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Single-Caregiver Families: Using Lived Experiences to Build Effective Resilience and Protect Future Children Against Negative Outcomes

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SINGLE-CAREGIVER FAMILIES: USING LIVED EXPERIENCES TO BUILD EFFECTIVE RESILIENCE AND PROTECT FUTURE CHILDREN AGAINST NEGATIVE OUTCOMES

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ABSTRACT

Among many cited risk factors that disproportionately affect children who grow up in a single-caregiver family, adverse childhood experiences (ACEs) and related behavioral and health outcomes are some of the most significant. Comparatively, there has been a substantial gap in the research exploring protective factors that support healthy development for children with this family composition. The present study used a phenomenological methodology to explore how nine participants aged 18-25 viewed their childhood in a single-caregiver family. Through the use of semi-structured interviews, participants shared their experiences; analysis yielded four themes: (1) further dysfunction in the social system exacerbating the effects of the single caregiver experience; (2) strong and varied social factors mitigating adverse effects for single caregiver children; (3) balancing assets with needed systemic change; and (4) recognizing the impact of early childhood experiences (ECEs) on participants' concepts of relationships. The first theme had three subthemes: (1) birth order, (2) identity factors affecting experiences, and (3) mental health effects and outcomes. Through these themes, it became apparent that despite the breadth of research showing that children in similar situations to study participants are disproportionately susceptible to adverse outcomes, participants reported varied protective factors and supports throughout their lives that allowed them to endure—and even thrive as they entered adulthood.

DEDICATION

To those lonely kids who could use a hug—it gets better.

ACKNOWLEDGEMENTS

My greatest and most sincere thanks goes to my thesis advisor and chair, Dr. Zachary McNiece--without you this study would never have gotten off the ground. Your guidance and mentorship has made me a better counselor, researcher, and (hopefully) ally, and if I ever become half the clinician you are, I will be satisfied that I have made a positive difference in this world.

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And finally, to my dog Piper. You're the best. I promise we will (finally!) get back to more walks soon.

TABLE OF CONTENTS

LIST OF TABLES

Chapter 1: Introduction

Growing up in a single-parent household has been linked to a variety of potential negative outcomes. Whether due to divorce, death, or never being married in the first place, a missing parent can have a detrimental effect on a child's well-being and development (Waldfogel et al., 2010). As a child of divorce, I often found myself trying to balance guilt, anger, sadness, and apathy while attempting to make sense of the world, develop as an adolescent, and make things work with my mother and three sisters. All of my friends had both parents growing up—why didn't I? Was there something wrong with me? This doubt I had growing up often boiled over into frustration and anger, and I would look upon my friends with envy. They had something I never would, and they were worried about silly matters like going to dances, getting the latest gadgets, and dating. Meanwhile, I watched my mom worry about bills and bouncing checks, work herself to near-exhaustion to support four kids, and try not to cry in front of us on Christmas Eve because it had sunk in that our family was broken and would never be the same. All of us—myself and my three sisters—coped in various ways. I retreated inward. To this day, there are points of my life from 12 to 21 that I simply do not remember; they are blocked out in a traumatic blur, most likely as a defense mechanism. My family has all recovered to various extents, but the trauma remains in some form.

When allowed to research a topic that truly interested me, one of the first ideas I considered was building resilience in children of single parents. As my research expanded, I learned of a new term: fragile families, or when a child is born to two parents who are unmarried or living together. Waldfogel et al. (2010) posited that children who grow up in

fragile families tend to fare worse in health, behavioral, and educational outcomes and wanted to explore why that occurs. Mallette et al. (2020) built on this premise and examined how paternal support and level of involvement could have long-term impacts on maternal mental health. My parents were married initially; however, I saw many similarities between both situations. I constantly felt as if I was behind my peers emotionally, academically, and behaviorally, and my mother had to manage her mental health throughout my childhood. Technically, I do not come from a "fragile family," according to the term's definition, but I would not have been convinced otherwise growing up. Whether a child has only one caregiver due to divorce, being in a fragile family, or some other means, it appeared that the risks and outcomes were yielding similar results regardless of definition.

Additionally, it seemed like much of the research done thus far had negative predispositions toward a child being raised by one primary caregiver—which, while grounded in evidence-based research, might not fully capture the full story of a child's lived experience. To that end, I wanted to explore something beyond what the literature has already done—that is, studying the risk factors and negative aspects of being a child in a single-caregiver family (something I am intimately familiar with). Instead, I wanted to look at positive outcomes: what kind of protective factors exist that can strengthen resilience and lead to fewer negative outcomes for kids who had similar experiences as me? Looking at the literature, I mostly found work examining Black single mothers and their sons (Wilson, 2014; Wilson et al., 2016; Bradley, 2022). However, I wanted to take a broader approach. I would argue that children across racial, ethnic, and cultural lines encounter traumatic and stressful events as a result of growing up in a single-caregiver family, and my intent with this

project was to look into the ways researchers and clinicians can bolster support for children using these young people's personal lenses and learned experiences as a backdrop. By collecting stories, researchers and clinicians can implement more client-centered and trauma-informed approaches when attempting quantitative data studies on this topic in the future because researchers and clinicians will know what is important to the clients themselves.

Problem Statement

Research has shown that children who come from single-caregiver households disproportionately experience potential adverse effects compared to their two-parent counterparts (Waldfogel et al., 2010). Some of these negative factors include school-based issues (Jagannathan et al., 2023), lowered resilience (Greeff & Fillis, 2009), and health (Scharte & Bolte, 2013) and emotional/behavioral problems (Hsieh & Shek, 2008) that affect students' academic and psychosocial development as they grow older.

Purpose Statement

The purpose of this study is to explore protective factors that have been utilized by young adults aged 18–25 throughout their developmental years to investigate effective interventions that can potentially mitigate the negative effects of single-caregiver households on future generations of young adults.

Research Questions

1. How do adult children of single-caregiver families describe the experiences and challenges growing up that contributed to their adverse childhood experiences?
2. What protective factors helped (or would have helped) participants buffer themselves against potentially negative outcomes of growing up in a single-caregiver household?

3. How can the lived experiences of former children of single-caregiver households be utilized by clinicians and researchers to protect future generations of vulnerable children?

Definition of Terms

- **Adverse childhood experiences (ACEs):** Traumatic experiences for children that can lead to serious health issues in the future (Felitti et al., 1998). For example, household dysfunction due to divorce or separation is an ACE (Dube et al., 2001).
- **At-promise child:** When a child is viewed as having the potential to grow, endure, and thrive despite hardships, challenges, and experiences they encounter throughout life. This term shifts the mood and tone of the words researchers use (traditionally, the below "at risk") to describe children of single-caregiver families to see beyond the current situation and look toward what future situations might be for traditionally "at-risk" children (Lake & Kress, 2017). It is intended to be a less pathologizing term than "at risk."
- **At-risk child:** A child who is more likely to suffer from negative outcomes such as social, emotional, behavioral, and developmental risks (Swadener & Lubeck, 1995).
- **Deficit-based approach**: An approach that focuses on the perceived weakness of the individual when assessing for risk factors by pathologizing the individual first rather than considering outside factors that led to the behavior or incident of interest (van Gasse & Mortelmans, 2020).
- **Dysfunctional household:** A family in which conflict, misbehavior, child neglect or abuse, or sometimes all of the above occur continuously and regularly on the part of

individual parents, leading other family members to accommodate such actions (Dube et al., 2001).

- **Fragile family:** A family with a child whose parents are either unmarried, unmarried and not living together, or married and not living together (McLanahan et al., 2010).
- **Mentor programs:** School and community-based programs designed to pair up a child with a secure, positive adult role model who can give the child social emotional support (Herrera et al., 2011).
- **Resilience:** The capability to adapt better than expected in the face of significant adversity or risk (Tusaie et al. 2007).
- **Single-caregiver family:** A family in which an adult (usually a parent or guardian) who is raising one or more children, biological or adoptive, without help from one or more parents for any reason. This term is used throughout the study as an umbrella term that encompasses both single parent families and fragile families.
- **Single parent family:** A family in which one biological parent is raising one or more of their children without help from the other parent for any reason.
- **Socioeconomic status (SES):** The position of an individual or group on the socioeconomic scale, which is determined by a combination of social and economic factors, such as income, amount and kind of education, type and prestige of occupation, place of residence, and—in some societies or parts of society—ethnic origin or religious background. Disproportionately, single-caregiver families tend to be of low SES (McLanahan et al., 2010).

Assumptions

This study operated under the assumption that the participants answered questions honestly and truthfully and that participants had relevant experience as a child of either a single-parent home, fragile family home, or both, with the belief that this relevant experience would allow participants to reflect on their experiences and share what did and did not work for them when navigating their ACEs and building resilience for the future in which they have found themselves.

Limitations

Possible limitations of this study included:

1. Participants not being honest with the interviewer due to unfamiliarity or unease.
2. Participants not remembering their experiences due to trauma and thus being unable to answer questions fully.
3. Participants not having the meta-cognitive abilities (e.g., reflecting on or synthesizing experiences) necessary to vocalize what they think would have helped build resilience in retrospect.

Delimitations

There were several delimitations that were placed upon the design of this study:

1. This study attempted to study the resilience-building effects of all young adults, regardless of race or ethnicity. Participants were selected at random from among the greater San Francisco Bay area.
2. No preference in selection was given to either male, female, or gender non-conforming participants.

3. A participant's opinion of whether or not they were successful in utilizing protective factors as children to mitigate negative outcomes was not considered when selecting participants.
4. The study would only recruit participants between the ages of 18 and 25. This delimitation was imposed because this age range would allow participants' experiences to be recent while also increasing the likelihood that they would have the necessary vocabulary and emotional maturity to discuss their experiences.
5. Prior research has been conducted on primarily single parent families or fragile families. This study follows the argument that both categories fall under the umbrella term of single-caregiver families in terms of risk factors and outcomes; thus, any potential participant that fell under this umbrella term was considered for the study.

Significance Statement

Literature has explored how impactful the negative effects can be when a child only has one parent (Waldfogel et al., 2010). However, outside of narrow research aimed at just one ethnic group (Wilson et al., 2016), prior phenomenological, experiential, and qualitative research is limited. This study sought to amplify the voices of people who, as children, felt unseen, unheard, and uncared for by greater society. The study allowed participants to tell their stories, share what they experienced, and reflect on how they dealt with, or how they wished they dealt with, the adverse experience of growing up in a dysfunctional household as a member of a single-caregiver family.

The information gathered in this study may help counselors or other mental health professionals become more aware of trauma-informed approaches that could be included in

client-centered approaches. This study's findings may also help anyone who wishes to do further quantitative-based research in the future, as those researchers can have access to data that can help them decide what qualities or categories to measure in their own data collection.

Chapter 2: Literature Review

Single-caregiver family children are disproportionately affected by a variety of risk factors that expose them to more risk factors throughout their lives than their peers (Waldfogel et al., 2010). Despite this common finding, little research explores protective factors or strengths that might support children from single-caregiver families. This chapter reviews the terms and definitions used regarding single-caregiver children and families, what risk factors and resources have already been established, and how research on this topic has evolved over time regarding single-caregiver families—taking them from a negative statistic or even a flawed burden on society—to a humanistic perspective that recognizes unique potential and the responsibility and need to disrupt systemic inequalities. It also explores current outcomes, proposed interventions, and how the concept of resilience laid the groundwork for this study's formation.

