6-4-2025

An Exploration of the Lived Experiences of Black Female Kinship Caregivers in Parenting Youth Aged 13-18

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2025

Abstract

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Tyla Linette Wilder

MA, Colorado State University, 2020

BS, College of Saint Benedict 2018

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

This qualitative phenomenological study explored how the intersection of identities related to race and gender shapes the lived experiences of Black female kinship caregivers raising youth aged 13–18. Drawing on Intersectionality Theory, the study sought to understand the caregiving challenges, emotional resilience, and systemic barriers encountered by this underrepresented population. Nine participants were recruited through purposive and snowball sampling and engaged in in-depth semi-structured interviews. Thematic analysis revealed that cultural norms and racialized gender expectations often compelled Black females to assume caregiving roles without institutional recognition or support. Participants described emotional isolation, financial instability, and limited access to legal and social services, particularly in informal guardianship arrangements. Despite these burdens, caregivers demonstrated profound resilience, motivated by familial obligation, spirituality, and community values. The findings underscore the need for policies and practices that acknowledge the structural inequities faced by Black female kinship caregivers and provide accessible, culturally responsive support systems. Recommendations include expanding financial and legal resources for informal caregivers and incorporating training on implicit bias within service systems. This study contributes to the literature on kinship caregiving and intersectionality by centering the voices of Black females and advocating for systemic change. By highlighting the barriers and strengths experienced by this demographic, the study aims to inform the development of inclusive policies and enhance service equity, ultimately fostering a more supportive environment for kinship caregiving families.

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Dedication

I dedicate this dissertation to all the Black female kinship caregivers who continue to persevere through adversity with strength and resilience. Despite the numerous challenges you face, your unwavering commitment to your family is a testament to your enduring love and devotion. May this work amplify your voices, honor your experiences, and contribute to a greater understanding of the sacrifices and triumphs you encounter in your caregiving journeys.

Acknowledgments

I would like to extend my deepest gratitude to my dissertation committee, whose guidance, support, and expertise were invaluable throughout this process. To my chair, Dr. Martin, thank you for your unwavering patience, insightful feedback, and constant encouragement. Your commitment to helping me refine this work has been indispensable. To Dr. Arcuri, your thoughtful suggestions and encouragement have been vital in shaping this research.

I would also like to thank my family and friends for their love, patience, and understanding. To my friends, your unwavering belief in me kept me going during the most challenging moments. To my family, thank you for your emotional support, love, and the space you gave me to focus on this work. You are my constant source of strength.

I am particularly grateful to the kinship caregivers who participated in this study. This research would not have been possible without your openness and willingness to share your experiences. Your stories are the heart of this work, and I am honored to have been able to learn from each of you.

Lastly, I thank my colleagues, mentors, and everyone who has supported me. Your encouragement, feedback, and belief in my abilities have been essential in helping me achieve this significant milestone.

Table of Contents

Chapter 1: Introduction to the Study

Introduction

The focus of this research was on how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18. The disproportionate role that Black females play as kinship caregivers to relative youth when their biological parents are unable to fulfill their parenting duties highlighted the significance of conducting this study to understand the experiences of this demographic better (Simmons-Horton et al., 2022). Previous researchers extensively explored the experiences of Black grandmothers in kinship caregiving; however, a significant gap remained regarding the kinship caregiving experiences of other female kinship-caregiving relatives, such as aunts, sisters, and cousins (Wu et al., 2024) and how their intersecting identities of race and gender influence their caregiving roles (Pinderhughes et al., 2019). To address that gap, I conducted this qualitative study to provide insights into the challenges and resilience of this underrepresented yet diverse demographic. This study aimed to enhance outcomes for Black female kinship caregivers by examining their experiences and informing the development of targeted policies and support services. Chapter 1 presents the problem statement, objectives of the study, and research inquiry. It also outlines the theoretical framework, defines key terms, and discusses this research's assumptions, limitations, and significance in promoting and informing policy changes to improve support for Black female kinship caregivers.

Background

Black female kinship caregivers parenting relative youth face significant socio-economic, financial, access, systematic, medical, racist, and discriminatory challenges (Chan et al., 2019; Davis et al., 2020; Wu et al., 2022). Despite these challenges, Black female kinship caregivers demonstrate significant resilience, as their cultural norms and traditions often influence their practices and decisions to take on kinship caregiving roles, prioritizing family and community support (Duncan & Smith, 2023). Existing and relevant literature highlighted this resilience but focused primarily on kinship-caregiving grandmothers and, in turn, overlooked the diverse experiences of other kinship-caregiving relatives such as aunts, sisters, and cousins (Wu et al., 2024) while failing to explore the influence of their intersecting identities, such as race and gender, on their caregiving experiences. Addressing this gap was crucial for understanding the challenges and resilience of Black female kinship caregivers, as well as informing the development of interventions and support systems tailored to their unique needs. By examining how race and gender intersect and influence their caregiving experiences, this research can inform the development of targeted social policies and support services (Koh et al., 2022; Moldow et al., 2023).

Problem Statement

As noted above, Black females are disproportionately represented in kinship caregiving roles (Simmons-Horton et al., 2022). The influence of their intersecting identities of race and gender on their caregiving experiences, however, was still inadequately explored in existing literature, as were the experiences of other Black

female relatives outside of the traditional grandmother role, such as aunts, sisters, and cousins (Duncan & Smith, 2023). Although extensive research on kinship caregiving in Black families exists, much of it was narrow. As a result, an intersectional framework was employed to fill existing gaps in research and guide the exploration of how race and gender shape the lived experiences of Black female kinship caregivers in parenting youth aged 13–18. In conducting this qualitative exploration, the goal was to enhance understanding of the impact of intersectionality on caregiving experiences and inform the development of support services and policies specifically designed for this demographic.

Purpose of the Study

Grounded in an intersectional framework, the purpose of conducting this qualitative, phenomenological study was to explore the lived experiences of Black female kinship caregivers, with a particular focus on how the intersection of race and gender influenced their parenting of youth between the ages of 13 and 18. Despite an overrepresentation of Black females in kinship caregiving roles and an increasing prevalence, there was a lack of comprehensive understanding in existing literature on how their intersecting identities shaped their experiences, challenges, and resilience (Pinderhughes et al., 2019). This analysis applies an intersectional framework to explore Black female kinship caregivers ‘parenting experiences within these parameters.

Research Question

RQ1: How do race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18?

Theoretical Framework for the Study

As referenced above, the theoretical framework employed throughout this study was intersectionality theory (IT; Crenshaw, 1989). Kimberle Crenshaw developed IT specifically to help explain the oppression of Black females and show that social identities such as race and gender intersect to influence individuals 'experiences of privilege and oppression (Crenshaw, 1989). IT indicates that overlapping social identities, such as race and gender, create unique experiences of privilege and oppression. They must be analyzed collectively since intersecting identities interact to shape distinct challenges and opportunities (Crenshaw, 1989). IT explains the interconnectedness of diverse identities and highlights their impact on the experiences of Black female kinship caregivers.

This qualitative research inquiry, along with the research question and the intersectional framework, facilitated a comprehensive exploration of how intersecting identities shape the lived experiences of Black female kinship caregivers in parenting youth aged 13-18. The research question, "How do race and gender intersect to influence the experiences of Black female kinship caregivers parenting youth aged 13 to 18?" was guided by IT. This framework shaped the study's methodology and highlighted how race and gender shape kinship caregiving experiences. IT guided the exploration of how institutionalized forms of racism and sexism uniquely affected Black female kinship caregivers, including the challenges they encountered and the resilience they displayed. IT provided a lens through which the culture and traditions that influenced these kinship

caregivers ‘mental, emotional, and physical well-being could be thoroughly explored and understood.

By employing IT to guide this research, a thorough analysis of Black female kinship caregivers ‘complex and intersecting identities was conducted, allowing for an in-depth exploration of the influences of race and gender on their caregiving experiences. By applying the insights gained from this research, policymakers, clinical practitioners, social workers, mental health professionals, and community organizations can enhance the development of treatments and support services tailored to the needs of this demographic. This chapter introduces the problem statement, objectives of the study, and research inquiry. It outlines the theoretical framework, defines key terms, and discusses this research’s assumptions, limitations, and significance in promoting and informing policy changes to improve support for Black female kinship caregivers. Chapter 2 provides a more detailed explanation of these propositions and an in-depth overview of IT and its application in inquiry.

Nature of the Study

This qualitative study used a phenomenological approach to explore how race and gender intersect to shape the lived experiences of Black female kinship caregivers parenting youth between the ages of 13 and 18. Phenomenology was an appropriate method for understanding the fundamental elements of Black female kinship caregivers ‘lived experiences (Prosek & Gibson, 2021). This phenomenological approach emphasized participants ‘subjective viewpoints and insights and enabled the discovery of rich and complex meanings (Fornaro et al., 2021). The study used purposive sampling

techniques through social media platforms to identify Black female kinship caregivers with significant knowledge and experience relevant to the topic. Snowball sampling, a method that leverages participants 'social networks identified through purposive sampling, was also employed to widen the participant pool (Denieffe, 2020; Parker et al., 2019). This study included Black female relatives, ranging from grandmothers to aunts, sisters, and cousins, who served as primary caregivers to at least one youth aged 13 to 18.

Recruitment occurred through both professional and personal networks, including social media platforms such as LinkedIn, Facebook, and Instagram. I distributed a recruitment flyer (Appendix B) inviting Black female kinship caregivers to express their interest in participating in the study by contacting via email or phone. In addition to the initial recruitment strategy, the study used snowball sampling to identify additional participants. After identifying a small group of eligible participants, I encouraged them to share the study details with others who met the criteria. Upon identifying eligible individuals, a consent form was sent via email, asking participants to provide informed consent by responding with the words "I consent." Data collection commenced through online interviews conducted via Zoom. Given the sensitive nature of the topics discussed, the study upheld participants 'rights to confidentiality by obtaining informed consent and providing access to emotional support resources. Each participant received information regarding the purpose of the study, their rights, and the measures employed to protect their privacy. If a participant became triggered or distressed during the interview, I provided information on emotional support resources. I reminded them of their right to withdraw from the study at any time without penalty.

Qualitative data were collected through semistructured interviews to explore how race and gender intersected to shape the lived experiences of Black female kinship caregivers parenting youth between the ages of 13 and 18. Interviews with each participant were recorded and transcribed thereafter using Zoom. Interview transcripts were coded using qualitative data analysis software to ensure a thorough and detailed analysis. With the nature of this study grounded in IT, thematic analysis was used to identify and analyze patterns, themes, and meanings within the collected data (Sundler et al., 2019), and content analysis to methodically assess the interview transcripts and pick out recurring themes and categories relevant to the experiences of Black female kinship caregivers (Gayakwad & Patil, 2021). IT enabled a clear and rigorous exploration of the intersections between race and gender and their influence on the experiences of Black female kinship caregivers in parenting youth. The structure of this study enabled it to be replicated for future exploration into phenomena while maintaining clarity and precision. Chapter 2 provides an in-depth examination of IT and its relevance to this study.

Definitions

Kinship Caregiver: A kinship caregiver is an individual, such as a relative, family friend, or neighbor, who maintains a close relationship with a child or the child's family. They provide care and protection to youth who cannot safely remain in their homes due to issues such as child abuse and neglect (Wu et al., 2020).

Formal Kinship Caregiver: A formal kinship caregiver is a relative who secures legal guardianship of a child, allowing access to various forms of assistance from the court, including financial and social support services (Koh et al., 2022).

Informal Kinship Caregiver: An informal kinship caregiver is a relative who takes custody of a youth without formally notifying welfare authorities (Koh et al., 2022).

Black: The term "Black" encompasses a broader demographic than "African American," as it includes individuals from various countries who identify as Black but do not identify as African American (Cénat, 2022).

