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<u>Walden University</u>

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Clifton Burns Jr.

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2026

Abstract

Psychosocial Experiences of Custodial and Caregiving Grandparents with Adjudicated Violent Offending Grandchildren

by

Clifton Burns Jr.

MS, Capella University, 2010

BS, Mississippi Valley State University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

March 2026

Abstract

Primary caregivers of teenage violent offenders play a vital role in identifying and addressing safety concerns, providing emotional and financial support, and meeting individual developmental and psychosocial needs. As more grandparents assume the role of primary caregiver, the need for targeted interventions to support their emotional and psychosocial health continues to grow, emphasizing the increasing importance of population-specific support for grandparents caring for their grandchildren. Problems arise when grandparents take on this role without access to interventions or resources that are designed for caring for adjudicated teen violent offenders. This qualitative generic study involved exploring emotional challenges faced by custodial grandparents of adjudicated adolescent violent offenders and caregiving experiences while seeking supportive or behavioral health assistance for themselves. Resiliency theory served as the framework for this study. Using thematic analysis, interviews were coded for specific terms, phrases, and categories, generating eight themes related to their experiences in finding population-specific behavioral health resources that addressed their unique psychosocial challenges, barriers, obstacles, and needs. Social support and population-specific therapeutic services for older individuals serving as custodial or caregiving parents, along with national support groups for grandparents caring for adjudicated adolescents with mental health or behavioral issues, are vital to the success of both adolescent and grandparent reforms that promote positive social change.

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Dedication

I dedicate this dissertation to my immediate and extended family members who inspired, encouraged, uplifted, and supported me throughout this academic journey. I dedicate this study to my wife, who allowed her husband to pursue this dissertation path at the expense of our time together. I also want to recognize all the grandparents who took on the role of primary caregiver for their grandchild(ren). Finally, I dedicate this project to my mother, who inspired me to pursue all my educational and career goals.

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I want to express all my thanks and praise to God, because I wouldn't have been able to finish this project without his guidance and protection. My deepest gratitude goes to my wife, who refused to let me give up on my educational dreams, even when I faced significant challenges. I want to thank Dr. Greg Hickman and Dr. Andrea Holzner for their support, accountability, guidance, and compassion – without which I wouldn’t be here today. Furthermore, I am deeply thankful to my “Diss Family” for being part of this journey together in love.

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Chapter 1: Introduction to the Study

One-third of reported inappropriate, aggressive, sexualized, or violent incidents among teenagers between 13 and 17 were committed by other juveniles, and juvenile violence remains a significant community issue. Youth violence continues to be a major global concern; however, the definition of violence remains unclear within adolescent groups. Adolescent violence is a societal, judicial, relational, psychosocial, and public health problem, partly due to increasing cases involving victimization (Teijon-Alcala & Birkbeck, 2019). Primary caregivers of teenage offenders play a crucial role in recognizing and addressing safety concerns, providing emotional and financial support, and meeting children's developmental and psychosocial needs. Feelings of guilt, shame, hurt, anger, and frustration often emerge when caregivers learn of their children's suspected involvement in harm to others, while they also manage their own emotional needs, the needs of perpetrators, and others in the household (Evans et al., 2023; Kushner & Fagan, 2023). As more grandparents step into primary caregiver roles, the demand for targeted interventions to support their emotional and psychosocial health continues to grow, highlighting the increasing need for population-specific support for grandparents caring for their grandchildren.

Background of the Problem

Adolescents committing violent offenses have exposure to victimization within family units and communities (Kushner & Fagan, 2023b; Yoder et al., 2018). Campbell et al. (2020) posited that adolescents' participation in violent offenses, acts of harassment, exploitation, grooming, and misrepresentation is similar to that of their previous

perpetrators (Lee, 2024). In addition, adolescents committing violent crimes experience exposure to trauma within family units (Yoder, Leibowitz et al., 2018). Parenting techniques and styles impact early risk factors for violent aggression; however, evidence supporting or discounting paternal impacts on violent offending is limited. Sitney and Kaufman (2020) found that paternal demographics and interactions were inconsistent in terms of predicting violent offending. Paternal relationships with adolescents influence adolescents' ownership of their offending (Cicerali & Cicerali, 2018).

Bandura (1977) stated that children repeat actions that are witnessed by family members relating to violence unless appropriately executed interventions correct maladaptive behaviors. Clinical providers using family interventions target intergenerational exposure to violence or trauma (Lussier et al., 2019). Family treatment interventions continue to address maladaptive behaviors and strengthen relationships between offenders and caregivers (Bustnay, 2020a).

Harris and Teasdale (2021) stated that relationship quality influenced the actions of both offending adolescents and nonoffending youth. Nonoffending youth had closer relationships with their caregivers than offending youth (Harris & Teasdale, 2021). Youth with male caregivers reported weaker bonds with their caregivers than those with female caregivers; however, youth with nonbiological or extended family caregivers reported the strongest bonds between caregivers and offenders (Yoder, Dillard et al., 2018).

Peterson (2018) found that grandparents with a stronger disposition were more successful in managing increased custodial caregiving responsibilities. Violent offenses against others affect family members differently (Edwards et al., 2022). Group

interventions should include parents helping with stressors related to teenage offender parents (Bustnay, 2020b). A problem exists when caregivers of offending adolescents are grandparents who currently have no specific programs or interventions that are created for this population. Hayslip et al. (2021b) stated that grandparents often step in as primary caregivers when parents are absent. Challenges arise due to a lack of population-specific resources and interventions that are tailored to caregiving grandparents of adolescent male violent offenders.

Problem Statement

DeLago et al. (2020) stated that exposure to violence via television, the radio, advertisements, social media, and the Internet continues to impact the frequency of offending among adolescent populations. Community, societal, and judicial rehabilitation programs affect empathy levels among adolescent offenders (Siria et al., 2022a; Skott, 2023a). The rehabilitation and management process continues to be a substantial challenge for adolescent offending populations (Berryessa, 2022). The number of teenage offenders exceeds the number of available rehabilitation program openings. Caregiving grandparents have no population-specific programming to address specific emotional or psychosocial impairments that accompany stressors and challenges involving this role (Harris et al., 2021). Violent offending differentially impacts members of family units (Edwards et al., 2022).

Nationally, 32.7% of grandparents living with grandchildren under age 18 are responsible for their care (U.S. Census Bureau, 2021). Of the 6.7 million grandparents living with grandchildren under 18, 2.1 million serve as custodial caregivers, providing

all basic needs. 40% Black, 20% Latinx, 16% of adolescents of other races or ethnicities, and 10% White adolescents experience at least one legal system encounter (Toro et al., 2025). Further research should explore the experiences of caregiving grandparents of adolescent offenders to address the gap that no clinical services currently exist to support the emotional challenges faced by this population.

Purpose of the Study

The purpose of this qualitative generic study is to explore emotional challenges custodial grandparents of adolescent violent offenders face regarding their experiences in terms of seeking behavioral health assistance for themselves. There is information about the impact of violent acts on victims and perpetrators; however, little research exists about caregivers. When caregivers learn of their children's alleged accusations of perpetrating violence, they often experience a mix of guilt, shame, hurt, anger, frustration, and sometimes blame. They must balance their own emotional needs, the perpetrators' emotional needs, and those of household members. There are many services for adolescent victims and offenders, but little research focuses on caregiver perspectives, especially for those seeking mental health services.

Research Question

What are the experiences of custodial grandparents with adjudicated violent-offending adolescent grandchildren seeking individual mental health services?

Theoretical/Conceptual Framework

The resilience theory is the theoretical framework, originally introduced by Dr. Norman Garmezy in 1974, a clinical psychologist who studied schizophrenia and other

mental illnesses. Garmezy later shifted his focus to researching stress resistance, competence, and resilience. Today, resilience involves returning to balance after facing adversity. The resiliency theory examines positive qualities that help individuals overcome obstacles and challenges, leading to either positive or negative outcomes. Interviews involved resilience and how much participants applied it throughout their journey. Data coding involved identifying skills, beliefs, tasks, and approaches related to resilience, while I addressed trends, patterns, and barriers related to grandparents' resilience with caregiving. This study also involved examining support systems and inner motivators participants used to overcome barriers and challenges when population-specific programs or interventions were unavailable.

Researchers in previous projects who focused on caregiving grandparent populations evaluated resilience and identified risk and protective factors. Resilience remains a dynamic rather than a static process (Lee et al., 2015). Understanding specific protective and risk factors that distinguish resilient from non-resilient caregiving grandparents is useful for developing practical support interventions and coalitions to improve resilience among this population (Li et al., 2024). Protective factors include adaptive coping practices, seeking social support, having strong positive relationships with others, and maintaining cohesiveness with others (Rosenberg & Eckstrom, 2023). Both informal and formal social support services serve as viable protective factors for this population (Zhang et al., 2023). Professionals, community service providers, and social service agencies offer formal support, whereas friends, confidants, and family provide informal support (Igarashi et al., 2022). Trauma, unmet needs, financial

inequality, inaccessibility of services and supports, psychological distress, and challenges with birth parents are significant risk factors affecting the likelihood of negative outcomes for caregiving grandparents (Xu et al., 2020). The dynamic process of resilience involves managing risk factors while using protective factors (Kekeh et al., 2024).

Nature of the Study

This generic qualitative study involved exploring the experiences of custodial grandparents seeking targeted mental health services and social support. Hayre and Muller (2019) indicated that qualitative research involves gathering participants' experiences regarding negative situations or identifications, as well as positive exposures and insights. I explored support systems and internal motivators participants used to overcome challenges, employing unstructured interviews to collect information. When other qualitative methods do not suit the project's needs, the generic design offers me the flexibility to explore the topic.

I used a generic qualitative method to elicit participants' interpretations of the topic. This method was necessary to explore emotional obstacles, challenges, and barriers while providing care to adolescent offenders. Caregiving grandparents of adolescent offenders represent a small population, and finding participants who were willing to share was an even smaller subset, as people are often hesitant or unwilling to disclose their experiences. Using snowball sampling facilitates recruitment within the same social group that shares similar experiences and exposure. I employed inductive analysis to examine data. I first categorized verbalized patterns, themes, and inferences while

referring to notes in my reflexivity journal and assess observed patterns concerning my reactions to responses during interviews. Purposive sampling facilitates identification of specific candidates who meet criteria (Sibona et al., 2020). All participants were required to speak and comprehend the English language. Since English is my primary language, interviews were conducted in English, requiring participants to understand, read, and communicate in the researcher's native language. Each participant must be a custodial grandparent of an adjudicated violent offending adolescent who has sought behavioral health services for themselves (individual or group). The concluded adjudication process must reflect a date at least six months prior to participation in the interview. Current emotional or behavioral health impairments cannot result from the adjudication process.

Definitions

Adjudication: Imprisonment, length of sentence, and diversions resulting in harsher than usual and more lenient than normal penalties (Ferguson & Smith, 2024).

Adolescent: Individuals between 10 and 17 (Ross et al., 2020).

Custodial Grandparent: A family where the biological parent is available; however, the grandchild is being cared for by a court-processed guardian who is the grandparent (Smith et al., 2018a).

Caregiving Grandparent: Grandparents who are increasingly finding themselves taking care of their grandchild for various reasons, including, but not limited to, their adult child's incarceration, mental health issues, drug and alcohol addiction, or child abuse or neglect (Capous-Desyllas et al., 2020).

Delinquent Behavior: Illegal or criminal acts committed by a young person usually under the age of 18, that would be considered criminal if committed by an adult (Hoffmann, 2020)

Grandfamilies: Represents the increasing population of grandparent-headed households where the grandparent executes the role of the primary caregiver (Dolbin-MacNab et al., 2021a)

Mental Health Services: Professional services to address altered thinking, mood, or behaviors associated with distress or impaired psycho-social functioning (Moroz et al., 2020).

Resilience: Describes the capacity to withstand trouble or hardship while reorganizing and performing at the same level, output, or function (Koliou et al., 2020a)

Resiliency: Characterized as the capacity to maintain healthy functioning after an acute stressor or traumatic event (Park et al., 2021).

Violent Offender: An individual who uses verbal or physical actions to intentionally coerce others, resulting in injury, psychological harm, or death (Zajenkowska et al., 2024).

Assumptions

When exploring a phenomenon, data is actively assessed while appraising the validity and reliability of the source (Applin, 2024). The difficulty of identifying assumptions occurs when they are the blueprint of societal structure and are encompassed within societal norms (Sola et al., 2022). Participants' self-reporting occurs in pedagogical approaches, which facilitates learning from that person's experiences or

exposures (Bostean & Leitz, 2022). Participants' verbalizing their personal experiences and connections creates an environment of teaching and learning (Mattson, 2021). The most significant assumption underlying this project is that each participant will provide truthful accounts of their experiences. These assumptions are pertinent to this proposed study due to the criteria that outline the requirements for participants. If a candidate reaches out to participate, it is pertinent that the criterion is met and that candidates can accurately recollect their experiences, as data collection is based on self-report.

Scope and Delimitations

The focal point of this research is to obtain the experiences of caregiving grandparents who decided to seek therapeutic support. The study will include comprehensive knowledge about the caregiving grandparents’ experiences seeking help and whether they found the services helpful or population-specific to their needs as a caregiving grandparent. Only primary caregiving grandparents of a grandchild or grandchildren with an adjudicated violent offense participate. Targeted participants resemble grandparents with grandchildren supervised by a court-appointed judicial supervisor (or officer) with cases adjudicated for longer than 6 months, and who will be available for a Zoom interview. Zoom aims to ensure confidentiality, privacy, and transcription capabilities (Dassel & Klein, 2023).

Delimitations are the boundaries established by inclusionary and exclusionary criteria (Coker, 2022), which create an exploratory environment for the investigative approach (Saunders et al., 2018). The selected population includes caregiving grandparents of adolescent violent offenders because there is little literature or research

specifically addressing the mental health needs of this group. A specific location is not defined due to the difficulty in finding grandparents willing to participate. One-on-one interviews help collect each participant's personal experiences and streamline the data collection process. Conducting interviews in their natural setting allows the researcher to gather thoughts and feelings on topics, where participants may share sensitive and personal stories (DeJonckheere & Vaughn, 2019a). Focusing on grandparent caregivers of adolescent violent offenders, rather than biological parents, fills a gap in the literature. It highlights the growing number of grandparents stepping in to raise their grandchildren. As more grandparents adapt to new family roles, it is important to examine whether the availability of resources for this population is increasing accordingly.

Limitations

This proposed study includes limitations, such as the participants must meet the criteria for being caregivers to adolescent offenders. Due to creating a benchmark, a reflection of participants with higher economic resources or social classes may not be present. Due to multifaceted healing benchmarks and acceptance within the process of healing and exploration, the sample size will be limited to a specific criterion of 8~10 participants. Finally, the generic design requires the researcher to utilize their interpretivist skills (Kostere & Kostere, 2022), which leads to additional examinations and disputes due to researchers (Elliott & Timulak, 2021) having different outlooks and interpretive approaches. The existing limitation of the generic qualitative approach is that it does not communicate a homogenous conceptual premise. Experience-based questions

produce credible and relevant disciplinary information, while interpretive description creates the route for data analysis and classification (Nayar & Stanley, 2024).

Significance

This study is significant because its findings will give voice to an underserved population and reinforce the need for local human and social services professionals to create appropriate, population-specific programs for grandparent caregivers. The evidence from this study will highlight the necessity for program and intervention awareness among facilitators, intervention developers, future researchers, and program developers for custodial grandparents who are primary caregivers to grandchildren adjudicated as violent offenders. Local social and human service providers, including licensed clinical social workers, licensed clinical professional counselors, YMCA clinical facilitators, and staff, are all affected by the lack of awareness regarding specific programming for custodial grandparents of adolescent grandchildren (Generations United, 2021a) identified as violent offenders. This project promotes social change by drawing attention to a particular population that significantly impacts the future of our offending teenage demographic.