Defining Fragile Families

Fragile families are defined as a family with a child whose parents are either unmarried, unmarried and not living together, or married and not living together (McLanahan et al., 2010). According to Cooper et al. (2015), 41% of all births in the United States were to unmarried parents in 2008. At five years post-birth, merely a third of all non-married couples are still together, and this relationship instability can lead to new partners, new children, and greater complexity in child development through complicated social structures (McLanahan & Beck, 2010). In addition, the most disproportionately affected single-caregiver families are comprised of people who have low SES or belong to marginalized communities, such as people of color (McLanahan et al., 2010). This imbalance in who is most affected ensures

that systems of oppression that keep these groups from achieving equity continue to persist in today's society, which underscores the importance for clinicians and researchers to become aware of risk factors that can occur as a result of single-caregiver families.

While not every single-parent family qualifies as a fragile family by the literature's strictest definition, I would argue that the concepts of single parenthood and fragile families are intrinsically linked. Issues such as early partner death make single parents encounter many of the exact same issues that fragile families face at nearly the same point in their children's development, making them equivalent in all but name. In light of this interpretation and in light of modern literature's focus on fragile families that include single parents, the umbrella term "single-caregiver family" (SCF) will be used in this thesis to refer to both statuses.

Risk Factors for Child Well-being

Research has shown that children who come from single-caregiver households are disproportionately subjected to potential negative effects compared to their counterparts in two-parent households (Waldfogel et al., 2010). While there may not be a harsh stigma associated with single parenthood today, societal pressure is only one consideration regarding why single-caregiver family status can be so detrimental to childhood development. As Waldfogel et al. (2010) remark, it is just as important to consider the quality of parental time spent with children as it is the amount of time. If a child is growing up in a single-caregiver family home, yet the one parent they do have is active and involved in the childhood development process, it might be reasonable to see how they might have fewer developmental issues than a fragile family with two non-cohabiting parents. Younger

children, in particular, require more quality developmental time with parents, and if a developing child does not get the required attention from a caregiver early in their developmental process, it is possible that the child could experience slower socioemotional growth. Possible reasons for this lack of quality parenting could include a lack of financial and educational resources, fractured or problematic relationships with the child's other parent, or poor parental mental health.

Family Composition and Structure

Family structure can be a significant risk factor when considering single-caregiver families and how they affect childhood development. While most prior research suggests that single mothers make up the majority of single-caregiver families (McLanahan et al., 2010), single fathers or father involvement in fragile families present an underrepresented yet important role in the development of children. Carlson and McLanahan (2010) report that by age five, nearly two-fifths of children of unwed parents have had no regular contact with their father in the past two years, which might have a negative impact on how a child is raised. A boy who is raised in a female-dominant household and family system, for example, may struggle with issues of masculinity, gender norms, and socialization among his peers. Trauma stemming from paternal absence may be intergenerational as well. Per the "Future of Families and Child Well Being Study," or FFCWS (McLanahan et al., 2010), less than half of fathers in single-caregiver families lived with both of their own parents at age 15. This finding clearly shows how an emerging pattern of learned negative outcomes entrenches single parents and their children even further in challenging situations. Behere et al. (2017) concur, finding in a study of family structure that children from single-caregiver families

suffer mental health issues at a disproportionate rate compared to children in two-parent households. From a practical standpoint, if one adult is responsible for household income, family mental and physical well-being, and children's nurturing, it is no surprise that a single-caregiver family structure leads to increased risk for developing children.

Resources

Concerns regarding the accessibility of resources for parents is a risk factor that must also be considered. Per data from the FFCSW (Carlson & McLanahan, 2010), single-caregiver parents often have access to fewer resources both financially and educationally, are in worse mental health states due to the stresses of the pregnancy, and have bad relationships with their partner or families. A single caregiver parent may live in a low SES neighborhood, which can limit the amount of consistent full-time employment and thus their ability to provide properly for their child. Furthermore, the data from the FFCSW (Carlson & McLanahan, 2010) show that in the case of single-caregiver family fathers, nearly 40% had less than a high school education. With these considerations in mind, it can be argued that an overwhelmed, young new parent would not have the mental bandwidth to properly nurture and raise their child to a level commensurate with their non-SCF peers that would ensure proper socio-emotional development.

Caregiver Mental Health

Another risk factor for single-caregiver families that affects childhood outcomes is the mental health of the parent. Harkness (2016) remarks that lone mothers are at a particularly high risk of having poor mental health and display prevalence rates of depressive episodes three times higher than other groups. If a parent of a single-caregiver family is depressed or

dealing with other mental health statuses, it is not unreasonable to believe that parents might have some difficulty properly ensuring the well-being of their children compared to caregivers in non-fragile families without these issues. In combination with the aforementioned risk factor of resource scarcity, it is possible that a parent from a single-caregiver family could suffer from internalizing behavior such as bipolar disorder, making quality child-rearing consistently difficult. Depression of the parent stemming from isolation or bad familial relationships due to out-of-wedlock childbirth might also lead to resentment of the child—and, consequently, less-than-ideal outcomes for the child's well-being and development (Harkness, 2016).

Race and Socioeconomic Status

It would be remiss of this study to approach the topic of single-caregiver family risk factors without exploring disparities in the data regarding race. Behere et al. (2017) note that the previously described mental health risk factors for children from single-caregiver families are experienced at a greater rate than non-White children. Data from the FFCWS (Carlson & McLanahan, 2010) show that of the total number of surveyed fathers, 43.7% were Black, 34.6% were Hispanic, and only 17.6% were White. In essence, people of color are statistically more likely to have a child born into a single-caregiver family. This is no coincidence: it is well-established that people of color suffer from historical and systematic patterns of trauma, oppression, and inequity that their White counterparts have not experienced. Gibson-Davis et al. (2005) note that marriage rates for African Americans have declined by 25%, suggesting that marriage differs significantly by race, ethnicity, and class due to differences in socioeconomic status, economic opportunity, and educational levels.

Edin (2000) lists five primary reasons why single mothers of lower SES do not get or stay married: affordability, respectability, control, trust, and domestic violence. For each of the five reasons, money played a role in why staying a single mother may be considered a better option for these women: they would rather take on more mental hardship to avoid losing what little resources they had to a low-quality partner that would not contribute to their child's development or well-being. In these situations, it is no wonder that single mothers, especially in marginalized communities, shoulder the responsibility for their family's safety and children's well-being alone.

Early Research on Single-caregiver Families

In addition to identifying risk factors, it is also important to examine the decades-long history of social stigma, misogyny, and moral judgment that exist in the literature regarding single-caregiver families. Revisiting literature from almost 90 years ago, single parenthood emerges as a primarily female issue based on their own failures and inherent weaknesses. Selling (1936) shows how archaic views of the time led to a general deficit-based approach to the topic. The small amount of peer-reviewed literature of the time, some of which was written by women, was lambasted as unhelpful, and being an unmarried parent was considered a problem regardless of the parent's gender. Selling (1936) goes on to mention that an unmarried single mother lacks protection and other social requirements for proper participation in society, and states that any woman who finds another woman as a sexual partner after separation is committing a self-titled homosexual deviation, which in Selling's perspective is a well-known problem. Selling's outdated approach obviously clashes with more modern and scientifically accepted views on queer identity and society today, and

Selling (1936) portrays women as helpless, prone to mental illness, and not as individuals but as issues to be solved.

Parker and Kleiner (1966) also reinforce the deficit-based moral method lens of the time. The title of the article uses outdated, racist terms that are completely unacceptable in today's society, and the authors comment on single fathers in particular being to blame for what they considered serious social issues of the time, such as apathy, homosexuality, sex-role confusion, delinquency, and mental disorders. There are several issues with this piece: first, apathy and delinquency. These authors focus on externalizing behaviors without considering the internalized factors that led to those behaviors. Like Selling (1936), viewing homosexuality and sex-role confusion as serious social issues of the time demonstrates how entrenched systems of oppression lead to marginalized communities being labeled as problems to be solved rather than as people suffering from inequity. Also, the assumption that mental disorders are a direct result of single parenthood without any outside context seems close-minded at best and archaic at worst. Tooley (1976) is another example of a backward deficit-based way of thinking wherein the author remarks that children who have single mothers and who display externalizing behaviors such as disruptive behavior or defiance may possess psychopathic personalities. It is clear that early understanding of single-parent families was largely rooted in systemic racism, misogyny, and morality-based assumptions.

Early behavioral, emotional, and psychological treatment for single parents—mostly mothers—was not much better. Khlentzos and Pagliaro (1965) utilized early Freudian-style psychotherapy in studies on single mothers and referred to their pregnancies as crises,

regardless of the circumstances. Having a child out of wedlock was blamed on the woman's selfish need for love, which researchers believed she did not receive from her parents. In fact, the entire reasoning given for becoming a single mother is neurotic gratification seeking an absence of familial love (Khlentzos & Pagliaro, 1965). Reference is made to oral dependency needs, but no mention is given to any sort of economic, systemic, or macro factors—in these authors' minds, the issue falls solely with the single mother. Even works from seminal researchers like Bandura (1977) would suggest that low-income single-caregiver families engender a perceived lack of personal efficacy, resulting in a reduced ability to plan effectively for the future. Clearly, early research relied on a judgment-based moral model.

Changing Views in the Literature

As the United States moved into the 1980s, researchers developed a more holistic approach that focused on the mental well-being of single-caregiver families. Zongker (1980) examined the self-concepts of single versus married school-aged mothers and found that single mothers suffered disproportionately due to inadequate coping behaviors and more serious emotional problems. This suggests that providing mental health support could avoid risk factors in parents, thus leading to better overall outcomes for children in single-caregiver families. Pierce et al. (1980) also explored the outside economic considerations of society at large and how they affected single mothers. Economic inequality between genders was still a critical issue at the time, and social services for women were simultaneously essential but not readily available. Since single women were often the heads of their households, their ability to get a decent-paying job that would provide for their families directly affected their mental health and, thus, the quality of care they could provide for their children. Bemis et al. (1976)

concur, positing that a single parent's problems are also their child's problems. The authors noted that "since the infant's first developmental task is to establish a sense of trust between himself and the adults who care for him, it is essential for growth and development that the care be reliable, consistent and loving" (Bemis et al., 1976, p. 311). Issues faced by single-caregiver families were no longer a moral failing but part of a larger puzzle of health and economic factors.

Modern Takes on Literature

In contemporary literature, strengths-based and client-centered approaches have been used with greater frequency. Authors such as van Gasse and Mortelmans (2020) engage in academic self-reflection and address the fact that single parenthood was historically looked at from a deficit perspective. As an alternative, van Gasse and Mortelmans (2020) suggest that single parenthood by choice is slowly becoming a valid choice for single caregiver parents, echoing the previous work by Edin (2000) that found that women in her five-factor study did not want to be stuck with less than adequate partners. Instead, van Gasse and Mortelmans (2020) suggest that preventative factors may allow a single parent to give sufficient care to their children. For example, a single caregiver parent who has a stable place to live, a decent job, and access to social services such as welfare can put themselves and their children in the best possible position to succeed in health, educational, and, eventually, professional outcomes. This evolution of the literature over time shows how better outcomes can be reached when working with single caregivers to promote their mental well-being, increase their access to resources, and not treat them as deficient or less than. By including client-

centered treatments, it is likely that negative outcomes in single-caregiver families can be avoided.

Outcomes

Children's outcomes are improved when parents are warm and nurturing, and children fare worse when parents are either harsh and punitive or detached and neglectful (Waldfogel et al., 2010). When considering why children of single parents or fragile families face so many challenges, mental health professionals must go to the very beginning of their clients' lives—and to an extent, the lives of clients' parents and grandparents—to figure out how possible outcomes can be predicted. Studies investigating the role of ACEs offered some of the most important work in this regard. Over time, more research has added to foundational knowledge of ACEs, and the evolution of the literature shows that better outcomes can be attained when working with single parents to improve their mental well-being, increase access to resources, and not treat them as deficient people.

