



Exploring the behavior of juveniles and young adults raised by custodial grandmothers



Natalie W. Goulette*, Sara Z. Evans, Dione King

University of West Florida, United States

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ABSTRACT

The present study compares behaviors of youth raised by a custodial grandmother, biological mother, or other female caregiver from adolescence to young adulthood using data from Waves I, II, and III of the National Longitudinal Study of Adolescent Health (Add Health) data set. Caregiver type was not significantly related to antisocial behavior. However, respondents who were raised by a custodial grandmother reported being stopped by police more times than those respondents raised by their biological mothers. The effect of parenting characteristics such as warmth, control, and involvement by a custodial grandmother may operate differently than in a biological mother-headed household.

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1. Introduction

With nearly 34 million youth between the ages of 10 and 17 in 2010, accounting for almost 14% and 22% of arrests for violent and property offenses respectively (Puzzanchera & Kang, 2014), scholars and practitioners continue to investigate factors that place youth at an increased risk of engaging in antisocial or delinquent behavior (Campbell, Hu, & Oberle, 2006). Aside from the societal stigma associated with coming into contact with the police (Wiley & Esbensen, 2016) or being processed by the juvenile court system, youth engaging in serious delinquent behavior have a greater likelihood of experiencing adverse events later in life. Specifically, delinquent juveniles are more likely to use drugs and alcohol and engage in crime as they transition from adolescence to young adulthood. These individuals are less likely to be successful at school, maintain employment, or have long-lasting, quality interpersonal relationships with others (Huesmann, Dubow, & Boxer, 2009; Loeber, 1982). Additionally, individuals who engage in serious adolescent delinquency have an increased likelihood of dying early in life because of homicide, suicide, or substance abuse (Laub & Vaillant, 2000; Romanov et al., 1994).

In the quest to identify factors that may lead to a delinquent lifestyle for youth, scholars continue to focus on the family unit's contribution to juvenile delinquency, not only during adolescence but into young adulthood as well. While parental influences continue to be an important factor to consider, there are an increasing number of youth in the United States who reside with someone other than their biological parent

(Howden & Meyer, 2011). It is unclear how these alternative living situations might impact youth behavior. Therefore, we investigate the engagement in antisocial behaviors from adolescence to young adulthood as it relates to primary caregiver status.

1.1. Familial effect on juvenile delinquency

Research has suggested that the family unit can have a profound impact on adolescent growth and development. In particular, youth residing in households characterized by poor involvement and communication (William, Ayers, & Arthur, 1997) are placed at an increased risk of engaging in delinquent behavior. Neglectful or abusive environments might influence adolescents to turn to delinquent behavior as well (Jessor, 1993; Loeber et al., 1993; Stewart, Livingston, & Dennison, 2008). Finally, youth are placed at an increased risk of engaging in delinquent behavior when their parents abuse drugs or alcohol, or are incarcerated (Minkler & Roe, 1996; Simons, Lin, & Gordon, 1998), impacting the overall level of supervision of the youth (Jessor, 1993; Loeber et al., 1993).

Family structure in particular has emerged as a risk factor for antisocial behavior. There have been associations established between negative youth outcomes and single, two parent or grandparent household structures (Foster, Qaseem, & Connor, 2004; Griffin, Botvin, Scheier, Diaz, & Miller, 2000). Youth who are raised in a single-parent or sole-caregiver household have a greater likelihood of struggling in school (Solomon & Marx, 1995). Additionally, they are more likely to exhibit problem behaviors and engage in delinquent behavior and drug use in comparison to youth raised in two-parent households (Fagan & Wright, 2012; Griffin et al., 2000; Schroeder, Osgood, & Oghia, 2010). Many scholars contend, however, that this noted relationship between

* Corresponding author at: Department of Criminology & Criminal Justice, University of West Florida, 11000 University Parkway, Pensacola, FL 32514, United States.
E-mail address: ngoulette@uwf.edu (N.W. Goulette).

family structure and juvenile delinquency is related to parental involvement, supervision, monitoring, and the quality of the bond between caregiver and child (Demuth & Brown, 2004; Van Voorhis, Cullen, Mathers, & Garner, 1988; Walters, 2014).

Despite how important familial experiences, situations, and family structure appear in the literature, there remains a large gap in regards to how youth raised by caregivers other than parents fare. In particular, there is limited research investigating whether residing with a custodial grandparent is beneficial to youth development. In order to continue the discussion regarding this under-represented group, and their caregivers, this study provides a longitudinal examination of antisocial behavior among individuals who are raised by a custodial grandmother during adolescence and into young adulthood in comparison to individuals raised by a biological mother or other female caregiver.

1.2. Custodial grandparents as parental caregivers

It is estimated that more than 2.9 million children in the United States are raised by a grandparent without the presence of their biological parent in the household (Howden & Meyer, 2011; Scommegna, 2012). Several million more children reside in multigenerational homes with both their biological parent and a grandparent present (Edwards & Mumford, 2005; Pittman, 2007). Disproportionately these caregivers are African American females (Heywood, 1999; Population Reference Bureau, 2011),¹ with an average age of 57, while many are in their 60s, 70s, and beyond (Doley, Bell, Watt, & Simpson, 2015; Hayslip, Blumenthal, & Garner, 2014a, 2014b; Kelley, Whitley, & Campos, 2011; Smith, Palmieri, Hancock, & Richardson, 2008).

