time stories and/or engaging in fun activities with the
child, and developing consistent communication. This might include discussing the
child’s daily activity in school and talking to them about their feelings. Support early on
can reduce the impact of this crisis, allowing the grandson to adjust and adapt to his new
environment of kinship care. Grandmothers are also encouraged to identify a network of
social support services, utilizing family and friends and social services, to assist with
their caregiving needs. This can be accomplished by relying on kinship support services to gain access to social, legal, medical, and financial support (Muliira & Musil, 2010), as well as open communication with family and friends. As grandmothers gain access to social support to meet their caregiving needs, their own personal needs such as their health and well-being can be addressed, also allowing time to focus on their relationship with their grandsons (Muliira & Musil, 2010). The relationship between grandmothers and grandsons within this study proved to be the main factor of these young males’ resiliency growing up in kinship care. Realistically, these young males at some point will transition out on their own, illustrating that a strong support system can play a vital role in their ultimate success, overcoming adversity and becoming productive members of society.

**Theme 2: abandonment.** Abandonment emerged as a theme revealing the emotional feelings of rejection and loss that continue to resonate with these young males as they reflect on the absence of their mothers. Despair was present in their solemn voices as they recalled actual events where their mothers were not present, articulating the need of “wanting to have her there.” These feelings can have a negative effect on a child’s psychosocial developmental process which Erikson (1968) refers to within the Adolescent stage. According to Erikson (1968), the adolescent stage (ages 12-18), is critical as these children seek connection and identity related to who they are. Without that connection, progression to the next stage, young adulthood (ages 18-35), the associated conflict of intimacy versus isolation will not resolve positively. Through nurtured relationships, especially through their adolescent years, these young males were able to build a bond, fulfilling a close relationship with their mother figure (their
grandmothers), and eliminate loneliness and isolation. A solid connection and companionship established over the years between grandmothers and grandsons, increased the capacity for these young males to develop intimate relationships in the future, explained by Erikson (1968), as these young adult males move into the next phase of psychosocial development.

Reflecting on a father and son relationship, one might think about a father passing down family traditions to his son or a father bonding with his son over sports and other extracurricular activities. When analyzing the connection the participants may have had with their fathers, all five participants expressed not having a relationship with or no knowledge of their fathers. The involvement of a child’s father is an important aspect of child rearing in order for the child to achieve maximum results (Revell, 2015). Without their fathers as role models to emulate, how these young males were able to develop and maintain a positive self-image and identity speaks to support from their grandmothers and other male role models available through extended family and friends filling the void of their absent fathers.

The feelings of abandonment presented as a deep rooted emotion that need to be addressed in order for these young males to continue to be successful adults. Therapeutic counseling, available throughout their childhood and young adulthood, can provide an outlet to address feelings of rejection and loss. It can also serve as a source to obtain coping skills to deal with those feelings. The young males who participated in this study beat the odds as they became resilient, successfully graduating from high school, overcoming a troubled past, and continuously self-reflecting on their unfolding lives as they settle into young adulthood and prepare to transition out of kinship care. The
grandmother’s sheer act of love, dedication, sacrifice, and support allowed these young males to move successfully into young adulthood. While exhibiting a level of resiliency and a secure sense of themselves, these young males have yet to transition out on their own. This can be attributed to the fact that these young males are still dealing with issues of abandonment and now possibly separation anxiety from the only mother figure they know; therefore, reluctant to leave their grandmothers’ home. Through continued communication and support from their grandmothers, as well as supportive counseling to assist with emotional feelings, related to abandonment and anxiety, grandsons can be reassured of the foundation which their grandmothers built for them to be successful and remain connected to their family.

When possible, it is also recommended that reunification with absent fathers take place, orchestrated by a mental health professional, to address any emotional feelings surrounding the lost relationship between father and son. Promoting the role of a father within the lives of young males raised in kinship care is an essential part of parenting which promotes physical, emotional, social, and intellectual development of a child (Revell, 2015). For the participants of this study, shared feelings of not wanting to be connected to their fathers, due to the lack of knowledge of their fathers’ whereabouts and/or feelings of contentment of not having their fathers in their lives, were apparent. Moving forward, it is recommended that these young males seek supportive counseling to deal with the feelings of not having their fathers in their lives, to better understand how important their role would be if or when they become fathers.