Adverse Childhood Experiences

The ACE study explored the relationship of health risk behavior and disease in adulthood to exposure to childhood emotional, physical, or sexual abuse, as well as household dysfunction (Felitti et al., 1998), and is the landmark study in the field of ACE research. It hypothesized that there would be a link between traumatic childhood events and a variety of health risks and behaviors that can culminate in serious negative health outcomes, including early death in the worst cases. This seminal work is strongly relevant to the outcomes of children in single-caregiver families because divorce or the departure of a parent—and, by extension, being a single parent—is a form of household dysfunction (Dube et al., 2001).

Felitti et al. (1998) argue that household dysfunction is strongly interrelated with suicide in particular and bears associations with numerous other health and social problems. Eight categories of ACEs are commonly explored (Dube et al., 2001), including childhood abuse—emotional, physical, and sexual— witnessing domestic violence, parental separation or divorce, and living with substance-abusing, mentally ill, or criminal household members. The more ACEs a child faces over the course of their development, the more likely they will be to encounter social, emotional, and cognitive impairment as they get older. These impairments can lead to the adoption of health-risk behaviors such as drug use and binge drinking, which can in turn lead to disease, disability, and social problems into adulthood, including early death (Felitti et al., 1998). A survey of over 17,000 adults found that 24.5% of women and 21.8% of men had experienced at least one ACE in the form of parental separation or divorce, and study respondents were twice as likely to have attempted suicide than people from non-fragile families (Dube et al., 2001). More recent data from the Centers for Disease Control and Prevention (2023) show that the frequency of parental separation and divorce is increasing, with 27% of respondents experiencing parental separation or divorce, thus resulting in these respondents having at least one ACE. A child from a fragile family who has one or more ACEs is much more vulnerable to instances of abuse and neglect due to the reduced amount of parental supervision, and the risk of a parent falling into substance use further increases the likelihood of negative outcomes for single caregiver children. According to Wang et al. (2022), ACEs in children as young as three can lead to externalizing and internalizing behaviors as early as age five, emphasizing the need for more preventative measures to ensure positive outcomes for children of single-parent families.

Existing Outcome Research

Exploring the outcomes for children in single-parent households and fragile families can help determine what types of interventions are needed. Bhrolcháin et al. (2000) completed a longitudinal study of children from birth through age 33 and found that outcomes such as leaving school before 16, leaving home before 18, cohabiting with a romantic partner before age 20, becoming a parent early, conceiving extramaritally, and giving birth extramaritally are much more prevalent in children from disrupted families. Blume et al. (2022) used data from the FFCWS to identify links between children's social behaviors, child vocabulary, and parenting quality across all stages of early childhood development, suggesting that single-caregiver households with the aforementioned risk factors might have children that face deficient development. Returning to the concept of father involvement, Fagan (2022) claims there is an additive risk for children from single-caregiver households where fathers are not engaged in early childhood, suggesting that as children get older, they are exposed to more negative outcomes. Carlson (2006) supports this finding and states that differences in father involvement account for a sizable fraction of the variance in outcomes by family structure. Surprisingly, father involvement was not shown to affect boys or girls differently; in any case, it is more beneficial to the child when the child's father lives with them as an adolescent.

In synthesizing these findings, it becomes apparent that single-caregiver family children face being runaways, becoming young unwed parents themselves, and developing more slowly than their peers from multi-caregiver households. It may not always be possible to have a child's father involved in the child's life, but when possible, they can be a positive

influence in the social-emotional growth process. In fact, Wang et al. (2022) suggest that involving fathers can act as a strong buffer against developing ACEs, particularly in communities where there are fewer available resources to go around. This makes sense, as a single mother who has an invested and involved male partner could rely on him to provide economic support for the child, therefore easing the burden on the fragile family and avoiding negative outcomes.

Defining At-Risk versus At-Promise

Most people are familiar with the term "at-risk." It can evoke a specific image, especially when referring to children and families. According to Swadener and Lubeck (1995), the evoked image is always that of low-income families or people of low SES, and a child can be considered at-risk if they are constantly absent, have low academic achievement scores, have disruptive externalizing behaviors, or live in a single-caregiver household. The issue with this, Swadener and Lubeck (1995) argue, is that this terminology is strongly deficit-based and reminiscent of the early research done on single-mother households. In this method of thinking, the cause, fault, or pathology is with the individual, family, or surrounding community rather than institutional structures that create and maintain inequality (Swadener et al., 1995). While the term "at risk" is a departure from even older morality-based and pathologizing terms such as delinquency (Jordan, 2017), "at risk" still subtly ignores outside factors and injustices that are entrenched in dominant society today. For example, a single parent of color could be looked upon as a bad or inadequate mother, lacking efficacy or morals. However, if researchers shift the attention from the mother to the surrounding lack of economic, governmental, and social support for this person and her surrounding community,

researchers would see that people of color are at an inherent disadvantage when it comes to raising children and ensuring positive outcomes for their families in today's society. Essentially, negatively referring to children as at risk for negative outcomes based on family structure derives from a deficit model that parallels the persistent social stratification in the United States (Berberian & Davis, 2020).

Jordan (2017) concurs that victim-blaming language such as "at risk" shifts the focus away from inherent problems in the system; the term "at promise" has been proposed as an alternative to describing children from fragile families or single-parent households that may have historically been considered at risk. This term shifts the mood and tone of the words used to describe children and parents of single-caregiver families, allowing us to see beyond what the situation currently is and look toward what it might be (Lake & Kress, 2017). For example, a student from a single-caregiver family may suffer from poor grades and attendance at school, but giving the student an outlet such as art therapy may allow the child to build up the strength and resilience necessary to avoid negative outcomes such as educational dropout, health issues, or substance misuse. In addition, such an outlet provides the child with a space to feel safe and secure, something not always present for children of single-caregiver families. In an older model, blame would have been assigned to this student, a home visit or parent meeting may or may not have been attended, or disciplinary action may have been applied. It is my opinion that this challenge of dominant terminology and discourse is useful and has promise, and whenever possible, such new terminology should be considered. Considering the personal, well-being, and educational potential of these children

and families, the next section explores positive and effective interventions that can be implemented.

Interventions

While there are numerous risk factors involved with single-caregiver families, several interventions have been proposed through past literature to help children who find themselves in these situations while experiencing unmanageable stress and trauma. Many of these interventions aim to improve caregivers' abilities or provide stable, secure adults who can guide the children. However, newer research has attempted to change the view of the children themselves from a group that needed to be saved to a group of capable and potential-filled individuals.

Mentor Programs

The establishment of mentoring programs for children of single-caregiver families can help mitigate the adverse outcomes of ACEs that can result as children grow older. According to Herrera et al. (2011), these experiences are particularly an issue in homes where positive adult role models are absent. Children of single-caregiver families experience risk factors that put them at a systemic disadvantage. Zand et al. (2009) remark that failure to master tasks in a particular developmental period is more than likely linked to difficulties accomplishing later-age developmental tasks. Since at-promise students face decreased academic achievement, maladaptive peer relationships, and other factors (Weiler et al., 2015), I believe all children should have at least one strong, dependable, and nurturing adult presence in their lives. This is where mentor programs come in: they can supplement whatever familial or communal support the at-promise child has, giving them a more solid

foundation moving toward their future. Durlak (2011) notes that mentoring programs, in particular, are worth further consideration. Studies have shown that over time, mentored youth showed significant positive changes in development compared to non-mentored youth. A meta-analysis by Raposa et al. (2019) has revealed that mentor programs serving a larger proportion of male youth, using primarily male mentors with helping backgrounds such as counselors or therapists, and having shorter meetings with mentees resulted in larger effect sizes than programs that did not utilize these factors. Clearly, young boys need support, and it is evident that positive male influences can beneficially buffer against negative outcomes. DuBois et al. (2002) report similar findings and state that mentoring programs positively affect program participants.

How children view interventions such as mentoring programs is critical to the program's success as well. In a qualitative study that examined youth-initiated mentor relationships within the foster care system, Spencer et al. (2018) found that mentoring can indeed make a difference in the lives of youth who have the potential to be exposed to a variety of negative outcomes by age 26. A paper by de Anda (2001) provided insight into how student participants were overwhelmingly positive about their participation in the tested mentoring program, developed a valued and lasting relationship with their mentor, and received concrete benefits such as employment and academic achievement. A child's physical health could benefit, too; Sato et al. (2016) found that mentor-led nutrition programs can reduce obesity among at-risk teens and thus protect against long-term health issues in the future. With such strong data-based evidence behind mentor programs, I believe that well-run

mentor programs can provide much-needed community and social support for children of single-caregiver households and buffer against adverse outcomes resulting from ACEs.

Improved Education

When it comes to prioritizing quality interventions for children of single-caregiver families, providing a complete and thorough education is one of the first topics that comes to mind. As previously discussed, systematic inequalities exist in communities of color and in people of lower SES, to which a great deal of single-caregiver families belong. It is not unreasonable to assume, then, that in these communities, access to educational resources is much more limited than in areas of higher SES. Smith et al. (1979) found that in a survey of single mothers, over one-third of respondents strongly advocated for more effective sex education for their children. Perhaps if more readily accessible education were provided as an intervention for youth with a higher likelihood of becoming young single caregivers, these youth would be able to better buffer themselves from negative outcomes.

Outside of health education, proper training for parents can have a profound effect on how children can foster resilience and protect themselves against negative outcomes. Quchani et al. (2021) conducted a study on a series of parenting training sessions aimed at improving the emotional-behavioral issues of children with divorced single mothers. By giving parents tools to resolve conflicts and improve relations with their children, parents can develop into effective caregivers and, therefore, provide the quality parenting necessary to protect against negative outcomes for their children. The study by Quchani et al. (2021) used acceptance and commitment-based therapy, or ACT, to accept unpleasant emotions, break away from painful thoughts, clarify values and related goals, and move toward those goals.

Utilizing this process, single mothers were able to more realistically cope with the issues they faced in the past—including ACEs—while also nurturing strong and lasting relationships with their children. It is possible that young people have not had much formal education in parenting, so outside support can only benefit them in the long run—and, as a direct result, benefit their children as well.

Community Groups and Environmental Factors

In addition to education, community groups, and environmental factors can also be used as strong interventions against negative outcomes in children of single caregivers. Smith et al. (1979) called for more community-based services decades ago, and van Gasse and Mortelmans (2020) agreed that community is critical by being vocal proponents of the concept of preparation for parenthood. Their study examined the more modern concept of single parents by choice, and research showed that surrounding themselves with a reliable network of peers, preparing social services, and adjusting to proper employment that meshes well with childcare all played a strong role in single parents being able to handle the increased responsibilities brought on by having a child. For single parents and fragile families, providing caregivers with a strong social support system would help in several ways. First, these efforts would relieve the burden of total responsibility on the parent. This could lead to less stressed parents and could act as a protective factor against certain ACEs, such as living with an alcoholic or substance-misusing parent. In addition, the child will be exposed to more people growing up, possibly boosting their social and emotional capabilities and avoiding the possibility of neglect. There is a saying, “it takes a village to raise a child,” and in this case, the evidence supports the sentiment.

Spirituality

Another possible intervention that could prevent negative outcomes in children of single-caregiver families is the use of spirituality for building resilience. Separate from religion, spirituality programs are used to stimulate connectedness, sense, self-esteem, humor, and the development of one's own mental and emotional capacities. This would be particularly useful when applied to children of single-caregiver families because they might lack those elements due to their ACEs. Similar to the at-promise concepts introduced by Berberian and Davis (2020), children of divorced parents and fragile families are considered to be much more than their negative experiences or the aforementioned deficit approach. Instead, spirituality looks at children as capable individuals who need quality interventions to build coping skills and resilience (Pandya, 2017). Children of divorced parents might feel a loss of internal fortitude due to their rapidly changing family situation and home environment. However, with proper spiritual education programs, children of single-caregiver families can move toward a strengths-based intervention to cope more effectively and build resilience.