Social determinants of health differ between caregiving grandparents of an adolescent adjudicated for a violent crime and those of a non-offending grandchild (Gervais & Johnston, 2022b). The World Health Organization's Commission acts as a blueprint for understanding how social determinants of health affect the fairness of a person's well-being (Walker et al., 2024). Social determinants of health are community-level civil and commercial contexts specific to individuals, families, or groups,

influencing how a particular group thrives, earns income, receives education, and practices religion (Moss & Shear, 2024). Restrictions impact where the grandchild can live, socialize with peers in the neighborhood, and attend school (Letourneau et al., 2018). Financial instability and the inability to ensure the safety and care of the perpetrator's siblings arise if the siblings reside in the same household as the adjudicated adolescent grandchild (Bothe, Kovacs et al., 2019; Lloyd, 2019a). Accessing quality healthcare from unbiased professionals who serve adolescent violent offenders forces grandparent caregivers to seek services outside their neighborhood, impacting the household's financial stability (Bene et al., 2018a). When grandchildren officially change primary caregivers for any reason, both the child and the primary caregiving grandparent encounter additional stressors. Moreover, grandparents often have insight into the financial and emotional struggles of parenting and may find it challenging to consider resuming a full-time parenting role (Sneed & Schulz, 2019a). Finally, factors such as ambiguous loss (Knight & Gitterman, 2019a), ethnicity, economic status, emotional and physical health, geographical location, social support systems, and resources influence grandparents' decision-making processes about becoming primary caregivers for their grandchild(ren) (Smith et al., 2018b). Ensuring that custodial grandparents have access to necessary resources helps spur social change, as it allows the violent-offending grandchild to be nurtured and grow. Furthermore, custodial grandparents feel a sense of success as their mental health needs are met while they attend to their grandchild's needs. Increasing access to population-specific behavioral health services compels clinicians, researchers, and social service advocates to dedicate more time to identifying the specific

needs of this population. Community service advocates, politicians, and medical service providers would benefit from greater awareness of how they can develop or advocate for additional training, funding, and resources for the caregiving grandparent population.

Summary

The caregiving grandparent population continues to grow as more grandparents assume the responsibility of providing the essentials for their grandchildren to thrive. In the United States, 8 million children live in a household headed by a grandparent (Generations United, 2021b). The needs of this group continue to attract attention; however, resources, advocacy, and support do not increase at the same pace as the population. Grandparents caring for adjudicated adolescent offenders of violent crimes represent a specialized group that receives minimal targeted approaches, assistance, or advocacy, which significantly impacts all populations involved. The providers sought training, therapy, advocacy, and resources for this population. Still, they struggled to find the appropriate tools to address these needs due to a lack of prior investigations, resources, or advocacy. This project aims to bridge the gap within this narrative.

Chapter 2: Literature Review

Literature Search Strategy

I used the following databases for this study: CINAHL & MEDLINE, ERIC, ProQuest Central, PsycBooks, and SAGE Journals. I searched for sources that were published between 2017 and 2025; however, the timeline was expanded between 1971 and 2025 when exploring information relating to the theoretical framework.

I used the following search terms: *caregiving*, *grandparents*, *grand-families*, *resilience*, *resiliency*, *resilient*, *violent offenders*, *sex offenders*, *violent abuse*, *sexual abusers*, *rapists* , *adolescents*, *teenagers*, *young adults*, *teens*, *adolescence* , *resiliency theory* .

Primary caregiving expands beyond biological parents. The population of primary caregiving grandparents raising grandchildren was 1.3 million, compared to 1 million caregiving grandparents who were not in the workforce (Shrider et al., 2021). The number of employed caregiving grandparents between 30 and 59 was 416,187, and 340,821 for the unemployed; the total number of employed caregiving grandparents who were 60 and above was 884,612, while unemployed caregiving grandparents totaled 693,735 (Shrider et al., 2021).

Stressors that accompany caregiving grandparents of adolescent adjudicated violent offenders include familial shame and embarrassment (Romano & Gervais, 2018), increased legal and logistical limitations involving housing (Lloyd, 2019), and psychosocial conflicts that inhibit emotional relationships with grandparents (Martin et al., 2021). Physical and emotional health of caregiving grandparents deteriorates when

stressors of economic hardship, reduced familial support, and limited support programs do not address population-specific barriers. Therefore, caregiving grandparents must use inherited or learned resilience, stress management, spiritual upliftment, and emotional regulation as they face obstacles and challenges.

Criminal behaviors among teenagers has been the focus of many studies. Delinquent behaviors and causes of violent and nonviolent offenders differ significantly. Moffitt (1993) identified two types of teenage offenders: life-course persistent (LCP) offenders who commit crimes beyond their adolescence and adolescence-limited (AL) offenders who commit crimes only during their teen years. Crimes such as theft, public disorder, substance abuse, and vandalism (non-violent crimes) are typically committed by AL offenders, while violent crimes against people tend to be committed by (LCP offenders. Moffitt (1993) stated AL offenders commit crimes to gain status, power, and sexual partners to imitate adult lifestyles, whereas LCP offenders often struggle with self-control, face neuropsychological challenges, have limited or troubled relationships with others, and tend to develop antisocial personality traits over time. Delinquent behaviors affect educational achievement, especially when limited policies offer structure and clear expectations. Participating in delinquent or violent behaviors often leads to disciplinary actions in school such as suspensions and expulsions, as well as judicial responses like probation, parole, incarceration, and juvenile detention (Kim, 2020).

Teenage Violence

The World Health Organization (2002) defined violence as verbal or actual use of physical strength to intentionally coerce oneself or another individual, group, or

community, resulting in injury, death, or psychological harm. Violence is widespread, institutionalized, and comprehensive in the lives of teenagers worldwide (Barter et al., 2017). Violence among teenage populations is the fourth leading cause of death, yearly impacting approximately 200,000 people (Burrows & Kieselbach, 2024). Both adolescent girls and boys experience different variations of violence, including psychological, sexual, and physical violence within communities, educational milieus, the internet, social media, and in their homes (Brannstrom et al., 2020; Fitton et al., 2020). Violent offenses among teenagers are as prevalent as those among adults (Sklansky, 2024). Teenage boys are more likely to commit violent offenses, and adolescent girls are more likely to be victims of physical and sexual crimes (Degue et al., 2013). Violent offenders receive negative judgments; however, these assessments do not affect offenders' self-concept because inner-city teenage and adult men receive rewards (Anderson, 2000).

Digital Violence Among Teenagers

Digital violence and intimate partner violence (IPV) represent significant health challenges among adolescent populations (Lokkeberg et al., 2024). Early adolescence involves emotional, physical, and psychosocial development when teens begin to explore peer romantic, intimate, and sexual interactions. The emergence of digital devices and the internet provides various options for teens to initiate, develop, and maintain relationships. Yonfa et al. (2021) defined IPV as actions by a current or former intimate partner that involve psychological, physical, or sexual aggression, sexual manipulation, psychological abuse, and controlling behaviors. Digital violence involves experiences such as electronic harassment, invasion of privacy, sending excessive numbers of electronic

communications, and disseminating defamatory statements or information that is perceived as threatening (Doucette et al., 2021). Many teens encounter some form of digital violence or adversity ranging from mild to severe, leading to negative impacts on physical, emotional, and mental health (Buiten, 2020; Stonard et al., 2017). Digital dating abuse (DDA) refers to harmful actions that are carried out by one partner remotely against the other (Baker & Carreño, 2016b). Physical violence is not applied directly to partners; however, instead, the Internet, social media, smart devices, and tracking devices are used to harass (Reed et al., 2020), humiliate, violate, objectify, coerce, control, or blackmail (Henry & Powell, 2015). Digital violence includes instances where current or former partners take digital sexual images and share or post them without consent (Naezer & Van Oosterhout, 2021). This can lead to potential short and long-term emotional and mental health issues, including but not limited to suicidal ideations (Hellevik, 2019).

Community Violence and Weapons Use

Community violence and weapon carrying among the teenage population present a significant health challenge for first responders, parents, school personnel, researchers, and policymakers (Baiden et al., 2024). Thirty-nine thousand school-aged children in the United States died from gun-related crimes between 1999 and 2017 (Rubenstein et al., 2019). Gun carrying among teenagers is proportionately lower than carrying other weapons (Gunn III & Boxer, 2022). Teenagers who carry guns also tend to carry clubs and knives alongside their firearms (Lowry et al., 2023). Sexual violence, criminal bullying, physical violence, robbery, and victimization among teenagers consistently

contribute to violent incidents in educational settings and throughout the community (Ray, 2022). Teenagers exposed to neighborhood violence experience heightened fears (Shawler et al., 2020), leading them to decide to carry weapons for protection against perpetrators (Valdebenito et al., 2017). Adolescents who reported carrying weapons in their neighborhoods claimed to be victims of cyberbullying, verbal and physical bullying, school-related violence, neighborhood violence, or threats on school property (Docherty et al., 2020). Previous researchers studied the link between neighborhood violence and weapon carrying; however, they focused on justice-involved adolescents (Beardslee et al., 2018), non-Hispanic African American adolescents (Spano, 2012), or adolescents from specific geographical neighborhoods (Beardslee et al., 2021). Scholars found that teenagers diagnosed with depression or anxiety face higher risks of being victims of violent crimes, while those diagnosed with schizophrenia or bipolar disorder have higher risks of perpetrating violent offenses (Thornicroft, 2020). Although gun ownership among adults has increased (Stone et al., 2022), scholars found that parental engagement can reduce the risks for teenagers to choose to carry weapons and participate in neighborhood violence (Villarreal & Nelson, 2018; Krug et al., 2002).

Role of Shame in Violent Behaviors

Teens who transfigured shame to blame experienced higher frequencies of abuse by their caregiver and displayed increased levels of violence in comparison to their peers who acknowledged shame (Gold et al., 2011a). Juveniles participating in violent delinquency (i.e., physical abuse, mugging, and sexual assaults) experience legal detainment, incarceration, and the judicial identification label as a menace to society

(Ferguson et al., 1999). Shame occurs when negative, local, familial, or societal debilitations about the self, reinforce the perception that the individual is not living up to previously communicated expectations (Lewis, 1992). When juveniles feel shamed, additional feelings of being singled out or purposely embarrassed arise, leading to a sense of being judged (Bennett et al., 2005).

Emotional dysregulation, cognitive schemas, negative emotions, and the immediate social context (Garbutt et al., 2023) are both distal and proximal factors that arise from shame and a lack of self-compassion (Tangney et al., 2007). Shame is viewed as an awkward or antipathetic response (Tangney et al., 2014a), whereas pessimistic thoughts are centered on the individual (Tracy & Robins, 2004). Self-compassion is a psychological model that emphasizes a person's ability to acknowledge their pain, empathize, and attend to their personal well-being (Neff, 2011). Researchers have found empirical literature linking shame to violent delinquency toward others (Gold et al., 2011b), while others have identified a positive relationship between shame and self-harm (Xavier et al., 2016). Some researchers found that shame inconsistently inhibits violent delinquency (Spruit et al., 2016) or has no effect on misconduct toward others (Tangney et al., 2011a). Evidence indicates that individuals who engage in harmful behaviors have lower levels of self-compassion (Gregory et al., 2017). In contrast, those with higher levels of self-compassion are less likely to accept their unethical behaviors (Wang et al., 2017).

When individuals experience shame, they initiate feelings of worthlessness, being belittled, and vulnerability (Tangney et al., 2014b). Instead of taking ownership of a

negative outcome or situation (Tangney, 1990), a shamed person will become defensive (Luyten et al., 2002) and blame others for fiascos and deficiencies (Bear et al., 2009). People who consistently demonstrate shame and aggression practice ongoing behaviors of blame (Stuewig et al., 2010). Individuals who consistently feel shamed have a higher risk of reoffending in comparison to individuals who feel guilt (Wicker et al., 1983). Shame focuses on the self; guilt focuses on the specific behavior (Ketelaar & Au, 2003). Individuals who feel guilt experience contriteness, sorrow, and remorse (Tangney et al., 2011b). Individuals experiencing feelings of guilt apologize, confess, or make reparations for the damages suffered (Sheikh & Janoff-Bulman, 2010). Tangney et al. (2014c) purported that individuals who adopt shame (bad person) are more likely to offend than individuals who adopt guilt (bad behavior).

Gender Gap in Violent Offending

The gender gap in violent offending reflects the disproportionate rates at which males offend more than females, and males offend against females more than other males (Lauriitsen et al., 2009). The concept of masculinity consistently emerges as a key focus as researchers identify trends and similarities related to violence and violent offending (O'Neill, 2020a). Important terms to consider include traits, prosocial emotional states, and aptitude (Kruttschnitt, 2013). Empathy, a prosocial trait often studied as a predictor for female offenders, receives less attention compared to aggression and impulsivity, which are typically associated with male offenders (Ishoy & Blackwell, 2019). O'Neill (2020b) argues that the limited research on traits, prosocial emotional states, and aptitudes in relation to male violent offenders contributes to widening the gender

knowledge gap, perpetuating the under-theorization of female offenders. The positive link between empathy and female offenders, as well as the negative association of masculinity with male offenders (West & Zimmerman, 1987), continues to deepen this gender gap in understanding delinquency. Current practices that focus on identifying criminogenic elements of traditional masculinity without acknowledging the protective aspects of conventional femininity (Cook, 2016) further widen the knowledge gap about delinquency. Teenage boys experience emotional connections and psychological distress with friends, significant others, and family members; however, professionals within the judicial system (Fledderus et al., 2010) often do not initially investigate empathy or personal distress as primary motivations for violent delinquent acts, unlike the approach often taken with teenage girls (Strazdins & Broom, 2004).

Violent Offending and Victimization

Teenagers participating in or victims of violent offenses have higher risks of developing internalizing impairments. (Donato et al., 2023). Primary caregivers who develop cohesiveness with their teenage child add protective factors, reducing risks of negative behaviors aligned with victimization and internalized challenges (Patel et al., 2018). Victimization is preventable and a noteworthy force in the health and development of teenagers (Ford et al., 2010). Over 1 billion children between the ages of 2 and 17 experience some type of violent or traumatic emotional, physical, sexual, or multiple types of violence (Hillis et al., 2016), which impacts current or future behavioral, psychosocial, and physical health (DeSilva et al., 2021). Depression and anxiety (amongst other behavioral health diagnoses) result from problematic internalization

(Evans et al., 2008), originating from traumatic victimization experiences (Turner et al., 2006).

The identity and focus of the self (Erikson, 1968), along with the high-strung acknowledgment from others (Elkind, 1967), results in teens being overly sensitive to internalizing problems when exposed to or participating in violence. Future participation in violent crimes into adulthood is a consequence of internalizing behaviors, worsening mental health impairments (Kallstrom et al., 2020), poor decision-making, and increased participation in violent crimes as a teenage offender or victim (Ehrensaft et al., 2003). Primary caregivers who establish cohesion and congruency buffer relations within the family systems during adverse exposures and the resiliency process (Masten, 2015). Primary Caregiver support impacts the connection between victimization, mood impairments, and increased anxiety among trauma-impacted teenagers (Claes et al., 2015). Teenagers and families experience resilience after adversity due to interactive, mutual, and accompanying strengths (Hamby et al., 2018a).