**Theme 3: misconduct.** Misconduct also emerged as an identified theme which revealed that some of the participants exhibited disruptive behavior due to issues of stress
taking care of siblings, adhering to the needs of their aging grandmothers, dealing with the emotional feelings of not having their mothers, coping with not having a father figure to model good behavior, as well as trying to fit in with their peers. It is indicated that some behavior problems of grandchildren raised by their grandparents are associated with their environment (Edwards & Daire, 2006; Kelley et al., 2011). Behavioral misconduct demonstrated by the participants included “acting out” within school or home, hanging with the “wrong crowd,” not listening to or adhering to the rules set by their grandmothers, and participating in illegal activity. Understanding how their actions negatively impacted their lives, as well as access to resources, such as after school and community programs, these young males were able to overcome any issues they faced and move forward in a positive direction. While misconduct is not preventable, addressing disruptive behaviors immediately is important as it minimizes reoccurrences. This can be accomplished through communication between grandmother and grandson, continued efforts utilizing resources to keep youth engaged, such as extracurricular activities, and assistance from extended family.

**Theme 4: education.** The education theme speaks to the learned skills the young males of this study acquired growing up. These skills were provided at school and from their grandmothers, and extended family and friends. The learned skills of financial responsibility, effective communication and interactions with others, and healthy living habits, were applied to the daily lives of these young males, empowering them to become resilient and maintain a strong sense of self, and providing the resiliency of all the participants graduating high school and two out of five participants obtaining a college degree or credits. However, three out of five participants articulated that “…school isn’t
meant for me…” implying that school (higher education) may not be in their future. This did not seem to impact their ability to become resilient, as the lessons learned and skills acquired throughout their lives provided them with a foundation needed to build resiliency.

Encouragement to explore their interests regarding a career choice is the best course of action for these young males to sustain a viable life and stay on the path of resiliency. It also prepares them for adulthood, as they transition out of their grandmother’s care and move and grow on their own.

**Theme 5: generational gap.** An analysis of the generational gap theme revealed the divide between the two generations of the grandmothers and grandsons. The participants expressed their frustration growing up and being misunderstood due to their grandmothers’ disconnect to current times. Participants stated that their grandmothers didn’t “understand where they were coming from” and were “old school” when enforcing rules. As the participants got older, self-expression and misconduct became apparent. It wasn’t until the participants were able to self-reflect on their behaviors and comprehend the sacrifices their grandmothers made to better their lives that both grandmothers and grandsons were better able communicate and appreciate each other’s points of view.

Intergenerational challenges may serve as emotional distress as the generational divide can be seen as an obstacle due to the disconnection between grandparents and grandchildren in kinship care. While the generational gap will continue to remain among the young versus the old, maintaining open communication, the willingness to compromise, and embracing the opinions of both grandparents and grandchildren in kinship families will contribute to bridging the generational gap.
Theme 6: health. The identified theme of health revealed the growing concerns of the participants regarding their aging grandmothers. The majority of the participants conveyed their gratitude towards their grandmothers taking on the responsibility for raising them. Feelings to “repay a debt” to their grandmothers by caring for them in their old age served as the main reason the participants were reluctant to transition out on their own. The simple fact that these young males would acknowledge the need to care for their grandmothers, then go one step further to act on that need, providing care such as picking up medication, cleaning the house, and completing the food shopping, illustrates the gratitude about which they speak so candidly. The health concerns these grandsons mentioned centered on mobility issues and the need for medication management for their aging grandmothers.

Physical challenges for grandparents raising their grandchildren can be problematic to their overall health, due to their overwhelming caregiving responsibilities (Whitley et al., 2007). With the great amount of time being spent taking care of their grandchildren, the medical needs of these grandmothers are often being neglected, therefore adding to their health decline. Along with the physical challenges of grandparents raising their grandchildren, the grandparents’ emotional needs may also be affected. The grandparents are often dealing with grief and loss associated with the state that their adult children are in, giving rise to the reason why they are caring for their grandchildren. So too are grandparents aware of their own lost retirement years.