Resilience

Resilience is a popular word in mental health circles today, yet its ambiguity leaves it needing a clear definition in the context of single-caregiver families. The definition provided by Tusai et al. (2007) appears to be the most appropriate. The authors state that resilience is the capability to adapt better than expected in the face of significant adversity or risk. This capability changes over time, is developmentally specific, is influenced by risk and protective factors in the person and environment, and contributes to maintaining and enhancing health. Resilience can be described for a specific domain—psychosocial, physical, educational, or

work—or overall general resilience. My study attempts to expand upon this concept, as there are too many interrelated factors that go into child well-being and resilience to ignore the negative effects and outcomes that single-caregiver families can have on a child. Christmas and Khanlou (2019) concur with the definition from Tusai et al. (2007), stating that resilience explicitly involves struggle, significant adversity, or risk. Fraser et al. (1999) used the term to describe individuals who adapt to extraordinary circumstances in three aspects of their lives: overcoming the odds despite exposure to high-risk experiences, sustaining competence under pressure and adapting to high-risk situations, and recovering from trauma and adjusting successfully to negative life events. These definitions appear to mean the same thing—that high resilience, especially in children of single-caregiver families, will allow them to succeed despite their traumatic experiences and the subsequent potential for negative outcomes.

It is, therefore, critical to examine the factors that contribute to high resilience to determine how the children of single-caregiver families can be strengthened. Christmas and Khanlou (2019) conducted a review of strengths-based approaches to how youth well-being is measured. The review revealed a need to move beyond older measures of success, such as economic and social independence, as—similar to the discourse on "at risk" versus "at promise"—sometimes terms and explanations fail to address inherent systems of inequity adequately. Blaming a teenager for not getting a job and moving out, for example, may not be an example of the adolescent being lazy but an indictment on the current inflation-laden economy, with significantly lowered buying power and a lowered value in the US dollar compared to generations prior. Harsh credit requirements, skyrocketing rent rates, and rising unemployment can also contribute. Instead, working with children in a more client-centered,

supportive environment would be better than placing blame on marginalized people. If society allows children or young adults that come from single parents or fragile families to contribute to their own treatment, it is possible that there will be greater buy-in and committed involvement in self-improvement, which can also help build resilience. Taylor and Conger (2017) agree, stating that a child's perceived social support leads to more authentic connections and relationship satisfaction. This can lead to a buildup of internal strength, which includes optimism, self-efficacy, and self-esteem. If a child feels safe and supported, this sense of security can lead to better well-being, and a child will experience positive mental health, get along better with their parents, and be able to employ more positive coping and behavioral strategies. This leads to positive child outcomes such as improved social competence, decreased behavioral and emotional problems, and appropriate developmental progress.

Fava et al. (2017) also explored factors that contribute to resilience. They found that child well-being consists of four domains: material, relational, health and behavioral, and environmental. Regarding environmental factors, Chang et al. (2022) mention the concept of school connectedness, or feeling involved in the processes and daily goings-on of their school, as a critical factor in building resilience. This seems to have a strong correlation to the presence of mentor programs in schools mentioned earlier, and studies involving low SES students found that receiving additional support in community-based areas such as schools greatly increased child well-being and outcomes (Cutuli et al., 2013; Fitzpatrick et al., 2013; Roberts et al., 2010). Ang et al. (2022) agree, stating that while intrinsic factors such as desire to succeed and motivation enhance resilience, extrinsic factors were relational in

nature, and friends, family, teachers, and religion were all found to have resilience-boosting effects. When asking children what they thought would help build resilience, they recommended narratives from resilient individuals and reflective practice. It is clear that resilience is a complex and multifaceted topic. Works like Padan and Gal (2020) contribute by providing a multidimensional matrix for better defining and conceptualizing resilience in several key content areas. Prowell (2022) suggests that culturally responsive resilience for children can be built through high collective neighborhood efficacy, and Lansford et al. (2001) propose that maintaining some sort of familial structure can greatly assist with stability for the child, thus allowing them to build resilience in the future.

When trying to ascertain the connection between positive outcomes and resilience, it is important to explore the literature on marginalized populations as well. While the research may be limited—indeed, much of the qualitative study data about building resilience through the personal stories of the individuals were limited to Black single mothers and their sons—Wilson et al. (2016) argue that hearing the stories from the people who have personally lived through relevant experiences can be invaluable. Wilson (2014) also argues that learning about these lived experiences gives power and voice to the people who lived through their ACEs and gives a strongly client-centered, personal, and relevant perspective. I think qualitative histories and accounts of lived experiences can better provide quantitative data in the future if researchers focus on aspects of resilience relevant to the clients.

Trauma Theory, Meaning Making, and Grounded Theory

Based on the above literature, several theories form the foundation for understanding when considering the issue of single caregivers and their children—which include trauma

theory and meaning-making. Trauma has been extensively explored over the years, and in sum, it consistently includes several aspects, namely an event or series of events that an individual finds harmful, overwhelming, or threatening and experiences lasting holistic effects on their individual functioning (van der Kolk, 2015). According to Ignelzi (2000, p. 5), meaning-making is "the process of how individuals make sense of knowledge, experience, relationships, and the self." In my opinion, these two theories, when considered against the backdrop of single-caregiver families, are incredibly relevant. Based on the aforementioned ACEs study, it is clear that suffering from household dysfunction can cause ACEs that contribute to adverse life outcomes (Dube et al., 2001). How children process and make sense of potentially traumatic events is therefore critical if contemporary counselors are to provide effective, client-centered interventions.

While this study did not use grounded theory as its methodological framework, it was instrumental in deciding how and why it should proceed. Per Bhattacharya (2017, p. 28), constructivist grounded theory "allows a researcher to have a systematic, structured approach, where they are constantly comparing various pieces of data with each other to come to a place of saturation from where a theory can be discovered grounded in this extensive process of data analysis." In the case of this study, the compared data will be the described experiences of adults who grew up in single-caregiver families. By utilizing aspects of trauma theory and meaning-making, this study utilized an evidence-informed methodology forward that examined how generations of children can be better protected moving forward.

Through the review of the literature, it is clear that there has been significant change in academic viewpoints of single caregiver families (SCF) , the establishment of their risk factors, outcomes, and resources, and how perception has slowly begun to evolve from a deficit-based model to a more at-promise one. Based on the at-promise literature, and because of the consistent pattern I saw where research appeared to be singularly focused on the negative, I resolved to utilize a more client-centered, culturally sensitive approach. To accomplish this, it became clear that next steps would include a study that was aimed at comprehensively exploring the phenomenon of the SCF experience at the ground level in order to push back against the idea that negative outcomes for SCF children are predetermined, but instead a result of preventable and systemic issues.

Chapter 3: Methodologies

In order to explore how children of single caregiver endured, and possibly even thrived despite the challenges throughout their developmental years, the protective factors they utilized needed to be examined further. Young adults aged 18-25 were interviewed and asked to reflect on their experiences, with the hope that their experiences could provide valuable insight into the relevance and effectiveness of existing research and interventions. With this valuable first person qualitative data, it is my hope that even more effective interventions can be either established—or enhance existing ones—in order to contribute towards the mitigation of negative effects on future generations of children.

Positionality

One of the primary assumptions I hold in this research is that effective interventions can exist for children of single-caregiver families, and by being able to identify what has worked for the most recent generation of children-turned-adults, society as a collective can mitigate negative outcomes for future children. I base this assumption largely on my own lived experience: I was the child of a single-caregiver household, and looking back, I can see areas in my own development where more effective interventions might have assisted in my mental well-being. I strongly believe that having access to caring and stable adult influences can equip a child or adolescent with the resilience needed to persevere through trauma, and this has been evident to me through my work with alternative education high school students. Oftentimes, my students come from single-caregiver homes where their parent or guardian was not as present as the child would like. Building a community of support at school allowed these students to relax and not always be so hypervigilant—and, in some cases,

allowed them to heal. I believe that the lived experiences of young adults who persevered through these experiences are vital to supporting today's youth, and this study reflects these assumptions.

Conceptual and Methodological Framework

This study was built on a phenomenological theoretical framework due to its fit with my positionality and my belief in the humanistic side of counseling. Bhattacharya (2017) states that one of the originating ideas of phenomenology is that if an individual experiences a phenomenon in their past and recalls their experiences, they may find new ways of understanding those experiences through making new meaning and gaining new insights. This theoretical framework blends well with the intentions of this study, as I set out to understand how the summary of these lived experiences can give mental health clinicians quality insights into how to approach patients in the most client-centered way possible. In this way, phenomenology seems to go hand in hand with a more humanistic and even existential side of counseling. Hearing the participants' experiences and extracting meaning out of that experiential essence is why this study had to utilize phenomenology.

When it comes to methodological approach, this study utilizes phenomenological inquiry, specifically, hermeneutic phenomenology. Bhattacharya (2017) states that hermeneutic phenomenology is an evolved understanding of transcendental and existential phenomenology, where the researcher focuses on language, conversations, historical context, understanding, and interacting with cultural elements. While transcendental phenomenology focuses on the investigation of what distinguishes justified belief from opinion, and existential phenomenology focuses on existence, hermeneutical phenomenology focuses on

the interpretive aspect of meaning-making and argues that even in a descriptive account, interpretation is already embedded (Bhattacharya, 2017). This methodological approach fits this study because it examines the shared essence of the participants' lived experiences of growing up in single-caregiver households. By examining these shared essences, researchers can find meaning and perhaps, in the future, create more effective interventions that help prevent negative outcomes and increase child well-being.

Participants, Recruitment, and Implementation Plans

Participants in this study were people aged 18-25, who come from a single-caregiver family—which meant any child that lived a majority of their childhood with only one primary adult caregiver at a time. Due to its nature as an umbrella term, this could mean that some participants spent part of their childhood with one caregiver, and then as a result of varying circumstances were taken in by a different caregiver.The age restriction was placed so that the study could gather information and stories from participants who could most closely relate to the children today who are going through the same or similar issues. Table 1 displays several demographic characteristics of participants.

Table 1

Participants, Demographics Information, and ACEs Score

Pseudonym	Gender	Race/Ethnicity	Primary Caregiver	Estimated Family Income Growing Up	ACEs Score
Dove	Female	Asian/Pacific Islander	Biological Mother, Grandmother	$60,000 to $79,999	4
Lolli	Female	Hispanic	Biological Mother	$30,000 to $59,999	5
Lorena	Female	Hispanic	Biological Mother,	$60,000 to $79,999	2

Pseudonym	Gender	Race/Ethnicity	Primary Caregiver	Estimated Family Income Growing Up	ACEs Score
Manny	Male	Other (Punjabi)	Biological Father Biological Mother, Grandmother, Grandfather	$60,000 to $79,999	4
Margarete	Female	White	Biological Mother, Biological Father	$60,000 to $79,999	4
Ness	Male	Hispanic	Biological Mother	Less than $29,999	3
Sol	Female	Multiracial (White and Hispanic)	Biological Father	$80,000 to $99,999	4
Tiana	Female	Hispanic	Biological Mother	$30,000 to $59,999	4
Xiomara	Female	Hispanic	Biological Mother, Biological Father	Less than $29,999	1

Instruments/Materials

The data from this study were collected using a series of hour-long qualitative, semi-structured interviews designed to understand how the lived experiences of participants contributed to their development (or lack thereof) of protective, resilience-building interventions that led to positive outcomes and protected against risk factors and outcomes. It utilized phenomenological and narrative inquiry-based methodologies and assumed that participants were the foremost experts on what had or had not worked in their life; therefore, participants' input regarding quality interventions was incredibly valuable. I therefore

crafted the main interview questions with the intent to explore participant experiences in a progressive way. For example, I started by asking them to describe their family life and system growing up to jog their memories, then I asked about adverse or stressful experiences and potential risk factors since I assumed those memories would be more prevalent easily accessible. Finally, I asked participants to reflect on potential protective factors and interventions that they either had, did not have, or wished for.