Juvenile violent offending has significant financial and social impacts on society and within the community (Kushner & Fagan, 2023c). As incidents of juvenile offending increase, higher risks become associated with continuing this behavior into adulthood (Finkelhor et al., 2015a). Adult offending leads to incarceration, increased taxpayer funding for these incarcerations, heightened policing and judicial costs, and increased mortality rates (Teplin et al., 2014). Scholars investigating violent offenders and victimization have found that those who have experienced violence victimization had a higher likelihood of re-offending; however, they did not consistently become offenders

(Agnew, 2001). Violent offenders who cling to deviant values and impulsivity reinforce maladaptive behaviors that lead to re-offending (Ousey et al., 2015). Violent delinquency often occurs as a response to stress or strain (Agnew, 2002). The three significant strains that lead to delinquency are failure to achieve positive goals, loss of a positively valued catalyst (such as the death of a loved one or family member), and previous victimization (Bernat et al., 2012). Juveniles who experience these strains may engage in delinquent actions as a way to escape the emotional hurt or pain they have previously endured (Agnew, 1985). Those juveniles experiencing this hurt and pain may use maladaptive thoughts to reinforce irrational behaviors aimed at seeking acts of revenge (Hamby et al., 2018b). Juvenile offenders exhibit a higher predisposition, making them more vulnerable to employing criminal coping mechanisms following experiences of victimization (Hall et al., 2012). Violent juvenile offenders typically display low self-efficacy, motivations to break the law or harm others, limited social support or relationships that provide positive reinforcement, poor coping and social skills, and a tendency to associate with other violent criminal peers (Finkelhor et al., 2015b). Violent juvenile offenders demonstrate behaviors associated with impulsivity, peer substance use, limited academic achievement, depressive or dysregulated mood symptomatology, and low verbal intelligence (Fagan et al., 2014).

Theoretical Foundation

Resiliency theory provides the theoretical foundation for this study. Resilience is a trait, whereas resiliency refers to a process (Rolin et al., 2018). Researchers have studied both resiliency and resilience and found that resilience has a limited impact on

variables related to backgrounds or experiences (Schoon, 2006), while resiliency includes environmental and psychosocial influences (Hutcheon & Lashewicz, 2014). Resiliency helps individuals adapt to challenges and adversity (Masten, 2018a). Ann Masten explored the term "resilience" through the work of Norman Garmezy, who previously studied patients diagnosed with schizophrenia. Garmezy observed how these patients demonstrated different positive adaptations and diverse outcomes (Masten, 2018b). Resiliency theory emphasizes adopting positive perspectives to confront and overcome obstacles that might lead to unproductive situations or consequences (Breakwell, 2021). Resilience theory features multiple definitions across various disciplines (Rosowsky, 2020b). Barrett et al. (2021) described resilience as an outcome disposition in which vigorous efforts are applied during acute adverse situations or incidents. As a process, resilience is the ability to recover quickly, vigorously, and creatively from adversity (Peng et al., 2024). As a practice, resilience theory recognizes emotional and physical challenges, accepts and temporarily engages with them, and then moves forward by repairing oneself while resisting the urge to let trauma dominate or alter one's personality or emotional state (Wu et al., 2021a). Wither et al. (2021a) utilized resilience principles as a strength-based approach to understanding development. Shi et al. (2019) used resilience theory to create a framework for examining why some individuals thrive as healthy adults despite previous or ongoing exposure to trauma or adversity.

Development of Resiliency Theory

In the 1970s, Norman Garmezy, a pioneering researcher in risk and resilience, investigated human adaptation (Garmezy, 1974b). He explored the differences between

individuals diagnosed with the same disease but with different outcomes (Garmezy, 1987). During this time, psychiatrists and psychologists focused on the phenomenon of resilience in patients at higher risk for psychosocial impairments and barriers due to their exposures and experiences (Rosowsky, 2020a). Resilience is rooted in a person's ability to recover and maintain an adaptive outlook in response to current or past experiences and exposure to trauma (Masten, 2018c; Smith et al., 2008). Garmezy emphasized competence rather than uncommon or unstable responses to hardship or trauma (Dorrance-Hall et al., 2021). He continued collaborating with peers, students, and patients while furthering his theory of resilience in mental illness (Masten et al., 2021). Other professionals studying and working in the field of mental illness who contributed to the theory of resilience include professors, social workers, psychiatrists, clinical psychologists, and family and individual therapists (Masten & Cicchetti, 2012).

The phenomenon of resiliency drew the interest of others within the nursing, education, social sciences, and psychiatric disciplines (Earvolino-Ramirez, 2007). Resiliency includes risks that enhance negative and positive factors, resulting in negative and positive outcomes (Leys et al., 2020b). Resiliency focuses on environmental and psychosocial factors and capabilities that assist individuals with self-motivation to overcome their trauma or adversity (Southwick et al., 2014). Psychosocial factors incorporate intrapersonal awareness, whereas environmental factors incorporate the individual's mesosystem and microsystem; as a result, resiliency results from the individual's surroundings (Davis et al., 2009) or ecological circumstances (Wither et al.,

2021b). Resiliency results from social interactions within people's affairs or environment (Rutter, 2006) and is not consistently intrinsically present.

Researchers in earlier resilience studies documented participants' exposure to long-term adversity (Vanderbilt-Adriance & Shaw, 2008; Aizupurua et al., 2020a); however, few studies included hardships that were not systemic. Severe triggers within isolated adverse situations affect individuals differently than chronic or long-term trauma (Bonanno & Diminich, 2013). Roisman (2005) summarized that the most influential measurements in resilience studies were inconsistent due to different combinations of key factors and resilient outcomes. Conclusions based on various dominant factors, which lead to different resilience measures, create more inconsistencies regarding which specific combinations of elements influence or hinder resilience (Zemba et al., 2019a). The variability associated with the interpretation, implementation, and analysis of resilience highlights the need for clearer theoretical frameworks (Gillespie et al., 2007). Windle (2011) proposed an adaptive perspective by defining resiliency as an approach to effectively overcome, mediate, and manage a wide range of stressors or adversity, utilizing internal resources and environmental support to recover and thrive.

Understanding what constitutes adversity in one individual compared to another leads to consistent resilience outcomes, unlike previous resilience studies. Recognizing both between-person and within-person variance has become crucial for advancing the understanding of resilience in various situations. Researchers of interactionism argued that studies focusing only on a single trait within resilience have limited psychological assessment results. Supporters of mechanistic interactionism advocated for separate

studies of situation and person variables while treating them as fixed entities to predict practices. Conversely, advocates of dynamic interactionism explored how individuals and circumstances influence each other. Researchers developed an understanding of behavioral consistency by considering alternative options that promote resilience, regardless of the severity of adversity.al consistency (Bonanno, 2004) by considering alternate options that foster resilience regardless of the severity of the adversity.

Multidimensions of the Resilience Theory

The resilience theory has become a framework for exploring adversity, threats, and risks across various industries, with different definitions and concepts. In engineering, resilience refers to a system's ability to prevent or minimize the impact of failures during challenging situations (Doorn et al., 2019) or to recover to normal operation (Tabandeh et al., 2018). In social services, resilience centers on issues related to government, public affairs, and fairness (Bene et al., 2018b). The resilience theory does not require a system, individual, or organization to return to its original state after disruption or hardship. Instead, resilience describes the ability to endure problems or difficulties while reorganizing and maintaining the same structure, output, or function (Koliou et al., 2020b). Turmoil or trauma challenges the capacities for adaptation, self-organization, and learning; however, resilience involves bouncing back from disruption while accommodating or integrating external factors (Pangallo et al., 2015) that disturbed the previous balance (Van Ootegem & Verhofstadt, 2015).

While studying resilience, stress resistance was observed (Cicchetti & Garmezy, 1993). Patients formally diagnosed with schizophrenia who adapted, performed

confidently, behaved appropriately, and worked professionally within society and the community were identified as individuals who recovered from their schizophrenia diagnosis (Luthar et al., 2000). Norman Garmezy advanced the study of resilience as essential skills when patients diagnosed with schizophrenia smoothly transitioned through adversity or difficult experiences. The link between stress and resilience was strengthened when Seery (2011a) noted that resilience cannot develop without experiencing and successfully navigating adversity. Masten et al. (1990) argued that resilience can lead to pragmatic or opposite outcomes during negative influences or events. Seery (2011b) observed that effective coping strategies and resilience are vital when individuals face challenging situations. Those who experienced childhood or past adversities performed better during difficult times than those with no experience of adversity (Masten et al., 2008). Resilience results from successfully managing adversity. Luthar and Cicchetti (2000) defined adversity as negative life situations, consequences, misfortunes, or hardships involving adjustment difficulties.

Caregiving Grandparents' Resilience

Caregiving grandparents usually experience distress as a result of older age, limited education, and a decreased socioeconomic position compared to their peers (Park, 2006a). Occasionally, the caregiver's antecedent of stress originates from the circumstances, resulting in them becoming the caregiving grandparent (Higgins et al., 2010). Older adults' limited sleep hygiene, commonly found in caregiving grandparents, leads to psychological issues, medical problems, and reduced quality of life . caregiving grandparents inconsistently forsake their health requirements, have limited support and

resources, and experience difficulty paying bills (Leder et al., 2007). Studies reflect grandfathers at a lower frequency than grandmothers (Patrick & Tomczewski, 2008), take responsibility for their grandchildren (Bullock, 2005); however, their experiences differ from the experiences of the caregiving grandmother (Kolomer & McCallion, 2005a). Investigators found that grandmothers who identify as primary caregivers report more symptoms of depression, stress, and hardship than male caregivers (Stearns & Nadorff, 2020); however, no difference in the quality of caregiving (Kolomer & McCallion, 2005b). Grandmother caregivers were found to be older and unmarried and experienced more financial hardship than grandfather caregivers (Park, 2006b).

As the need for grandparents to become primary caregivers to their grandchild(ren) grows, so does the necessity for population-specific interventions to support their resilience (Sumo et al., 2018). Caregiving grandparents provide the same level of care or step in when biological parents are absent. These grandparents often face additional financial, physical, emotional health, and sometimes housing challenges due to their increased caregiving responsibilities (Polvere et al., 2018). The love and affection that caregiving grandparents show for their grandchild(ren) deepen both personally and spiritually (Song & Bonds, 2020) as they age and share experiences, positively affecting the emotional well-being of both the grandparents and the children they care for (Ramos et al., 2021a).

For some caregiving grandparents, deciding to become the primary caregiver for their grandchild(ren) was simple; however, for others, the process was more complicated (Freeman et al., 2022). While health, financial resources, and current relationships with

the parent greatly influence the decision to take on this role, the relationship and previous exposure to the grandchild(ren) are also key factors (Martin et al., 2021b). Additionally, grandparents recognize the financial and emotional challenges of becoming a parent for the first time and may find it difficult to resume full-time parenting (Sneed & Schulz, 2019b). Lastly, factors such as ambiguous loss (Knight & Gitterman, 2019b), ethnicity, economic status, emotional and physical health, geographic location, social support systems, and available resources all influence grandparents' decision-making process when considering becoming the primary caregiver to their grandchild(ren) (Smith et al., 2018c).

Grandparents occasionally experience shame for having to become primary caregivers to their grandchild. The definition of shame is an acute feeling or practice of assessing that one is unworthy, resulting in thoughts of being undeserving of forgiveness or grace (Brown, 2006).

The psychological element of shame encompasses feelings, viewpoints, and behaviors related to individual perceptions shaped by previous decisions or perceived failures to meet social or cultural expectations. Understanding how guilt affects caregiving grandparents, along with its antecedents, significantly influences their ability to address these feelings of guilt (Evans et al., 2023b). Disenfranchised grief occurs when a caregiving grandparent first learns about the potential obligation to take possession of and care for the grandchild(ren). Grasping the process of psychosocial loss and how this grief affects current and future functioning is crucial for the success of the custodial grandparent (Bailey, 2018).

The challenge occurs when the caregiving grandparent faces a situation where the adolescent grandchild is judged to be a violent offender. The financial, legal, residential, logistical, personal, and emotional needs immediately impact on the caregiving grandparent due to the barriers and stressors that come with the adjudication process of an adolescent violent offender (Lloyd, 2019c). Caregivers report that managing the needs of an adjudicated violent offender has increased in frequency, intensity, quantity, and complexity (Siria et al., 2022b). Previous research shows that birth parents navigating this process often struggle with feelings of blame, shame, internal conflict, denial, minimization, and anger (Ng et al., 2020). Unfortunately, limited literature reflects the emotional experiences of caregiving grandparents (Tang et al., 2022b).

Resilience of Violent and Offending Adolescents

Support systems for adolescent offenders influence their risk of reoffending (Gilman & Walker, 2020). Another factor associated with recidivism depends on the adolescent's ability to practice resilience (Shepp et al., 2020). Offending adolescents often have a closer relationship with their grandparents than with their biological parents due to prior exposure to physical or emotional abuse, neglect, and offending behaviors (Morais et al., 2018; Ungar, 2011). In these cases, the key factor guiding the grandparents' decision to become the primary caregivers may be the grandchild's past exposure to trauma or abuse (Aizupurua et al., 2020b). Adjudicated violent-offending adolescents face higher risks for behavioral, psychosocial, and conduct challenges (Tan et al., 2018). The emotional conflict within the perpetrator could increase the risk of recidivism (Kallstrom et al., 2020); however, addressing this conflict appropriately

occurs when the individual receives population-specific treatment (Williams & Gutierrez, 2022). For the adolescent offender to access the services, follow through, accountability, love, and emotional support needed to lower the recidivism risk, the primary caregiving grandparent must demonstrate the same level of commitment to themselves (Tang et al., 2022c).

Assessing the characteristics linked to psychopathy and juvenile delinquency raises awareness of the true motives of adolescent offenders to improve intervention (Geerlings et al., 2020a; Zimmerman & Fergus, 2005). Impulsivity is strongly associated with psychopathy and juvenile delinquency, especially concerning aggressive, sexual, and physical crimes, rather than heartless or impersonal traits (Colins et al., 2017). Researchers found that inhuman and impersonal elements are connected to juvenile delinquency and sexual or physical crimes against peers (Dopp et al., 2020). Specific traits are linked with behaviors related to narcissism (Corrado et al., 2015). Impulsivity traits also predict recidivism, indicating a higher likelihood of reoffending among adolescent violent offenders (McCuish, Corrado, et al., 2015). Narcissism and impulsiveness are also observed in conduct disorders (Salekin, 2016). Researchers studied psychopathy variants associated with sexual or physical aggression among adolescents and discovered that girls and immigrant adolescents often exhibit above-average psychopathy traits along with mental health issues (Zwaanswijk et al., 2018). Exploring the actions and thought processes behind sexual or physical aggression in adolescent offenders can reduce the risk of reoffending (McKibbin et al., 2017), especially in therapeutic settings or environments where caregivers can engage with the

adolescent without distractions. Researchers explored behaviors, exposure, and awareness of the differences between contact and non-contact offenses, finding that post-adjudication increases the likelihood of offenders accepting responsibility for their actions (DeLago et al., 2020b). Assessing environments related to sexual exposure is essential for addressing past behavior and reducing future recidivism (Mori et al., 2023); however, adolescents need to understand how both deliberate and accidental exposure to pornographic or sexually provocative content can increase the risk of stimulation, thereby raising the chances of reoffending (Dillard et al., 2019). Caregivers should recognize how temptations or potential exposures to inappropriate sexualized content (Krause et al, 2022) heighten the risk of future reoffending (Tremblay et al., 2020). Providing age-appropriate sexual education while identifying and challenging the motives and actions behind coercive or inappropriate sexual behaviors (Efrati & Amichai-Hamburger, 2020b) can lower the risk of reoffending in adolescent offenders (Lussier et al., 2019b).

Challenges Involving Providing Care to Adjudicated Violent Adolescent Offender

Adolescents adjudicated for violent offenses face disenfranchisement (Bordere, 2017a), which hampers caregivers' ability to provide essential support and care promptly. The sentencing of adolescent offenders affects both the perpetrator and their family members. Teenagers involved in violent crimes need supervision and emotional support from family to reduce the likelihood of reoffending. Feelings of isolation and being targeted are common among individuals labeled as violent offenders, regardless of age or the severity of the crime (Sample et al., 2018). Violent offenders lose emotional support from family, friends, and community advocates after being labeled as “violent offenders”

(Butler, 2022a), which raises the risk of future reoffending. Secondary stigma from criminal justice professionals often reflects personal biases and stigma toward the family members and primary caregivers of violent offenders (Evans et al., 2023c). Family members' experiences are often worsened when their emotional needs are ignored or dismissed due to these biases or stigmas (Cubellis et al., 2019).

