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THE EFFECTS OF BEING THE OLDEST DAUGHTER AND A CARETAKER

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THE EFFECTS OF BEING THE
OLDEST DAUGHTER AND A CARETAKER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sahira Gonzalez

May 2025

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ABSTRACT

In many households, oldest daughters are a pivotal person as they have many responsibilities. One of the main responsibilities is caretaking their younger siblings. These young women are responsible for child rearing, nurturing, educating and guiding their younger siblings, essentially becoming a parental figure. While this is an issue in many households, it is not thoroughly discussed within the research field. The purpose of this study is to examine how oldest daughters are affected by becoming a caretaker for their younger siblings and how it results in these young girls having a negative impact in their well-being that results in emotional and behavioral instability. This proposed quantitative study is a questionnaire to evaluate the assumed responsibilities of the oldest daughter, the amount of time and effort placed into the role, and how it affected their mental well-being. This study is designed to inform social workers of the issue and its impact to better their understanding of the issue to support these women affected by their responsibilities as a caretaker.

ACKNOWLEDGEMENTS

Thank you to Professor McAllister for supporting and guiding me to write this proposal study. Thank you to my parents who have supported me in my education. Thank you for my siblings and my partner, who have brought me joy and happiness and normality in my life.

DEDICATION

This proposed study is dedicated for the young women who supported their families without being given the recognition they deserved. This is to honor the work and dedication they gave their families, more specifically their siblings.

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CHAPTER ONE

PROBLEM FORMULATION

Background Information

Within many cultures, the oldest daughters are raised to be the caretakers for their younger siblings, despite being children themselves. According to East, it is estimated that 1.4 million adolescents are involved in caretaking for their younger siblings (2010). There is no current statistical data on sibling caretaking involving demographics, but it has been found that girls are more likely to care for siblings alone, with more duties, compared to boys (Wikle et al., 2018, East et al., 2010; Pollack, 2002). Typically, these young girls are taught to be the third parent of their younger siblings, aiding in tasks like bathing, feeding, educating, and disciplining their younger siblings, with little to no support towards the eldest daughter (East et al., 2010; Pollack, 2002). While this issue is often occurring within households, the topic is rarely spoken of due to how incorrect it is considered by society (Pollack, 2002).

Children who have experienced this caretaker role have difficulties regulating their emotions and have strained relationships with their family members because they had no support to rely on with the amount of stress they acquired by the role (Pollack, 2002). Young girls who become caretakers at a young age can be negatively impacted by having an emotional and behavioral instability (Pollack, 2002). Despite this, there is no awareness for the issue within

social workers that results in helping these young girls while appropriately understanding the issue (Pollack, 2002).

Micro Issues

Studies have shown that young girls who are caretakers for their younger siblings have more difficulties regulating their emotions that affect their behavior (Pollack, 2002). The reason behind these consequences may be related to these young girls not having a choice in caring for their siblings, with feelings of resentment towards their parents and siblings for the situation, specifically their parents since they failed to be their support system (Pollack, 2002). As these girls grow older, they are more prone to experience social isolation and missed opportunities. According to a study conducted in 2009, it was found girls dedicated more of their time to child caretaking as they grow older, resulting in them abandoning their extra-curricular activities and friendships which increase the levels of stress they experience (East et al., 2009). Losing their friendships results in these girls losing their support system and abandoning their extra-curricular activities prevents these girls from acquiring skills needed for their future (East et al., 2009). While these issues are overlooked by the number of skills these young girls are accomplishing, it is important to note these factors are resulting in these young girls experiencing emotional dysregulation (East et al., 2009).

Mezzo and Macro Issues

While the assumed role can be a stressor for the individual itself, it can also affect the younger siblings being cared for. Young siblings who were cared for by their older siblings have difficulties with feelings of inadequacy due to the bereavement they experienced from their older siblings (Pollack, 2002). They experienced the verbal insults the oldest child would vocalize based on their feelings of resentment for their childhood and autonomy being taken from them for the sake of their younger sibling. While the issue is not impacting this macro issue directly, there is a correlation between the two. It was found that sibling caretakers were more commonly used with low-income families (Hsueh & Gennetian, 2011). It was more prominent specifically in low-income households because they did not have the financial support to obtain proper childcare for their children. On top of that, if there was a need to work to support the household, both parents would go to work, leaving the children with the oldest child (Hsueh & Gennetian, 2011). If there was not a need to work, child caretaking was less likely to be used because a parent would be present to care for all the children.