To address the physical and emotional challenges of raising their grandsons, grandmothers are encouraged to seek and adhere to their medical providers regarding their overall healthcare needs. Utilizing a support system from extended family and
friends as a resources when caring for their grandchildren as they grow up adds to the preservation of their overall health. These support systems allow for grandmothers to be better equipped to provide adequate care for their grandchildren. It is crucial for grandmothers raising their grandsons to understand the importance of healthy living, eating nutritious meals, exercising, seeing their doctors regularly, and taking time out for themselves in order to prolong their lives and in return, provide a better life for their grandsons.

**Theme 7: self-reflection.** The analysis of the self-reflection theme revealed that the participants were able to acknowledge their past actions (illegal activity) and feelings (suicidal ideation). Self-reflection provided insight into a life of turmoil for these young males which resulted in life changing decisions. Through self-reflection the participants verbalized their own understanding of themselves in the world of kinship care, identify their strengths and limitations as individuals. They were able to process negative thoughts and feelings, and channel them into something positive, a process of sublimation that is the essence of resiliency.

It took life changing events to begin the process of self-reflection for these participants as they progress through life. Undoubtedly, through continued support from family and friends, enhanced services, such as therapeutic counseling, and advocacy from policy makers and providers in support of kinship care, young males raised by their grandmothers can be resilient, as these five young men showed themselves to be.

**Limitations**

In qualitative research, observation of nonverbal cues and gestures is important for a researcher to document as body language makes up a portion of communication.
Body language adds meaning to verbal responses, in turn adding to valuable data. During the interviews for this study, there was limited data collected through nonverbal communication due to lack of distinct body language for the researcher to interpret as well as a lack of expertise. This could be attributed to the time of day that the interviews took place, after 8pm, which was the only agreed upon available time for the participant and researcher. This indicates the participants could have been tired at the time of their interviews. However, through verbal expression, the researcher was able to interpret the recollection of experiences of the participants that were either pleasurable, where their voice escalated with excitement when recalling meaningful events, or a non-pleasurable recollection, where their voice deescalated to a lower and more somber tone.

**Recommendations**

This study confirms that support from internal and external resources, as well as the relationship between grandmother and grandson, had a positive impact on the young males’ ability to become resilient. The following recommendations are suggested by the researcher to further support the success of grandmothers and grandsons in kinship care.

**Incorporating enhanced supportive and social services for grandmothers and grandsons in kinship care.** Enhanced services for grandparents and grandchildren in kinship care are essential in order for children to thrive and be successful (Burnette et al., 2012, Collins, 2011; Edwards & Daire, 2006; Lever & Wilson, 2005; Thomas et al., 2000; and Ziminski, 2007). Current services include information and referrals to available community services, individual and group supportive counseling, educational trainings and workshops, and temporary relief from caregiving responsibilities (Burnette et al., 2012). Incorporating enhanced service programs to meet the needs of
grandmothers and grandsons in kinship care should reflect tailored specific programming, transitional care plans, collaborative government funded services, and improved social services.

**Tailored programming.** The findings of this study suggest that tailored programs are important for kinship families, in order to meet the individual needs of grandmothers and grandsons, as their needs differ from each other. Parenting training is an example of a tailored program for grandparents raising their grandchildren. These trainings provide lessons to enhance the skills of grandparents raising grandchildren, as parenting a new generation differs from when grandparents raised their own children. Cornell University’s Parenting for A Second Time Around (PASTA) program is an example of a tailored program, facilitator training for professionals who work with grandparents raising their grandchildren. The trainings cover an array of topics, from child development and rebuilding a family, to tips on how the caregiver can care for themselves (“Parenting a Second Time Around”, 2015.) Peer mentoring programs are another example of a tailored program essential for grandchildren raised in kinship care. These programs allow children to experience one-to-one relationships with other individuals who have experienced being raised in kinship care. Activities conducted within peer mentoring programs may include extra-curricular activities, such as basketball and/or skating, and homework assistance. This connection of a shared experience through the peer mentoring programs can have a positive impact on the grandchild allowing him to excel in school, thrive socially, and create a good relationship with his grandmother. As is true for grandchildren in kinship care, peer mentorship programs can also be beneficial to grandparents raising their grandchildren, preserving a
good relationship between grandparent and grandchild. They also provide interactions for the grandchild whose grandparent may experience mobility issues, limiting their physical activity with their grandchild growing up. Creating and utilizing intergenerational programs is another form of a tailored program, specifically to support the kinship family unit, fostering better relationships and effective communication between grandparent and grandchild. This can be accomplished through shared activities in which both grandparents and grandchildren to participate in.