Due to expectations about the sex offender registry requirements, caregivers of adolescent sex offenders remain concerned about the offender's safety and the safety of the offender's non-offending family members (Kilmer & Leon, 2017). Societal stigmas and fears associated with the population of violent offenders and post-assault survivors (Bordere, 2017b) cause community members to react or behave differently around family members or individuals identified as offenders. Obstacles and barriers involved in securing housing, restrictions on supervising younger siblings in the same household, and coordinating special events or family outings—while managing the psychosocial and emotional aspects of the adolescent offender—make this a complex process with limited peer or family support (Cassidy et al., 2021). Additional challenges faced by caregivers of teenage offenders include the severity, frequency, duration, and context of the abuse (Arnoud et al., 2020; Gervais & Johnston, 2022a). The perpetrator's mindset regarding aggression or harmful sexual behavior (Kjellgren, 2019) affects the caregiver's ability to provide proper supervision, nurturing, and follow-through (Lussier et al., 2016).

Adolescent violent offenders struggle with navigating specific developmental stages that emotionally and psychosocially impact them into adulthood (McCuish & Lussier, 2017). Regardless of when one became aggressive or was exposed to acts

deemed sexually inappropriate, the adolescent chose to engage in these acts, which emotionally, psychosocially, and physically affected another individual (Lussier & Cale, 2016). Aggression is not a physical or mental characteristic of specialized deviance or malfunction; it is viewed as a deviant motivation or interest in participating in dangerous, thrilling, and fictitious triumphs (Cale & Lussier, 2017). The pursuit of immediate gratification is sought despite the potential long-term impacts and adverse outcomes (Cale et al., 2016). The interest in violence among adolescent offenders has shifted from procreation, enjoyment, and the process of releasing frustrations to dominance, revenge, and conquest (Blackburn et al., 2022a). Additional researchers have explored the interpersonal aspects of adolescent violent offenders. They identified variables associated with depression, low self-esteem, antisocial personality traits, poor coping strategies, and acute cognitive distortions, which increase the likelihood of repeated offending (McCuish et al., 2016) or patterns of problematic relationship-building and maintenance (McCuish, Lussier, et al., 2015). Empathy deficits among adolescent offenders (Baly & Butler, 2017) negatively impact non-offending siblings and caregivers due to their inability to take ownership of their offenses, resulting in divisiveness and fear among the other individuals within the family (Shields et al., 2020).

Societal views on violence and sexual aggression are linked to fear, acceptance of discrimination, and ongoing shame among adolescent offenders (Blackburn et al., 2022b; Silovsky et al., 2020). Some community members see aggression as a preventable public health issue rather than just a problem for criminal justice to handle after a violent act (Mundey et al., 2020). Incidents involving aggressive community members can lead to

intimidation through electronic devices, brutality, coercion, and occasional ultimatums (Bryson et al., 2021). The safety of households sometimes improves once the community member gets to know the family members (Butler, 2022b). Non-offending caregivers and siblings of violent adolescents often face backlash from community members who challenge them to cut ties or ostracize them. Due to the aggression shown by some initial community members, others change how they respond, talk, or interact with the adolescent's family (Otsuka et al., 2017). Emotional and psychosocial reactions to this treatment can greatly affect the household’s safety and well-being (Cicchetti, 2016).

Adolescents involved in acts of physical or sexual aggression often have a history of childhood adversity, exposure to sexually explicit materials or acts, physical abuse, sexual or emotional abuse, and exposure to domestic violence. Most adjudicated adolescent offenders will not re-offend as adults if they receive appropriate initial and ongoing interventions (Letourneau et al., 2017), indicating that their initial acts of aggression could have been prevented. Caregivers must prioritize the safety of the household, especially for non-offending siblings, while securing resources to assess the adolescent’s perceptions and attitudes regarding physical and sexual aggression. Problematic violent behaviors were addressed through a community-based CBT intervention, which showed that adjudicated adolescents aged 11 to 18 completed the program more often than unadjudicated adolescents. Identifying and addressing problematic behaviors in adolescent offenders living with non-offending siblings helps caregivers ensure safety while providing the offending adolescent with nurturing support, accountability, and outpatient therapy to reduce the risk of reoffending. with the

nurturing, accountability, and outpatient therapy needed to reduce risks of recurrence (Jenkins et al., 2020).

Teen-aged probation became a compliance-focused alternative (Schwartz, 2018a) to being incarcerated. This process functions separately from the courts and is a rehabilitative program (Walker, Valencia et al., 2020) with a focus of reducing recidivism (Saunders et al., 2021). Grandparents managing the expectations of ensuring compliance within all the juvenile probation program requirements become overwhelmed (Cunningham et al., 2023), due to the many different stipulations, expectations and timelines (Kimichi, 2019a). There are specific staff who are assigned on a case-by-case basis for first-time probation involved guardians, to ensure that compliance is met and violations are not administrative errors (Dir et al., 2021a). Street workers are additional supportive staff who make random unannounced visits to reduce the failure of juveniles to appear in court (Walker et al., 2019a).

Online supervision related to search engines and website exploration is important for caregivers of adolescent sex offenders (Efrati & Amichai-Hamburger, 2020a). Adolescents involved in pornography (online or in person) are usually male, impulsive, and self-focused, with limited insight and poor judgment (Efrati & Mikulincer, 2018a). A recent study in the Netherlands shows that 46.2% of adolescents aged 13 to 17 accessed explicit materials online (Vandenbosch & Van Oosten, 2018). Another research in the U.S. indicates that 93% of boys and 62% of girls were exposed to online pornography during adolescence (Price et al., 2016). Negative health outcomes include emotional dysregulation, compulsive violent behaviors, overeating, interpersonal violence, and

addiction (Efrati, 2019). Efrati and Gola (2018) found lower rates of compulsive violent behaviors among adolescent girls compared to boys; however, boys more frequently engaged in pornography, while girls participated in online sexual activities. Intense internal sexual conflict in teenage offenders can trigger peak arousal, contrasting with strong sexual fears (Efrati & Mikulincer, 2018b). Lack of knowledge and inability to develop internal sexual triggers or thoughts increase the risk that an adolescent offender will act impulsively to seek immediate gratification (Bothe, Toth-Kiraly et al., 2019a). The Hyper-Sexual Behavioral Inventory (HBI) is commonly used to assess hypersexuality, but this tool needs data from outside the U.S. to evaluate its effectiveness. While understanding hypersexuality in offending adolescents is important, recognizing how impulsivity and compulsivity influence their thought processes is vital for caregivers working to deliver support and reduce recidivism risks (Bothe, Toth-Kiraly et al., 2019b).

Social and Cultural Changes in Family Composition

Outside of abuse, neglect, death, or incarceration, the increase in the geriatric population becoming primary caregiving grandparents results from the rise of women in the workforce (Leeson, 2018). Households with dual-income earners have grown due to advances in gender equality, rising living costs, and parents' desire for their children to have access to private or higher-level education opportunities (Coall & Hertwig, 2010). The rise in marital dissolutions and single parenthood (i.e., companionless, never-married, divorced, widowed, separated) contributes to the emergence of caregiving grandparents (Buchanan, 2017). Due to the increased need to fill the parenting gap, more caregiving grandparents attend PTA meetings, assist with educational advocacy,

participate in competitive activities, and give advice on future career options (Tan, 2018). The evolution of gender roles also supports the transformation of grandparenting. The term "grandparent" has expanded to include grandparents' active participation and engagement, including grandfathers (Buchanan & Rotkirch, 2016). Bates et al. (2018) examined the range of grandfather engagement compared to caregiving grandfathers and found notable differences. Rotkirch and Buchanan (2016) collected insights from scholars who explored perspectives on grandparent engagement and found that grandfathers, as men, and fathers, as grandparents, were largely absent in family literature. Researchers are increasingly discovering data that support the idea that grandparent engagement is linked to better mental health in grandchildren, improved resilience skills, and more selfless behaviors (Buchanan & Flouri, 2008). Paternal grandparents' and male involvement with grandchildren continues to improve (Euler, 2011) compared to caregiving grandparents, who mainly provide care. Demographic, societal, and ethnic factors influence how extended families interact and view the role of grandparenting across different ethnic groups.

Key Variables within Grand-Families

The term grand-family describes families where circumstances cause maternal or paternal grandparents to act as both grandparents and primary caregivers (Murray et al., 2022). Such circumstances can include incarceration, a history of abuse, the maturity of the birth parents, the death of the birth parents, physical and mental disabilities of the birth parents, or potential substance abuse (Fruhauf, Yancura et al., 2022a). Grand-families usually lack formal guardianship paperwork, which sometimes results in social

services becoming involved to ensure the child's safety and well-being (Martin et al., 2021c). In grand-family households, the grandparent takes on the primary caregiving role, managing the child's financial, emotional, residential, educational, and spiritual needs (Schultz & Shirindi, 2019). Before assuming these responsibilities, grandparents often reflect on the successes and failures of the middle generation (Hayslip et al., 2021c). They also consider additional factors such as (a) the impact on relationships with spouses, friends, family, and peers (Freeman & Stoldt, 2019a); (b) the well-being and lifestyles of everyone involved (Jongenelis et al., 2021a); (c) current career or professional commitments (Buchanan & Rotkirch, 2018a); and (d) the potential effects on retirement savings and plans (Peterson, 2018b). Grandparents also evaluate whether they will receive recognition and support from their community and social systems (Xu et al., 2022), or face ostracism and judgment from those same systems (Hayslip et al., 2020a). Additionally, they assess whether their adult grandchild would reciprocate with the same level of care if they needed help in later years (Mansson, 2022a).

Caregiving grandparents report feeling surprised and overwhelmed by the upcoming responsibilities of shifting from a supportive role back into a custodial one (Crowther et al., 2015a). Usually, this shift happens after a disruptive family event caused by issues such as teen pregnancy, adversity, incarceration, untimely death, severe mental or physical disability, addiction, abuse or neglect, a parent's unwillingness or inability, or abandonment (Dolbin-MacNab et al., 2021b). Navigating the changing internal and external conflicts occurs before the final decision to become the custodial grandparent (Hayslip et al., 2021d). In cases where the parents are deceased or unable to provide care

for the child(ren) physically or mentally, the grandparent must process the psychosocial losses tied to their child's situation while figuring out what is logistically, emotionally, and financially best for the grandchildren (Hayslip et al., 2018). When the grandchild is involved with the judicial system, the grandparent must evaluate their financial, residential, mental, and logistical ability to meet the required needs (Mendoza et al., 2020). Assessing the grandchild's actions related to judicial involvement leads to tough conversations, strategic planning for follow-up, inquiries into the causes of the behaviors, and self-reflection on family reunification and its effects on other family members (Shovali et al., 2019; Fruhauf, Mendoza et al., 2022).

Considerations and Responsibilities of Caregiving Grandparents

Once the grandparent has transitioned to the role of the primary caregiver, increased ranges of stress, anxiety, regret, shame, and doubt, with behaviors of self-persecution, impact the grandparent's well-being and transition to the role of the primary caregiver. (Smith & Lee, 2021). The custodial grandparent must now navigate processes, administrations, and subsidies created or designed to solve the needs for a nuclear familial system without any reflection regarding the distinctiveness of grand-families or other diversified familial types (Choi et al., 2016).

Custodial grandparents must meet their grandchild's needs while addressing his or her physical and mental health vulnerabilities (Hayslip et al., 2019). Occasionally, custodial grandparents may struggle with whether they are providing the necessary care for their adolescent violent-offending grandchild due to previous exposure to abuse, drug use, trauma, or adversity (Dolbin-MacNab & O'Connell, 2021). Caregiving grandparents

experience a higher risk of conflicting emotions regarding neglect (Zuchowski et al., 2019), physical and sexual abuse, substance abuse, and trauma involving the grandchild, as the custodial grandparent does not receive the warranted emotional assistance (Dudley et al., 2023a). Researchers found that custodial grandparents perceive their role as self-fulfilling, complex, emotional, and distressing (Freeman et al., 2019b). They recognize the need to adjust their previous parenting and communication styles to align with current trends, environments, and the grandchild's emotional needs (Fruhauf, Yancura et al., 2022b). Evaluating previous parenting and communication styles reflects a grandparent's self-initiated acknowledgment of past successes and regressions, emphasizing the need to correct them for future purposes (Li et al., 2018). Custodial grandparents of adjudicated adolescent violent offenders require additional attention to detail (Dillard & Beaujolais, 2019), constant monitoring skills (Lee Rasmussen, 2022), and follow-through related to familial and personal relationships (Mauer et al., 2022a). The custodial grandparents need mentoring (Jones et al., 2022a), supportive social services (Kelley et al., 2019a), and population-specific emotional and psychosocial assessment of needs (Smith et al., 2018d).

Transitioning to an official grand family involves specific conversations with the grandchild(ren) (Freeman & Stoldt, 2019b). The information gathered revealed three themes: dual naming, identifying hierarchy, and conflict resolution. Grandma, Grandpa, Mom, and Dad are labels within the family; however, when the custodial grandparent assumes the provider role, the manner in which the grandchild refers to or names the grandparent becomes challenging. If the biological parent maintains contact but is not

engaged in the day-to-day management of the caregiving role, the awkwardness of referring to each person in their respective roles can arise, which may result in authority challenges. Finally, future conflict between the custodial grandparent and biological parent may occur; however, the custodial grandparent proactively communicates expectations to ensure respect and adherence to their guidance.

Intergenerational families experience specific challenges that extend across the grand-family. Complicated health impairments, ongoing illnesses, and additional health concerns aligned with advanced age (Martin et al., 2021d) are challenges that are usually addressed without the knowledge of the grandchild. Conversations, including untimely illness and death, occur while transitioning to a grand family (Freeman & Elton, 2021). Grandparents avoid discussing death due to fears or stress; however, when one becomes a grandparent, death becomes a necessary discussion topic. Grandparents usually allow the grandchild(ren) to take the lead when discussing issues with death, future, ambiguity, and trauma (Turner, 2019). During the process of becoming a custodial grandparent, the grandchild's level of comprehension, perception, maturity, and comfortability becomes essential as the grandparent determines the appropriate time to discuss future-planning topics involving the legality aspect of becoming a government-recognized grand-family and how this may be interrupted during an untimely departure of life (Peterson, 2018c). Grandchildren experience psycho-social symptoms aligned with depression, anxiety, attachment concerns, and poor stress management capabilities due to previous traumatic exposures with their biological parents, which becomes an active concern when grandparents have to deliver difficult news (Fruhauf, Yancura et al., 2022c).

Grandparents acknowledged financial and informational resources as the challenges and motivations for discussing death with their grandchild (Luth, 2016). Investigators found that grandparents were uncomfortable discussing death due to personal experiences or exposures, which transcended their fear of addressing their grandchild's perceptions and worries regarding death (Crowther et al., 2015b). To offset previous exposure to adversity and numerous uncertainties, a custodial grandparent's approach regarding death and separation impacts the level of comprehension while reducing the level of worry (Jhang, 2018). Discussing topics regarding death initiates and comforts feelings of fear, doubt, and ambiguity as the custodial grandparent attempts to clarify and explain how things will proceed in the grandparents' absence.

The adolescent offender has specific needs to reduce the risk of reoffending while encouraging personal growth and maturity (Clements et al., 2022). Those who commit violent acts require therapeutic intervention to prevent future offenses (Campbell et al., 2019). Understanding why the act occurred may be less important than exploring why they might not commit the same act again. Adolescents who show little remorse or do not take responsibility for their sexual or physical violence exhibit behaviors that indicate a higher risk of reoffending (Garofalo et al., 2019). Mental health issues and substance abuse increase the likelihood of recidivism. Past exposure to violence does not automatically lead to repeat offenses, but the attitudes of the perpetrator toward the crime can either lower or raise the chance of reoffending (Harris & Teasdale, 2021c). Support from family and community resources plays a vital role in reducing recidivism risks (Jenson, 2020). It is crucial for adolescent offenders to feel comfortable addressing the

emotional and psychosocial aspects of their past offenses, as this is essential for their growth and recovery (Fix et al., 2022). Additionally, ensuring that family members are emotionally and psychologically prepared before discussing the offender's case is necessary.