Policies

There are currently no specified policies regarding children being caretakers for their younger siblings within the US. However, a few states require an age limit of being able to care for younger siblings which range from the age of six to the age of fourteen (World Population Review, n.d). The issue is a

subjective matter as it depends on the child being held responsible for other children. These decisions rely on the ability a child must care for others, which are the skill sets a child must be able to care for their younger siblings. The amount of skill sets, and their capabilities is the determining factor of how long they can babysit their siblings (Radhakrishnan, 2021).

While there is no age limit, it is important to consider the regulations the child welfare systems uphold. The child welfare system is designed to ensure the wellbeing of children and secure their safety. The system supports many regulations, programs, and intervention that focus on the different maltreatments a child may experience within their home. While some regulations differ, as stated before, there are preventive measures in place to ensure children do not experience neglect by being in the care of another child frequently. According to the Department of Social Services, the child welfare system has a program in place that allows qualified individuals to receive financial aid to seek childcare services of their choice (n.d). While it is not a policy designed to prevent sibling caretakers, it is intended to help families secure safer childcare services.

Contribution to Social Work Practice and Research Question

Social Workers will frequently come across women who have experienced the caretaking role over their younger siblings. However, these social workers do not have sufficient research that demonstrate numbers, reasoning, and effects as it is a hidden practice within households. As there is not enough research conducted on the issue, social workers are unable to provide the adequate care

these women need. My research is going to identify why these young girls become caretakers and how it can affect them. These findings would contribute to social workers' knowledge on how to best help these young girls, as there is already limited information (East et al., 2009). After determining the issue and its consequences, social workers would be able to determine how to best help these women that respects their experiences, culture, and personal needs. Therefore, the research question for my study is:

CHAPTER TWO

LITERATURE REVIEW

Introduction

For this study, chapter two will review the literature that discusses the research and findings involved in oldest daughters becoming caregivers for their younger siblings. This chapter will discuss how the caregiving role affects the oldest daughter's development, their psychological well-being, the impact on their younger siblings with an exploration in potential cultural factors. Lastly, interventions will be reviewed to discuss the aid these children and family units may benefit from.

The Effect on the Oldest Child's Development

When a female sibling is tasked with caring for their younger siblings, they are responsible for multiple tasks related to child rearing. These tasks may vary from feeding their siblings to disciplining them, as an authoritative figure. A benefit to these responsibilities is the older daughter may perfect certain skills sets compared to an older sibling with no caretaker role (Brody, 2004). These children are found to improve their reading and language achievement scores, as well as adapt quickly to balance their self-concerns and have greater skills in caretaking roles (Brody, 2004). While these skills are important, when the role becomes excessive it impacts the older siblings' ability to focus on their homework and

extra-curricular activities, resulting in their school performance and social relationships being impacted negatively (Brody, 2004; East et al., 2009). This plays a major role as it results in older siblings becoming aggressive with their younger siblings due to misplaced anger as they cannot entirely blame their parents (Pollack, 2002).

Older daughters often lose a nurturing figure once they are caretakers, as they are seen as small adults “aware” of their responsibilities to handle their internal struggles (Fukuya et al., 2021). As they are perceived as small adults, they do not have the opportunity to explore the world as children. Instead, they act as adults who seek validation through completing different tasks, becoming leaders and helpers for adults (Pollack, 2002). If that role is stripped away from them, the oldest daughter becomes excessively childlike and attaches themselves to maternal figures (Pollack, 2002). These differences in personality may be the result of the child struggling with creating healthy relationships and healthy boundaries (Masiran et al., 2022). This is the result of parentification the child has experienced with raising their siblings (Masiran et al., 2022). Their social development is hindered by their interaction and responsibilities of the caretaking role, that as adults, they will struggle to maintain relationships based on their difficulties in communicating, setting boundaries, and maintaining their own needs over others (Masiran et al., 2022).

The Psychological Well-being of the Child

According to a study conducted on birth order, older daughters experience more emotional pressure and responsibilities over their younger siblings, based on what parents required of them (Fukuya et al., 2021). Due to the need for them to maintain their responsibilities, they are more likely to hesitate in expressing their emotions resulting in higher emotional distress and stress levels (Masiran et al., 2022). As they do not have guidance in their lives and their inner turmoil, older daughters are more likely to experience conduct problems (Fukuya et al., 2021). This may correlate to older daughters not having a support system to rely on when they begin to feel their distress becoming worse. Older daughters are less likely to socialize with their peers, because their workload becomes more overwhelming (East et al., 2009; Fukuya et al., 2021).