Intersectionality: Intersectionality refers to the interconnected elements of social classifications, such as race, class, and gender, that pertain to an individual or group, resulting in overlapping and interdependent systems of discrimination or oppression (Bauer et al., 2021).

Assumptions

The research findings 'validity and reliability depended on participants 'honesty in sharing their kinship caregiving experiences in parenting youth. For this reason, this study assumed that participants provided truthful accounts. However, given the sensitive nature of their experiences, it is acknowledged that some participants may have withheld details or presented them in a more favorable light (Durkin et al., 2020). To limit this, I cultivated a non-judgmental environment by reiterating the study's purpose and sharing the personal experiences that led to conducting the study. Participants were encouraged to share their experiences openly and honestly to help maintain the data's authenticity and enhance the findings 'reliability and validity. The methods used to maintain confidentiality were clearly outlined, including informed consent procedures and the participant's right to withdraw from the study at any time. The second assumption of this study was that participants accurately recalled and represented their experiences. Because

the study relied on participants ‘memories, I used bracketing techniques, allowed extra reflection time, and asked follow-up questions to minimize inaccuracies (Durkin et al., 2020). Another assumption of this research was that participants were willing to share both positive and negative aspects of their caregiving roles. However, because sharing negative experiences can be difficult, I prioritized rapport building to create a supportive interview environment that encouraged openness. These strategies were essential for capturing the full spectrum of challenges and resilience that define Black female kinship caregivers ‘parenting roles. Addressing these assumptions ensured that participants ‘narratives were a thorough and reliable account of their experiences as Black female kinship caregivers.

Scope and Delimitations

In this research, how Black female kinship caregivers ‘intersecting identities of race and gender shape their experiences in parenting youth between the ages of 13 and 18 was explored. I sought to portray a complete spectrum of viewpoints and challenges these demographics face by including grandmothers, aunts, sisters, and cousins. I chose to focus on this specific demographic to close a significant gap in the existing body of literature and offer ideas to guide the development of policies and support programs specifically catered to the needs of Black female kinship caregivers. To be eligible to participate in this study, individuals had to identify as Black, female, and a kinship caregiver to at least one youth aged 13 to 18. To ensure the relevance of their experiences to contemporary conditions, participants had to be actively parenting relative youth between the ages of 13 and 18. The study focused exclusively on Black female kinship

caregivers, excluding male and non-Black kinship caregivers. The recruitment process targeted eligible participants through professional and personal networks, including social media platforms like LinkedIn, Facebook, and Instagram. I conducted additional recruitment through snowball sampling and encouraged participants identified through purposive sampling to refer others who met the criteria.

Intersectionality Theory (IT), developed by Kimberlé Crenshaw in 1989, guided this study. IT enabled a meaningful understanding of how the intersecting identities of race and gender influence the caregiving experiences of Black females. Although other theoretical frameworks, such as critical race theory and feminist theory, were considered to guide this study, IT was selected for its ability to address race and gender simultaneously, making it more suitable for analyzing the multifaceted experiences of Black female kinship caregivers. Although the transferability of this study's findings is limited to the specific context of Black female kinship caregivers, the insights gained may offer valuable implications for similar populations facing comparable challenges. The conclusions of this study can inform future research explorations on related themes within various contexts and provide valuable insights into kinship caregivers 'challenges across different cultures and identities.

Limitations

This study had several limitations; the first was that its small sample size limited the transferability and interpretation of the findings, making them specific to this sample. The small sample size, however, allowed for an in-depth exploration of individual experiences, adding value to qualitative research (Subedi, 2023). By prioritizing depth

over breadth, this study included an adequate sample of nine participants (Subedi, 2021). Although the broader generalizability of the findings is limited, they still provide rich insights into the lived experiences of Black female kinship caregivers (Levitt, 2021).

The second limitation of this study concerns the use of purposive and snowball sampling strategies, which may have resulted in homogeneous and subjectively biased samples. Because I guided participant selection and referrals from existing participants, there is a possibility that individuals who aligned with my expectations were more likely to be selected. To address this, I employed reflexivity to continuously examine my assumptions, beliefs, and values throughout the research process (Andrade, 2021).

The third limitation of this study was the potential for recall and response biases. Recall bias occurs when participants have inaccurate or distorted memories of past events, which can undermine the validity of the study's results (Al Edreesi, 2021). To mitigate this, I prioritized current caregivers over past caregivers for participation and included questions designed to elicit responses centered on the most recent and memorable events. Response bias is when participants provide socially desirable answers or adjust their responses based on their perceptions of the researcher's expectations (Bergen & Labonté, 2020). To address this, I emphasized participant anonymity, established rapport, and used open-ended questions to encourage more authentic responses. However, these limitations do not diminish the credibility of the results; instead, they offer a balanced perspective and strengthen the study's contribution to understanding the experiences of Black female kinship caregivers. By incorporating reflexivity, bracketing, maintaining a detailed audit trail, and providing detailed

descriptions, the study's limitations could be addressed while still laying a foundation for future research to build upon. Future research can expand on these findings by including more extensive and diverse samples to enhance transferability.

Significance

Although previous researchers have thoroughly explored kinship caregiving among Black grandmothers, the intersection of race and gender in shaping the experiences of Black female kinship caregivers outside of the traditional grandparent role has not been explored (Wu et al., 2024). Research on Black female kinship caregivers predominantly centered around grandmothers raising their grandchildren (Barman & Sahoo, 2024). As a. result, there was an insufficient understanding of the distinct challenges encountered, the resilience demonstrated by Black female kinship caregiving aunts, sisters, and cousins, and the influence of their intersecting identities on their caregiving experiences (Xu et al., 2020a). Existing literature highlights the need to explore a more diverse demographic and range of kinship caregivers to understand better how varied and intersecting identities impact their experiences of oppression or privilege (Willert & Minnotte, 2021). For that reason, qualitative methodologies were employed to do just that: thoroughly examine how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18.

Both the longstanding tradition and the increasing prevalence of Black female kinship caregivers, along with the unique challenges and resilience they exhibit, underscored the significance of this research. This research contributes to academic

literature, informs policy development, and enhances clinical practice by offering insights to strengthen support networks and resources for Black female kinship caregivers. These findings provide a foundation for developing tailored clinical interventions and culturally sensitive support services, enabling psychologists to design more effective and responsive coping strategies.

The findings of this study play a crucial role in shaping policies and programs by highlighting the specific needs of Black female kinship caregivers. These insights can inform strategies that provide economic assistance and psychological support, ultimately mitigating the challenges faced by this demographic (Gross-Manos et al., 2022; Joo & Liu, 2021). Policymakers, social workers, and mental health professionals can enhance the effectiveness and relevance of interventions by aligning support networks and services more closely with the lived experiences of Black female kinship caregivers.

Additionally, this research identified critical gaps in the existing literature, laying the groundwork for future scholars to further explore underrepresented kinship caregivers. A deeper understanding of Black female kinship caregivers ‘experiences allows for developing more comprehensive research frameworks and fosters greater public recognition and support. Raising awareness of their unique challenges and resilience can influence legislative decisions and contribute to more equitable caregiving conditions. Ultimately, this study's exploration of Black female kinship caregivers ‘lived experiences has the potential to drive meaningful societal and community change.

Summary

Chapter 1 established the foundation for examining the lived experiences of Black female kinship caregivers parenting youth aged 13 to 18. It highlighted the disproportionate burden of kinship caregiving within this demographic and emphasized the need to explore their unique challenges and resilience (Woods, 2021). Additionally, the chapter identified key gaps in the literature, particularly the overlooked experiences of aunts, sisters, and cousins in kinship caregiving (Wu et al., 2024), as well as the impact of intersecting identities on their caregiving roles (Pinderhughes et al., 2019).

This chapter underscored the importance of using an intersectional framework and qualitative methodology to examine how race and gender shape Black female kinship caregivers 'experiences. It also outlined the problem statement, research purpose, central research question, theoretical framework, methodology, and key definitions. Beyond defining the study's scope, delimitations, and limitations, Chapter 1 emphasized the importance of participant trust and response accuracy while highlighting the study's broader implications for clinical practice, policy development, and social change.

Recognizing a significant gap in existing research, which has traditionally focused on grandmothers while neglecting other kinship caregivers, Chapter 1 provided a comprehensive overview of the study's objectives. This research employed intersectionality theory (IT) to analyze how race and gender influence the caregiving experiences of Black females. While Chapter 1 established the foundational concepts, Chapter 2 offers a comprehensive literature review on kinship caregiving, focusing on Black female caregivers 'intersectional challenges and resilience.

Chapter 2: Literature Review

Introduction

Historically, Black females have disproportionately assumed kinship caregiving roles, highlighting a significant and complex aspect of family dynamics within Black communities (Simmons-Horton et al., 2022). Despite changes in broader societal structures, the landscape of kinship caregiving in Black families has remained essentially unchanged, with Black females increasingly taking on primary caregiving responsibilities (Woods, 2021). This chapter provides an overview of existing literature on kinship caregiving among Black females, examining the enduring nature of these roles and their impact.

Literature Search Strategy

Initial and subsequent searches for literature were conducted in the Walden University library and using the following search engines: Education Source, ERIC, ScienceDirect, SAGE Journals, EBSCO, ProQuest, Psychology Database, and PsycINFO. Statistical information from government websites, such as the Colorado Department of Human Services and the Kids Count Data Center, was retrieved. Databases were searched explicitly for recently published research by Eun Koh, Sherri Simmons-Horton, Tamara Woods, and Qui Wu, recognized experts on kinship caregiving experiences. A reverse search on Google Scholar was conducted to identify articles citing the works of Koh, Simmons-Horton, Woods, and Wu. This reverse search expanded the range of relevant sources and facilitated the identification of related topics and comparable research.

To locate scholarly and peer-reviewed articles, an iterative search process was employed using a combination of keywords: *kinship care, relative caregivers, family caregiving, informal caregiving, foster care, out-of-home placement, Black caregivers, women caregivers, female guardianship, caregiver experiences, caregiving challenges, resilience in caregiving, racial disparities in caregiving,* and *intersectionality in caregiving*. To refine search results, Boolean operators "AND," "OR," and "NOT" were strategically used. The limited existing research and scarcity of dissertations on how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth aged 13–18 necessitated an expanded search to include grey literature, relevant books, and cross-disciplinary sources. Citation chaining and snowballing techniques were used to trace references in relevant studies and identify additional related research. This repetitious approach ensured comprehensive coverage of the existing literature, identifying gaps and incorporating relevant studies for further discussion in this chapter.

Intersectionality Theory

IT, developed by Kimberlé Crenshaw in 1989, served as the guiding framework for this research. IT posits that the intersection of social identities, such as race, gender, and class, significantly influences an individual's experiences of oppression and privilege (Crenshaw, 1989). This framework was crucial for exploring the lived experiences of Black female kinship caregivers parenting youth aged 13–18, as it emphasizes that intersecting identities shape unique experiences of oppression and privilege, which cannot be fully understood in isolation. By applying IT, this study offers a comprehensive

analysis of how race and gender influence the parenting experiences of Black female kinship caregivers.

Research in fields like healthcare (Vohra-Gupta et al., 2023), education (Chance, 2022), and social work (Obasi, 2022), for example, has utilized IT to examine how the intersection of race and gender creates unique barriers to progress. However, existing research on Black female kinship caregivers often overlooked the influence of intersecting identities on kinship caregivers 'parenting experiences (Wu et al., 2024). This research addressed that gap by applying IT to guide the exploration.

Given the ability of IT to capture the complexity of individuals 'lived experiences, IT was foundational to this study. IT allowed for a deep examination of how the intersection of identities shapes Black female kinship caregivers 'caregiving roles, challenges, and resilience. IT also shaped the research question and methodology, providing critical insights that challenged and expanded existing theories on kinship caregiving and identity. Throughout the research process, the principles of IT were revisited to contextualize and enrich the understanding of Black female kinship caregiving experiences.