Summary and Conclusions

Significant importance regarding population-specific therapy for adolescent violent offenders continues to be acknowledged and supported in empirical literature as a need to reduce recidivism (Alto et al., 2023b). The psychopathy within adolescent offenders strongly influences delinquency and criminal behavior (Geerlings et al., 2020b), which includes problematic relational, emotional, and conduct challenges (DeSorcy et al., 2020). Adolescent offenders also experience symptoms of discomfort, extended depression, discouragement, and increased anxiety (Dotterer et al., 2017).

Previous researchers documented the importance of strong adult relationships with adolescent offenders, which are associated with improved behavioral, psychosocial, and educational outcomes (Mauer et al., 2022b). Researchers also found that teenage offenders had a stronger relationship with their grandparents or extended family members than with their biological parents, highlighting the need for familial support (Walker, Kazemian et al., 2020). Previous investigations into positive parental influences on delinquent youth indicate decreased recidivism risks compared to children without positive parental effects (Cicerali & Cicerali, 2018b). Investigators assessed how positive relationships between grandparents and grandchildren impact recidivism. Data collected show lower recidivism rates among those with positive grandparent relationships than

among those without (Malone-Beach et al., 2018); however, limited literature exists on the impact when the grandparent becomes the primary caregiver. The methods grandparents use to manage their grandchildren continue to attract interest as researchers explore whether age, gender, race, socioeconomic status, and career affect the relationship-building process between the two generations (Sciplino & Kinshott, 2019).

The population of caregiving grandparents continues to increase in quantity and age. The ratio for every child raised by a caregiving grandparent compared to the foster system is 1 for every 20 families (Freeman et al., 2019). Although empirical literature exists on grandfamilies and the process of grandparents becoming the primary caregivers, little is known about grandfamilies in which the judicial system is involved with the adolescent (Hayslip et al., 2020b). Limited literature exists on grandparents' perceptions of their ability to provide the care, nurturing, mentoring, and relational support needed (Jongenelis et al., 2021b) for a grandchild monitored by the judicial system. While studies exist regarding the vulnerabilities of grandparents raising their children as the primary caregiver, limited investigations assess the process of the grandparent looking for or finding the mental health services needed for their well-being (Kelley et al., 2021). Studies exist where caregiving grandparents create informal communities and provide for the unmet needs from social services and community resources (Dudley et al., 2023b); however, informal gatherings of grandparents raising grandchildren who are adolescent offenders are nonexistent.

The barriers to managing an adolescent offender as a caregiving grandparent differ from those faced by birth parents (Sneed & Schulz, 2019c). The lack of literature

indicates that further investigations would highlight the challenges that caregiving grandparents encounter when managing an adolescent adjudicated as a violent offender. Investigative findings demonstrate the need for gender- and population-specific intervention strategies, tailored to familial type, for any child in the welfare system (Yoon et al., 2021a) or the judicial system.

Chapter 3: Research Method

Roles among 21st century grandparents continue to change and evolve. Grandfamilies now represent the increasing population of grandparent-headed households where they execute the role of the primary caregiver (Dolbin-MacNab et al., 2021). The grandparent bond with grandchildren is paramount. When judicial system involvement occurs due to adjudicating violent offending adolescents, primary caregiving grandparents' resilience is tested. Bustnay (2020d) stated violent offending adolescents should have solid support systems to reduce risks of recidivism. Challenges occur when caregiving grandparents receive no population-specific resources or support, testing their resilience and wellbeing.

The purpose of this qualitative generic study is to explore perceptions and experiences of custodial grandparents of adjudicated adolescent violent offenders. I aim to explore how this population perceives and experiences seeking psychosocial assistance during interviews and identify common themes and patterns. This method and design limited my ability to fully interpret research results.

Research Design and Rationale

This qualitative study involved exploring psychosocial experiences of custodial grandparents who seek population-specific mental health services. Qualitative researchers gather descriptive and nonnumerical information to create detailed accounts of specific phenomena within human and social contexts (Adedoyin, 2020). Throughout this process, researchers interpret data and assess how participants' personal experiences address research questions. My research question involved experiences of caregiving

grandparents seeking assistance and support to address personal, emotional, and mental health obstacles resulting from additional stressors of becoming primary caregiving grandparents to adjudicated violent-offending adolescents.

I employed a generic qualitative method. This method was suitable because it was not formulated using criteria or guidelines derived from ethnography, case study, or phenomenology methodologies. During interviews, participants shared their experiences involving seeking assistance and support to address personal, emotional, and mental health obstacles. Each participant shared their interpretations of resiliency which related to coping with emotional and physical adversity, accepting their experiences, and moving forward. The qualitative generic design was most suitable for my research.

I did not strictly follow any particular traditional strategy. The generic qualitative method enables me to incorporate participant interpretations involving their experiences with the topic. This approach was used to explore why participants chose to assume caregiving roles. I then gathered interpretive insights from participants about the emotional process of learning their adjudicated grandchildren were violent offenders. This helped me understand their perspectives on overcoming obstacles, challenges, and barriers while caring for adolescent violent offenders.

Role of the Researcher

Researchers function as the instrument that gathers data in qualitative research by accessing participants' feelings and thoughts (Prosek & Gibson, 2021c). They are responsible for collecting and analyzing data throughout the entire project as well as safeguarding participants and consistently upholding an objective, fair, nonjudgmental,

and professional demeanor throughout recruitment, data collection, analysis, and interpretation. Researchers must identify and immediately address any possibility of prejudice or favoritism. They must ensure personal biases do not influence data collection, analysis, or participant safety as well as prioritize participants' safety while overseeing and securing data collection (Smith et al., 2023). When conducting semi-structured interviews, qualitative researchers must adopt a relational approach, ensuring interviews are conducted without any perception of coercion or abuse of power (DeJonckheere & Vaughn, 2019). Active engagement and curiosity help researchers build rapport, making participants feel comfortable. They must balance building relationships with maintaining rigor during interactions with all participants. Additionally, they are responsible for ensuring appropriate and timely communication occurs throughout all interactions.

Managing potential biases remains essential via methods and assessment tools to measure and monitor these biases. Researchers should be aware of stigma, marginalization, and personal biases when observing participant dispositions in the study. Potential biases may influence planning, study design, participant recruitment, data collection, analysis, and interpretation, and cannot be reflected in results.

I had direct experience with counseling males and females who experienced trauma and provided therapeutic services to adjudicated sexually-reactive adolescents. I used reflexivity to assess and maintain awareness of my biases, values, beliefs, and judgments. Monitoring reflexivity involves being aware of personal, project-related, and

systemic challenges which can lead to discomfort and possible unwanted emotional conflicts.

Methodology

Sampling

The participants selected for this study are custodial grandparents of adjudicated adolescent violent offenders. These caregiving grandparents sought population-specific mental health services for themselves as they endeavored to address emotional conflicts or impairments related to the stressors of raising an adjudicated, violent-offending adolescent. The sampling strategy for this study employs purposive sampling, enabling researchers to identify respondents who participate in a topic of interest (Ahmad & Wilkins, 2024), along with snowball sampling, which facilitates participants inviting additional individuals who may share similar experiences as custodial grandparents or primary caregivers for an adolescent violent offender.

Participant Selection Logic

To be eligible, candidates should be able to speak and understand English. They must be the custodial grandparent or the primary caregiving grandparent of an adolescent who has gone through the adjudication process for a violent offense. They must have sought or actively sought behavioral health services through individual or group sessions. The adjudication process should be completed at least one year before the interview due to possible unaddressed vicarious or secondary trauma (Mocnik, 2020). Additionally, participants should have pursued supportive groups or individual services. They need to

recount their lived experiences rather than just reliving them. Recounting means being present in the moment while reflecting on past details (Alessi & Kahn, 2023).

Candidates will be recruited by sharing a flyer on social media platforms such as Facebook and Instagram, and volunteers will be invited to participate in the study through SurveyMonkey. Social media was chosen because it has become an important tool in scholarly research, increasing productivity and efficiency, allowing me to focus on research tasks and ensuring that the needs of participants are addressed (Leighton et al., 2021). Additionally, I will contact third-party mental and physical health provider offices that serve adolescent violent offenders to request permission to post flyers at their locations. After potential candidates complete the SurveyMonkey informed consent or contact the researcher via the phone number provided on the flyer and agree to participate, a one-on-one criterion assessment will be conducted. This process is designed to confirm that each candidate meets all eligibility requirements for participation in the study. The criterion assessment will verify that every custodial or caregiving grandparent satisfies the necessary qualifications. I will gather the most accurate contact information to schedule a date and time that is convenient for the participants to conduct the interviews. The interview will last approximately 45-60 minutes. Before the interview begins, each participant will complete a demographic form requesting follow-up information to facilitate future contact with the researcher. Due to the strict participation criteria, the population is limited; however, the target sample size is 7-10 participants to achieve saturation. The interview process will be conducted via Zoom, allowing the program to transcribe each interview. Zoom is a platform designed to prioritize privacy.

Each virtual participant must have an email address to receive the form and enable its transmission.

Instrumentation

The researcher serves as the primary instrument for data collection. Researchers utilizing qualitative research employ semi-structured questions to conduct in-depth interviews, observe and document verbal and non-verbal responses, review documents, and summarize the significance of observation and interview data (Yoon & Uliassi, 2022). Participants will be selected through word of mouth, professional networks, and social media platforms. Gorska et al. (2020) suggested that social media platforms have become a viable instrument in scholarly research, primarily by increasing the researcher's efficiency in recruiting participants.

Additional instruments for this study include a demographic form created, along with a series of semi-structured questions developed and used during the interviews with each participant. The demographic form also included questions to evaluate each candidate's ability to meet the established inclusion and exclusion criteria. If participants did not meet the eligibility requirements, they would receive a $10 gift card and be thanked for their time. Initial "no" responses to questions 1, 4, 5, 8, and 13 would immediately disqualify a participant according to the inclusion/exclusion criteria. A participant is excluded if the response to question 6 is less than 12 months. If the response to question 11 is "Yes," this participant meets the exclusion criteria. (See appendix B).

Procedures for Recruitment, Participation, and Data Collection

Recruitment

Before recruitment begins, IRB approval from Walden University is obtained to ensure compliance with privacy policies, participant safety, and social media user policies. A research flyer is also distributed to potential participants who are custodial grandparents or grandparent caregivers (purposive sampling) of an adjudicated adolescent offender to gauge their interest in participating. The flyer details the study's objectives, projected timeline, and eligibility requirements for participation. To reach prospective caregiving grandparents, it is disseminated across multiple social media platforms. Interested individuals may contact me via my Walden University email address or through a password-protected mobile device, both of which function as secure primary channels for participant communication. Consent forms detailing the project expectations will be sent via email and must be signed by each participant before participating. These forms also explain participant protections, participation expectations, the right to withdraw at any time, and compensation for participation. Sampling will be conducted using both purposive and snowball sampling techniques. Purposive sampling targets individuals with direct expertise relevant to the study who are best suited to address the research question (Taquette & Borges Da Matta, 2022). Snowball sampling involves asking initial participants to suggest others who may be eligible (Ting et al., 2025b). This method is especially useful when the target population is difficult to access. For this study, 7-10 semi-structured interviews will be conducted to reach data saturation regarding the experiences of the selected population (Braun & Clarke, 2021a).

Participation

The candidate selection and project participation processes will occur via telephone or virtually through Zoom. Each participant will evaluate the initial inclusion and exclusion process, and communication will occur regarding participation, location, platform, expectations, time, and date. The interview structure includes proposed questions that will be asked during the interview process. These questions support the project's research questions and theoretical framework. The method of conducting semi-structured interviews is based on the premise that each candidate will be open to candidly expressing their thoughts and feelings (Prosek & Gibson, 2021d). Each participant is expected to articulate their thoughts and expand upon their experiences as we explore their journey of seeking assistance for their behavioral health needs. The interview questions are centered on the person's strengths and resilience, which helps minimize the potential reactivation of trauma. The interview questions are grounded in the participant's strengths and resilience (see Appendix A).

Data Collection

Once scheduled, participants appear virtually via Zoom. The interviewer revisits the virtual option to record; however, the initial communication regarding the recording process occurred during the candidate selection phase and through the program consent form. Each person will be interviewed for 45 minutes with questions, but this will not exceed 60 minutes, so I must limit tangents or off-topic conversations. During this data collection process, a reflective journal documents the participant's specific reactions, notes, feelings, or negative thoughts. After the interview, we will review the debrief form,

as the researcher assesses any emotional dysregulation or imbalance resulting from the interview process. Each participant receives a written (or emailed) debrief that communicates how the data are used and how their participation enhances literature and bridges the communication gap. Each interview is electronically stored in the cloud and password-protected for safekeeping. Transcription of each interview occurs via Zoom, which has transcription capabilities.

Data Analysis Plan

Before conducting data analysis, the data received from each Zoom interview transcription must be checked for accuracy. I will listen to each interview and check each transcription for accuracy and unnecessary debris. During this process, I must leave the jargon, slang, and misuse of words to protect data integrity; however, I will eliminate any documented misspellings or incorrect assignments of specific documented words within each Zoom transcribed interview.

The data is analyzed using inductive thematic analysis. I will first categorize verbal patterns, themes, and inferences, referring to the notes in my reflexivity journal (Karcher et al., 2024) and assessing whether a pattern emerges in my reactions to the interview responses. Vancover et al., (2022a) purports that the data analysis process involves understanding and integrating the data while examining it to determine if it aligns with the research question. During this process, I need to revisit, eliminate, or discard any data that is limited in validity or reliability, or that does not align with the research questions. I will use inductive codes to identify potential data clusters, patterns,

and themes, while also identifying meaningful themes. The themes are organized into abstract patterns, followed by an abstract analysis of each theme.

Issues of Trustworthiness

Trustworthiness involves convincing the reader that the collected and analyzed data is reliable and valid. Credibility is maintained by contacting each participant and reviewing the findings, themes, and patterns with them to ensure accuracy and to obtain corrections before sharing the data. Participants' views and thoughts are documented, categorized, and represented, and their credibility, along with the researcher's transparency (Kapiszewski & Karcher, 2021a), is evaluated.

Credibility

Credibility is strengthened when the researcher revisits the process of interviewing each participant to ensure that the interview, coding, and data analysis accurately reflect each participant’s thoughts (Shufutinsky, 2020). To maintain credibility in this study, each interview will be recorded, and Zoom will provide the transcription, which the researcher will review for accuracy and proper interpretation (Oliffe et al., 2021). After reviewing for accuracy and interpretation, each participant will confirm that it aligns with the researcher’s understanding and accurately captures the verbal and non-verbal messages exchanged during the interview. Another way to reinforce credibility is to use the researcher’s reflexivity journal to record reactions to the participants’ responses. Disclosing and addressing specific biases or emotional reactions during the interview, transcription, coding, and analysis enhances credibility and reduces the risk of incorrect data interpretation (Arias et al., 2023a).

Transferability

I discussed the parameters for ensuring meaningful coherence between what the researcher communicated, what the project aimed to prove or refute, and what the project shared. The research question must be adequately answered to support the project's transferability. The analysis results backed resiliency theory. Simultaneously, the themes in the data clarified participants' perceptions of whether sufficient services are available to caregiving grandparents seeking behavioral health support. When another researcher assesses the project's applicability, it should align with the research question, methodology, and theoretical framework if the project is transferable and applicable to future studies.