With less social support from their family and friends, they become more prone to experiencing inadequacy, guilt, and low self-esteem (Byng-Hall, 2008). In their adolescence and adult years, they are more likely to experience major depression and psychological distress which can manifest into suicidal ideation, external symptoms of conduct disorder or personality disorders (Byng-Hall, 2008; Masiran et al., 2022; Pollack, 2002).

It is important to note that the data and current literature do not represent the accuracy of the current issue as the issue is often ignored (Pollack, 2002). The reason it is ignored is related to how frowned upon it is to leave a childcaring for another, but the necessity of needing a caretaker result in the issue

consistently occurring within multiple families (Pollack, 2002). It is also important to note families or individuals do not seek mental health services due to their beliefs or stigmatization of receiving services, so their mental well-being is not disclosed, resulting in data being inaccurate to the overall issue (Mascayano et al., 2016; Ran et al., 2021). This study is aiming to accurately capture and understand the mental, emotional and behavioral effects of becoming a caretaker for oldest daughters to ensure proper intervention is utilized to help these individuals' presenting struggles.

The Impact on Younger Siblings

While older daughters are affected by the caretaking role, younger siblings can be negatively impacted by these dynamics. Older siblings often become hostile and aggressive towards their younger siblings due to misplaced anger from the circumstances parents have created for them (Pollack, 2002). The result of their misplaced anger and hostility is the prevalence of younger sibling experiencing conduct problems, poor performance in their academics, and a strained relationship with their older sibling, due to their being little positive interactions (Brody, 2004). The circumstances become more evident when younger siblings become adults who experience inadequacy due to the amount of incompetency they feel from their older siblings' degradation and comparison (Pollack, 2002). Younger siblings are often influenced by their older siblings through the nurturing role they may have with their older counterparts, however if

said role is often impacted by negative experiences, the influence would flourish negatively. (Brody, 2004).

The Cultural Aspects

Within cultures, there are different expectations and beliefs that influence mental health services and gender role rules or expectations. Regarding gender rules, within the Latino cultures, there are expectations placed on the oldest daughter to place their needs second to their family and household activities that support the family (Longoria, et al., 2020). These beliefs are the creation of the concept of familia that states family members are meant to be united who dedicate and uphold responsibilities that support the family, more strictly on female members to be the good daughter (Longoria et al., 2020). While this research speaks only on Latino families, according to a study done in 2013, Korean and Chinese families were found to raise their oldest daughter or child to uphold the task of financial management, brokering, and caretaking roles when caregivers are absent (Chung, 2013). This occurs due to traditional gender roles Asian cultures practice for female and male family members (Chung, 2013). These practices from both cultures demonstrate the prevalence of girls being forced to uphold and maintain their caregiving responsibilities, despite their internal and external struggles.

While these gender roles exist within these different family units, there is also cultural influences in the choice of seeking mental health services for family

members. Mental health services are not sought out within Latin communities because they are taught to rely on family members to receive emotional support (Mascayano et al., 2016). The stigma towards not receiving mental health relates to the belief of the unity of the family can aid an individual in their distress (Mascayano et al., 2016). It has also been found that family members, with Asian or Latino cultures, are known to protect their image by ignoring potential mental health signs in the family (Ran et al., 2021). This is done as a preventive measure of bringing “shame” to the family by having a member struggling with a mental illness (Ran et al., 2021). More specifically, machismo or familism, in Latino cultures believe male or female members struggling with mental illness is failing to uphold their family obligation (Mascayano et al., 2016; Ran et al., 2021). These stigmatization and negative beliefs further influence the oldest daughter from speaking on their struggles as to maintain the wellbeing of the family resulting in their further progression into major depression and other behavioral issues (Masiran et al., 2022).

The current literature provides the understanding of the overall reasoning of females become caretakers and their reasons of not speaking on their wellbeing, but it does not incorporate the female’s individual feelings and deciding concepts as to why they become caretakers. It is important to understand their individualistic reasoning to better support their needs and target presenting problems within interventions.