Literature Review Related to Key Variables and/or Concept

This literature review examined the diverse experiences of Black female kinship caregivers in parenting youth. The organization of this review focused on significant topics like challenges and stressors, resilience and coping strategies, identity and roles, support networks, cultural influences, and intersectionality (Montoro-Rodriguez et al., 2021; Rodriguez-Jenkins et al., 2020). This review highlights the distinct experiences of

Black female kinship caregivers and underscores gaps in the existing literature. Despite extensive research suggesting that many Black kinship caregivers are grandparents (Hayslip et al., 2019), and even more specifically, grandmothers (Wu et al., 2024), there was a noticeable absence of qualitative studies examining the perspectives of kinship caregiving aunts, sisters, and cousins. The impact of their intersecting identities on caregiving experiences was also notably lacking in research (Xu et al., 2020a). The subsequent synthesis of existing literature highlights the experiences and outcomes of youth in kinship care placements. Still, it suggests the need for additional exploration into the varied experiences of other caregivers. This study addressed a significant gap in kinship caregiving literature by examining the lived experiences of Black female kinship caregivers and exploring how race and gender intersect to influence their parenting experiences.

Kinship Caregivers Lived Experiences

Kinship caregivers are individuals who are regarded as blood relatives or close family friends, taking on primary parenting and caregiving responsibilities for youth (Rabassa & Fuentes-Peláez, 2023). Kinship caregiving, especially among Black families, has become increasingly prevalent (Simmons-Horton et al., 2022). One common explanation for the increasing prevalence of kinship caregiving in Black communities is that it provides youth with more stable and culturally appropriate care compared to non-relative foster placements, leading to better behavioral outcomes and fewer placement disruptions (Jedwab et al., 2020; Rabassa & Fuentes-Peláez, 2023). Much of the literature

on kinship caregiving highlights the advantages of kinship placements for youth while also emphasizing some disadvantages for caregivers (Simmons-Horton et al., 2022).

The difference in advantages and disadvantages of kinship care between youth and their caregivers highlighted contradicting themes. In contrast, kinship caregiving placements, and more specifically, informal kinship care, were more effective for youth than formal ones (Ferraro et al., 2022). Informal kinship caregiving arrangements, however, created more challenges for the caregivers (Day et al., 2024; Wu et al., 2020). These challenges included financial strain, legal complications, and emotional well-being (Simmons-Horton et al., 2022). These findings are significant, as kinship care impacts many Black youths and families and is increasing in various contexts (Simmons-Horton et al., 2022).

Informal kinship care, particularly among grandparents, is the most prevalent form (Koh et al., 2022; Wu et al., 2020). Factors contributing to the increasing reliance on kinship care include poverty, limited access to services, parental illness or death, disasters and conflict, cultural beliefs, incarceration, and other legal considerations (Crockett & Gibby, 2021; Hallett et al., 2023; Wu et al., 2020). Nonetheless, the advantages and disadvantages of kinship caregiving present conflicting discussions. For example, although children typically preferred kinship care, were loved, well taken care of, had better outcomes than alternative forms of care, maintained continuity, stability, and critical social networks (Hassall et al., 2024; Jedwab et al., 2020), the kinship caregivers and the youth within their care, also needed emotional and educational

support, financial assistance, and extra protection from discrimination (Day et al., 2024; Wu et al., 2020).

These challenges were more pronounced for informal kinship caregivers, who typically received less support and recognition than formal caregivers. (Koh et al., 2022). Currently, in Black communities, the extended family network has evolved from a traditional, informal caregiving arrangement to a formal arrangement facilitated through child welfare services (Nwachuku et al., 2021). This study examined the intersection of race and gender in shaping the parenting experiences of Black aunts, sisters, and cousins in kinship caregiving roles, including formal and informal arrangements. This research examined the intersectional influences of race and gender on Black kinship caregivers, extending beyond the traditional role of grandmother. Using the findings from this study, I aimed to inform equitable support networks, both formal and informal, to provide adequate assistance for all Black female kinship caregivers.

Challenges and Stressors

Challenges and stressors were reportedly everyday experiences for grandparent kinship caregivers, whether formal or informal (Shovali et al., 2019). Although thoroughly explored in existing literature, the research focus varied, with some researchers focusing on trauma and stress (Davis et al., 2020), others focusing on stress as a predictor of life satisfaction (Mendoza et al., 2020), some on material hardship and parenting stress, specifically during COVID (Smith et al., 2021); (Xu et al., 2020b), some on financial and healthcare challenges (Clark et al., 2022; Finigan-Carr & Sharpe, 2022), challenges navigating legal and child welfare policies (Hassall et al., 2024), and others on

challenges managing the emotional needs of the youth in their care (Taylor et al., 2019). For many kinship caregiving grandmothers, it was a shared experience of balancing their chronic health issues with the care of their grandchildren (Woods, 2021). Kinship caregivers 'health, physical functioning, and overall well-being were a significant challenge, only exacerbated by financial difficulties that hindered much-needed access to support services and resources (Day et al., 2024; Gómez, 2021; Koh et al., 2022). The existing literature consistently reveals the challenges that kinship caregivers experience while also highlighting the benefits of kinship care for the youth. It highlighted an ongoing and contradictory debate between the benefits and burdens of kinship care for caregivers and the youth they care for. While the disproportionate and increasingly prevalent placement of Black youth in kinship placements reflected cultural traditions and provided several benefits for the youth being cared for, the caregivers were challenged by significant service needs, poor physical and mental health, and low economic status (Wu et al., 2024; Xu et al., 2020a). Whether formal or informal, kinship caregivers often lack access to support services and essential resources (Kelley et al., 2021).

Intervention studies conducted by Chan et al. (2023) demonstrated that culturally tailored support services could effectively reduce caregiver stress and address these commonly identified challenges. Additional research on culturally diverse populations was essential to address the specific needs of various demographics, such as Black female kinship caregivers, and effectively develop culturally tailored support services and programs (Capous-Desyllas et al., 2020). This study aimed to enhance the development

of culturally relevant support services and programs for Black female kinship caregivers by providing insights into the influence of race and gender on their experiences as caregivers to youth.

Resilience and Coping Strategies

In addition to exploring kinship caregiver challenges and stressors, several existing studies also examined kinship caregiver resilience and coping strategies. Some researchers focused on illuminating the narratives of resilience in kinship caregivers through photovoice methodology (Capous-Desyllas et al., 2020); some concentrated on the intensity of caregiving, health, and well-being (Chan et al., 2019; Kelley et al., 2021); some focused on the differences between caregiver mental health based on kinship or foster care (Hassall et al., 2024); while others concentrated on caregivers resilience as a predictor of life satisfaction (Mendoza et al., 2020), self-care practices (Miller et al., 2019), risk and protective factors (Wu et al., 2020), or parenting stress and mental health outcomes (Xu et al., 2022b). Overall, however, existing and relevant literature highlighted resilience narratives and how kinship caregivers redefine roles amidst financial strain, navigating the legal system, mental health issues, and other challenges and stressors. For example, kinship caregiving grandparents experienced a higher degree of adverse mental health outcomes in comparison to their non-parenting counterparts (Kelley et al., 2021). Still, they continued to fulfill their primary caregiver roles (Davis et al., 2020). While these findings reflected the persistence and resilience of kinship caregivers, the coping skills they used to manage their stress and emotional burdens were not easily identifiable. Kinship caregiver's lack of coping skills highlighted the need for

specific interventions that teach coping strategies that aim to address kinship caregivers ‘challenges, mitigate the psychological impact, and assist them in developing effective coping mechanisms to navigate their caregiving experiences (A. C. Y. Chan & Piehler, 2024; Kelley et al., 2019; Wu et al., 2022). This study enhanced the understanding of Black female kinship caregivers ‘experiences in parenting youth and guided the development of support systems to foster emotional well-being for this group.

Impact on Identity and Roles

Existing research indicated that caregiving responsibilities significantly influenced and reshaped kinship caregivers ‘identities, closely linking their experiences to role shifts (Duncan & Smith, 2023; Hassall et al., 2024; Koh et al., 2022; Wu et al., 2020). A significant impact on kinship caregivers ‘identity was reportedly their shift from traditional relative roles to primary caregivers (Gómez, 2021). This transition is particularly substantial in Black households, where maintaining a solid family identity is often expected (Wu et al., 2022). Kinship caregivers ‘shifts in roles were one of many critical themes in existing research and, at times, significantly impacted their health and well-being (Duncan & Smith, 2023; Gómez, 2021).

As kinship caregivers transitioned from traditional relatives to primary caregivers, their identities and responsibilities underwent significant changes, modifying their familial roles and inducing stress and other challenges (Littlewood et al., 2021; Xu et al., 2022a). Black kinship caregivers experienced heightened stress due to a profound sense of responsibility and commitment to their family, having a significant impact on their health and capacity to address parenting challenges (Duncan & Smith, 2023). Examining

the effects of kinship caregiving roles on caregivers ‘identities and responsibilities was essential for understanding how race and gender intersected to shape their caregiving experiences and enhance their available support networks.

Support Networks

Stigmas associated with kinship caregiving often influenced social isolation in support networks, restricted access to resources, and negatively impacted mental health and caregiving effectiveness (Wu et al., 2020). Associated stigmas and the resulting social isolation were more evident in studies that examined formal support networks (Hassall et al., 2024). While kinship caregivers believed that a mark of disgrace associated with their circumstance hindered their ability to access formal support networks, informal support networks, including emotional support, social connection, and practical assistance, offered kinship caregivers opportunities to seek advice, share experiences, alleviate the workload, and engage with their community (Day et al., 2024).

Formal support networks intended to reduce caregiving-related expenses and economic pressure and help kinship caregivers gain access to healthcare for themselves and their youth, including financial assistance, healthcare, training, and resources, and develop skills to parent more confidently, were reportedly challenging to access (Hassall et al., 2024; Koh et al., 2022; Simmons-Horton et al., 2022; Woods, 2021). Support networks, both formal and informal, played a crucial role in helping kinship caregivers by providing emotional, practical, social, financial, medical, and developmental support. However, they were only beneficial when organizations and policymakers tailored these networks to meet caregivers ‘specific cultural and familial needs (Woods, 2021). How

race and gender intersect to shape Black female kinship caregivers ‘experiences parenting youth was chosen for exploration to culturally inform tailored support networks and improve the parenting experiences of this demographic.

Cultural Factors

The recurring theme in existing literature underscored the need for targeted support networks regarding the difference that culture makes in kinship caregiving experiences (Wu et al., 2020). Kinship caregiving literature consistently highlights the cultural responsibility of kinship care in Black communities, the disproportionate number of Black female kinship caregivers, and the placement of Black youths in kinship care (Child Welfare Information Gateway, 2020; Kids Count Data Center, 2023). The cultural heritage of Black families often highlights collective responsibility, which generates pressure and renders the obligation to maintain family connections emotionally and physically taxing (Duncan & Smith, 2023; Nwachuku et al., 2021; Xu et al., 2022b). Existing literature underscored the cultural challenges that necessitate the exploration of culturally diverse demographics and the development of culturally competent support services (Duncan & Smith, 2023; Simmons-Horton et al., 2022; Woods, 2020; Wu et al., 2022). Although there was considerable data regarding the disproportionate prevalence of Black female kinship caregivers and the Black youth they care for (Child Welfare Information Gateway, 2020; Dettlaff & Boyd, 2020; Kids Count Data Center, 2023), research exploring the intersection of their identities, including race, gender, and the implications of their parenting experiences was insufficient. This study addressed this gap by contributing insights into an underexplored area of kinship caregiving.