To supplement qualitative data from interviews, each participant was asked to complete an anonymous survey that included basic demographic information, estimated family income growing up, and the ACEs questionnaire. The survey I implemented was derived from the original ACEs study conducted by Felitti et al. (1998). It is important to note that the original ACEs study did not include household dysfunction (to include separation and/or divorce by caregivers). Household dysfunction was later added to an updated version of the questionnaire, as seen in Dube et al. (2001). I chose the original ACEs questionnaire for two reasons: (1) because it has the largest and most far-reaching amount of data supporting the measure; and (2) because the only addition to the newer version of the ACEs questionnaire cited is household dysfunction, which every participant in my study by default has experienced. Therefore, when exploring the score results, if analyzed against the newer ACEs survey, each participant in my study would have one additional ACE.

Procedure

This study utilized a phenomenological theoretical framework as well as hermeneutic phenomenological guidelines. Approval was secured from the San José State University (SJSU) Internal Review Board (IRB), and special permission was given from the CSU

Chancellor's office via the SJSU Title IX Office for the study to operate with special exempt status from Title IX reporting for the purposes of maintaining academic integrity and freedom. The semi-structured interviews were conducted online via Zoom at participants' convenience. Prior to the online meeting, participants were given an informed consent document which outlined the intent and purpose of the study, rights and responsibilities of participants, compensation information, and a legal disclaimer informing them of this study's exemption from Title IX reporting. In addition, an ACEs quiz and demographic survey were administered prior to interviews. Meetings were recorded with informed consent. Participants were encouraged to show any photos or personal effects they felt would enhance the telling of their stories and give them meaning. Due to the nature of the sensitive topics being covered, a closing discussion was held at the end of every interview to ensure that participants could leave the interview feeling as emotionally safe and secure as possible. Participants were given a $20 gift card for their participation in the study. After participant data was preliminarily analyzed, I made sure to initiate a process to further the trustworthiness of the findings. This was done in the form of a member check email, where my thematic findings and a brief definition of the themes were shared with all participants, who were encouraged to reach out to clarify or make revisions to the findings and ask any questions about how their data was utilized.

Project Questions

The study is intended to answer the following questions:

1. In what ways do participants describe the experiences and challenges that contributed to ACEs they faced growing up as a child in a single-caregiver family?

2. What protective factors helped (or would have helped) participants buffer themselves against potentially negative outcomes of growing up in a single-caregiver household?
3. How can the lived experiences of former children of single-caregiver households be utilized by clinicians and researchers to protect future generations of vulnerable children?

As most of the existing literature grounded in qualitative interviews of lived experiences focused solely on one particular group of children and parents, this study intended to expand the academic focus onto all children that grow up in single-caregiver households. I believe that trauma is universal—everyone endures trauma in some way, and I have seen this in children across all manner of backgrounds. One of the most common threads I have come across with regard to ACEs and childhood trauma is the lack of sufficient, stable, and caring adults in these children's lives. For this reason, I wanted to examine what commonalities exist between these lived experiences to collect findings that could steer future quantitative research on effective interventions, resilience, and protective factors against negative outcomes in a positive, constructive direction.

Data Analysis

Interviews were transcribed for clarity, first through Zoom automated transcription for ease of review, and then by repeatedly watching and listening to meeting recordings and typing the transcripts verbatim to ensure that the participant's words would not be obfuscated or misrepresented due to technological means. Transcripts were uploaded into the NVivo 14 qualitative analysis software, where significant statements were coded and categorized according to participant interview. Coded statements were exported into a spreadsheet and

organized into similar clusters of data. I then labeled data clusters, which led to the creation of recurring themes. Recurring themes were recorded, and the most common of those themes formed the basis for the results. These results were then compared and analyzed to find the most common protective factors mentioned to identify certain factors that may be more protective than others based on reported occurrences.

Chapter 4: Findings

The data analysis process revealed two specific yet connected collections of findings. In this chapter, after exploring the content of the participants' transcripts, I will provide the aggregate artifacts that resulted from the analysis of participants' interviews. Lastly, this chapter explores participant ACE scores and their connections to participants' interview data.

Thematic Findings

From the interview transcripts that underwent hermeneutic phenomenological analysis (Bhattacharya, 2017), four themes were identified: (1) further dysfunction in the social system exacerbating the effects of the single caregiver experience; (2) strong and varied social factors mitigating adverse effects for single caregiver children; (3) balancing assets with needed systemic change; and (4) recognizing the impact of early childhood experiences (ECEs) on participants' concepts of relationships. The first theme had three subthemes: (1) birth order, (2) identity factors affecting experiences, and (3) mental health effects and outcomes. Finally, each participant was given the ACEs questionnaire as well as a brief demographic survey, which were utilized to an additional quantitative lens to conceptualize participant experiences.

Further Dysfunction in the Social System Exacerbating Effects of the Single Caregiver Experience

Upon examination of participant transcripts, a pattern emerged that showed how additional dysfunction within the social system of the single-caregiver family exacerbates the negative effects of the single-caregiver experience. Participants reported that while their own lives were challenging enough, having to also manage their caregiver's problems, conflicts, and vulnerabilities while also facing scrutiny and skepticism from people who were not

familiar with their situation made things more challenging. In particular, emotionally unavailable parents appeared as a recurring theme throughout all interview processes. Dove noted, "[my mom] gave me the shelter I definitely have and needed, but not the mental health space to let my emotions play out." Xiomara spoke similarly, emphatically saying:

> Oh my god, I feel like my parents don't know me. They don't even know who I am. … So even though we are family, I feel like I don't have that connection. I cannot tell you that my parents are my family. Like technically, or logically, yes, they are. But when it comes to the emotional portion of it or like being involved in my life, I don't think they are too much.

Several participants reported feeling like their parents could not or would not be there for them emotionally. Lolli lamented that "no one believes in mental health in my family. … they just thought I was the weird one," while Lorena attempted to have some retroactive perspective, noting that "when she [mom] was done with work … she was already tired. So she couldn't spend time with me or help me with my homework … and most of the time she felt frustrated." Divorce complications between caregivers were reported to make the single-caregiver family (SCF) experience more difficult, with Margarete mentioning that she felt "mental complications" having to decide which caregiver to live with as a child and then "feeling weird we weren't on the same page" when she decided to stay with a caregiver her sibling did not want to be with.

Caregiver involvements with law enforcement and conflicts between other caregivers and spouses also played a role in negatively exacerbating the SCF experience. Restraining and protective orders, constant harassment, and even caregiver kidnapping attempts were mentioned, with Tiana disclosing that she had to remain constantly vigilant even as a young child: "I just remember being told before every birthday every year, be careful, because

based on our experiences in the past he [father] might break the protective orders and try to see you." Lolli recalled that "the police were always at our apartment," and Sol remembers that "when I was three and my parents got divorced … the cops came to the house … and my mom was sitting on the couch crying." Ness recalled that "they [parents] never got along well. … they would argue a lot, and they would yell at each other a lot. … and when I was younger, I definitely faced that [caregiver conflict] a lot growing up." A single caregiver's choice of partner also played a role, with Sol mentioning that "she [caregiver's partner] was medicated for her mental health … It would be like the flip of a switch … It was so intense … 'oh my god, don't say the wrong thing … don't even ask her if she took her medicine.'"

Substance and physical abuse, infidelity, and a lack of perspective from people outside the single caregiver family (SCF) system deeply affected participant experiences. Sol noted that her caregiver's boyfriend "always drank … or he always had a beer in his hand and a cigar." Lolli recounted her experiences with one caregiver struggling with substance misuse, stating that "unfortunately, not everything works out well, when someone is addicted to something." Tiana recalled "a lot of domestic violence … and I have a couple memories of him [father] abusing my mom physically, and I have memories of him physically abusing me." Manny recalled that his situation was made worse as a young child due to his father "going around with other people," and "my mother getting cheated on [by a later partner]." This was reported to have a negative effect on participant's mental well-being, with Lorena stating, "it was difficult … I got to know that my dad had marry [sic] another woman … I couldn't understand why my dad had another family; his purpose was to come over [to the USA] to work for a better life for us. I used to be mad at him."

Lack of perspective from the outside made it difficult for participants growing up to experience empathy from others, which led to feelings of isolation, loneliness, or fear that others might not be able to provide them with meaningful support or even believe their situation was as difficult as they claimed. When describing a time when a friend she confided in visited her home, met her father, and found him "so nice," Xiomara recalled thinking, "Oh girl, you don't know. … The way I see [my father] or the things I've experienced, tell me something completely different (or I see things different)." Based on these experiences with the few people close to them, this lack of understanding would lead participants to feel like they were on their own and had to present a different image to both worlds they belonged to—their SCF system and the outside world. Ness mentioned a need to "switch" his personality, "going from being like extroverted and gleeful and all that in high school to being more quiet and kind of go into listening mode [at home]," suggesting that the subtleties of trying to navigate a "normal" life outside of an SCF system while also being immersed in their home environment might be something that outsiders "might not be able to understand," thus compounding the effects of social dysfunction in the SCF system.

Birth Order. Birth order and the participant's positionality within the family system appeared to play a role in a participant's lived experience. A majority (seven) of participants had at least one sibling and reported varying levels of difficulties related to their lives with siblings. Ness described the responsibility of taking care of his younger brothers as "an inherent thing that I just felt like I should do," and expressed guilt over making decisions as an adolescent where he prioritized himself over his siblings. Tiana stated that her younger sibling was "oblivious, so oblivious to what was happening," while Xiomara remarked that

"so them [younger siblings] being the youngest is, okay, your sister was doing everything for you. … She has so much responsibility for you. And you're putting them first and you're putting yourself at the end. … they [parents] are putting that responsibility on you."

When further examining the opposite side of the spectrum, participants who grew up as the youngest sibling experienced something quite different. Margarete reported her older sister was like a "protector." "She grew up very fast, like a very independent parent role … even when she was like 10/11." Manny mentioned that his older brother "had to mature really quick because he had to take care of me as well." Overall, participants who were younger siblings reported having extra support within their own social system that could at times shield them emotionally from the exacerbated dysfunction in the SCF experience. With their older sibling acting as a sort of substitute pseudo-caregiver, younger sibling participants were allowed at least one person they could trust or rely on growing up. This was in stark contrast with older sibling participant experiences, who reported increased levels of difficulty, loneliness, and stress, feeling not only responsible for themselves but also their younger sibling's well-being. Similarly, participants who were only children felt the full brunt of their experience, with caregiver dysfunction in all forms placed upon them. As a result, the unique aspect of birth order in the single caregiver child experience may have allowed younger siblings to grow emotionally and be more insulated from dysfunctional relationships with caregivers and those around them.

Identity Factors Affecting Experiences. The experiences of participants also seemed to diverge due to various identities, including gender, sexuality, and culture. Dove remarked that her experiences were vastly different from those of her male cousins growing up, as they

had more freedom to be out on their own, were able to see friends more often, had fewer household responsibilities, and were not shamed for their appearance like she was. This led her to ask, "why do [my male cousins] get more treatment … they get more stuff because they're like this [male]." Lorena remarked on the differences between her and her brother's treatment growing up, stating, "My mom used to tell me, okay … just stay at home. My mom did allow my brother to travel [with uncles] but not me because I was the only woman." Lorena continued on to say that she was not allowed to be alone with her uncles growing up because "my mom wanted to protect me from situations that could happen." Lolli touched on the additional challenges of growing up as a woman in modern society, stating that "the beauty standards so many people have … that also took a big effect on me as a kid."