Dependability

Dependability corresponds to consistency, reflecting thoroughness in data collection and analysis. Documenting each step and explaining the rationale for each decision enhances trustworthiness and enables researchers at different times to replicate the project. Audit trails, reflexivity notes, recordings, and accurate transcription codes ensure dependability. Clear communication and detailed documentation of each step, along with the rationale for decisions, also support dependability.

Confirmability

Corroborating findings from others who completed the same project describe the process of confirmability (Ahmed, 2024). Participants check and complete audit trails to represent each participant's views and ideas. Double-checking to ensure that the participants' voices are heard throughout the study, versus my voice as the researcher,

assists with confirmability. The functions of checking and rechecking data forms confirmability (Chung et al., 2020). Consistently documenting in the reflexivity journal while holding myself accountable for managing and maintaining my biases assists with confirmability.

Ethical Procedures

All research projects involving individuals require mandatory ethical evaluations, monitoring procedures, and consideration of potential threats (Newman et al., 2021). The ethical practices governing this study include adherence to Walden University's Institutional Review Board (IRB) requirements, compliance with HIPAA ethical considerations, and adherence to the State of Illinois' professional and ethical guidelines. I will obtain approval from Walden University's IRB before contacting or sampling candidates.

The validity of informed consent requires that each potential candidate receive documentation outlining their rights as a potential participant in the study. Concise, detailed, and succinct information in the documentation enables the candidate to make an informed decision about their likelihood of participation in this study (Ehidiamen & Oladapo, 2024). As the researcher, I must ensure compliance with ethical standards, including adherence to physical and psychological safety measures, the use of appropriate data-collection methods, and proper storage and transfer of documentation, given the sensitivity of this subject (Guelmami et al., 2024).

The candidates and participants will always understand their right to discontinue participation in the study at any time. Participants will not be asked to share any

experiences perceived as traumatic; however, they will be encouraged to share their resilience experiences while seeking assistance (Kroeger & Vah Seliskar, 2024). Coercion, demands, and threats will not be present during the initial contact, recruitment, inclusion/exclusion, interview, or post-interview process (Mumford et al., 2021). Each participant will understand their rights as a human subject, the methodology of the study, the research question being investigated, and any potential harm or benefits regarding their participation (Wendler, 2020). During the candidate selection process, I will ensure that none of the selected participants have any medical or emotional impairments or are under the influence of substances or alcohol (Pabst et al., 2020). Participants will not have a history of being a victim or perpetrator of sexual abuse. Participating in this study poses minimal risk, and the safety of each participant is the top priority throughout the study (Caffrey & Horn, 2021).

Before the start of each interview, to ensure emotional protection, participants are informed about nearby emergency or crisis therapeutic centers. If they require these services after our interview, I will provide virtual or mobile phone options to seek assistance with any potential adverse reactions (Tadros & Durante, 2022). Pseudonyms protect participants' privacy and are required for the study. To maintain confidentiality throughout and after the study, only the investigator and approved university staff will have access to the original data containing identity and contact information. The research documentation is secured and stored for a minimum of five years.

Candidates who do not meet the inclusion/exclusion criteria receive $10 gift cards, while participants who complete the process receive $25 gift cards as a means of practicing social beneficence and indemnity (Różyńska, 2022).

Summary

The objective of this qualitative generic design allows this researcher to affirm or refute the theory that custodial caregiving grandparents have difficulties with finding population-specific behavioral health resources that address the specific psycho-social challenges, barriers, and obstacles for their population as caregiving grandparents of an adjudicated adolescent violent offender. In Chapter 3, I presented the theoretical design and the rationale for its selection. I communicated information regarding the researcher's role as I discussed the methodology, issues of trustworthiness, and ethical procedures.

Chapter 4 presents the results from semi-structured interviews and explains the methods used to analyze the data. In this chapter, readers will gain a thorough understanding of how participants experienced and perceived their journey in seeking psychosocial services. The researcher is also looking to obtain the role that their previously acquired resilience skills played as they maneuvered through their experiences of being a custodial or caregiving grandparent of an adjudicated adolescent violent offender.

Chapter 4: Results

The purpose of this qualitative generic study was to explore emotional challenges custodial grandparents of adolescent violent offenders face relating to their experiences involving seeking behavioral health assistance for themselves. To achieve this goal, I conducted individual interviews with volunteers who discussed their experiences seeking behavioral health support. Results in this study are derived from data from participants who met established inclusion criteria. Each participant shared their lived experiences involving executing the role of being a custodial grandparent to an adolescent adjudicated of a violent offense. They also shared their experiences regarding what led them to decide to seek behavioral support or services for themselves, and whether support they found met their needs. Data saturation was achieved following completion of the sixth interview.

Research Setting

This study involved custodial or caregiving grandparents of adjudicated adolescent offenders between 12 and 17. The number of primary caregiving grandparents raising grandchildren was 1.3 million, compared to 1 million caregiving grandparents who were not employed (Shrider et al., 2021). Physical and emotional health of caregiving grandparents declines when economic hardship, reduced family support, and limited support programs do not address specific barriers, affecting wellbeing of both grandchildren and grandparents (Ramos et al., 2021). This highlights the need for further research on this topic. All interviews were conducted remotely using Zoom or Google Meet from the privacy of my home office, ensuring no third parties were present. Each

participant verified that they were in a secure, quiet setting prior to beginning interviews. Participants were notified that sessions would be audio-recorded.

Demographics

The sample for this study included six grandparents. Specifically, participants were custodial or caregiving grandparents of a criminally adjudicated (court-processed) adolescent violent offender who committed aggressive crimes against people. The adjudication process must have ended at least 1 year prior, and participants sought behavioral health, psychosocial, social work, or social support services for themselves. Eligibility criteria were outlined in the informed consent form and the recruitment flyer, and participants were screened before interviews. Flyers were shared on social media, including Facebook groups for grandparents raising grandchildren. Interested individuals then volunteered by contacting me through email, messenger, or phone. All participants completed a screening interview to assess eligibility prior to data collection. To safeguard confidentiality, minimal personal information was collected from participants. Everyone was assigned a unique pseudonym, referenced as GP followed by a sequential number, thereby avoiding linking interview data to actual names. In the study, participants are referred to as GP1 through GP6. Demographic data includes participant age, geographic location, relationship to grandchildren, grandchildren's age, summary of crimes committed, and the current status of both biological mothers and fathers.

GP1

GP1 was a 57-year-old African American maternal grandmother residing in Joplin, MO. She is the custodial grandparent of a 15-year-old African American female

who was adjudicated for carjacking and felony assault. The biological mother of this child has multiple older children and could not allow this grandchild to reside with her due to the adjudication conviction. The biological father is incarcerated.

The maternal grandmother obtained custodial rights as a result of four previously failed foster home placements.

GP2

GP2 was a 57-year-old African American maternal grandfather living in Ruleville, MS. He is the custodial grandparent of a 16-year-old African American male who was adjudicated for mob actions and felony assault. The child's biological mother faces challenges related to substance-induced mental illness. The biological father was incarcerated. The maternal grandfather gained custody through a DCFS intervention because the mother was found responsible for environmental neglect, and the home was deemed unsafe for a child who spent 2 years in juvenile detention and was released on probation.

GP3

GP3 was a 58-year-old African American paternal grandmother living in Anaheim, CA. She is the custodial grandparent of a 13-year-old African American male who was adjudicated for carjacking and felony assault. The biological mother struggled with drug addiction. The biological father was killed by peers due to possible mistaken identity. The paternal grandmother gained custody because of the mother's ongoing drug issues and difficulty providing care for multiple older children. This was the only biological child of her late son.

GP4

GP4 was a 51-year-old African American paternal grandmother living in Chicago, IL. She is the custodial grandmother of a 16-year-old African American male who was adjudicated for felony robbery and assault. Both the biological mother and father faced significant health challenges and were frequently hospitalized due to poorly managed sickle cell anemia. The paternal grandmother gained custody because of the child's most recent adjudication and his need for a stable environment with consistent supervision.

GP5

GP5 was a 58-year-old African American paternal grandfather living in Dallas, TX. He is the custodial grandfather of a 13-year-old African American male who was adjudicated for carjacking and joyriding. Both the biological mother and father were teenage parents, and the paternal grandfather took custody while the paternal grandmother continued to raise their 16-year-old son separately. GP5 has raised his grandson since infancy.

GP6

GP6 was a 60-year-old African American maternal grandfather living in Albany, NY. He is the custodial grandfather of a 17-year-old male who was adjudicated for felony assault with a weapon. The biological mother unexpectedly died from a rare blood disease. The biological father was incarcerated. The paternal grandfather gained custody after the death of his grandson's mother due to the maternal grandmother having mental health challenges.

Table 1

Participant Demographics

GP1-GP6	Age	Relationship	Current Location	Gender & Age of GC
GP 1	*57*	Maternal Grandmother	Joplin, MO	15 Female
GP 2	*57*	Maternal Grandfather	Ruleville, MS	16 Male
GP 3	*58*	Paternal Grandmother	Anaheim, CA	13 Male
GP 4	*51*	Paternal Grandmother	Chicago, IL	16 Male
GP 5	*58*	Paternal Grandfather	Dallas, TX	13 Male
GP 6	*60*	Maternal Grandfather	Albany, NY	17 Male

Data Collection

IRB approval was received on August 25, 2025. Following this approval, participant recruitment for the study commenced. Recruitment materials were disseminated via social media platforms, and additional participants were identified through purposive and snowball sampling. Semi-structured interviews were the primary data collection method. Data collection occurred from August 26, 2025 through November 2025. All required approvals and informed consents were secured from both the Walden University IRB and each participant prior to initiation of interviews.

The IRB application contained the study proposal, a draft consent form, and the recruitment flyer for social media. The flyer outlined the study’s purpose, described what was involved, and specified who could participate. The researcher's email and phone number were also provided, enabling interested parties to inquire about participation in the study. Consent forms were sent to participants by email. Interview availability was coordinated through text or email to identify mutually convenient times for both the researcher and participants. All participants were advised that each interview would last up to 60 minutes.

Prior to commencing each interview, participants were reminded of confidentiality protocols and informed that the session would be audio-recorded. Each interview was conducted and transcribed using Zoom or Google Meet. Afterward, participants were asked to review their transcripts to verify accuracy and inform the researcher of any needed changes. This step also helps ensure data collection accuracy and allows participants to see and understand the researcher’s summary and interpretation of their interview. No feedback or correction requests were received from any participants. Having participants review the data alongside the researcher’s interpretation enhances the validity and trustworthiness of the collected data (Kapiszewski & Karcher, 2021b).

Only questions pre-approved and listed on the consent form were presented to the six participants. A semi-structured interview format was employed, which facilitated more comprehensive responses and permitted follow-up or probing questions when appropriate. Each open-ended, semi-structured question was designed to elicit detailed information from participants regarding their experiences and processes in seeking support while providing primary care (Prosek & Gibson, 2021e). Permission was granted for me to post my recruitment flyer in private Facebook groups by the administrator of each group. All raw and processed data obtained from participants were securely stored on the researcher's password-protected computer. In accordance with data management protocols, all study-related data will be permanently deleted five years following the conclusion of the study.

Data Analysis

Inductive thematic analysis identified patterns in the interview data. Coding was performed after all interviews were transcribed, using Braun and Clarke's (2021b) six-step framework: familiarization, initial coding, theme development, review, definition and naming, and report writing (Vancover et al., 2022b). This methodology was well-suited to the study, as it provides a versatile framework for extracting meaningful insights and interpretations from interview data (Vasileiou et al., 2018). Initially, each interview was reviewed individually, with careful listening and transcription. Transcripts and audio recordings were examined at least three times prior to coding, after which the data were organized using Microsoft Excel. Subsequently, codes were derived from participant quotations and designated as initial coding samples and first-step coding.

Table 2

First Round of Coding

Participant	Quote or revelation	Step 1 Sample Code	Initial Clusters
GP1	Not everyone is equipped to handle high-caliber behavioral conduct children	Children with behavioral issues	Grandparent Response
GP2	Born with drugs in system and struggled with behavioral issues	Nature & nurture challenges with grandchild	Medical/Behavioral challenges
GP3	Father deceased and mother with drug and mental health challenges	Grandchild exposed to trauma during childhood	Grandchild Challenges
GP4	Mother & Father experienced frequent medical hospitalizations	Child born with sickle-cell anemia	Medical/Behavioral challenges
GP5	Parents were young and irresponsible. So I stepped in.	Grandchild born to teenage parents.	Familial Response
GP6	Mother deceased and father incarcerated.	Grandchild with grief and loss	Grandchild challenges

The researcher initially generated codes by systematically identifying patterns throughout the interviews and assigning them to relevant sections. Throughout this process, coding and categorization were continuously refined based on recurring themes,

with final codes developed from sample analyses. A flexible and open-minded approach was maintained to support the emergence of new categories (Vancover et al., 2022b).

Table 3

Initial Coding

Quote	Sample Coding	Code
Not everyone is equipped to handle high-caliber behavioral conduct children	Children with behavioral issues	Episodic behavioral or emotional tantrums
Born with drugs in system and struggled with behavioral issues	Nature & nurture challenges with grandchild	Predicted/expected maladaptive behaviors
Father deceased and mother with drug and mental health challenges	Grandchild exposed to trauma during childhood	Heightened emotional stressors
Mother & Father experienced frequent medical hospitalizations	Child born with sickle-cell anemia	Medical symptoms resulting with maladaptive behaviors
Parents were young and irresponsible. So I stepped in	Grandchild born to teenage parents.	Young & uninformed
Mother deceased and father incarcerated.	Grandchild with grief and loss	Limit testing

Seven clusters were formed from codes showing shared patterns relevant to the research question. The researcher conducted an analysis of the complete dataset as a single entity, rather than segmenting it by interview questions. Guided by the established coding system, eight distinct themes emerged from the data. The development and validation of these themes entailed a thorough review of the coded content within each theme to confirm robust support from the data and accurate representation of participants' responses, thereby minimizing potential researcher bias (Arias et al., 2023b).

Table 4

Themes, Codes, and Clusters

Themes	Codes Contributing to Themes	Code References	Clusters
All the grandparents leaned on their faith.	Lean on God; Continuously pray; Invite God; love unconditionally	33	Grandparent responses

Grandparents made lifestyle changes and were met w emotional challenges	Increased stressors, reduced sleep, paranoia, isolative, questioning previous decisions, low frustration tolerance, emotional regret, grief or loss, ostracized from society	18	Grandparent responses
Grandparents did not feel good about having to reparent	Deceased, incarcerated, mentally incompetent, unavailable, and medically challenged parent or parents.	16	Bio parent demographics or medical/behavioral challenges
Grandparents experienced additional stressors in behaviors that were a lot of acting out and testing limits; This is also a time of transition for the grandchild	Maladaptive behaviors; Devious behaviors/thoughts; Ongoing impulsive and reactive behaviors; Episodic behavioral or emotional tantrums; Episodic Public Embarrassment	21	Grandchild Challenges/Behaviors
Grandparents experienced community related stressors in the form of mostly backlash, stigmatizing, and abandonment by the community	Small town unheard of behaviors; Stigma of being a juvenile offender; Stigma of being an aggressive offender; and Stigma of caregiving to an adjudicated adolescent.	19	Community Related Stressors
Grandparents experienced a family response based on questioning and isolating from the grandparents, stigmatizing the grandchild.	Questioning previous decisions; Emotional regret; Grief or loss; and Acts of abandonment	12	Familial Responses
Grandparents had to manage the judicial expectations of the grandchild being on probation, held accountable.	Judicial system program compliance; Judicial supervision; Safety contracts; Restricted to home, work and school; and 24-hour supervision needed;	20	Judicial-Related Stressors

The therapeutic services offered did not meet the grandparents' needs.	Can't advise what you haven't experienced; Needing situations normalized; Small town, sparse resources; and No grandparent-oriented groups or interventions	10	Therapeutic/Social Service Interventions/Assistance

Evidence of Trustworthiness

Adler (2022) posited that trustworthiness is the process by which the researcher convinces the reader that the data collected and analyzed are credible by demonstrating their reliability and validity. The analysis's credibility was upheld by contacting each participant and reviewing my findings, themes, and patterns with them to confirm accuracy or request corrections before sharing the data. Participants' views and thoughts were documented, categorized, and represented, and values are assessed for participant credibility and researcher transparency.