Intersectionality

The impact of culture on kinship caregiving arrangements and the need to further explore this topic were recurring themes throughout the existing literature; however, the impact of intersectionality was less explored (Tran et al., 2023). Although culture and intersectionality are interrelated concepts, they differ in that culture refers to the values, beliefs, language, rituals, traditions, and other behaviors passed down from one generation to another within any social group (Hassall et al., 2024). Intersectionality is a framework for understanding how various social identities, such as race and gender, intersect to influence unique experiences of oppression and privilege (Crenshaw, 1989). It suggests that individuals cannot be defined or understood based on a singular aspect of their identity but instead by the multiple intersecting identities that influence their experiences (Crenshaw, 1989).

Existing literature on the experiences of kinship caregivers primarily focused on grandmothers and occasionally considered how their culture shaped their experiences (Dare et al., 2020; Davis et al., 2020; Gentles-Gibbs & Zema, 2020; Woods, 2020, 2021; Xu et al., 2020a; Xu et al., 2022b). Nonetheless, researchers have often overlooked the intersection of race and gender in shaping kinship caregiving experiences (Chan et al., 2019; Wu et al., 2022). This study addressed gaps in the current literature by investigating the impact of intersectional factors, including race and gender, on the experiences of Black female kinship caregivers in the context of parenting youth.

This study's examination of kinship caregiving experiences through the lens of intersectionality provided essential insights into how race and gender influence caregivers

‘access to resources, social support, and mental health outcomes. This research illuminated the impact of intersecting identities on caregiving strategies, resilience, and the overall well-being of caregivers (Williams-Butler et al., 2020). This research revealed systemic disadvantages and the compounded effects of oppression experienced by Black female kinship caregivers, such as child welfare policies that have historically employed exclusionary language based on racial stereotypes, resulting in the discrimination and oppression of Black females. These policies both reflected and perpetuated racial and gender biases, restricting Black families ‘access to essential services and exacerbating the ongoing challenges identified in this review (Williams-Butler et al., 2020). Although gaps in the existing literature were present, it established a basis for exploring how race and gender intersect to shape the experiences of Black female kinship caregivers beyond the conventional grandparent role. This study addressed that gap.

Summary and Conclusions

In this chapter, literature on the experiences of Black female kinship caregivers, including the challenges they faced, their resilience, and the cultural factors that shaped their caregiving practices, were reviewed. Many of the challenges they faced concerned finances, physical and emotional health, and navigation of legal systems, all while exhibiting substantial resilience (Simmons-Horton et al., 2022). Their identities before assuming kinship caregiving roles were significantly changed by their caregiving roles and familial responsibilities, necessitating their support networks to take on significant roles in providing the resources and emotional support that formal support networks did

not (Duncan & Smith, 2023; Hassall et al., 2024; Koh et al., 2022; Wu et al., 2020). Structural barriers, including economic hardship and systemic racism, complicated kinship caregivers 'experiences, highlighting the need for legal and policy frameworks to adopt culturally responsive and equity-focused approaches to support Black kinship families more effectively (Woods, 2020, 2021; Wu et al., 2024; Xu et al., 2020a). Existing research has examined various aspects of kinship caregiving experiences; however, significant gaps persist, especially regarding the intersection of race and gender in shaping these experiences (Xu et al., 2020b). The current literature on kinship caregivers primarily emphasizes grandmothers 'experiences in kinship caregiving while offering insufficient consideration of other relative kinship caregivers, such as aunts, sisters, and cousins (Wu et al., 2024).

The existing literature has significantly contributed to understanding the experiences of kinship caregivers; however, readers should consider its specific limitations. One limitation is the use of small convenience samples, restricting the generalizability of the findings (Wu et al., 2024). A second limitation of existing research was its reliance on a single interview with caregivers to collect data. This approach is limited because it fails to capture the ongoing stressors, such as health, financial, and other challenges, that kinship caregivers experience.

This study addresses critical gaps in the literature by exploring how race and gender intersect to shape the lived experiences of Black female kinship caregivers parenting youth aged 13–18. It incorporates a diverse sample of caregivers and centers the intersectional factors that influence their roles. The review of literature in Chapter 2

underscored the need for research that reflects these caregivers' systemic challenges, emotional labor, and cultural responsibilities. The following chapter outlines the methodological approach used to investigate these experiences, including the study design, participant recruitment, data collection, and strategies to ensure ethical rigor and trustworthiness.

Chapter 3: Research Method

Introduction

This qualitative study employed an intersectional framework to explore how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18. Although extensive research has highlighted the tradition of Black female kinship caregivers in primary parenting roles, there remains a gap in understanding the diverse perspectives of kinship caregivers beyond the typical grandparent role (Wu et al., 2024), as well as how race and gender intersect to shape their caregiving experiences (Pinderhughes et al., 2019). This study provided a thorough understanding of the challenges and resilience exhibited by Black female kinship caregivers. Chapter 3 presents the study's design and rationale, my role as the researcher, methodology, and considerations of trustworthiness.

Research Design and Rationale

The research question guiding this study is as follows:

RQ: How do race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18?

This study used a qualitative phenomenological research approach to explore how race and gender influence the lived experiences of Black female kinship caregivers in parenting youth aged 13 to 18. The focus was on understanding Black female kinship caregivers ‘subjective experiences, including the obstacles and challenges they face and the resilience and coping techniques they employ.

Phenomenology was the most suitable method for this study because it aimed to collect and explain the lived experiences of individuals who have directly encountered the phenomenon under study (Bazen et al., 2021). By studying individuals who had firsthand experience, this study aimed to gain a deep and nuanced understanding of their perspectives. The decision to employ a phenomenological approach stemmed from its ability to provide rich and nuanced narratives that reflect Black female kinship caregivers 'experiences in parenting youth. Surveys, data banks, and secondary sources could not comprehensively reflect the breadth of their lived experiences. Semistructured interviews allowed participants to articulate their narratives in their own words, ensuring an accurate representation of their views (Bazen et al., 2021). Semistructured interviews yielded critical insights into the distinct challenges faced by Black female kinship caregivers, encompassing financial, legal, and health-related issues, as evidenced in the current literature (Johnson et al., 2024; Wu et al., 2020, 2022; Xu et al., 2020a). The interviews examined Black female kinship caregivers 'resilience and coping strategies, in which their responses can offer practical suggestions and encouragement to others in similar kinship caregiving arrangements. This study utilized a qualitative, phenomenological methodology to provide a comprehensive understanding of the parenting experiences of Black female kinship caregivers, thereby contributing to the broader discussion on intersectionality and its impact on parenting youth.

Role of the Researcher

In this research, which explores how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13

and 18, my role was multifaceted and vital to the study's integrity. Qualitative researchers acknowledge that we are not merely observers but active participants in the research process. Established levels of trust and rapport, researcher reflexivity, active listening, and probing influenced the data collected and the depth and richness of the narratives shared (Hope et al., 2019). To address potential power dynamics, relatable jokes and elements of the researchers 'identity were shared to balance the researcher-participant relationship (Kaaristo, 2022). My awareness of how my background affected the research process and outcomes was crucial, including preconceived notions regarding roles and responsibilities within Black families, personal and familial history with kinship caregiving, and the intersectional aspects of my identity as a Black female. My awareness was essential for ensuring reflexivity and reducing bias in the research findings. Given the topic's sensitive nature and background, it was crucial to remain vigilant about any predispositions and how they could impact data collection and interpretation. Bracketing techniques were employed to consciously set aside preconceived notions and suspend prior knowledge about the parenting experiences of Black female kinship caregivers, thereby mitigating potential biases (Dörfler & Stierand, 2021). Objectivity was further supported through a reflexive approach, emphasizing engaging with the data from a fresh perspective.

Memoing techniques were also employed, which involved writing down thoughts and reflections while collecting and analyzing data (McGrath, 2021). To support data interpretation and maintain reflexivity, I jotted notes during interviews to capture participants 'comments and personal reflections, created memos immediately following

each interview, and developed and continually revised subjectivity statements. Memos documented my thoughts, insights, and interpretations during data analysis and were used to establish connections to the theoretical framework (Hope et al., 2019). Recording reflective notes enabled the documentation of thoughts, feelings, and observations and facilitated a deeper understanding of how my personal experience may influence the interpretation of participants 'narratives. To reduce subjectivity and enhance the validity of the findings, I maintained a detailed audit trail that allowed others to follow the research process and understand how conclusions were reached. As a validation technique, the study also included thick descriptions of participants 'experiences and the research context. Thick descriptions strengthened the trustworthiness of the results and made it easier for readers to understand the transferability of the findings. By incorporating these strategies, I aimed to accurately represent the voices of Black female kinship caregivers and ensure that the interpretations resonated with their lived experiences. My role was shaped by ongoing reflexivity, an awareness of potential biases, and a commitment to preserving the authenticity and validity of the participants 'narratives.

Methodology

Participant Selection Logic

Participants were systematically selected to ensure the inclusion of diverse perspectives and experiences of Black female kinship caregivers in parenting youth aged 13 to 18. Purposeful sampling techniques were employed to select individuals who could provide rich and detailed insights into the phenomenon under investigation (Parker et al.,

2019). Demographic information was collected from each participant to enhance understanding of the lived experiences of Black female kinship caregivers. Recruitment efforts, including a flyer invitation for participation, were commenced through personal and professional social media networks such as LinkedIn, Facebook, and Instagram. Interested Black female kinship caregivers were invited to contact the researcher by email or phone to participate. The study used snowball sampling to identify additional eligible participants through participant networks and referrals (Parker et al., 2019). Ethical approval from the Institutional Review Board (IRB) was obtained before recruitment to protect participants 'rights and well-being. All participants provided informed consent, which outlined the study's purpose, the voluntary nature of participation, confidentiality measures, and their right to withdraw at any time without penalty.

The sample size was determined iteratively, guided by the principles of data saturation, whereby data collection continued until no new insights or themes emerged (Hennink & Kaiser, 2022). Qualitative studies can reach saturation at relatively small sample sizes, with results showing that 9–17 interviews can reach saturation, as most studies have a relatively homogenous population and narrowly defined objectives (Hennink & Kaiser, 2022). To ensure that the sample size for this study reached saturation, I monitored the frequency of new information. I continually reviewed the data for redundancy in themes and the point at which no new codes or meanings emerged. The goal was to obtain a diverse yet manageable sample size that facilitated an in-depth exploration of participants 'experiences and ensured the feasibility of data collection and analysis within the study's scope.

Throughout this process, an intersectional framework highlighted the intersections between various social categories, such as race and gender (Crenshaw, 1989). In qualitative phenomenological sampling, a limited number of participants are interviewed for an extended period (Whitehead & Whitehead, 2020). To be included in this study, participants had to be identified as Black females and serve as kinship caregivers to at least one youth aged between 13 and 18.

Instrumentation

This qualitative inquiry explored how race and gender intersect to shape the parenting experiences of Black female kinship caregivers raising youth aged 13 to 18. Semistructured interviews were the primary method for comprehensively investigating this phenomenon, allowing for flexibility and depth in exploring participants 'lived experiences (Fornaro et al., 2021). An interview guide (Appendix A) was developed to align with the research objectives and literature review, focusing on challenges, resilience, support networks, intersectionality, and culture. The interview guide (Appendix A) included open-ended questions to elicit profound narrative responses. Notes were taken during and after each interview to record contextual observations, non-verbal cues, and reflections. My notes provided additional insights into the interview process and aided the interpretation of data (Fornaro et al., 2021).

Zoom transcription was used to capture nuanced insights from the interviews, and qualitative analysis software supported the organization and analysis of transcripts and related textual data. Data analysis software facilitated the systematic coding and thematic analysis, enabling the identification of patterns and themes related to the challenges

encountered and the resilience demonstrated within the data (Fornaro et al., 2021). Reflexivity tools, including memoing and bracketing, helped me enhance self-awareness and limit the influence of personal biases during data collection and analysis. By employing qualitative research instruments, such as semi-structured interviews and reflexivity tools, a comprehensive exploration of how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18 was enabled, all while ensuring rigor, validity, and trustworthiness throughout the research process.