Whether the result of a formal court ruling, similar to placing the child in the state foster care system (Minkler, 1999), or through an informal arrangement made by the grandmother and biological parent (Bachman & Chase-Lansdale, 2005), there are multiple reasons why a child might be placed in the care of his or her grandmother. Death of the child's biological parents, divorce, parental unemployment, or teenage pregnancy are often cited as common reasons for the formation of these grandmother-headed households (Edwards, 2003; Edwards & Mumford, 2005). Additionally, incarceration of the child's biological parent may force a grandmother to care for her grandchildren (Edwards & Mumford, 2005; Population Reference Bureau, 2011). Parental substance abuse, abuse or neglect of the child, abandonment, and mental illness may also lead a grandmother to take primary care of her grandchildren (Kelley, Whitley, Sipe, & Yorker, 2000; Smith et al., 2008; Weber & Waldrop, 2000).

While being removed from one's biological parent can be a traumatizing experience, possibly resulting in psychological problems for the adolescent (Lee, Blitz, & Srnka, 2015; Smith & Palmieri, 2007) or aggressive or attention-seeking behaviors to be exhibited (Dubowitz et al., 1994), research suggests that youth placed in the care of a relative, or kinship care, can show resiliency and thrive (Johnson-Garner & Meyers, 2003; Sands, Goldberg-Glen, & Shin, 2009). Some studies suggest they exhibit fewer behavioral problems, more consistency and less disruption, and healthier well-being than youth in traditional foster care (Winokur, Holtan, & Batchelder, 2014). In particular, youth in kinship care who have cohesive, consistent, and warm relationships with their relative caregivers are less likely to experience problems related to delinquent behavior or substance abuse (Johnson-Garner & Meyers, 2003; Washington, Gleeson, & Rulison, 2013; Washington et al., 2014). This was found to be especially true for African American youth. Additionally, when the roles of their family members were clearly defined, youth in kinship care were described as more competent, a

protective factor associated with positive mental health, self-esteem, and academic performance (Washington et al., 2013). Competency of African American youth in kinship care was also found to be higher when there was a positive relationship between the child's relative caregiver and the child's biological father (Washington et al., 2014). While these studies indicate potential benefits for youth raised by a relative over other types of care, it remains to be seen how adolescents raised by their grandmothers fare in relation to those reared by their biological parents.

Although kinship care, including custodial grandmothers, can provide more supervision, support, and care than offered by the child's biological parent or designated foster parents (Dolan, Casanueva, Smith, & Bradley, 2009), these living arrangements are not without their own issues, and in fact, much of the research has focused on exploring the many hardships faced by custodial grandmothers (Bachman & Chase-Lansdale, 2005; Dolbin-MacNab & Keiley, 2006; Edwards, 2003; Edwards & Mumford, 2005; Minkler, 1999; Population Reference Bureau, 2011). These caregivers often report high levels of stress, anxiety, and depression associated with keeping up with the medical, financial, academic, and social demands of raising growing children (Doley et al., 2015; Heywood, 1999; Langosch, 2012; Letiecq, Bailey, & Kurtz, 2008; Mackintosh, Myers, & Kennon, 2006; Minkler, Fuller-Thomson, Miller, & Driver, 1997). Gaining financial assistance to raise grandchildren can be extremely difficult when the living arrangement is not recognized by the legal system (Bachman & Chase-Lansdale, 2005; Minkler, 1999; Van Etten & Gautam, 2012). Additionally, some custodial grandmothers might not seek out assistance (financial or social) because they are afraid they will be perceived as unable to care for their grandchildren (Doley et al., 2015; Wellard, 2010).

In addition to struggling with the financial demands of caring for one's grandchildren, other research has suggested that custodial grandmothers are more likely than non-custodial grandmothers to report feeling isolated from their peers (Brennan et al., 2013; Doley et al., 2015; Janicki, McCallion, Grant-Griffin, & Kolomer, 2000), who are likely enjoying a decreased presence in the workforce, leisurely traveling, or being active in the community (Heywood, 1999; Yardley, Mason, & Watson, 2009). This isolation persists when attempting to manage the demands associated with the child's schoolwork and social engagements (Edwards, 2003; Heywood, 1999).

The prior literature suggests that custodial grandmothers, in comparison to non-custodial grandparents, are more likely to experience issues with their mental and physical health (Burton, 1992; Dolbin-MacNab & Keiley, 2006; Doley et al., 2015; Goodman, 2012; Smith et al., 2008), and are less likely to seek out preventative health care (Baker & Silverstein, 2008; Roberto, Dolbin-MacNab, & Finney, 2008). Additionally, custodial grandmothers report a higher rate of risky behaviors (i.e. excessive smoking or drinking) the longer they care for their grandchildren (Roberto et al., 2008). Caregivers who struggle with poor physical health may report less emotional well-being, as the two have been found to have a reciprocal relationship with one another (Hayslip et al., 2014a, 2014b).

1.3. Challenges of custodial grandmothers and links to parenting characteristics

While custodial grandmothers may report feeling anxious, exhausted, depressed, or simply overwhelmed by their new role of raising young children, it is suggested that caregiver distress could negatively impact the children as well. More specifically, there is a large body of research that suggests that caregiver distress is more likely to lead to inconsistent parenting practices (Rodgers-Farmer, 1999; Smith et al., 2008), leading to poor adjustment of the child (Dolbin-MacNab & Keiley, 2006; Hayslip & Kaminski, 2005; Kelley et al., 2011; Shelton & Harold, 2008; Smith et al., 2008), and putting youth raised by distressed custodial grandmothers at an increased risk of experiencing difficulties in various areas (Smith & Palmieri, 2007).

¹ While official statistics recognize both grandfather- and grandmother-headed households, prior literature has focused on custodial grandmothers (Park & Greenberg, 2007; Smith et al., 2015). In the hopes of extending this literature by focusing on outcomes related to the juveniles who are raised in these households, we, too, focus on custodial grandmothers.

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