Cultural and sexual identity seemed to play a role in how participants viewed their world as well. Ness noted that his mother "came from a very traditional Mexican household … and males are babied … The women are often pushed to do all the chores, cleaning, and all that. So she wanted me and my brothers to be able to cook and clean." Machismo, or the patriarchal gender role construct of Hispanic men, which includes concepts of male dominance, aggression, disconnection from emotion, and the assumption of heterosexuality (Gómez, 2022), was present in Ness' brothers, stating, "I know [machismo] definitely affected them more because they keep things to their chests more than I do. And so I think that's one of the main things, I think, might be a little hard to understand, just because of the fact that for many men in Hispanic or Mexican culture, it's considered weak and frail to share vulnerabilities out loud." Sol mentioned that her mother "couldn't really accept it [her decision to marry her wife]" and the inability for Sol to find a supportive social system with

her immediate family due to a lack of acceptance, emotional support, and trust led her to look outside the family system, which led her to the strong social links she credits with her success and growth today. “Yes, it hurts initially, in the beginning,” Sol admitted when recalling the social system's dysfunction and lack of acceptance from her mother based on Sol’s identity and decision to marry her wife. “But when you see that you make these choices for you, you learn to see the beauty in the pain … this is something that I chose to do, that I wanted to do … Why waste my time with somebody who really would not understand this feeling?”

Mental Health Effects and Outcomes. Another sub-theme explored was the effects that household dysfunction had on SCF children. Participants commonly cited depression and anxiety as recurring themes throughout their lives. Lorena stated that she “did fall into depression,” and Manny said that his own “mental health issues were going unnoticed and untreated.” Margarete reported several different emotions throughout her life as a result of her early childhood experiences in an SCF, such as increased anxiety, pervasive fear, and consistent frustration and worry: “I wasn’t sure how things were gonna work out … it was always kind of a constant state of stress.”

Isolation was a consistent theme across participants. Lorena disclosed that she was “spent a lot of time with myself … I think I isolated myself too much,” while Sol recalled being left alone with a grandparent who did not speak her language as a young child, thinking “this is a joke; are they going to yell at me in Spanish?” Xiomara tried to embrace her consistent alone time, admitting that “I felt like the night would be my best friend in a sense, where I could just let things out.” Another side effect of her stressors, Sol recalled

engaging in "emotional eating" as a way to cope, which "of course led to health effects … and I was very much an obese child throughout my entire life. It wasn't until I got very sick that I chose to change." With regards to possibly unsafe coping mechanisms, Lolli admits she did "look toward a lot of attention online" as a child, and Lorena discloses at one point that she was "addicted to social media," showing how the isolation of a child can possibly lead to negative consequences beyond loneliness.

Instances of parentification were common across several interviews. Ness recalled how his mother would "vent to me personally, and so that became a stress I had to bear. And it was emotionally sort of an overload … because my mom was telling me about harassment she was having at work, and I was 10 at the time. And I barely have a conception of what this is, and so I have to help you with this." Ness continued: to "take the stress off my mom, I would do chores around the house … help my brothers with homework … and help make dinner for my brothers." Xiomara remarked that "I feel like I've already raised two kids, my parents and my brother," while Sol quipped, "sometimes you grow up so fast that you forget you have a childhood, right?"

Strong and Varied Social Factors Mitigate Adverse Effects for Single Caregiver Children

Participants reported that a primary protective factor was a wide range of strong and varied social factors that helped mitigate adverse effects for themselves as they grew up. Several participants described how giving education and school activities high priority allowed them to better cope with adverse experiences. Lorena said the caregivers over the course of her life valued "that they gave us an education," which she was grateful for because it allowed her to feel confident pursuing higher education as she got older. Ness mentioned

that despite his parents' conflicts with each other, they both "wanted me to excel … to push me to be an overachiever kind of person," which enabled him to spend a great deal of his non-home life at school, building and establishing social support networks that he credited with playing a critical factor in his coping skills and resilience as a child. For Tiana, having a caregiver and extended family that were supportive of her academic endeavors led to a love for education that persists to this day and served as a strong social factor that mitigated negative effects and experiences while creating positive memories of childhood. "My mom and my grandma have always kind of implemented in me that education is the key to being successful … I love school. I love being at school." Sol admitted that despite her numerous disagreements and difficulties navigating her relationship with her mother growing up, one element remained consistent throughout her life. "I think the one thing with my mom that I ever found stability with was her passion to always tell me 'Sol, stay in school.'" Taking this lesson to heart greatly benefited Sol in the long run, and the support she gained in her surrounding school system helped build the foundation for who she is today. In addition to Sol, Dove said that "the people at my school helped me push to finish … because I wasn't gonna make it," suggesting that a strong support system at school can help a child endure and overcome some of the risk factors associated with an SCF. Margarete and Ness mentioned that they became involved with after-school programs such as dance, choir, sports, and student government, and the resulting community interactions from these activities helped support their socioemotional growth.

Extended family, friends, and partners also played a significant role in participants' lives. Xiomara attributed some of her resilience to "one or two close girlfriends that … understand

me a lot in the emotional area." "When it comes to deep emotional talks," said Dove, "I usually go to my partner now or a close friend that I have. Despite her experiences, Lolli was proud to have "an amazing family other than my relationship with my dad," and Manny credited his maternal grandfather for being "basically the only male role model in my life growing up," and fostering his love for DIY projects and science. Multiple participants cited their partner specifically as a source of strength for them, with Lolli exclaiming, "he introduced me to a whole bunch of people and I'm super grateful for where I'm at now … High school me would have never thought I would live this long to be where I'm at." "Community is really important," said Sol, when describing how she met a teacher who became a second family to her at the age of 15. "Don't fear building that community."

Balancing Assets with Needed Systemic Change

One of the recurring themes throughout participants' experiences was how, in retrospect, the internal strengths and assets were essential in protecting them, but these elements could have been put to better use with systemic change that made schools and other spaces more inclusive of children coming from SCFs. For example, participants noted that increasing access to social emotional learning for young children, changing how families view mental health and therapy, and increasing the ability of schools to recognize and support children would have helped them leverage their strengths. Every participant interviewed stressed the importance of learning social-emotional fundamentals as early as possible in some form (either from school or family-based sources) as some participants expressed difficulty expressing their needs as kids. In reflecting on his own experiences and how to better improve foundational support for children going forward, Ness advised future children of

SCF to "seek people you care about … It's okay to share that information [how you feel] … your family will appreciate it in the long run," because growing up, he did not feel that it was okay to be open or honest with his feelings.

Participants mentioned that an increase in trauma-informed schools could be a significant component of systemic change. Reflecting on his own challenges with mental health support in school growing up, Manny emphasized a need for "more awareness of depression, anxiety, and learning disabilities" because he felt largely ignored in school—overlooked because he did not cause any overt trouble. This would have to go beyond "just packets" of information; educators would need to be "more engaging in the personal learning environment," suggesting a need for more trauma-informed care in schools. Xiomara agreed, lamenting that "teaching children to emotionally regulate" was not a regular occurrence in either her family or school life growing up: "how is that barely being a thing when it should have been taught years ago?" One of the unfortunate disparities noticed by participants was that communities of higher SES may have disproportionately higher access to resources than other historically marginalized communities—such as the Hispanic communities that several participants belonged to growing up. By simply having access to more resources, single caregiver children in higher SES homes would have more inherent protections than children without. "It was like living two different lives," recalled Sol when reflecting on splitting time between living with her father, who lived in a more affluent city, and her mother, who was on government assistance and worked three jobs to make ends meet. "Knowing the struggle [of existing as a child in a low SES household] at the time, I didn't really realize it."

Another critical resource that participants mentioned as a necessary addition to systemic change included access to therapy. In general, participants reported that access to therapy as a child—and now as an adult—has played a pivotal role in their social and emotional growth. Xiomara noted, "I feel like she [her therapist] is a big part of my life now," and that "I've learned to speak my feelings." For children growing up without this critical aspect, however, the results can sometimes be quite different. One of the most sobering and poignant anecdotes for the critical need for systemic change in external supports for children came from Lolli as she reflected on her family's view on mental health and therapy and on how her family's disbelief affected her. She stated,

> Actually, nobody knew I attempted [suicide], only my mom and my dad … no one really believes in mental health in my family. During the time, no one really did. So nobody really knew I was going through a lot of things emotionally. My family just thought I was just the weird one. And just the one that was just the awkward kid in the room and stuff. Until my grandma went through something. And she became depressed. And that's when everyone started to get to know like, depression is not just a joke. It's a real thing. But it had to happen to someone else for them to believe it. Unfortunately, that someone wasn't me.

Despite recalling these memories through tears, Lolli stated she is still able to "smile through everything," and credited her continued participation in therapy as a "really big" source of support in her life to this day. However, as participants noted, the negative outcomes are not the fault of the single caregiver child themselves, suggesting a need for systemic change in support systems to prevent more children from facing potentially life-threatening situations in the future.

Regardless of these experiences, all participants expressed at least a partial positive outlook on their past, with Dove being able to embrace and enjoy being "happy in my own space" as an adult. Heightened levels of independence are reported by all participants, yet

this was reportedly in spite of the (often lack of) resources growing up. Tiana claimed it made her "more appreciative of those who treat me with kindness and respect," and Sol credited her experiences for building her "resiliency and independence." Margarete mentioned that she feels like she has heightened knowledge and abilities in "real world situations, rather than the classrooms," and Manny noted that "nowadays, it's not as rare to single family households, so you don't really feel like an outlier anymore." Sol said she endeavors to be part of the solution when it comes to systemic change, stating that "I think the biggest thing I want to do is change what I have seen the pattern to be."

Recognizing the Impact of Early Childhood Experiences on Participants' Concepts of Relationships

As a result of their childhood experiences, many participants had a variety of thoughts on relational outlooks as well as on their own trauma. Regarding how participants viewed the concept of family, two prominent approaches emerged: biological versus chosen family. Lorena belongs to the first school of thought and stated, "I will define it as a mom and dad being together … but it's also uncles, grandmothers, and grandfathers. So yes, I think all people that are members of your [biological] family, not just mom and dad." Manny agreed, citing "my grandmother, my mother, my brother, my younger cousins, my aunt and uncle, and my uncle's wife-in-law. I'd say that's my primary family. Just us." The description of family as a biological construct tended to be displayed in participants strongly linked to collectivistic cultures, with Manny explaining, "In Punjabi culture … we all generally live in one house; that's very common. I feel like generally most people [in SCF] are separated, but in our culture, we're really close knit." On the other side of the spectrum, there were those who, even if they do have some roots in collectivistic cultures, had altered their definitions

over time. Ness pondered the concept of "birth family versus found family," stating that "I've found family who I feel are as important to me as my birth family." Tiana believed in a broader concept of family and revealed that:

> my definition of family would be individuals in your life, who provide you with unconditional love, support, respect, dignity, and who want the best, who have the best interest for you. And I don't think they have to be related to you. I think that it could be anybody like my [step] father, for example, although we're not biologically related. He, I definitely consider him my family and my father, and because of all of the love and support that he has given me throughout the years.

Sol felt similarly, explaining that "I can have a friend that literally feels like a sister. Right? I found it [family] in different ways that it doesn't have to be, you know, blood sisters or we have the same parents."

Participant views on parenthood seem to be varied as well, based on childhood experiences. When asked if or how her experiences have affected her decision to become a parent, Xiomara immediately responded: "I don't want kids. I'm not gonna bring a child to the world, if I'm not ready physically, emotionally, or financially, because I know they most likely are going to go through the same things that I did, which I don't want them to. Or I'm just going to mess them up in some way. And I'm doing a master's in child development! Oh my god, just everything about kids scares me now!" The capacity to provide was present when Dove was asked a similar question, stating, "I'm still not sure I want a kid. I know now that after working with kids, no one is ever going to be truly ready. … all I need to know is that I need to be financially stable and ready to provide for my kid … and if we can't we shouldn't have them." Manny knew that "being a parent is not all sunshine and flowers," and Lorena had resolved to not "repeat the same cycle" she had to go through as a child. Sol exclaimed that she "would never allow my kids to go through what I've been through."