Procedures for Recruitment, Participation, and Data Collection and Analysis

Recruitment

After obtaining approval from the IRB, recruitment efforts commenced through professional and personal networks, including social media platforms such as LinkedIn, Facebook, and Instagram. A flyer was distributed inviting Black female kinship caregivers who met the criteria and were interested in participating in the study to contact the researcher by email or phone (Appendix B). Snowball sampling techniques facilitated further recruitment by encouraging initial participants to refer other eligible individuals from their networks (Parker et al., 2019).

Participant Screening and Selection

Individuals were screened for eligibility according to the specified inclusion criteria. Once interested individuals were screened for eligibility. Participants were selected based on their caregiver status, only including current kinship caregivers. Selected participants were emailed information that included the purpose of this research,

the procedures involved, their rights, and the potential risks and benefits of their participation (Appendix C). For an eligible individual to indicate their informed consent to participate in this study, an email reply with the words “I consent” was requested. To ensure voluntary participation and reaffirm participants ‘right to withdraw from the study at any point without consequence, I obtained informed consent before data collection.

Data Collection and Analysis

Sixty-minute, semistructured interviews were conducted with each participant to examine the intersection of race and gender in shaping the experiences of Black female kinship caregivers who care for youth aged 13 to 18. Participants were reminded of upcoming interviews and followed up with those who missed their appointments via email. An interview guide (Appendix A) was developed to minimize participant bias and facilitate meaningful dialogue through open-ended questions. During the interviews, participants were asked to provide examples and detailed accounts of their experiences. I documented contextual observations and field notes to support later analysis and deepen my understanding of the interview data.

Recognizing the sensitive nature of the phenomenon under study and the topics discussed, I implemented safeguards, including referrals to counseling services (see Appendix D) and the option for participants to withdraw from the study at any time. Challenges in participant recruitment, interview scheduling, and managing participant bias were addressed through intentional rapport-building and trust-building during the data collection process. After initial participants were recruited, they were encouraged to refer other eligible and interested individuals within their networks.

Participants were provided with flexible participation options. Interviews were scheduled via Zoom, a secure virtual platform, at mutually convenient times to ensure that participants were comfortable and their privacy was protected. Each Zoom interview was conducted from a private, secure room to minimize the risk of unintended listeners or onlookers. To prevent accidental breaches of confidentiality, I advised participants to choose a private location where they felt safe and comfortable. Headphones were used during the interview to prevent anyone nearby from overhearing the participant's responses, along with a secure, password-protected device to conduct the interviews and store recordings. All Zoom settings were optimized for security, including a meeting password that enabled the "Waiting Room" feature and prevented unauthorized access. Before the interview began, rights to confidentiality were reviewed with each participant, reassuring them that personally identifying information would not be disclosed and confirming that they were in a secure setting.

The data analysis process was initiated by becoming familiar with the data through transcription reading and recording initial observations. Key phrases and sentences were identified and categorized by highlighting and labeling relevant texts with codes that describe the content. Subsequently, themes were identified by combining related codes into overarching categories that reflected significant patterns and concepts. Themes were analyzed, evaluated for alignment with the data to confirm accurate representation, and modified to enhance relevance and precision. Each theme was defined and labeled to convey its meaning and importance accurately. The analysis was

documented by delineating the research question, methodology, findings, and conclusions.

Issues of Trustworthiness

Credibility

Credibility, reliability, confirmability, and transferability were maintained, ensuring trustworthiness in the qualitative research findings. Credibility refers to the degree to which a study's findings are trustworthy and genuine (Subedi, 2023). The study's credibility was supported by collecting detailed data through semi-structured interviews and providing thick descriptions of participants ‘experiences and the study context to ensure the findings accurately reflect their perspectives and are trustworthy.

Dependability

Dependability, however, refers to the enduring and consistent nature of the research findings over time (Stahl & King, 2020). Procedures were employed to carefully and transparently collect and analyze data, ensuring the dependability of research findings through a comprehensive research and decision-making process. Reflexive procedures, such as memoing and bracketing, were employed to identify and address potential biases.

Confirmability

Confirmability ensures the impartiality and neutrality of study findings, preventing the researcher’s biases or viewpoints from swaying them (Ahmed, 2024). Therefore, all decisions and actions were meticulously recorded throughout the study to guarantee the confirmability of the research findings and uphold a thorough audit trail.

Reflexivity and bracketing were employed to document personal thoughts, assumptions, and reflections throughout the analysis, to mitigate personal influences, and to maintain transparency.

Transferability

Transferability refers to the extent to which research findings can be effectively applied or extended to different situations or populations (Subedi, 2023). Although qualitative research naturally reflects its specific environment, the applicability of the results was improved by offering detailed and descriptive information about the study participants, surroundings, and experiences. This documentation of research methodologies and procedures enabled readers to assess the relevance of the findings and apply them to their specific contexts.

Ethical Procedures

Ethical principles and guidelines were followed to safeguard participants ‘rights, well-being, and confidentiality during research (Leahy, 2022). Before interested individuals could participate, all subjects had to provide informed consent. Participants received comprehensive information about the study's objectives, methodology, potential risks, and benefits and were reminded of their voluntary participation in the study. Consent forms (Appendix C) were created using clear, easily understandable language and details to facilitate contact with the researcher and the relevant institutional review board (IRB).

Participant confidentiality was maintained, except for disclosures involving abuse or neglect (Taquette & Borges da Matta Souza, 2022). Given the topic's sensitivity, these

exceptions were communicated during the informed consent process. If disclosures of abuse or neglect were to occur during the research process, I would have reported pertinent information to the appropriate authorities. However, no instances of abuse or neglect were disclosed by participants throughout the study. Access to collected data was limited to me, with any personally identifying information maintained in confidentiality, except for the specified exceptions to participants 'confidentiality. The participants 'identities remained confidential in all publications and presentations from the study. To safeguard participant privacy and maintain confidentiality, all personal identifiers that could potentially disclose the participants 'identities were eliminated or altered. The acquired data, including interview transcripts and field notes, underwent de-identification and were securely kept using encryption and password protection until transcripts were validated, the study concluded, and 5 years after that. After the specified data retention period, digital files will be permanently deleted and shredded, ensuring the data cannot be recovered.

Participation in this study was voluntary, and individuals could withdraw without facing any negative consequences. Participants were informed of this right and provided instructions on the procedure to follow if they decided to discontinue their involvement in the study (Leahy, 2022). The aim was to minimize any potential harm or discomfort experienced during data collection and provide information on appropriate support services if necessary.

Reflexivity was practiced throughout the research process by systematically examining biases, preconceptions, and personal values that could have influenced the

study. The reflexive process was documented through memoing and integrated into the analysis to enhance transparency and minimize the influence of researcher subjectivity. The study underwent ethical scrutiny and received clearance from the Institutional Review Board (IRB) to ensure adherence to ethical norms and guidelines for research involving human participants. Modifications to the study protocol were promptly communicated to the Institutional Review Board (IRB) for evaluation and approval. Ethical guidelines were followed to uphold respect, honesty, beneficence, and justice for Black female kinship caregivers during the research process (American Psychological Association, 2017).

Summary

Chapter 3 provides an overview of the research methods used in this study, including a phenomenological and a qualitative research approach guided by an intersectional framework. This study was designed to explore the complex relationship between race, gender, and caregiving responsibilities, highlighting the challenges and resilience of Black female kinship caregivers. Accordingly, this study addressed the research question: How do race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth between the ages of 13 and 18? Phenomenology thoroughly examined the participants ‘narratives and accurately captured their genuine experiences. This chapter emphasized the researcher's role as a critical element of the study and the use of bracketing and memoing procedures to identify and address potential bias, maintain neutrality, and ensure the integrity of the findings. This

chapter also emphasizes how my engagement with participants and the use of reflective methodologies substantially impacted the formation of the obtained data.

Chapter 3 included a description of the study's methodology, including a purposeful sampling procedure for selecting participants who could offer in-depth perspectives on the studied phenomenon. Also highlighted in this chapter were my methods for conducting recruitment via professional and personal networks, including social media, such as LinkedIn, Facebook, and Instagram, to obtain a sample size of 9-17 participants, selected based on the data saturation requirements. This chapter highlighted methodologies, such as semi-structured interviews, which were the sole approach used in this study for data collection. It explained how the interview guide (Appendix A) was developed based on themes identified in the literature review. This chapter highlighted using qualitative data analysis software to conduct systematic coding and thematic analysis to ensure the findings 'reliability and validity. Trustworthiness was assessed based on the research findings 'credibility, dependability, confirmability, and transferability. Personal biases were critically examined, and the research process was thoroughly documented to demonstrate the procedures to ensure the study's trustworthiness. Chapter 3 also highlighted the strict ethical guidelines of this study, prioritizing informed consent, anonymity, and participant well-being. This chapter thoroughly examined the research design, data collection, and analytical methodologies, which were essential for maintaining the study's accuracy and credibility in investigating the real-life experiences of Black female kinship caregivers. Chapter 4 details the data collection, analysis, and findings.

Chapter 4: Results

Introduction

This chapter presents the findings from semistructured interviews with Black female kinship caregivers raising youth aged 13-18. This qualitative, phenomenological study aimed to explore how race and gender intersect to shape the lived experiences of these caregivers. Guided by IT, a thematic analysis was employed to analyze the data and identify key challenges, resilience factors, and systemic barriers faced by the participants. The results are organized into the following major themes: (1) The Duality of Loss and Responsibility, (2) Lack of Systemic Support for Kinship Caregivers, (3) Financial Strain of Kinship Care, (4) Race and Gender Influence on Caregiving Expectations, (5) Informal vs. Formal Guardianship Challenges, (6) Resilience and Strength in Caregiving, and (7) Gratitude for Space to Share. The chapter includes a description of the research setting, participant demographics, data collection and analysis methods, evidence of trustworthiness, and the study's results.

Setting

Interviews were conducted virtually via Zoom to ensure accessibility and participant comfort. Participants resided in various urban and suburban communities in Colorado and Texas. Many caregivers reported feelings of isolation due to a lack of formal support structures. Variability in caregiving environments was observed, with some participants raising youth in multigenerational households while others assumed sole responsibility for the children in their care.

Despite differences in household composition, kinship caregiving arrangements generally provide children with stability, particularly when they had previously experienced disruptions due to parental loss, incarceration, or neglect. Access to resources emerged as a recurring concern, with participants reporting difficulties obtaining mental health counseling, legal aid, and financial assistance. Many relied on personal networks, faith-based organizations, or workplace connections to navigate caregiving challenges, while others described systemic barriers in securing services for the youth in their care.

Demographics

This study included nine Black female kinship caregivers parenting youth between the ages of 13 and 18. Participants were recruited using purposive and snowball sampling strategies, leveraging professional networks, community referrals, and social media outreach. Participants ranged in age from 30 to 70 and identified as either aunts or grandmothers to the youth in their care. Caregiving roles emerged through circumstances such as parental death, incarceration, illness, or neglect. Caregivers were either single or married and were responsible for raising between one and four children. Some were also raising their biological children alongside their relatives. Educational attainment ranged from high school diplomas to doctoral degrees. Employment status varied, with most caregivers employed full-time and others working part-time or retired. Participants' careers spanned accounting, mental health, education, and nonprofit work. The youth in their care attended public schools and, in some cases, had learning disabilities, trauma histories, or mental health concerns.

A summary of the participants 'demographics is provided in Table 1.