**Transitional care plans.** Transitional care plans are strategies created by social service providers working with kinship families, in support of the safe transfer of grandparents and grandchildren aging out of kinship care. Transitional care plans provide kinship families with a continuum of services as they acclimate into the community, preparing the grandparent and grandchild to live in a healthy and safe manner within their new environment. Social service providers should work in collaboration with kinship families to provide resources available to the family once they transition out. Starting the transitional care plan upon the start of the grandchild entering high school is more effective than waiting until the child reaches the age of 18. This allows for the family to get an early start with processing information they receive and review available options for transitioning out of kinship care. Once the family is in agreement with the transitional care plan, over the span of 5 years, the social service provider should continue to work with the family to, secure housing for the family to transition into, continue to provide senior care and social services for the grandparent, create a success plan for the grandchild to assist with college preparation and/or employment, as well as provide supportive counseling to both grandparent and now
young adult. Immediately upon securing housing for the family, whether the family transitions out together or separately, the provider should put into place continued services, such as supportive counseling, mentoring programs, and social services for the family to access within their community. These services should reflect all services provided to the family while in kinship care. Within a 3 month timeframe, the service provider should conduct a home visit for the purpose of ensuring that all services put into place are helpful and continuous to the family. At the 6 months mark, the provider should conduct a follow up assessment, for both the grandmother and grandson, to address any further unmet needs.

**Collaboration of government funded services.** Supporting kinship families through government funded services allows for the opportunity to showcase the importance of addressing the demanding and unmet needs of kinship families. As stated previously, grandparents and grandchildren share similar challenges, such as emotional and physical challenges, associated with kinship care (Edwards & Daire, 2006; Edwards, 2006; Shearin, 2007; Sands, Glen, & Shin, 2009; Smith & Palmeri, 2007). In order to provide comprehensive care to kinship families, the collaboration of the Department for the Aging, Administration for Children Services, and Department of Education is essential. Funded by federal dollars, these agencies provide vital services to the older adult population and children, including those in kinship care. These programs promote empowerment, independence, and economic and social well-being to improve the quality of life for kinship families. These related services must be placed at the onset of the kinship family unit, supporting their financial, medical, educational, and social needs. This will enhance the possibilities for kinship families to receive home attendant services,
access to adequate medical assistance for grandparent and grandchild, and increased food stipend to afford nutritious food for the home, extended day care services for grandchildren, educational assistance for children in school, access to educational resources for college and/or trade schools, and adult learning resources for grandparents and/or grandchildren when they become young adults. As these services are put in place, providers will have access to an enhanced body of resources and services to offer kinship families in their care, ultimately placing these families in a better position to live full and productive lives.

**Social services.** Improving social services for kinship families to stay connected to family, friends, and their communities is important for the success of kinship families. Edwards & Daire (2006) acknowledge that encouraging kinship families to develop supportive networks within their local communities as a proactive method for these families to alleviate stress, utilizing connections within the faith-based community, school officials, family and friends. In similar fashion, McCubbin and Paterson’s (1983) double ABCX model of adjustment and adaptation highlighted that the most important resource, comprising of the bB factor of the model, is social support. Families who develop sources of social support are both resistant to major crisis and are more apt to recover from crisis (McCubbin & Paterson, 1983). A family’s crisis can be a debilitating experience, increasing stress, adding to the crisis, and eventually cause a breakdown within the family unit. The protective factors against stress, such as family values, beliefs and the strength of each member of the family, allow for kinship families to utilize resources, cope, and adjust, expediting the recovery of the crisis.
Enhancing supportive and social services for kinship families, as well as providing for their access to social support (Haslip, Blumenthal, & Garner, 2015), will meet the specific needs of kinship families. Greater social support also predicts better health among grandparent caregivers, providing resources for them to thrive and become resilient (Haslip et al., 2015). Enlisting support on a political and service level for kinship regulation and programming will continue to shed light on this growing phenomenon.