Similarly, Margarete wanted to give her children more opportunities for freedom should she become a parent, stating that she wants her kids to be able to be more social and avoid becoming a "helicopter parent." Ness stressed that any children he has will benefit from him and his partner being able to "focus on a lot of communication … because that was something my parents really struggled with."

How participants view their trauma was an interesting theme among participants regarding who owns their trauma and how they relate it to their past to define their future. All participants described their experiences as growth opportunities, but in different ways: as an artifact of the past to move on from, as something that becomes a part of their identity that is currently being processed, or as something that is still present in their lives and is more than just one's own experience.

Sol, in particular, viewed her past trauma as in the past. "I didn't get to where I was without being able to shed those tears and let go of that pain. … I'll never blame my parents for the way that I was raised. Because that's their experience … that is something they've gone through and their trauma." To Sol, "those tears plant the seeds for you to grow" beyond one's past. Manny agreed, saying of his experiences: "don't let it hold you back, because in the end, it doesn't really dictate where you're going to go in life." In the view of these participants, the past does not have to significantly affect the future. There is an intrinsic internal locus of control, or individualism, that pervaded their belief systems and allowed them to view their experiences with trauma as something they are in complete control over, specifically how they react to it.

Interestingly enough, some participants held a different view of their past trauma, one where a participant's experience is intrinsic to who they are. Dove described wearing hers like a badge of pride, tangible proof of her resilience and capacity to endure: "I feel like I needed that wave, kind of like riding a roller coaster with ups and downs … I'm not saying I get everything now, but looking back on the lessons people have taught me … I'm like, okay, I see the message." According to this view on trauma, the past informs the present. As Ness explained, "I think I have a mentality of 'oh, it happened, then it's over,' but I think the effects linger on." He went on to describe the various methods his caregiver and siblings have used to cope with their trauma, to different levels of effectiveness; despite moving on beyond that stage of his life, the echoes of the past remain. "It's sort of like a bomb," he says, "in a way where there's this huge initial impact … but then afterwards there's this huge devastation that can remain afterwards … like particles in the air, or remnants of fallout … that's the lingering aspect that I've never really verbalized." While Ness appeared to have an overall positive outlook on life despite his experiences, he touched on several family members that were still "going through stuff." To these participants, trauma is always present, even if it is not directly affecting them anymore.

There were also some participants who have not had the opportunity to process completely through their thoughts and feelings, and they were still dealing with it in various ways to this day. "It's just difficult," said Lorena when describing how she was attempting to discuss the past with her former caregiver to fully come to terms with her experiences growing up. In addition to the children in single-caregiver families, the caregivers themselves may not have come to terms with their pasts, creating additional challenges for their now-

adult children who wish to finally address the issues of the past. When Lorena tried to bring up her childhood with her mother, she described her mother as becoming upset and herself as feeling full of guilt. “My intentions were not to blame her or make her feel bad … because maybe we’re not aware of what was happening [in childhood] now that we need to heal.” To some participants, not only do they have to manage their own trauma, but in some cases, they have to manage their caregivers’ trauma as well—to them, their past experiences are intrinsically linked to the people they were raised with.

ACEs Data Results and Findings

Through examining the results of the ACEs survey, every participant reported at least one ACE, with a mean average score of 3.44. If taking the newer ACEs survey into account, every participant scored at least two ACEs, with a mean average score of 4.44. The most common ACE experienced was psychological, with all nine participants experiencing instances where an adult in their household “Often or very often swear at you, insult you, or put you down; Or often or very often act in a way that made you afraid you might be physically hurt.” Two participants responded in the physical category, “Did an adult in the household often push, grab, shove, or slap you?” No participants reported an ACE in the sexual category. In the substance abuse category, six participants described themselves as living with a problem drinker or alcoholic, and two participants lived with an adult that used street drugs. Six participants responded to the mental illness category, claiming that they lived with an adult who suffered from a mental illness. In the category of “mother treated violently,” six participants reported that their mother figure was sometimes or very often “pushed, slapped, grabbed, or had something thrown at her,” and one participant disclosed

that their mother figure was "sometimes, often, or very often hit with a fist, or hit with something hard; repeatedly hit over at least a few minutes; and ever threatened with, or hurt by, a knife or a gun." Two participants responded to the "criminal activity in the household" section, where at least one household member went to prison.

Demographics

Participants were asked to disclose a few pieces of demographic information through both a survey and interviews. Based on the data collected, seven participants identified themselves as female, and two participants identified themselves as male. Participant ethnic variation was as follows: five participants identified as Hispanic, one identified as Asian/Pacific Islander, one identified as White, one identified as multiracial, and one identified as other. Participants reported a wide variation of caregivers (to include different periods of their lives), including biological mothers (eight participants), biological fathers (four participants), grandmothers (two participants), and grandfathers (one participant).

Income

Reported income levels by participants growing up varied, with two participants reporting an estimated annual income of less than $29,000; two reporting $30,000 to $59,000; four reporting $60,000 to $79,000*;* and one reporting $80,000 to $99,000.

Patterns between Themes and Data

Some connections began to unfold upon examination of both participant and survey data. In particular, six participants who witnessed violence against their mother figures as children all self-reported at least four separate ACEs at minimum, including living with someone with mental illness for at least one part of their lives. Based on participant and survey data, it

appears that physical abuse is consistently comorbid with other ACEs. Men represented the least common caregivers according to survey data, which makes sense when compared to participant interviews as multiple participants were quick to point out how gender differences could have had a significant effect on their SCF experience, regardless of actual participant gender. Based on these findings, males at most shared the burdens of a caregiver; females would often share or solely maintain responsibility as caregivers for participants as children. Finally, a majority of participants had at least one psychological, substance use, or mental illness ACE, lending support to the theme that dysfunction within the social system, particularly with the child's caregiver, has a significant negative impact on the overall well-being of a single caregiver child throughout their life because the child has to manage their own stress and trauma while enduring their adult caregiver's trauma as well.

Chapter 5: Discussion

While research showcasing the potentially negative effects and risk factors for children in single-caregiver families—compared to their two-parent counterparts—has been established over several decades for intervention and prevention efforts that seek to identify and address the complexity of ACEs (Pierce et al., 2022). This study fills a significant gap in the research on children from single-caregiver homes—which encompasses both single-parent children and children from fragile families—by examining (1) how adult children of single-caregiver families describe their experiences and challenges growing up that contributed to ACEs; (2) what protective factors helped (or would have helped) participants buffer themselves against potentially negative outcomes of growing up in a single-caregiver household; and (3) how the lived experiences of former children of single-caregiver households could be utilized to protect future generations of vulnerable children.

Current literature trends focus on fragile families or single-parent families without taking into consideration the kaleidoscope of identities children might have that keeps them from falling into these narrowly defined terms. Risk factors such as family composition, lack of available resources, caregiver mental health, race, and SES are shown to be consistently present in the literature. However, the lens through which scholars have viewed the topic has evolved over time. Early research on single caregiver families (SCFs) was overwhelmingly deficit-based and rooted in social stigma, misogyny, patriarchy, and moral judgment. Over time, a more holistic view developed that was focused on the mental well-being of SCFs, and contemporary research trends toward more strengths-based, client-centered, at-promise approaches. Preventative factors may be employed to allow a single parent to function

properly (Taylor & Conger, 2017) and give sufficient care to their children (van Gasse & Mortelmans, 2020); similarly, protective factors can be applied to children in SCF as well. To avoid negative outcomes like ACEs, several interventions and the concept of resilience have been explored by researchers, and trauma theory, meaning-making, and grounded theory are explored by this study as possible methods to aid future researchers in a foundational understanding of this topic through a systematic, structured approach.

The hypothesis that efficacious protective factors and interventions can be gleaned from the lived experiences of former children of SCF informed the selection of a phenomenological theoretical framework and a hermeneutic phenomenological methodology for this study. This framework posits that new ways of understanding can be found through recalling our experiences with a phenomenon, namely growing up in an SCF as a child. This study's hermeneutic methodological approach utilized participant language, conversations, historical context, understanding, and interactions with cultural elements throughout their lived experiences to distinguish justified beliefs from opinions and find relevant interpretations embedded in the participant's qualitative data. Participant data consisted of a series of hour-long, semi-structured qualitative interviews with participants aged 18–25 to examine the phenomenon of growing up in an SCF from the most recent lens possible.

Conclusions

The exploratory findings from participant interviews yielded a variety of responses while exploring the phenomenon of growing up as a child in an SCF home, which illuminated four main themes: (1) further dysfunction in the social system exacerbating the effects of the single caregiver experience; (2) strong and varied social factors mitigating adverse effects for

single caregiver children; (3) balancing assets with needed systemic change; and (4) recognizing the impact of ECEs on participants' concepts of relationships. The first theme had three subthemes: (1) birth order; (2) identity factors affecting experiences; and (3) mental health effects and outcomes. These themes bridge a gap in the literature by focusing not only on the negative aspects, outcomes, and risk factors of growing up in a single caregiver home but also by exploring effective, informed protective factors and interventions that are client-centered and culturally relevant.

In support of the current literature, this study demonstrated that an SCF child's social system health was critical to their lived experiences, and several factors, including birth order, identity, and mental health, were critical aspects of this theme. Participants who reported struggles between parents or caregivers growing up (in the form of arguments, fights, or law enforcement involvement) were more likely to disclose that they had difficulty connecting emotionally with their parents growing up—often to participant detriment. These findings are mostly in line with the current literature, which suggests that risk factors for poorer maternal mental health may include declines in father involvement and a lack of co-parenting support (Mallette, 2020) despite focusing only on mother-and-father dynamics. If the caregivers themselves do not have the capacity to care for themselves, they likely cannot sufficiently care for their child's mental well-being.

Birth order appeared to play both a positive and negative role as well, with eldest siblings reporting a sense of duty, responsibility, and parentification toward their younger siblings due to the social dysfunction surrounding them and their caregiver. Younger sibling participants corroborated these experiences by expressing gratitude and appreciation for their

older siblings' sacrifices, suggesting that older siblings of SCF children have the added responsibility of managing their own mental health, their siblings', and at times, even their own caregiver.

Related to birth order, Hispanic-identifying female participants in this study generally indicated they felt significant pressure to stay home and take care of their siblings and that oftentimes they felt like an extra parent. This was confirmed by male Hispanic participants, who noted that their caregivers wanted to break that cycle by having them be more domestically skilled as they grew up. The machismo aspect of Hispanic culture that was brought up by participants is an intrusion of patriarchy rooted in White supremacy that prevents Hispanic female SCF children from seeking support outside the family system, something that some participants are still coming to terms with at the time of their interviews.

In addition, participants with queer identities found the lack of support within their SCF social system so dysfunctional or lacking that they were driven to separate themselves completely from family members, which only added to the difficulties a child experiences growing up. These difficulties led to adverse mental health outcomes for SCF children, such as participant depression, anxiety, suicidal ideation or attempts, and isolation, which is in line with research that shows that deprivation and threatening experiences greatly influence psychopathology risk (Miller et al., 2021).