Table 1

Participant Demographics

Participant ID	Age Range	Relationship to Youth	Marital Status	Employment Status	Number of Youth in Care	Education Level
P1	30–40	Aunt	Married	Employed Full-Time	1	Master 's
P2	50–60	Grandmother	Single	Employed Full-Time	1	High School
P3	40–50	Aunt	Married	Employed Full-Time	1	Bachelor 's
P4	60–70	Grandmother	Single	Employed Full-Time	4	Associate 's
P5	40–50	Grandmother	Married	Retired	2	High School
P6	30–40	Aunt	Single	Employed Full-Time	1	Doctorate
P7	50–60	Grandmother	Single	Retired	4	Bachelor 's
P8	60–70	Grandmother	Married	Employed Part-Time	2	Bachelor 's
P9	40–50	Aunt	Single	Employed Full-Time	1	High School

Data Collection

Data were collected through nine semi-structured interviews conducted over four weeks. Each interview lasted between 30 and 60 minutes and was audio-recorded with participants 'consent. The interview guide was designed to explore how participants 'identities of race and gender intersect to shape their caregiving experiences, including systemic challenges and personal reflections on resilience and support. Open-ended questions encouraged participants to share their narratives in depth.

Verbatim transcription was used to ensure accuracy and fidelity to participants 'experiences. Reflexive journaling was employed throughout data collection to capture insights, observations, and potential biases, ensuring that intersectional perspectives remained central to the analysis. Participants expressed gratitude for the opportunity to

discuss their caregiving journeys, as these experiences had rarely, if ever, been the focus of inquiry. Several caregivers noted that the interview process was both validating and therapeutic, providing a space for them to reflect on their roles and struggles.

Data Analysis

Thematic analysis was conducted using the six-phase framework outlined by Braun and Clarke (2006), ensuring a rigorous and systematic examination of the data. All coding and organization of transcripts were completed using NVivo qualitative data analysis software, which facilitated data management, categorization, and retrieval of quotes. Familiarization began with multiple readings of each interview transcript to develop a deep understanding of participant narratives. Initial notes were taken to document early impressions, recurring language, and contextual cues across interviews. Using an inductive approach, open coding was used to generate data-driven codes that captured significant statements, experiences, and structural challenges.

Following initial coding, broader thematic categories were constructed by identifying cross-participant patterns and clustering similar experiences. Subthemes were developed where necessary to highlight more nuanced or context-specific insights. During the theme refinement phase, categories were reviewed for clarity, distinctiveness, and relevance to the study's core research questions. Redundant or overlapping codes were merged, and final themes were defined to reflect the intersectional nature of participants' caregiving experiences. Data saturation was reached after coding nine interviews, with no new themes emerging in the final transcripts.

Themes were analyzed through the lens of IT, allowing for a critical understanding of how race, gender, and caregiving roles co-constructed the participants' lived experiences. Verbatim quotes were integrated to support each theme, providing depth and authenticity. Discrepant cases, where participants' experiences diverged from the dominant thematic patterns were clearly labeled and intentionally included to demonstrate analytic complexity and capture the full range of caregiving narratives.

The analysis employed reflexive journaling and constant comparison techniques to document decisions and monitor emerging bias. This process enhanced confirmability and ensured consistent alignment between participant narratives and final themes. The resulting findings illuminate both the systemic barriers Black female kinship caregivers face and the adaptive strategies they employ. The final analysis yielded seven major themes: (1) The Duality of Loss and Responsibility, (2) Lack of Systemic Support for Kinship Caregivers, (3) Financial Strain of Kinship Care, (4) Race and Gender Influence on Caregiving Expectations, (5) Informal vs. Formal Guardianship Challenges, (6) Resilience and Strength in Caregiving, and (7) Gratitude for Space to Share. Several themes also included subthemes that captured variation across caregivers' experiences. These themes are presented in the results section, supported by rich participant quotes and a discussion of key findings.

Evidence of Trustworthiness

Credibility was established through reflexive journaling, documenting thoughts, biases, and methodological decisions throughout the research process. This practice ensured that personal assumptions were acknowledged and minimized during the data

analysis process. Member checking was not utilized in this study due to the sensitive and emotionally charged nature of the interviews, which could have placed an additional burden on participants. Instead, credibility was enhanced through triangulation of coder input, detailed description, and alignment with theoretical frameworks. Thick descriptions were used to report findings, present participants' experiences with depth and context, and offer a richer understanding of their lived experiences. These strategies enhanced the authenticity and accuracy of the study's findings.

Transferability was ensured by providing detailed, contextual descriptions of the study setting, participant demographics, and caregiving experiences. These details enable readers to determine whether the findings apply to similar caregiving populations. By detailing the unique systemic barriers and lived realities of Black female kinship caregivers, the study contributes to broader discussions about caregiving within marginalized communities. It provides insights into the structural inequities that shape these experiences.

Dependability was maintained through a detailed audit trail documenting each research stage, including data collection, coding, and theme development. This approach ensured the study's findings were derived from a transparent and consistent methodological process. The systematic application of thematic analysis reinforced the reliability of data interpretation, allowing for consistency in the coding and theme development process.

Confirmability was achieved by grounding findings in participants' narratives and maintaining researcher reflexivity throughout data collection and analysis. Reflexive

journaling was key in critically examining potential biases that could shape the study's interpretation. Additionally, findings were presented directly from participants' voices, minimizing subjective influence and enhancing objectivity. Although member checking was not employed, peer debriefing occurred informally through discussions with research colleagues during data analysis to support confirmability and minimize potential bias. This methodological rigor ensured that the results accurately represented the experiences of Black female kinship caregivers without researcher bias distorting the data.

Results

Introduction

The findings of this qualitative phenomenological study are organized around central themes that emerged from nine semistructured interviews with Black female kinship caregivers of youth aged 13–18. Guided by IT, the analysis explores how race and gender intersect to shape caregiving experiences. The themes reflect shared challenges, resilience, and systemic barriers while capturing individual variation in caregiving contexts. Table 2 provides an overview of the themes and subthemes presented in this chapter.

Table 2

Thematic Overview of Caregiver Experiences

Theme	Title	Subtheme(s)
1	The Duality of Loss and Responsibility	Grief overshadowed by duty; emotional suppression
2	Lack of Systemic Support for Kinship Caregivers	Barriers to legal, financial, and mental health services

3	Financial Strain of Kinship Care	The burden varies by marital status and household income
4	Race and Gender Influence on Caregiving Expectations	Cultural norms and racialized expectations
5	Informal vs. Formal Guardianship Challenges	Legal vs. informal caregiving responsibilities
6	Resilience and Strength in Caregiving	Commitment despite adversity; strength is drawn from family
7	Gratitude for Space to Share	Validation through reflection: a therapeutic value of being heard

Note. Themes reflect dominant patterns identified across interviews with Black female kinship caregivers. Subthemes capture key emotional and systemic dimensions within each theme.

Theme 1: The Duality of Loss and Responsibility

This theme captures the emotional tension caregivers experience between personal grief and the immediate responsibility of caregiving. Participants described the psychological strain of stepping into parental roles following the loss or absence of the children's biological parents. Expectations compounded grief to remain composed and prioritize the children's needs. "Seeing her daughter every day is like an everyday reminder that I don't have my sister" (P1). "It looks like I am doing a great job or don't need anything, but some days, I don't know what to do." (P1).

Theme 2: Lack of Systemic Support for Kinship Caregivers

This theme reflects the institutional and bureaucratic obstacles caregivers face when seeking essential services such as legal, mental health, and financial support. The informal nature of many caregiving arrangements further limited their eligibility for assistance, contributing to feelings of invisibility within systems that prioritize formal

legal guardianship. Participants frequently described difficulty navigating public assistance programs. One caregiver explained, “I couldn’t apply for food stamps and couldn’t get the help because, even though they weren’t my kids, they used my income… I was told that I made too much money” (P4).

Others highlighted how their lack of legal guardianship restricted access to healthcare and school-related services. “I’m not her legal guardian, so I can’t even schedule a dentist appointment,” one aunt shared (P1). Another described how gendered expectations further complicated her role: “Her dad feels like the female should be the one to handle things like scheduling doctor’s appointments and dentist appointments... but I don’t have access to do that” (P1). These experiences underscore how systemic barriers, such as eligibility rules tied to legal status, compound the challenges that informal kinship caregivers face, leaving them to fulfill parental responsibilities without institutional recognition or support.

Theme 3: Financial Strain of Kinship Care

This theme highlights the economic burdens of kinship caregivers, particularly those parenting without a spouse or financial support. While none of the participants reported leaving work entirely, many shared the strain of covering added expenses without supplemental support. The challenges were especially acute for single caregivers, who navigated caregiving responsibilities with limited income and minimal institutional aid.

One caregiver expressed the pressure of managing alone: “I don’t get any extra money for this, so I’m struggling to make ends meet” (P3). Having a partner did not

eliminate the financial toll for others, but it helped soften its impact. “My spouse helps, but the cost of raising another child is still a strain. We don’t qualify for any assistance, so it’s all on us” (P9).

These narratives reflect the nuanced nature of financial hardship among kinship caregivers. Although some participants benefited from dual-income households or spousal support, most described the added expenses as a source of stress. The degree of financial strain varied based on marital status, household income, and the presence of informal supports, underscoring how structural gaps in assistance disproportionately affect single caregivers.

Theme 4: Race and Gender Influence on Caregiving Expectations

This theme highlights how intersecting cultural narratives around race and gender shape the caregiving expectations placed on Black females. Participants described feeling a deep, often unspoken obligation to take on caregiving roles, reinforced by the stereotype of the “strong Black woman.” This expectation, while rooted in cultural pride and resilience, often left caregivers feeling overlooked, unsupported, and emotionally isolated.

Several caregivers shared that family and community members assumed they could handle everything without complaint or help. “You get this response like, you’re a strong Black woman, or you’re an educated Black woman like you’ve got it under control” (P7). Others echoed similar concerns about how the assumption of competence left little space for vulnerability or struggle. “I wanted to ask for help, but I knew people would say, ‘You got this.’ It’s like we’re supposed to handle everything on our

own" (P1). These assumptions were also gendered. One caregiver noted that caregiving responsibilities were explicitly assigned to her based on gender, even without legal authority: "Her dad feels like the female should be the one to handle things like scheduling doctor's appointments and dentist appointments... but I don't have access to do that because I'm not her legal guardian" (P1).

The perception of Black females as inherently strong was described as both empowering and limiting. "When people look at Black women, they think, 'Well, she can do it. She's strong'" (P6). However, this narrative often reinforces internalized pressure to perform caregiving without acknowledging fatigue or seeking help. As one participant reflected, "I'm the oldest sibling and the only girl... I feel like I've always been a caregiver since the earliest part of my life" (P6). These reflections reveal how racialized and gendered expectations shape caregiving in both obvious and subtle ways, often creating a double bind where Black female caregivers are praised for their strength but unsupported in their struggle.

Theme 5: Informal vs. Formal Guardianship Challenges

This theme highlights the limitations and complications faced by caregivers when they lack formal legal guardianship. While informal arrangements allowed participants to assume caregiving responsibilities based on trust and necessity, they often came without the legal authority to access services or secure financial assistance. Caregivers in these roles experienced the emotional and logistical burdens of parenthood without the institutional support typically granted to legal guardians.

Several participants described relying on informal agreements between family members. One aunt shared, “It’s still more of an informal arrangement. Her dad is still around, but we agree it’s best for her to live with me” (P1). While such arrangements provided a degree of familial continuity, they left caregivers without access to benefits such as medical consent, school enrollment, or public assistance. The financial consequences of informal caregiving were also significant. “I couldn’t get any financial help to support the children, and I got into debt trying to provide for them” (P4). Without legal recognition, caregivers were often excluded from aid programs that might otherwise offset caregiving costs. These experiences highlight the tension between legal systems that require formal guardianship for service access and cultural realities in which caregiving often arises out of necessity rather than through formal paperwork. The emotional weight of caregiving, combined with limited authority, left many participants feeling both fully responsible and structurally unsupported.

Theme 6: Resilience and Strength in Caregiving

This theme highlights caregivers' profound inner strength and unwavering commitment to their roles despite enduring emotional, financial, and social strain. Across narratives, participants described caregiving as a moral obligation and emotional calling rooted in love, family bonds, and personal conviction. Their motivation often came from witnessing the children in their care thrive, even under challenging circumstances.