Credibility

Credibility was strengthened when the researcher revisited the process of speaking with each participant to ensure that their interview, coding, and data analysis accurately reflected each participant's thoughts (Shufutinsky, 2020). To maintain credibility in this study, each interview was recorded, and Zoom or Google Meet provided a transcript for each session, which the researcher reviewed for accuracy and proper interpretation. After reviewing the information for correctness and clarity, each participant confirmed that it aligned with the researcher's understanding and that the verbal and non-verbal messages exchanged were accurately captured. None of the participants requested any changes. Another way to reinforce credibility was by using a

reflexivity journal to document reactions to participants' responses. Disclosing and addressing specific biases or emotional responses during the interview, transcription, coding, and analysis enhanced credibility and reduced the risk of incorrect data interpretation (Arias et al., 2023a).

Transferability

I discussed the parameters of maintaining meaningful coherence with what the researcher communicated, what the project would prove or refute, versus what the project shared. The research question must be appropriately addressed to ensure the project's transferability (Drisko, 2025). The analysis results supported resiliency theory. At the same time, the themes from the data helped answer the participants' perceptions of whether population-specific services exist for caregiving grandparents seeking behavioral health or supportive services. By providing thorough explanations of how data were gathered and interpreted, readers can determine if this study's findings are relevant to their own context. Transferability was ensured by collecting detailed, in-depth responses from each participant (Weise et al., 2020b).

Dependability

Dependability is linked to consistency, emphasizing rigor in data collection and analysis (Janis, 2022). Documenting each step along with the reasoning behind each decision strengthens trustworthiness and allows different investigators at different times to replicate the same project. Audit trails, reflexivity notes, recordings, and accurate transcription codes all support dependability. Clear communication and thorough

documentation at each stage, including the rationale for decisions, also reinforce dependability.

Confirmability

Supporting findings from others who undertook the same project highlight the concept of confirmability. Participants reviewed and finalized audit trails to reflect their views and ideas. This involves double-checking to ensure participants' perspectives were emphasized throughout the study rather than the researcher's voice, to enhance confirmability. Regularly checking and rechecking data was crucial for establishing this reliability. Additionally, consistently recording my reflections in a reflexivity journal and holding myself accountable for managing and minimizing biases further reinforced confirmability.

Ethical Procedures

All research projects involving human participants require thorough ethical review, ongoing monitoring, and comprehensive risk assessments (Newman et al., 2021). The ethical protocols observed in this study encompassed strict adherence to Walden University's Institutional Review Board (IRB) standards, full compliance with HIPAA regulations, and observance of the State of Illinois' professional and ethical guidelines. I obtained approval from Walden University's IRB before contacting or sampling participants.

Providing clear, detailed, and concise information enabled each candidate to make informed choices about participating (Ehidiamen & Oladapo, 2024). As the researcher, I upheld ethical standards by ensuring physical and psychological safety, using appropriate

data collection methods, and securely storing and transferring documents, especially given the sensitive nature of this subject (Guelmami et al., 2024).

The candidates and participants always understood their right to withdraw from the study at any time. Participants were not asked to share experiences they perceive as traumatic; however, they were encouraged to share their resilience stories while seeking assistance. Coercion, demands, and threats were not present during initial contact, recruitment, inclusion/exclusion, the interview, or the post-interview process. Each participant understood their rights as a human subject, the study's methodology, the research question being explored, and any potential harms or benefits related to their participation. During the candidate selection process, I ensured that none of the selected participants had any medical or emotional impairments or were under the influence of substances or alcohol. Participants did not have a history of being victims or perpetrators of sexual abuse. Participating in this study posed minimal risk, and the safety of each participant was the top priority throughout the research study (Caffrey & Horn, 2021).

Before each interview, I provided emotional support by informing participants about nearby mental health crisis centers. No participant needed me to provide them with virtual or mobile phone options to seek assistance with any potential adverse reactions (Tadros & Durante, 2022). Pseudonyms protected each participant's privacy and were required for the study. To maintain confidentiality throughout and after the study, only the investigator and approved university staff will have access to the original data containing identity and contact information. Research documentation is secured and stored for a minimum of 5 years.

Results

Most participants in this study saw caring for their grandchild as a blessing. Although none of the grandparents were pleased about having to raise a second time, each sacrificed their physical, emotional, and financial resources, lifestyles, and happiness to meet their grandchild's needs. These themes for the study were identified by noting repeated statements from the six participants during their interviews.

Theme 1

All six participants expressed how they relied on their faith as a source of strength and hope. While their level of engagement with their faith or religion varied, each participant consistently highlighted that prayer provided them with the resources needed to keep moving forward. GP1 stated:

> I have been a strong believer in God, and I use reading my word, and listening to some T.D. Jackson as my source. Just let the word of God guide me, because I have nothing else.

GP2 reported, "I leaned on the support that I had before. My surroundings and my church family, who usually came to my aid when I requested it." Participant GP3 reported that his "Therapy and faith in God" is what pushed him through. He reinforced that his family and church support were his resources. Participant GP4 reported, "I have been a praying sister! All I do is pray (4x) and write my thoughts down for God". Participant GP5 reported that she stayed "Prayed up daily." Participant GP6 reported that "Individual therapy and conversations with my God" were his resources.

Theme 2

Each participant discussed how their household and lifestyle made it difficult to care for an adolescent adjudicated of a violent offense. Initial adjustments had to be made, which initiated additional emotional and financial stressors due to the new judicial expectations of providing accountability and structure for an adjudicated juvenile participating in a probation program. GP1 verbalized:

> I have to have my home phone ringing with the P.O. calling my house to make sure that this child is in this house. I have not owned a home phone in 20 years. Odd times, every night, and… it put a little… you know, it's a little bit more than what I'm used to before she relocated into my home.

GP2 mentioned that a financial burden caused him and his wife to move to a different bedroom closer to the door to prevent their grandson from sneaking out unnoticed. GP3 installed cameras and alarm systems to reduce the risk of being unaware of activities inside and outside the house. He noted that he had to shift his mindset to stay vigilant about what was happening around his home. He also stated that both he and his grandson were on probation. Participant GP4 acknowledged that she became emotionally overwhelmed, which led to her and her husband experiencing increased verbal conflicts, affecting how she cared for her disabled aunt. Participant GP5 experienced heightened emotional stressors due to the financial adjustments he was reluctant to make at an early age. Participant GP6 reported that additional stressors imposed by the judicial system worsened his hypertension symptoms. Previously, he managed his symptoms through diet

and exercise and weekly blood pressure documentation. However, he now has to take daily medications and monitor his blood pressure at home with a blood pressure machine.

Theme 3

None of the grandparents were eager to take on the responsibility of being the primary caregiver for an adjudicated adolescent violent offender; however, each had different circumstances that made the grandparent either the best or the only feasible option. Participant GP1 stated that her grandchild exhibited high-caliber and intense behaviors, and none of the previous four foster homes could manage her, which led her to decide to become the primary caregiver. Participant GP2 explained that his daughter lacked the mental capacity, and the father was incarcerated. The maternal grandmother was diagnosed with acute psychosis, prompting him to decide to assume responsibility hesitantly. He mentioned knowing that he would not receive any financial assistance from his daughter because she had four younger children. Participant GP3 reported that the father was deceased and the mother experienced severe mental health issues, resulting in her decision to become the primary caregiver after the adjudication process. Participant GP4 was more willing to take on the responsibility due to both the biological mother and father frequently being readmitted to the hospital because of symptoms from their diagnosis of Sickle Cell Anemia. The grandchild was also diagnosed with the disease and used illicit drugs to help cope with his physical pains. This participant saw the disease as the main problem and did not view the grandchild's inappropriate methods of coping as the core issue. Participant GP5 was reluctant to become a primary caregiver; however, both the father and the mother were still in high school, and he wanted to give the

biological parents another chance to live life to the fullest. Participant GP6 expressed that the mother unexpectedly died, the father was incarcerated, and the adult siblings did not want to assume the responsibility of providing care.

Theme 4

All six participants discussed how their grandchild's limit-testing or acting-out behaviors became so problematic that they questioned their decision to become primary caregivers. Only one of the six grandparents raised their grandchild from the newborn stage; however, even this grandparent experienced the limit-testing behaviors of an adolescent adjudicated of an aggressive crime. Participant GP1 said, "I feel like I have to sleep with one eye open to make sure that she is not going to come and attack me, or she is not going to go run out of my house, or anything like that." Participant GP2 shared, "It's very difficult, especially, you know, with a young, hard-headed teenage boy who thinks he knows everything". Participant GP3 verbalized that his grandchild, "Has a history of aggression towards people and property (gang activity)". Participant GP4 verbalized that, "He did not just rob somebody. I just had to think about what if it was me, he physically hurt?" Participant GP5 reported, "Stupid kids. Stupid Grandson to be guilty by association and not stopping his friends from committing harm toward others". Participant GP6 reported, "The people whom he dealt with could not come around any longer; however, he still found ways to be sneaky. My grandson got caught every time, and I never revealed how I knew".

Theme 5

All six participants felt that the community unnecessarily increased their stress because of the understandable fears each experienced, knowing that an adjudicated adolescent violent offender lived in their neighborhood. Participant GP1 heard someone from her church saying, “I don't want my kid, you know, associating with that kid anymore, or anything like that. You know, it's… it… you… you feel that finger-pointing.” Participant GP2 expressed how he felt stigmatized, saying, “I'm retired, my circle is very small. You know, I received the messages that I was being judged based on what my grandson previously did.” Participant GP3 emotionally verbalized, “That is my toughest barrier -response from others in the community.” Participant GP4 reported that, “ It felt like people were always judging us. And it was like, and especially me as a grandmother, I'm like, this is not, you know, this is not how I raised my son, and this is definitely not, you know, how I expected my grandson to turn out.” Participant GP5 reported, “They only saw and labelled my grandson and me by a lack of momentary judgement on his part.” Participant GP6 reported being emotionally and financially severed from the community. He reported, “Food costs and the costs of transporting my grandson to his different compliance courses or activities were very expensive, and the resources from the community were purposely severed in response to my grandchild’s violent actions.”

Theme 6

The family’s response to the caregiving grandparent and grandchild mirrored the community’s reaction to some extent. Similar patterns of stigmatization and isolation

appeared; however, the intensity varied. Four out of six grandparents reported feeling isolated from family members. Participant GP1 stated that she heard from both her close friends and her siblings, “I would not have done that! I would not have let her come into my house.” Participant GP2 mentioned having no friends and a small family, so he faced no issues. Participant GP3 said, “I used to be a 'judging grandmother' when I learned that his mother was doing drugs while pregnant with my grandson; however, now I find myself being judged because I am choosing to be the solution within a bad situation where I had no control.” Participant GP4 heard from her siblings, “Like, what are you going to do with him? You know, if his mama can do nothing with him, his daddy is nowhere around, what are you going to do with him?” Participant GP5 reported receiving support from his family and friends because they understood that his grandchild’s brief lapse in judgment was not his character. Participant GP6 described facing family members who did not want him or the grandchild to participate in family events: “They didn't want him involved in family activities because of the shame. Some people really did not think that it was a good idea; however, they did not have any other suggestions, nor were they stepping up and assuming the responsibilities.”

Theme 7

All six participants discussed how managing the expectations of the judicial program increased stress and hardships. Each grandchild was on probation and supervised by a probation officer who maintained weekly communication and set expectations for unannounced visits and random drug testing, which had to be completed within 6 hours of notification. Each child needed to be engaged in some educational

setting during school hours and was required to complete behavioral therapy and medication management (if applicable). It was the grandparents' responsibility to notify the grandchild's electronic monitoring provider when the grandchild planned to leave the permitted venues under electronic monitoring (Creemers et al., 2023). Participant GP1 verbalized, “I do not go to many events as I used to, because I know that I must take her with me, because I am afraid to leave her in my house by herself. The expectation is that I provide 24-hour supervision”. Participant GP2 verbalized, “I must take him every morning. That is to make sure he is in school, and does not skip school, because if he does, you know, that affects his probation and creates havoc for me”. Participant GP3 reported taking ownership as if he was on probation with the grandchild, “If, you know, going through the process, it is like, you are going through it yourself, something that I take personally”. GP4 reported:

> Like, sometimes, if I was worried about if he went to school or not, I was the one having to chase him down and everything else, because, those people down at the court, they said they was going to give you some help, but did not and only wanted to lock him up or give me a fine for not doing what I signed up to do. So sure, let's punish the grandparent again for doing what they are supposed to be doing.

GP5 reported experiencing hardship with “The restrictions, ensuring time, you know, dealing with timelines, dealing with continuing to have a financial impact, whether it relates to the situation he was in, or paying for certain restitutions for the events that happened”. Participant GP6 reported, “The basic stuff that I was providing could no

longer be basic. Everything had to be planned and supervised. Home surveillance-type stuff, you know."

Theme 8

All six participants found that the services offered were not population-specific and did not meet their needs, forcing them to rely on their own resilience. Participant GP1 reported needing "Other grandparents that could shed some light on what I can, and I should not do as it relates to this specific population". Participant GP2 verbalized needing help with, "How do you suppress your own anger from being in a situation that was not of your doing?" GP3 verbalized:

> I mean I know everyone is different, and we all have similar situations; however, it's like they know we have experience at being parents, so they forget about us being grandparents who now must give up our lives and do this all over again for the sake of our adjudicated grandchildren. And it's supposed to be easy!

Participant GP4 reported needing, "Some groups or supportive services that help the grandparents deal with the stuff originating from the parents not doing what was needed to keep the child safe?" Participant GP5 verbalized, "Definitely, I would like to see groups where grandparents who are going through this situation come together, and they talk about the mental challenges, the social challenges, the financial challenges, and I think it would be a lifeline for a lot of grandparents who are in this situation. Participant GP6 concluded that she would have liked to see groups that addressed "Taking on the responsibilities of your children and managing the stress and responsibilities of now being a full-time parent, when we are no longer as energetic as previously."

Summary

The purpose of this generic quality study was to answer the research question: What are the experiences of custodial grandparents with adjudicated, violent-offending adolescent grandchildren seeking individual mental health services? I explored the experiences that caregiving grandparents in the custodial role faced in finding population-specific behavioral health resources that address their unique psycho-social challenges, barriers, and obstacles as grandparents caring for an adjudicated adolescent violent offender. In Chapter 3, I outlined the theoretical framework and explained the rationale for its selection. I also shared information about the researcher's role while discussing the methodology, trustworthiness, and ethical procedures.

Chapter 4 presents data from the semi-structured interviews and describes the data analysis process. The interview questions were conducted via online platforms (Zoom or Google Meet) to gather information. An inductive approach was used to create and analyze data codes, categorize, and identify themes. Eight themes emerged from each participant's perceptions regarding their experiences in finding population-specific behavioral health resources that address their unique psycho-social challenges, barriers, and obstacles as grandparents caring for an adjudicated adolescent violent offender. This chapter provides detailed descriptions of the participants' interviews, highlighting their experiences and perspectives on seeking psychosocial services. The researcher also explored how their previously developed resilience skills influenced their navigation of experiences as custodial or caregiving grandparents of an adjudicated adolescent violent offender. The research question: "What are the experiences of custodial grandparents

with adjudicated, violent-offending adolescent grandchildren seeking individual mental health services?" was answered using direct quotes supporting each theme. Each grandparent shared their experiences within the context of their specific needs and concluded that the need for services exceeded what was available.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative generic study was to explore emotional challenges faced by custodial or caregiving grandparents of adolescent violent offenders specifically related to their experiences involved with seeking behavioral health help for themselves. Six individual interviews were carried out with participants who described their experiences seeking behavioral health support. The primary aim was to address a gap in current research by gaining insights regarding lived experiences and perspectives of this population. This study could lead to positive social change, improve programs and policies, and help determine if resources that are *available* for this population meet their needs.

