

A Qualitative Analysis of Caregiver Strain in Families of Court-Involved Youth

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Project Overview

- If mental health practitioners are to be effective agents of change for court-involved youth and their families, theory-based services and interventions must be grounded in the challenges and concerns facing caregivers of delinquent youth. Empirical evidence already documents that caring for a child with a serious emotional disturbance can cause strain for all family members involved. It remains unclear, however, how caregiver strain is experienced by caregivers of court-adjudicated youth. Moreover, little attention has been paid to extracting detail and description from the lived experience of these caregivers through open-ended, qualitative methods. Therefore, predicated on the notion that effective interventions for youth violence must simultaneously address caregiver needs, the purpose of the current investigation was to examine through qualitative inquiry the central demands, responsibilities, difficulties and challenges in these caregivers' lives.
- The current study was conducted within the context of a larger action research project, The High Point (NC) Youth Violence Prevention Initiative, which was designed to: (a) use qualitative and quantitative methods to examine risk and protective factors among court-adjudicated youth; (b) implement a strength-based, family-centered System of Care intervention with court-adjudicated youth; and (c) evaluate and refine the System of Care intervention model. The High Point Youth Violence Initiative is overseen by a joint community-university partnership.

Method

- Participants in the current study were 16 caregivers (14 female, 2 male) of court-involved youth (12 biological parents, 1 grandparent, 1 aunt, 1 uncle and 1 adoptive step-parent). Five of the caregivers reported that they had never been married, 4 married to child's father, 1 divorced, 2 widowed, and 3 did not specify. The youth, both boys and girls, ranged in age from 13 to 16 and had been adjudicated on a variety of charges including assault, disorderly conduct, possession of a weapon on school property, larceny, and breaking and entering.
- The interview format for the project's qualitative component was developed collaboratively by researchers and community members. Key questions were developed across thematic areas such as family, school, neighborhood, peer group, and personal strengths and weaknesses.
- Interviews were conducted by community interviewers that had completed two training sessions (and received ongoing consultation) from a Ph.D.-level anthropologist specializing in ethnography.

Data Analysis

The interviews were tape recorded, transcribed and entered into qualitative analysis software (Ethnograph 5.06, Qualis Research Associates). The researchers utilized the constant comparative model (Glaser & Strauss, 1967; Strauss & Corbin, 1990) throughout the analysis. As data were being gathered, the researchers began the process of reviewing available interviews and coding for thematic content. Each researcher reviewed and coded the interviews separately, and then converged to determine agreement (reliability). Operational definitions of each theme were constructed and then used to assign themes to subsequent interviews.

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Findings

In accordance with the study's ecological orientation, seven domains of reference emerged for the caregivers: family, work, neighborhood, personal philosophies, system, child's peer group and child's school. Many noteworthy themes emerged from the text of the interviews, but an especially strong and consistent theme was a certain level of social isolation among caregivers. In all 16 interviews, the caregivers reported some degree of isolation or withdrawal that related to at least one of the seven domains identified in the interviews.

Overall Lack of Social Support

Unrelated to any specific domain, several caregivers reported belief that they are solely responsible for taking care of their families. A female caregiver spoke about the police in her area saying, "...but it looks like the police are gonna stop runnin' the streets now, but like, they can't...the only time they can be here like they said, five or six o'clock in the evening, that's the only time they step foot in here, in this neighborhood. The rest of the night is up to us."

Isolation/Withdrawal from Neighborhood

Eight (44%) caregivers reported some degree of isolation or withdrawal from their neighborhood. A female caregiver spoke about moving to a new area: "See, all my family is in (nearby city). My mom, everybody. I don't know anybody in (current city) actually, nobody...I, I really don't get real friendly with my neighbors, never have..."

Lack of School Support

Nine (50%) of the caregivers described negative feelings about or negative experiences with their child's school. A large portion of the interview text related to the caregiver's belief that the school staff and/or administration were negatively biased toward their child, as reflected when a female caregiver stated, "I believe that the teachers don't like him over there, and...they already got something out for (child). Period." The caregivers' negative feelings for their children's schools translated into low levels of school involvement.

Isolation from Self

When caregivers were asked what they needed to make their situations better or easier to deal with, they were much more likely to answer with either what their child needed to improve or with an inability to identify needs, rather than answering with what they needed. Some of the caregivers also reported that their primary daily activity is work, leaving little energy for much else. One male caregiver stated, "I work constantly just to take care of my family. I don't even get child support from my ex-wife. All I do is work. Um, that's basically it man, I just work...It's taken every inch of my body, all my efforts. I don't have any activities for myself."

Isolation from Family

Several caregivers were dealing with geographical isolation from their families, but most poignant were those dealing with emotional isolation from their family members. One female caregiver spoke of differences of opinion she and her mother share in regard to parenting, "And I think she talks negative to him, as far as, um, she talks negative about me, you know...I need to be doing this,...So, she, you know...thinks I should be doing more, and I don't know what to do, and that's what my mom thinks."

Conclusions

If effective interventions of youth are to be implemented, greater understanding of the lived experience of caregivers of court-involved youth is needed. That understanding ultimately lays the groundwork for reducing caregiver strain through advocacy efforts and linkage with appropriate supports and services. Because of the emerging sense of social isolation revealed in our findings, services that would be most beneficial to the caregivers of court-involved adolescents would be those that are evidence-based, family-focused, and those that incorporate a strong element of social support.