Caregivers expressed that stepping up was not a choice but a necessity. “I knew no one else would step up, so I had to. It’s on me” (P1). This sentiment was echoed in reflections on progress made by the children: “Seeing him smile for the first time in

months, it made me realize why I keep pushing" (P3). Despite the emotional toll, participants continued to care for their families, often without formal recognition or support. "It's hard because I feel like I'm always balancing family expectations, but I can't just give up on them" (P6). For others, caregiving was a direct expression of unconditional love. "I may feel overwhelmed sometimes, but when I look at my grandchildren, I know I must keep going. They need me" (P4).

Even in the face of exhaustion, participants described an unwavering determination. "It's not easy, but I can't walk away when I think of all they've been through. I just keep moving forward" (P2). Caregivers often internalized cultural expectations of strength, drawing from them both resolve and weight: "I feel like I'm expected to hold everything together, but I keep going. It's just what I do" (P5). Together, these voices illuminate a consistent thread of resilience. Participants navigated hardship without quitting, fueled by a sense of purpose, hope, and the desire to give the children in their care a better life. Often invisible to others, this strength formed the backbone of their caregiving journeys.

Theme 7: Gratitude for Space to Share

This meta-theme reflects participants' responses to the interview process, which many described as affirming, therapeutic, and long overdue. For several caregivers, this study offered the first opportunity to reflect openly on their roles and feel recognized for the weight of their caregiving responsibilities. One caregiver shared, "No one has ever asked me how I feel about being a caregiver. This was the first time I could talk about it" (P3). After articulating their stories aloud, others expressed a new sense of self-

awareness and pride. “Hearing my own story out loud made me realize how much I’ve overcome” (P7).

This sense of validation was emotionally meaningful and highlighted how rarely Black female kinship caregivers are invited to share their experiences in formal or research settings. The opportunity to be heard, to name their struggles, voice their resilience, and articulate their truth became an unexpected but powerful element of the study itself. By concluding the chapter with this meta-theme, the findings honor the participants as data sources and individuals whose insights, reflections, and strengths deserve space and recognition. Their voices, often marginalized in research and policy, emerge here in content and process.

Summary of Findings

This chapter presented six primary themes and one meta-theme that illuminate the lived experiences of Black female kinship caregivers. Guided by IT, the findings reveal how race, gender, and informal caregiving structures converge to shape their roles. Participants navigated a complex landscape of grief, systemic marginalization, financial strain, and gendered expectations, all while providing stability and emotional care to youth. While many assumed caregiving responsibilities without formal legal guardianship, they were often excluded from critical services, including healthcare, public assistance, and educational decision-making. Cultural narratives framing Black females as inherently strong further limit help-seeking, reinforcing internalized expectations of self-sacrifice and resilience. The interview experience, reflected in the

meta-theme, provided participants with a rare opportunity for validation and self-recognition.

Despite persistent barriers, caregivers consistently demonstrated emotional endurance and a deep sense of duty. Their coping strategies were rooted in familial love, faith, and community ties. These findings directly address the research question by illustrating how intersecting identities and systemic inequities shape Black female kinship caregiving while also highlighting the resilience embedded in their roles. The next chapter will interpret these findings through the lens of Intersectionality Theory and existing literature, offering a deeper understanding of their significance and outlining their implications for policy, professional practice, and future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This chapter presents an in-depth interpretation of how race and gender intersect to shape the lived experiences of Black female kinship caregivers raising youth aged 13–18. The findings revealed a complex interplay of systemic barriers, financial and emotional strain, and cultural expectations of self-sacrificial caregiving. However, participants consistently demonstrated resilience rooted in faith, family, and community. Drawing on IT, this chapter contextualizes the results within existing literature, outlines the study's limitations, and offers implications for social change, policy, and professional practice. It concludes by highlighting the study's contributions and recommendations for future research.

Interpretation of the Findings

The results of this study confirm and extend previous research on kinship caregiving while offering unique insights into the intersectional experiences of Black female caregivers. Findings illustrate how systemic inequities, financial strain, and gendered caregiving expectations place disproportionate burdens on these caregivers. By applying IT (Crenshaw, 1989) as a guiding framework, this study demonstrates that the compounding effects of race, gender, and informal caregiving status make the lived experiences of Black females distinct from those of other caregiver populations.

One significant finding was the simultaneous experience of grief and caregiving responsibility. Many participants stepped into caregiving roles following the death, incarceration, or absence of a child's biological parent. Their mourning process was often

secondary to the immediate needs of the child. Prior research has highlighted the emotional strain of kinship caregiving (Duncan & Smith, 2023); however, this study adds to the literature by illustrating how Black female caregivers face unique racialized and gendered expectations regarding emotional endurance. Participants described how institutions and family members often failed to acknowledge their grief, reinforcing the "strong Black woman" stereotype (Collins et al., 2021). This reflects the intersectional layering of race and gender, whereby cultural norms and systemic practices position Black females as inherently resilient and emotionally self-sufficient.

The lack of systemic support emerged as another key theme. Participants reported difficulty accessing financial assistance, legal guardianship, and mental health resources. This finding is consistent with prior research indicating that kinship caregivers are often excluded from public benefits that are more readily accessible to foster parents (Wu et al., 2024). However, using an intersectional lens, this study reveals that racial bias within institutional systems further restricts access. For example, some participants described being dismissed or treated with suspicion by service providers, echoing historical patterns of institutional neglect toward Black families in child welfare settings (Pinderhughes et al., 2019). This intersectional disadvantage, being both Black and female in informal caregiving roles, intensifies exclusion from necessary services.

Another central finding was the profoundly ingrained expectation that Black females would assume caregiving responsibilities without hesitation or complaint. Participants shared how family and community members viewed kinship caregiving as a moral obligation, making it difficult to set boundaries or seek help. This reflects broader

patterns documented in the literature regarding the disproportionate caregiving burden placed on Black females (Day et al., 2024). It helps clarify how these expectations are reinforced across private (family) and public (institutional) domains. For instance, some participants noted that medical and educational providers assumed they were legal guardians, often without confirming or supporting that role, demonstrating how racial and gendered caregiving norms become embedded in institutional assumptions (Collins et al., 2021).

Legal and bureaucratic barriers associated with formal guardianship also surfaced as a significant challenge. Caregivers lacking legal custody encountered difficulties enrolling children in school, obtaining medical care, and applying for financial support, an issue consistent with prior findings (Koh et al., 2022). This study adds new insight by revealing the financial inaccessibility of the legal guardianship process. Several participants reported being forced to choose between paying for legal services and meeting basic household needs, leaving them with legal precarity. These findings illustrate how class, race, gender, and caregiving status intersect to reproduce structural inequality.

Despite these challenges, participants demonstrated consistent resilience. Many caregivers drew strength from faith-based communities, cultural values, and informal support networks. Spirituality, family loyalty, and shared caregiving knowledge were described as sustaining forces. These findings reinforce previous work highlighting the protective role of culturally responsive, community-based interventions for kinship caregivers (Pinderhughes et al., 2019; Wu et al., 2024). From an intersectional

perspective, this resilience is not simply personal. It reflects collective strategies developed in response to enduring social exclusion and resource scarcity.

This study extends prior research by centering the voices of Black female kinship caregivers and explicitly examining how overlapping systems of race, gender, class, and caregiving status create unique vulnerabilities and strengths. While prior studies have explored kinship caregiving more generally, few have applied IT as a core analytical framework. This study contributes new knowledge by showing how caregiving roles are assumed, racialized, gendered, and institutionally shaped.

Limitations of the Study

While this study offers valuable insights, several limitations should be acknowledged. The geographic scope was limited to participants in Colorado and Texas, which may not fully reflect the experiences of Black female kinship caregivers in other regions with differing social policies, community resources, and cultural contexts. Future research should aim for a more geographically diverse sample to increase the transferability of findings.

Methodologically, this study relied solely on self-reported interview data. Although qualitative research values lived experience, the absence of data triangulation with other sources, such as observations, legal documentation, or archival materials, may limit the depth and breadth of the analysis. Additionally, member checking and external audit procedures were not employed, which may impact the confirmability of the findings. Future studies could benefit from using multiple data sources and incorporating peer debriefing or follow-up interviews to enhance methodological rigor.

Another limitation is the exclusive focus on Black female caregivers. While this choice reflects the study's intersectional framework, it excludes the perspectives of Black male kinship caregivers, who may encounter distinct systemic barriers or gendered caregiving expectations. Exploring how caregiving roles manifest across genders within Black communities would deepen understanding of intersecting identities in kinship care. Reflexive journaling and memo-writing were employed throughout the study to critically examine potential biases, power dynamics, and interpretive decisions. These practices supported confirmability by enhancing the transparency and credibility of the findings, which is particularly important in intersectional qualitative research.

Recommendations for Future Research

Researchers should examine the long-term effects of kinship caregiving on caregivers and the youth in their care. Longitudinal studies are needed to track financial stability, physical and mental health outcomes, and family cohesion over time. In particular, future research should assess how these outcomes may differ based on caregiving structure (formal vs. informal) and caregiver demographics (e.g., age, gender, employment status).

Mental health practitioners are encouraged to develop and evaluate culturally responsive interventions that address the emotional and psychological toll of kinship caregiving. This includes integrating trauma-informed care, grief counseling, and caregiver burnout prevention into services targeting kinship families, especially Black female caregivers who are often expected to suppress emotional needs due to cultural stereotypes. In child welfare, policy researchers should explore how eligibility criteria for

state-sponsored assistance and guardianship laws disadvantage informal caregivers. The legal and financial barriers uncovered in this study warrant a deeper investigation and reform. Practitioners and case managers should receive training on implicit bias, historical mistrust, and culturally respectful engagement with Black kinship caregivers.

Education professionals should be included in future studies to gain a better understanding of how school-based systems interact with informal caregivers. Educators and administrators are encouraged to receive training on the complexities of guardianship and how assumptions about caregiving roles can inadvertently exclude or overlook kinship families. Future research should assess the impact of school-level support, such as counseling, academic advocacy, and family engagement programs, on youth in kinship care. Researchers should also investigate the role of community and faith-based organizations in supporting kinship caregivers. While many participants described religious and community networks as vital sources of emotional support, more evidence is needed to evaluate how these informal systems function and whether they reduce caregiver stress and burnout over time.

Implications for Social Change and Policy

The findings of this study have meaningful implications for theory, professional practice, and public policy related to kinship caregiving. From a theoretical perspective, this study extends the application of IT by showing how race, gender, caregiving status, and socioeconomic position interact to shape the lived experiences of Black female kinship caregivers. While prior uses of IT have addressed systemic oppression broadly, these findings reveal how overlapping identities distinctly influence access to legal,

emotional, and financial support within caregiving contexts. The study highlights how institutional systems, such as welfare, education, and healthcare, often fail to account for these intersecting factors, reinforcing both invisibility and over-responsibility for Black female caregivers.

Social Change

These findings call for actionable reform across several disciplines regarding social change and professional practice. Clinical psychologists and licensed professional counselors should develop trauma-informed, culturally responsive interventions that address the compounded grief, role strain, and emotional suppression reported by caregivers in this study. This includes accessible support groups and individual therapy that validate the burden of kinship caregiving while offering concrete coping tools. School social workers and school counselors are encouraged to receive specialized training on kinship caregiving dynamics. Many caregivers in this study were excluded from decision-making due to a lack of formal guardianship, limiting youth access to academic and behavioral support. School-based personnel must understand the realities of informal caregiving and create inclusive practices that center the child's best interest while respecting caregivers' roles. Medical professionals, particularly pediatricians and clinic staff, should be educated on the legal and emotional complexities that informal caregivers face. Training should emphasize how rigid documentation requirements and provider assumptions can prevent caregivers from accessing timely health care for the children in their care.