The strong and varied social factors that participants reported as mitigating adverse effects of participants' lived experiences expand upon the current research and propose new ideas for what is truly helpful to the SCF child's experience. Waldfogel et al. (2010) stressed the importance of quality parental time spent with children, which appears to be corroborated

by the earlier theme. However, what previous research does not examine as frequently is that it is not necessarily just the caregiver that can act as a strong mitigating factor but outside support as well. In fact, the primary protective factors that participants noted were strong and varied social factors and supports. Several participants cited close friendships, relationships, or extended family members as being a reliable emotional outlet for them growing up, or participants shared the desire to go back and be more involved in said groups, showcasing how important it is for SCF children to have as many emotionally literate peers and adults in their lives as possible. Extracurriculars and getting involved in groups outside of the SCF led to increased social support for participants, which is in line with current research (Raposa et al., 2019) and addresses the question of what protective factors are utilized by SCF children to buffer themselves against potentially negative outcomes.

While participants displayed an amazing capacity for resilience and the ability to endure in the face of adversity, acknowledging participant strengths while also advocating for systemic change was a recurring theme throughout the findings, and participants argued that this level of resilience should not be necessary for young children growing up. The self-reports of increased or hyper-independence and responsibility run contrary to current research, which suggests that as the number of ACEs at age 5 increases, the likelihood of reported self-control decreases. Self-control is defined by Jones et al. (2022) as when individuals engage in crime or other risky behaviors, and individuals with low self-control tend to be self-centered, impulsive, prone to risk-taking, easy to anger, and lacking in diligence as well as empathy. Based on survey data, participants averaged approximately four ACEs, with one participant self-reporting five, yet all of the participants displayed a measure

of introspection, empathy, and thoughtfulness that suggests there is more research that needs to be done in this area, in addition to moving away from at-risk perspectives. It may be that this high level of resilience and inner strength should be unnecessary in the first place, due to participant disclosures of how protective factors in the aforementioned theme helped them cope with ACEs. When examining the topic of systemic change, it appears that participants generally desired increased access to resources both in and out of the school system and stressed the importance of mental health awareness, education, and therapy throughout their lives. Participant recommendations for this topic address this study's research questions by further establishing ways to protect against negative outcomes while also utilizing their lived experiences to protect future generations of vulnerable children.

The findings indicated that it was critical to recognize the impact of the SCF experience on a child's conceptualization of relationships, family, parenthood, and trauma. Participant opinions varied on the topic of relationships, but what was consistently agreed upon was the absolutely critical importance of communication, honesty, and emotional intelligence in a partner. Participants with partners described strong and deeply intimate foundational ties because they had been careful in their selection of partners as a result of their experiences. This finding runs contrary to the research that describes children who experience more ACEs as experiencing deficits in social skills such as emotional maturity, communication skills, intentionality, and social competence (Pierce et al., 2022). In general, participants displayed a great capacity to remain emotionally available and vulnerable to those close to them throughout their lives, despite their experiences. In addition, they were even able to redefine their concepts of what family is, moving from a biological to a found or chosen family

dynamic. Discussions of the concept of trauma among participants also displayed participants' strong ability to be self-aware and introspective, and participants were able to view their trauma in a variety of ways to process their experiences and move on in a way that was suitable to them. These findings showcase how deficit-based or risk factor-focused research does not necessarily capture the whole picture of an individual and their experiences. Children of SCF possess a breadth and depth of thoughts, feelings, and behaviors that—if incorporated into future interventions and research—can shift modern perception into a more at-promise viewpoint and potentially benefit future generations of SCF children.

Limitations, Recommendations, and Further Research

Although the study provided new ways to examine the phenomenon of SCF children's experiences, there are several key limitations. First, the sample was somewhat homogeneous. While remaining open to and attempting to recruit participants from a variety of locations, most of the participants identified as female and at least partly Hispanic. A broader spectrum of participants in future research could inform researchers on the level of consistency in found patterns, which could lead to higher-quality analyses. In addition, the effect of memory on story-telling may have played a factor. Participants were encouraged to be as honest as they could, but it is possible that due to the traumatic nature of participant experiences as children, some facts were either forgotten or not completely accurate. In general, the concept of SCFs as a group is an understudied population—most research is either on fragile families or single parent children—and as such, this is one of the first studies focusing on this aspect of the SCF experience. Due to the lack of a complete literature base, this study was not able

to fully embed itself in a strengths-based focus on protective factors and needed to extrapolate from what is already known—potential risks and effects—to contextualize the protective factors participants discussed.

Several recommendations arise from the findings as potentially effective interventions to be implemented in the future. Based on participant data, social-emotional literacy and trauma-informed care in schools need to become the norm, not the exception. Participants felt largely unseen during their school experiences, and a way to implement positive change on behalf of affected students could be to build social-emotional literacy and trauma-informed care skills into the preparation programs for teachers and other school staff. While trauma-informed care in schools has been attempted in the United States before (Wiest-Stevenson & Lee, 2016), a systemic shift is needed in the perception of educator roles and responsibilities with regards to their students because children spend the majority of their day with staff during the school week. While educators are not the only solution to mitigating the adverse effects of the SCF experience in children, having the educational system embrace its role in the community as a pillar of support should be examined.

Increasing resources for caregivers through realistic means is another important way to support SCF children. Participants described school-based community nights as being some of the few times caregivers were able to show up at school, and incentives like free food, raffles for gas cards, or extra credit for caregiver attendance were cited as ways to increase parental involvement. Once parents are more engaged, educational sessions on effective parenting (Buchanan-Pascall et al., 2023) or informational sessions on how to access resources such as bus passes, free lunch, Electronic Benefits Transfer (EBT)/Supplemental

Nutrition Assistance Program (SNAP), and financial aid for their children could be held either in person, virtually, or in informational emails. A school-based bilingual social worker could be extremely helpful in assisting caregivers in locating much-needed assistance (Drabenstott, 2023), which would hopefully give educators greater capacity to meet their children where they are. To fund this, districts could consistently try to connect their schools with available grants and possibly partner with universities or colleges (either university or community level) to strengthen community-based ties and ensure the continued education of local students.

Expanding resources for children in the form of increasing access to mental health and third spaces is critical as well. Participants described how important it was to be able to receive therapy during childhood, which is why having licensed mental health clinicians on staff is a significant way to support the socioemotional development of SCF children. Usually, counselors in middle and high schools are focused on academics, providing limited social and emotional support. Giving children access to quality mental health care in schools can give them a much-needed space to access, develop, and maintain their emotional intelligence throughout childhood if they are unable to get such support from their family or other external systems.

Another way to increase this support is through third spaces, which are defined as an in-between space that is not work, school, or home where cultural boundaries meet and blur (Tatham, 2023). Another way to think about this concept is by having places for children to go outside of the caregiver home and classroom where they can exist and develop as people, traditionally places like gyms, bars, and cafes in the case of adults. Since children might not

have the same access to these specific third spaces, schools can assist in this way by creating wellness centers or teen centers for their students, where they are allowed to exist freely, build social bonds, and find the support that participants of this study credited extracurricular activities for growing up. For those children who are not necessarily interested in a specific club, activity, or sport, creating third spaces like these could be instrumental in helping support members of future generations of children. A more recent development is the concept of virtual third spaces (Uresti & Thomas, 2023), which could be virtual events designed to build community and connection. As children are becoming increasingly tech literate at a young age, meeting children where they are at and providing spaces where they feel comfortable, such as Discord chats, community-based Instagram pages, TikTok accounts, or Zoom events celebrating a child can give them a sense of belonging, acting as a mitigating factor against ACEs throughout their childhood.

There are several ways to expand upon this study, both directly related to SCF children and in researching different possible interventions. Exploring what specific third spaces are relevant to children, both virtual and in person, could help inform further research and interventions. Related to the rise of virtual third spaces, the effect of the coronavirus pandemic on recent students is a topic that needs to be examined more closely. Per Wu et al. (2024), the COVID-19 pandemic has elicited wide-scale general psychological distress; however, longitudinal investigations are required to identify the critical resources that support individuals' adaptation to this type of unique situation over time. The pandemic was mentioned by several participants as having a profound impact on their development and childhood, so a closer examination of how the pandemic has affected children with SCF

specifically is warranted. Regarding longitudinal studies, a more in-depth study involving more SCF participants from different areas of the country is strongly desired and would increase the diversity of the sample and give a more comprehensive, informed view of the research questions. Possibly widening participation age ranges to 16–25 might help alleviate some of the memory-based limitations, and more research can evaluate a greater variety of identities and the conceptualization of supports by multiple other cultures. Further research into trauma-informed care in schools would be a particularly cogent area to explore because of the current gap in research on effective modern interventions in the space. Finally, implementation of this type of study, rooted in constructivist grounded theory, would allow future research to follow a more systematic, structured approach by examining different aspects of SCF children found in this study's themes—such as birth order, culture and identity, and external supports—and expanding upon them in their own individual study to better understand all of the different aspects of the SCF phenomenon and to ensure that society works toward better supporting this at-promise population of children in the future.

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Appendix A:

Demographics Questionnaire

Section 1: Demographics

__ Black or African American

__ Hispanic

__ AAPI

__ White

__ Multiracial

__ Other, Please list: _____

Estimated Family Income Growing Up

__ Less than $29,999

__ $30,000 to $59,999

__ $60,000 to $79,999

__ $80,000 to $99,999

__ Greater than $100,000

Primary Caregiver

Was your primary caregiver growing up:

__ Biological Mother

__ Biological Father

__ Adoptive Mother

__ Adoptive Father

__ Grandmother

__ Grandfather

__ Aunt

__ Uncle

__ Foster Father

__ Foster Mother

__ Other (Please specify): _____

Siblings:

__ None

__ 1

__ 2

__ 3

__ 4

__ 5 or more

What was your hometown?

Did you attend public or private school?

ACEs Score Results:

__ 1

__ 2

__ 3

__ 4

__ 5

__ 6

__ 7

Appendix B:

Interview Questions

1. Tell me about your family growing up.
    a. Can you describe a typical day in your family life?
    b. Tell me about the first time you realized you were part of a single-caregiver family—how did that affect your worldviews growing up?
    c. Could you draw me a timeline of critical milestones in your life as it relates to family and tell me more about them?
2. Did you find yourself stressed at any point in your life due to your single-caregiver family? Tell me why or why not.
    a. Can you describe what you do when you attempt to cope with stressful situations?
    b. Can you give me an example of how you dealt with stress and negative situations as a child?
3. What is your definition of family?
    a. What is your relationship with your family now?
    b. Do you want to have children of your own? Why or why not?
4. You mentioned some of the difficulties you experienced during your childhood. Can you think of some things during your childhood that worked well for you?
    a. What are some aspects of living with only a single caregiver that others in different family situations might not understand?

b. What is some advice you would give to children that find themselves in a similar situation to what you went through?

Appendix C:

ACE Questionnaire

Abuse by category

Psychological

(Did a parent or other adult in the household…)

Often or very often swear at, insult, or put you down?

Often or very often act in a way that made you afraid that you would be physically hurt?

Physical

(Did a parent or other adult in the household…)

Often or very often push, grab, shove, or slap you?

Often or very often hit you so hard that you had marks or were injured?

Sexual

(Did an adult or person at least 5 years older ever…)

Touch or fondle you in a sexual way?

Have you touch their body in a sexual way?

Attempt oral, anal, or vaginal intercourse with you?

Actually have oral, anal, or vaginal intercourse with you?

Household dysfunction by category

Substance abuse

(At any point did you…)

Live with anyone who was a problem drinker or alcoholic?

Live with anyone who used street drugs?

Mental illness

Was a household member depressed or mentally ill?

Did a household member attempt suicide?

Mother figure treated violently

(Was your mother figure…)

Sometimes, often, or very often pushed, grabbed, slapped,

or had something thrown at her?

Sometimes, often, or very often kicked, bitten, hit with a

fist, or hit with something hard?

Ever repeatedly hit over at least a few minutes?

Ever threatened with, or hurt by, a knife or gun?

Criminal behavior in household

Did a household member go to prison?