**Engaging policy makers and providers to support kinship programs.** A number of policies, programs, and direct practice interventions, as well as social support services, have shown to be effective in addressing the growing number and challenges of grandmothers raising grandchildren in the US (Burnette et al., 2012; Lever & Wilson, 2005). Policies and programs include the development of the National Family Caregiving Act of 2000, which focused on supporting older adults, including grandparents raising grandchildren, the creation of grandfamily apartments to meet the housing needs of grandparents raising their grandchildren, as well as, kinship care placement on which child welfare agencies rely heavily, thereby supporting the connection of the child to their biological family. Policy makers and providers have an obligation to raise awareness of services in support of kinship families to ensure that future efforts of kinship services are in the forefront of governmental funding.

Policy makers have the ability to advocate for kinship families, seeking legislative changes and increase in program funding. With the expected increase of kinship families, long term care needs for grandparents raising their grandchildren will need to continue to be addressed, services enhanced, and financial security increased for these
families to be successful. The need to increase the amount of grand family housing is one example of an issue affecting kinship families. Grandfamily housing provides kinship families adequate and affordable residency, for which policy makers can advocate, as housing regulation forbids children to reside within senior specific housing. Grandfamily housing is important as it also provides onsite supportive services to address kinship family needs that are not readily available in regular housing. Another example of affecting kinship families is the need to increase financial assistance to these families. Currently, there are limited programs to assist grandparents raising their grandchildren. These include such as Medicaid for Children, State Children's Health Insurance Program (SCHIP), TANF-Child Only Grants, and Supplemental Security Income for Children, each of which may have age and income restrictions (Generations United, 2010; Ingram, 1996; Whitley et al., 2007). With an increase in financial support for grandchildren in kinship care, services such as child care, education, and an increase in the food stipend, grandparents would be provided with the resources to alleviate caregiver burden and provide their grandchildren with a better and secured future.

Providers have a direct link to the kinship families, providing direct services to both grandparents and grandchildren. Supportive counseling is a common and effective service through which providers conduct sessions individually or as a family unit, assisting the family to develop effective skills, such as communication between grandparent and grandchild, and coping with trauma. As a provider working within kinship care, access to best practices is readily available and should be applied when assisting all kinship families. Adhering to kinship care best practices will further support the resiliency of these families, allowing grandparents to experience healthy aging and
prepare young adult males to transition out on their own. The recognition of extended family as a support system is a best practice for kinship care (Ingram, 1996; Ziminski, 2007). Providers are encouraged to support kinship families to build continued relationships with extended family which could serve as additional support for grandparents raising their grandchildren, as well as maintain a connection to the family’s biological heritage. Therapeutic intervention that is counseling, is another best practice utilized for kinship families to work with a professional regarding feelings of isolation, abandonment, or conflict (Ziminski, 2007). Therapeutic counseling may involve grief counseling, addressing issues related to the trauma of the grandchild being raised without their parents and the grandparent dealing with guilt around the issues related to why their children are not able to care for their own children. Providers are also encouraged to make recommendations for therapeutic counseling to kinship families, when needed, in order to allow these families to begin processing their feelings around the reasons why they ended up in kinship care and how they plan to transition out. In addition, access to educational information tailored to these families is a best practice as it addresses the needs of the families and services not necessarily available to them (Cooper, 2012). This includes intergenerational programs, parenting classes for grandparents, and techniques for kinship families to handle stressful situations.

Grandchildren raised in kinship care experience physical and emotional challenges similar to their grandparents. Enhanced supportive and social services are important in addressing these challenges, providing resources available to the family. In addition, engaging both policy makers and providers to support these families further supports these families to become productive members of society.
**Recommendations for future research.** This study sets the stage for future research in kinship care, addressing the perspective of grandsons raised by their grandmothers. Looking at recommendations for future research, there are multiple aspects of kinship care one can identify in order to add to the growing body of work. The following are recommendations for future research:

- a replica study changing the participants from young adult males to young adult females, in order to gain an understanding from the female perspective.
- a comparison study reviewing the difference between young adult males who score high versus low on the resiliency scale and their sense of resiliency when raised by African American grandmothers.
- a qualitative study to explore the practices of the social service agency within the Emerson Grandfamily Apartment building regarding a transition plan for the families, and a determination if this plan has an impact on the number of young adult males ready to transition out of kinship care.
- a longitudinal study focusing on young adult males raised by their grandmothers as they approach the next phase of development and an assessment of their ability to maintain resiliency one year after they transitioned out of kinship care.
- a study looking at adult males raised in kinship care assessing their parenting style as fathers.
- a quantitative study assessing the academic skills of grandchildren who enter kinship care and its effects on their social skills.
Conclusion

According to the U.S. Census (2010), children living in the US represent over 74 million of the total population. Of those children there are approximately 14.7 million children being raised by their grandparents (U.S. Census, 2010). In 2030, the projected number of children living in the U.S. is expected to increase to 76.3 million, which clearly indicates there will be an increase of children (30 million) being raised in kinship care. This growth spurt of children being raised by their grandparents emphasizes the need to invest in their future. In order for these children to have a chance at what life can offer, it is imperative for kinship families to have access to enhanced supportive and social services to meet their needs, as well as continued advocacy of policy makers and providers to support the efforts of kinship programs. Investment in children and the grandmothers who care for them is an investment in the future of our nation.

The purpose of this study was to gain an understanding of the perspective of young adult males raised by African American grandmothers and determine their resiliency in the context of their environment. Utilizing a two dimensional theoretical framework to drive the study, the researcher focused on McCubbin and Patterson’s (1983) theory of family stress and adaptation (double ABCX model) and Erikson’s theory of psychosocial development. As an identifier for participants of the study, the researcher selected the Connor-Davidson Resilience Scale (CD-RISC), identifying five participants who scored 76-100 on the scale, indicating a high resiliency level. Through an interpretative phenomenological analysis, the researcher was able to gather rich data from in-depth interviews using semi-structured questions detailing the experiences of young males raised by their grandmothers. The results of the study indicated that support
from family and friends, positive interactions with Emerson's Grandfamily Services, along with a strong relationship between grandmothers and grandsons, impacted the grandsons’ ability to maintain a strong sense of self and maintain resiliency growing up in kinship care.

This study considered the phenomenon of young males raised by their grandmothers from their perspectives. It provides insight from the grandsons’ point of view, demonstrating how self-reflection on their life experiences, coupled with the support from their grandmothers, extended family and friends, and social services, plays a role in their ability to be resilient. This study also adds value to literature that currently exists and advances knowledge in the field of kinship caregiving, from the perspective of young males. Recommendations to support the success of young males raised in kinship care and the grandmothers who care for them speak to incorporating enhanced services, such as tailored specific programs to meet the needs of the grandmothers and grandsons and engaging policy makers and providers to inform future regulations, best practices, and resources allocations. Certainly, without a deeper understanding of the emotional challenges associated with kinship care, enhanced services to support kinship families, and engagement of policy makers and providers supporting kinship regulations, these children are more likely to become a burden to their grandparents and society.
References


Appendix A
Informed Consent

St. John Fisher College
Institutional Review Board - Informed Consent Form

Title of study: Raised by African American Grandmothers: A Grandson’s Perspective

Name(s) of researcher(s): Nikki Stewart

Faculty Supervisor: Dr. Gilbert Louis

Phone for further information: (914) 233-4025

Purpose of study: The purpose of this study is to explore the lived experiences of young adult males raised by their grandmothers, supported by nonprofit organizations and to determine the extent to which their overall needs are met, self-concept is coherent and positive, and resiliency is developed.

Place of study: The place of study is the Emerson’s Grandfamily Apartments in NYC.

Length of participation: The length of participation is up to 1 hour per participant.

Risks and benefits: There is risk of emotional discomfort to questions related to parental loss, abandonment, and /or absence. The benefits are associated to understanding the perspective of young adult males and their sense of self-concept and resiliency, being raised by their grandmothers.

Method for protecting confidentiality/privacy: All participants’ identities will be protected using pseudonyms or ID #s assigned prior to interviews. Interviews will be tape recorded. All data collected will be stored in a locked cabinet and made available only to the researcher. No names will be used in dissemination and data collection will be confidential.

Your rights: As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Withdraw from participation at any time without penalty.
3. Refuse to answer a particular question without penalty.
4. Be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you.
5. Be informed of the results of the study.