Policy

At a policy level, there is an urgent need to expand financial assistance programs to include informal kinship caregivers, ensuring they receive support comparable to that of licensed foster parents (Gross-Manos et al., 2022). Streamlining the legal guardianship process by reducing cost, complexity, and documentation requirements would remove critical barriers for caregivers attempting to gain formal custody. By recognizing and responding to the unique needs of Black female kinship caregivers, stakeholders in mental health, education, healthcare, and child welfare systems can begin to dismantle inequities that have long gone unaddressed. Doing so not only supports caregivers but also promotes the long-term well-being of the youth in their care.

Conclusion

This study contributes to the growing research on intersectionality, kinship caregiving, and systemic inequities in caregiving labor. The findings reveal that Black female kinship caregivers face unique, compounding challenges related to financial strain, lack of legal recognition, institutional exclusion, and cultural expectations of emotional resilience and self-sacrifice. Despite these obstacles, participants consistently demonstrated strength, adaptability, and commitment, drawing upon personal values, spirituality, and community support.

The results underscore the urgent need for structural reforms and culturally responsive interventions that acknowledge and address the specific realities of Black female kinship caregivers. Without meaningful changes in policy and practice, these caregivers will continue to bear disproportionate burdens with insufficient institutional

support. Future efforts must center on the voices and needs of those developing more equitable caregiving systems.

This study fills a critical gap in the literature by explicitly examining how intersecting identities, particularly race, gender, and informal caregiving status, shape the lived experiences of individuals in kinship care. At a time when families and communities are increasingly bearing caregiving responsibilities, this research provides timely insights into a population whose contributions are vital yet often overlooked. This study challenges dominant narratives by centering on the voices of Black females and offers a foundation for more just and inclusive caregiving policies and practices.

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Appendix A: Interview Guide

Interview Guide

Introduction

- Greet and thank the participant for their time.
- Provide an overview of the research and reaffirm confidentiality.
- Explain that the interview will focus on their experiences as kinship caregivers, particularly Black females, and how race and gender intersect to shape their experiences in parenting youth.
- Ensure they feel comfortable sharing honestly, and they can skip any questions they are uncomfortable answering.

Background and Caregiving Role

1. **Can you tell me about yourself and your current role as a kinship caregiver?**
    - How did you come to take on this caregiving role?
    - How long have you been in this role, and what does your day-to-day caregiving look like?
2. **Can you describe the children you are caring for?**
    - What challenges or special needs do they have as youth?

Personal and Social Identity

3. **How do you identify regarding your race, gender, and other essential aspects of your identity?**
    - How do these identities influence your life in general?
4. **What does being a Black woman mean to you in the context of also being a kinship caregiver?**
    - How does this identity shape your caregiving role?

The intersection of Race, Gender, and Caregiving

5. **Can you describe a time when you felt your experiences as your race or gender influenced a caregiver?**
    - What challenges or opportunities arose in this situation?
    - How did you navigate them?
6. **How do you think the intersection of your race and gender impacts your relationships with others involved in caregiving, such as social workers, school officials, or healthcare providers?**
    - Do you feel supported or understood by these professionals?
7. **Do you think your experience as a Black female caregiver differs from that of other caregivers (e.g., men and women of other races)?**
    - If so, in what ways?

Challenges and Resilience

8. **What are some of your most significant challenges as a kinship caregiver?**
    - How do you think race and gender contribute to these challenges?
9. **How do you navigate or overcome obstacles in your caregiving role?**
    - Have specific strategies or support systems (community, family, cultural practices) been particularly helpful?
10. **How do you balance your caregiving role with other aspects of your life, such as work, self-care, and maintaining relationships?**
    - Does your race or gender impact this balance?

Broader Social Context and Systems

11. **How do social systems (e.g., the child welfare system, schools, healthcare, and social services) support or hinder you as a Black female kinship caregiver?**
    - Can you share an example of a time when a system was helpful or challenging to navigate?
12. **Do you feel there are stereotypes or assumptions made about you as a Black woman raising youth?**
    - How do these perceptions affect you and your caregiving?
13. **How has your community (e.g., extended family, friends, local organizations) responded to your role as a kinship caregiver?**
    - Does your identity shape aspects of your community as a Black woman?

Reflections and Advice

14. **What has been the most rewarding aspect of being a kinship caregiver?**
    - What keeps you going despite the challenges?
15. **Looking back, is there anything you wish you had known before becoming a caregiver?**
    - What advice would you give to other Black females becoming kinship caregivers?
16. **What would it be if you could change one thing about the systems or structures that support kinship caregivers?**
    - How would this change improve your caregiving experience?

Conclusion

- Thank the participant for their time and insights.
- Offer them the opportunity to share any additional thoughts or ask any questions.
- Reaffirm confidentiality and explain the next steps in the research process.

Appendix B: Recruitment Flyer

Seeking Black Female Kinship Caregivers for a 1-hour Interview!

$10.00 Amazon Gift Card

(Open for 2 weeks)

Are you or someone you know raising or have raised a youth relative between the ages of 13 and 18?

Share your story in a doctoral research study on how race and gender intersect to shape the lived experiences of Black female kinship caregivers in parenting youth aged 13 to 18.

Criteria for Participation:

- English is your primary language.
- Black
- Female
- Current caregiver for at least one youth relative between the ages of 13-18.

If you are interested in participating in this study, please contact:

Researcher

Tyla L. Wilder

Doctoral Student of Walden University

Clinical Psychology

303-582-4038

Email: Tyla.Wilder@waldenu.edu

Participation in this study is voluntary, and your identity will be protected.

The stories and information you provide will be used for research purposes only!

Appendix C: Informed Consent

Informed Consent Form

You are invited to participate in a research study about the lived experiences of Black female kinship caregivers in parenting youth aged 13-18. This form is part of the "informed consent" process to allow you to understand this study before deciding whether to participate.

This study seeks 9-17 volunteers who are:

- Black
- Female
- Current kinship caregiver to at least one youth between the ages of 13-18.

Tyla Wilder, a doctoral student at Walden University, is conducting this study.

Study Purpose:
The purpose of this study is to explore the lived experiences of Black female kinship caregivers, focusing on how the intersection of race and gender influences their parenting of youth between the ages of 13 and 18.

Procedures:
This study will involve you completing the following steps:

- A one-on-one, 60-minute audio-recorded interview via Zoom will be scheduled at a mutually convenient time.

Here are some sample questions:

- What are some of your most significant challenges as a kinship caregiver?
- Do you think your experience as a Black female caregiver differs from that of other caregivers (e.g., men and women of other races)?
- What has been the most rewarding aspect of being a kinship caregiver?
- What does being a Black woman mean to you in the context of also being a kinship caregiver?

Voluntary Nature of the Study:

Research will only be conducted with those who freely volunteer. So, everyone involved will respect your decision to join or not. Your decision to participate or not will not affect how the researcher treats you in this study.

If you decide to join the study now, you can change your mind later. You may stop at any time. Please note that not all volunteers will be contacted to take part. The researcher will follow up with all volunteers to inform them whether they were selected for the study.

Risks and Benefits of Being in the Study:
Being in this study could involve some risk of minor discomforts encountered in daily life, such as sharing sensitive information or distress when discussing a sensitive topic. With the protections in place, this study would pose minimal risk to your well-being. If distress arises, you can refer to the separate page of resources provided, which includes contact information for support services.

This study offers no direct benefits to individual volunteers. This study aims to benefit society by contributing to a greater understanding of the challenges and strengths of Black female kinship caregivers, potentially influencing future support services and policies for caregivers like yourself. The results of this study will be automatically published online in Scholarworks (a publication of Walden University doctoral research), which can be viewed free of charge.

Payment:
The researcher will email all volunteers a $10 Amazon gift card after the interview.

Privacy:
The researcher is required to protect your privacy. Your identity will be kept confidential within the limits of the law. The researcher is only allowed to share your identity or contact info as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered (very rare) or if the researcher suspects that a child has been subjected to abuse or neglect or has observed a child being subjected to circumstances or conditions that would reasonably result in abuse or neglect. The researcher will not use your personal information outside of this research project. Additionally, the researcher will not include your name or any other information that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, it would contain no identifiers, so this would not require another round of obtaining informed consent. Data will be kept secure by storing all digital files, including interview transcripts, in encrypted, password-protected files on a secure computer accessible only to the researcher. Backups of digital data will be maintained on an encrypted external drive and stored securely. Data will be retained for at least 5 years, as required by the university.

Contacts and Questions:

You can ask the researcher questions by phone at [redacted] and/or email at [redacted]. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University Participant Advocate at 612-312-1210. Walden University's approval number for this study is [insert number], which will be entered **here**. It expires on **IRB, which will enter the expiration date.**

You might wish to retain this consent form for your records. You may request a copy from the researcher or Walden University using the contact information above.

Obtaining Your Consent

If you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words "I consent"

Appendix D: Referral to Resources

Referral to Resources

As a participant in this study, access to support services and resources is essential for you. Should you need it, below is a list of organizations and resources in the Denver/Aurora area that provide mental health services and resources specifically for caregivers, Black females, and families. Any services listed below can be contacted for support if you need assistance.

Mental Health and Emotional Support:

Center for African American Health
A community-based organization dedicated to improving the health and well-being of African American families. They offer mental health education, support groups, and wellness programs.

- **Website:** www.caahealth.org
- **Phone:** (303) 355-3423
- **Address:** 3350 Hudson St, Denver, CO 80207

Black Therapist Network – Denver
A network of Black therapists providing culturally competent mental health services to the African American community.

- **Website:** www.blacktherapistnetwork.com

Aurora Mental Health Center (AuMHC) – Family Counseling
Aurora Mental Health Center provides specialized counseling services for families and caregivers, including support for trauma and stress management.

- **Website:** www.aumhc.org
- **Phone:** (303) 617-2300
- **Address:** 791 Chambers Rd, Aurora, CO 80011

The Loveland Foundation – Therapy Fund for Black Women
This national foundation provides financial assistance to Black women and girls seeking mental health support through therapy.

- **Website:** www.thelovelandfoundation.org

Kinship Caregiver Support Services:

Family Tree Kinship Programs
This program supports kinship caregivers in Denver, including parenting classes, financial assistance, and respite care.

- **Website:** www.thefamilytree.org
- **Phone:** (303) 422-2133
- **Address:** 3805 Marshall St, Wheat Ridge, CO 80033

Financial and Legal Support:

Denver Human Services – Kinship Care
Denver Human Services offers financial assistance, legal guidance, and other support services to kinship caregivers who care for children outside the traditional foster care system.

- **Website:** www.denvergov.org
- **Phone:** (720) 944-3666
- **Address:** 1200 Federal Blvd, Denver, CO 80204

Colorado Legal Services – Kinship Legal Assistance
Colorado Legal Services provides free or low-cost legal aid for kinship caregivers navigating the guardianship process, custody, and other caregiving-related legal issues.

- **Website:** www.coloradolegalservices.org
- **Phone:** (303) 837-1313
- **Address:** 1905 Sherman St, Denver, CO 80203

Caregiver Support Groups and Community Resources:

The Gathering Place
A supportive community space for women and children in need. They offer counseling, caregiver support services, and access to essential needs such as food and shelter.

- **Website:** www.tgpdenver.org
- **Phone:** (303) 321-4198
- **Address:** 1535 High St, Denver, CO 80218

Crisis Support:

Colorado Crisis Services
Colorado Crisis Services offers 24/7 counseling and referrals to local resources for immediate mental health or emotional support in a crisis.

- **Phone:** 1-844-493-TALK (8255)

- **Text:** “TALK” to 38255
- **Website:** www.coloradocrisisservices.org

Any of these organizations or services can be contacted for additional support. Your well-being is a priority, and you do not have to navigate the challenges of caregiving alone.

If you have any questions or require additional assistance in finding the right resource, please contact me at [redacted] or [redacted]