Data collection for this study involved semi-structured individual interviews through Zoom and Google Meet. Following data collection, analysis was guided by Braun and Clarke's six-step thematic approach. Thematic analysis of interview transcripts yielded eight themes that addressed the research question: What are experiences of custodial grandparents with adjudicated violent-offending adolescent grandchildren seeking individual mental health services? All participants relied on their faith and religion, made lifestyle changes and faced emotional challenges, did not feel comfortable reparenting, experienced additional transition stressors related to acting out and limit-testing behaviors, faced community-related stressors like backlash, stigmatization, and abandonment, experienced family responses which involved questioning and isolating them, which contributed to further stigmatization of grandchildren, (7) managed judicial expectations of grandchildren being on probation and

meeting its stipulations, and therapeutic services which did not meet their needs. This chapter includes an analysis of findings in the context of existing literature and the resiliency theory. Furthermore, I address the study's limitations, offer recommendations, and discuss the implications for social change.

Interpretation of the Findings

Interpretations of Findings Related to the Literature Review

Grandparents who care for adjudicated adolescent offenders who have committed violent crimes form a specialized group that receives little targeted intervention, support, or advocacy, which significantly impacts all involved populations (Freeman et al., 2022). These grandparents seek training, therapy, advocacy, and resources, but struggle to find the right tools to meet these needs due to a lack of prior research, resources, or advocacy. Participants described their experiences relying on their faith or religion because resources were scarce, and both grandchildren and grandparents faced stigmatization and isolation or had their needs completely ignored. This aligns with previous literature, which shows how secondary stigma from professionals in the criminal justice industry and community members allowed personal biases to worsen situations. Emotional adjustments participants experienced involved quality of life, financial abilities, and lifestyle changes, which impacted their relationships with friends, support networks, family, and peers. Participants made lifestyle changes, which led to emotional adjustments, as supported by the literature. They faced ostracism and judgment by the same community and social systems (Xu et al., 2022b) that they once supported, while receiving few accolades for their selfless act as primary caregivers.

GP1 stated they had to “question everything and not accept what her grandchild verbalized as face value.” GP1 needed to second-guess and follow up on everything her granddaughter did because of her granddaughter’s involvement in serious criminal and emotionally driven behaviors. GP2 said,“ [I] purchased and installed cameras outside and throughout his home because of my grandson’s deviant behaviors. My grandson attempted multiple ways to get over or commit deviant acts; however, I caught him every time.” GP3 expressed a need for a computer, tablet, and phone to manage multiple medical, educational, and judicial appointments, deadlines, timelines, and weekly expectations. GP4 explained having to “hide and monitor any medications in the home that could be abused” due to her grandson’s need to escape his medical challenges. GP5 shared he had to “change his spending and saving behaviors,” which resulted in him not being able to save the amount he previously projected for retirement, causing resentment about his current situation. GP6 addressed challenges involving “managing my own anger and feelings of my son’s disappointment, along with the maladaptive behaviors of my grandson who was experiencing grief from his mother’s untimely passing and his father’s incarceration.”

Caregiving grandparents reported feeling taken aback and overwhelmed by impending responsibilities of transitioning from a supportive role back into custodial positions (Crowther et al., 2015).

Interpersonal traits of adolescent violent offenders are linked with depression, low self-esteem, antisocial personality features, poor coping skills, and severe cognitive distortions, which increase the likelihood of repeated offenses or problematic patterns

involving building and maintaining relationships (McCuish et al., 2015; McCuish et al., 2016). Behaviors associated with impulsivity, peer substance use, low academic achievement, low verbal intelligence, and depressive or dysregulated mood symptoms are common among many violent juvenile offenders (Fagan et al., 2014). These factors and challenges suggest that participants experienced additional acting-out and limit-testing behaviors. Participants expressed challenges in managing expectations set by juvenile probation programs. The probation program is a compliance-based rehabilitative effort that offers an alternative to incarceration. Participants voiced struggles with some requirements, expectations, and timelines set for grandchildren to maintain good standing. No participants were aware of specific staff assigned on a case-by-case basis to first-time probation-involved guardians to ensure compliance and prevent administrative errors. They only knew probation officers they contacted daily or weekly. Street workers who were assigned as additional support staff who make unannounced visits to reduce juveniles' failure to appear in court, were mostly located in suburban or metropolitan areas, not in rural areas or small towns. Participants expressed concerns about the lack of supportive and therapeutic help. Mentoring services, supportive social services, and population-specific emotional and psychosocial needs assessments were not consistently available or communicated. All six participants consistently emphasized the need for intervention strategies that were tailored to the specific population and family type for grandparents caring for children involved in welfare or the judicial system.

Interpretations of Findings Related to the Theoretical Framework

The resiliency theory was the framework for explaining findings in this study. Introduced in the 1970s by Norman Garmezy, a pioneer in risk and resilience research, the theory emphasizes human adaptation At that time, psychiatrists and psychologists focused on resilience in patients facing higher risks for psychosocial challenges and barriers due to their exposures and experiences (Rosowsky, 2020c). Resilience refers to an individual's ability to recover and maintain an adaptive outlook in response to current or past trauma and hardships (Masten, 2018d). Garmezy emphasized competence over rare or unstable reactions to hardship or trauma (Dorrance-Hall et al., 2021b).

Each participant reported that managing the needs of an adjudicated violent offender increased in frequency, intensity, quantity, and complexity (Siria et al., 2022c). In situations where supportive, psychosocial, and therapeutic services were unavailable or did not specifically address the circumstances, each grandparent relied on their resilience, which was readily accessible and developed throughout their life journeys (Zemba et al., 2019b). This study explored the support systems and inner motivators each grandparent used to overcome barriers, challenges, and obstacles when they could not access social supportive staff, groups, or interventions, or population-specific therapeutic programs (Mendoza & Fruhauf, 2025b).

Limitations of the Study

This generic qualitative study offers valuable insights into the experiences of caregiving grandparents of adjudicated violent adolescent offenders. However, it has limitations that could lead to different perspectives under other conditions. One limitation

is that all participants were African American males or females within the same socio-economic class. As a result, the findings mainly reflect biases from the viewpoint of the working-class African American community, which could differ if participants from other racial or socio-economic backgrounds were included. The second limitation concerns the small sample size of six participants, which, while deemed adequate for achieving data saturation, may still constrain the generalizability of the findings. Peters (2023) suggests that a small number of participants can yield more detailed, comprehensive, and meaningful information. Participants were selected through purposive and snowball sampling; however, the sensitivity and stigma associated with the topic may have discouraged some from participating. The results show an equal number of paternal and maternal grandparents; nonetheless, this study might not represent the broader experiences and perceptions of custodial or caregiving grandparents of adjudicated violent youth. Another limitation is that data were collected through participant self-reports in semi-structured one-on-one interviews. This method does not provide the impartiality of empirical measurement, and there was no external data to confirm participants' reports. The results rely entirely on everyone’s honesty and ability to self-reflect when sharing information that is both truthful and precise. Although qualitative methods yield nuanced and detailed accounts that enhance our understanding of lived experiences, they do not provide the statistical generalizability associated with quantitative research (Maxwell, 2021).

Recommendations

Based on the limitations previously identified, recommendations for future research that could be useful include involving additional extended family members related to the biological mother or father. Siblings, aunts, and uncles often share similar experiences and emotional connections (Kiraly et al., 2021) with the teen adjudicated as a violent offender. Family members tend to have a closer bond with teenage relatives who received judicial interventions at a young age. Exploring the experiences of younger adults, who typically face fewer health obstacles than the grandparent generation, will offer additional insights into how they manage the behavioral and mental health challenges of the adjudicated adolescent. It is also important to consider how perseverance, fewer health issues, fewer financial constraints, and greater adaptability in younger adults influence their capacity to provide care for an adjudicated adolescent violent offender within the family.

Implications

This study expands on limited research about caregiving grandparents. Positive social change refers to actions that improve community and institutional conditions (Barnett et al., 2020). Social Determinants of Health (SDOH) encompass social, economic, and environmental factors that influence health (Palmer et al., 2019). In care industries, SDOH highlight the need for more targeted services, closing therapeutic gaps for future generations, and ensuring providers mentor and support those they serve.

Conclusion

This qualitative study contributes to the fields of human services, geriatrics, social work, mental health, and criminal justice. Exploring the perceptions of custodial or caregiving grandparents of adjudicated adolescent violent offenders provides a brief insight into the experiences faced by our aging caregiving population, who view their roles as "Unfair" (Fernandes et al., 2021) or "Fulfilling" (Taylor et al., 2018). Key areas such as compliance-based judicial programs for adolescents, social support services for elderly individuals acting as custodial or caregiving parents, and national support groups for grandparents caring for adjudicated adolescents with mental health or behavioral issues are essential to the success of both adolescent and elderly reforms. This study underscores the need for support networks for custodial or caregiving grandparents and emphasizes the ongoing importance of research to address gaps in the literature, while exploring the negative feelings of "being burdened" (Grunwald et al., 2022) that arise when this population chooses to assume a custodial or caregiving role. This research fills a gap in the existing literature by examining the perceptions of custodial or caregiving grandparents of adjudicated adolescent violent offenders. There remains a gap in research regarding extended family members (siblings, aunts, uncles, kinship) who assume responsibilities for providing custodial or caregiving services to adolescents who have committed violent crimes. Understanding these needs will help ensure that services provided are appropriate and effective.

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Appendix A: Social Media Post

Caption: This is a new research study that explores the experiences and perceptions of custodial or caregiving grandparents (of a criminally adjudicated adolescent violent offender) who sought social support, therapy, or counseling services for themselves. This study aims to help identify the need to develop or enhance more effective population-specific services for custodial or caregiving grandparents of grandchildren who have committed aggressive crimes against other people.

For this study, you are invited to describe your experiences and perceptions of searching for custodial or caregiving grandparent-specific services while resorting to your skills and practices of resiliency. Participants will not be required to disclose sensitive details of actual incidents.

About the study:

- A virtual interview via Zoom that will be audio recorded (no video recording). A phone interview is optional for those who may not have Zoom capabilities
- You will receive a $25.00 e-gift card as a thank you for your participation in the interview and review process of the results
- To protect your privacy, the published study will not share any names or details that could identify you or your grandchild

Volunteers must meet these requirements:

- Custodial or caregiving grandparent of a criminally adjudicated (court-processed) adolescent violent offender (aggressive crimes against people).
- The adjudication process must have concluded a minimum of one year ago
- Have sought behavioral health, psycho-social, social work, or social support for self

This interview is part of the doctoral study for Clifton Burns Jr, a Ph.D. student at Walden University. To volunteer confidentially, contact the researcher, Clifton Burns Jr, via Facebook (george's_narrative), private messenger, text 224-645-1975, or email clifton.burnsjr@waldenu.edu.

IRB approval # 08-25-25-0979848 Expiration: 8/24/2026.

Appendix B: Consent Form

You are invited to participate in a research study that explores the experiences and perceptions of custodial or caregiving grandparents (of a criminally adjudicated adolescent violent offender) when seeking population-specific social, supportive, therapy, or counseling services for themselves. This form is part of a process called "informed consent" to help you understand this study before deciding whether to participate.

This study seeks 7-10 volunteers who are:

- Custodial or Caregiving grandparent of a criminally adjudicated (court-processed) adolescent violent offender
- The adjudication process must have concluded a minimum of one year ago
- Have sought behavioral health, psycho-social, social work, or social support for self during or after the adjudication process.

This study is being conducted by a researcher named Clifton Burns Jr, who is a doctoral student at Walden University.

Study Purpose:

The purpose of this study is to explore the perceptions and experiences of custodial or caregiving grandparents when seeking population-specific services for themselves. This study aims to help identify the need to develop or enhance effective population-specific services for caregiving or custodial grandparents of grandchildren who were criminally adjudicated for committing aggressive crimes against other people.

Procedures:

This study would involve you completing the following steps:

- Take part in a confidential, audio-recorded interview via Zoom or phone (45 - 60 minutes)

- Review a typed interpretation of the interview and respond with "information accurate," or make corrections and email your response to the researcher (30 minutes)
-
- As part of the member check process, you will receive a copy of the summary results, which will be emailed for review and accuracy verification as part of the member checking process. You will be given instructions on the timeframe within which a response is requested. If you have any revisions or clarifications that you would like noted, changed, or corrected, please email your concerns within the communicated timeframe.

Here is the list of the interview questions, minus any follow-up questions that may be needed:

1. What were the circumstances of you becoming a custodial or caregiving grandparent?

What risk factors within the family coherence, personal or social competence, were considered when deciding to take on this responsibility?

2. What were your initial and continued reactions when learning of your grandchild's adjudication process as a violent offender? How has the adjudication process impacted your household and your protective risk factors as the custodial/caregiving grandparent?

3. What are your most significant barriers to services, maintaining accountability, and managing the plethora of mandates and directions for the guardian of a juvenile identified as a violent offender?

4. What were the societal, educational, familial, judicial, financial, and residential responses to you as a guardian of an adjudicated adolescent violent offender? What protective factors did you use for yourself and your grandchild to develop resiliency and the motivation to move forward?

5. What mental health risk factors appeared throughout your experiences of being a custodial or caregiving grandparent to an adolescent violent offender, and how did these challenges impact your personal and social competence and the coherence of your family?

6. What is your definition of resiliency, and what protective factors did you find yourself using the most? What strengths, motivations, and individually-led practices did you use outside of the therapeutic setting to maintain or strengthen your perseverance?

7. What were the symptoms or risk factors you experienced that resulted in you deciding to seek services for yourself? How was your journey of finding population-specific programs? What programs were helpful for your situation and/or circumstances?

8. What services, support groups, and therapeutic resources have been or would have been helpful for you before, during, and after the adjudication process as the guardian? What topics did you find (or would you have found) to be helpful in therapy?

9. What advice or directions would you give a future (or current) custodial or caregiving grandparent of an adjudicated adolescent violent offender as it relates to their confidence, connection, family and social support, and practices of resiliency?

Voluntary Nature of the Study:

Research should only be done with those who freely volunteer. Everyone involved will respect your decision to join or not. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Participating in this study may involve some minor discomforts that can be encountered in daily life, such as sharing sensitive information. With the protections in place, this study would pose minimal risk to your well-being. Resource information is provided at the bottom of this form in case any topic triggers distress.

This study offers no direct benefits to individual volunteers**.** This study aims to benefit society by helping custodial or caregiving grandparents, mental health providers, human services professionals, social workers, government, and human service agencies better understand the unique challenges and support required for this population of primary care providers. 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 a $25 e-gift card to volunteers who meet the inclusion requirements and complete 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 will not use your personal information for any purposes 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 no additional informed consent would be required. While confidentiality will be maintained, any acknowledgment of child abuse or neglect must be disclosed to the appropriate authorities due to the researcher being a mandated reporter. Data will be kept secure using a password-protected computer and stored in safe environments that are only accessible to me. Data will be retained for a minimum of 5 years, as required by the university.

Contacts and Questions:

You can ask the researcher questions at clifton.burnsjr@waldenu.edu . If you would like to discuss your rights as a participant or any concerns about the study, you can contact Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 08-25-25-0979848. It expires on August 24, 2026.

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

Obtaining Your Consent

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

Resources

988 Lifeline

800-273-TALK (8255)

CRISIS TEXT LINE: Text HOME to 741741

National Suicide and Crisis Lifeline (options for deaf and hard of hearing): For TTY Users: Use your preferred relay service or dial 711 then 988

Substance Abuse and Mental Health Services Administration National Helpline: 800-662-4357