I have read the above, received a copy of this form, and I agree to participate in the above-named study.

Print name (Participant) Signature ___________________________ Date ____________

Print name (Investigator) Signature ___________________________ Date ____________

If you have any further questions regarding this study, please contact the researcher listed above. If you experience emotional or physical discomfort due to participation in this study, please contact the Health and Wellness Center at (585) 385-8280 for appropriate referrals.

The Institutional Review Board (IRB) of St. John Fisher College has reviewed this project. For any concerns regarding this study and/or if you experience any physical or emotional discomfort, you can contact Jill Rathbun by phone at 585.385.8012 or by email at: irb@sjfc.edu.
# Appendix B

## Connor-Davidson Resilience Scale 25 (CD-RISC-25)

<table>
<thead>
<tr>
<th>Item</th>
<th>Not True at All (0)</th>
<th>Rarely True (1)</th>
<th>Sometimes True (2)</th>
<th>Often True (3)</th>
<th>True Nearly All the Time (4)</th>
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<tbody>
<tr>
<td>1. I am able to adapt when changes occur.</td>
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<td>2. I have at least one close and secure relationship that helps me when I am stressed.</td>
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<td>3. When there are no clear solutions to my problems, sometimes fate or God can help.</td>
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<td>4. I can deal with whatever comes my way.</td>
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<td>5. Past successes give me confidence in dealing with new challenges and difficulties.</td>
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<td>□</td>
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<td>6. I try to see the humorous side of things when I am faced with problems.</td>
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<td>7. Having to cope with stress can make me stronger.</td>
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<td>8. I tend to bounce back after illness, injury, or other hardships.</td>
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<td>9. Good or bad, I believe that most things happen for a reason.</td>
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<td>10. I give my best effort no matter what the outcome may be.</td>
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<td>11. I believe I can achieve my goals, even if there are obstacles.</td>
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<tr>
<td>12. Even when things look hopeless, I don’t give up.</td>
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<td>□</td>
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<td>13. During times of stress/crisis, I know where to turn for help.</td>
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<td>15. I prefer to take the lead in solving problems rather than letting others make all the decisions.</td>
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<td>16. I am not easily discouraged by failure.</td>
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<td>17. I think of myself as a strong person when dealing with life’s challenges and difficulties.</td>
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<td>18. I can make unpopular or difficult decisions that affect other people, if it is necessary.</td>
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<td>19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.</td>
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<td>20. In dealing with life’s problems, sometimes you have to act on a hunch without knowing why.</td>
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<td>21. I have a strong sense of purpose in life.</td>
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<td>22. I feel in control of my life.</td>
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<td>23. I like challenges.</td>
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<td>24. I work to attain my goals no matter what roadblocks I encounter along the way.</td>
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<td>25. I take pride in my achievements.</td>
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*For each item, please mark an “X” in the box below that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.*

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Appendix C

Identifier Sheet

ID# Identifier Sheet
This sheet is for official use only

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Appendix D

Introduction Letter

Dear Participant

I am writing to inform you about a research study that you have the option to participate in. The research study is being conducted as part of the degree requirement in the education doctorate in Executive Leadership Program at St. John Fisher College. I am contacting you because you meet the requirements of the study as a grandson, raised by a grandmother, between the ages of 18-24, living within the Grandparent Family Apartments.

This research will focus on exploring the lived experiences of young adult males, ages 18 – 24, raised by their grandmothers, supported by a not for profit organization and determine if their level of resiliency and self-concept were impacted by this partnership. This study will also address the perceived challenges by these young adults, their understanding of their relationships with their grandmothers, as well as process their thoughts of transitioning out of kingship care.

Your participation will involve answering a series of questions related to your experience of being raised by your grandmother within the Grandparent Family Apartment. The interview will approximately take up to 1 hour and will be tape recorded. Taking part in research is optional. If you decide not to take part in this study, your decision will have no effect on any services that you or your family members would receive at the Grandparent Family Apartment. The results of the research study may be published, but your name will not be used and data collected will be kept confidential.

There is no cost to participate in the study, however as a thank you for taking part in the study, you would receive a stipend of $35.00

Thank you for your time.

Sincerely,

Nikki Stewart
Doctoral Candidate
St. John Fisher College