Interventions

Family therapy is utilized for intervention to speak on family dynamics and how they influence one another as a system. For the issue of older children becoming the caretaker for the family, the input of said child is valuable to discuss the internal and external emotions that derive from the situation (Macdonald, 2016). At times, due to cultural factors that prevent mental health discussions within families from occurring, the child will remain quiet to ensure their role is fulfilled for the benefit of the family (Mascayano et al., 2016). As they are silent in their struggles, when these conversations occur within family therapy, the parent is first hearing and processing the struggles of the oldest child (Macdonald, 2016). Within family therapy sessions, the conversation can begin to explore the separation of the role with the child as well as teaching the parent useful parenting and communication skills through family-based approaches (Carr, 2008).

Family therapy is important to help unify and support a family unit, however, positive psychology interventions can help older daughters with their own personal struggles. Positive psychology interventions are the use of self-help interventions, group training and individual therapy. For older daughters experiencing depression, anxiety and other mental health concerns, their interventions are useful to talk and develop inner skills to navigate their responsibilities and personal life. It was found that positive psychology interventions enhance an individual's well-being, psychological well-being and

reduce symptoms of depression (Boiler, 2013). The reduction of depression is important to consider as older daughters are more likely to experience depression like symptoms once they become adults (Byng-Hall, 2008; Masiran et al., 2022).

Gaps in the Literature

This study will be adding to the current literature by discussing the presenting problems and reasoning of the issue to appropriately determine the most beneficial intervention for these women. It is important to understand how to best help these women as there is an already negative light on seeking mental health services. Incorporating cultural, individualistic reasoning and the significance of being a caretaker for these women in intervention will ensure a more positive outcome from therapy.

Theories Related to the Problem

One theory that can be used to analyze child caretaking is role theory. Role theory states that behaviors are led by the expectations an individual may have for themselves and by others based on the role they assume within society (Kimberley, 2017). These roles, whether they are positive or negative, impact the individual because it influences them on how to behave to uphold the role they have assumed. In a therapeutic setting, it is important to take these roles into consideration because the individual's identity is embedded with their assumed

role (Kimberley, 2017). For this research, this theory can explain how the expectations of the role of caretaker can impact the oldest child especially considering their early age and the expectations others have on the child.

Another theory that examines children as caretakers is Social Exchange Theory. The theory states within a relationship, there is an exchange between two individuals that is built on a cost-benefit analysis (Ahmad et al., 2023). It states these relationships are determined by the cost and reward both individuals' experience to determine whether the relationship should be continued or abandoned (Ahmad et al., 2023). If the cost of the relationship is overwhelming for one side of the relationship, negative emotions can be formed that disrupt the balance of the relationship resulting in it being abandoned. Social exchange theory relates to the presenting problem because it can explain why the relationship between eldest daughter and family members is difficult to maintain. While the child may be learning valuable skills upholding the caretaker role, the cost of the role is too overwhelming considering all the losses they face (Ahmad et al., 2023; Pollack, 2002).

Both theories, Role theory and Social Exchange theory, will be used in this research study as they explain why certain roles are upheld and their effects. These theories also explain why these relationships are maintained despite there being no reward to the affected individual. These theories will be used as frameworks that guide research.

Summary

This study will explore the effects of older daughters becoming caregivers for their younger siblings. Through the exploration of this topic, providers will have a deeper understanding to enhance the possible interventions they can utilize with a sibling caretaker. The cultural aspects of this issue will also help providers understand how to implement interventions without disregarding beliefs and practices the individual may uphold. The issue is prevalent within many households, but the accuracy of the numbers has not been explored (Wikle et al., 2018, East et al., 2010; Pollack, 2002). Role theory and social exchange theory will help facilitate further understanding of social workers to help this population.

CHAPTER THREE

METHODS

Study Design

As previously mentioned, this study will identify why eldest daughters become caregivers and how the role affects these girls emotionally and behaviorally. The study will be a quantitative research design using a structured survey questionnaire to gather quantitative data that encompasses the responsibilities, their stress levels, and the determining factors that resulted in the role. After the survey, two scales will be administered that discuss symptoms related to their mental health and well-being to gain a deeper understanding of the issue.

Using a structured questionnaire with multiple choice questions will help the interviewer as all the individuals will receive the same questions to allow the researcher to compare answers. Since the questionnaire is comparable, the responses are quantifiable, and trends are identified within the data easily (Mazikana, 2023). While those are the strong points of using structured questionnaires, the limitations are they will prevent the researcher from gathering information on different backgrounds within the questionnaire's premeditated responses. It can be a limitation for the study, as women from multiple backgrounds can experience unique forms of parentification and experience different aftereffects of the role based on their background and culture

(Mazikana, 2023). The questionnaire also limits the amount of data one can gather from an open-ended questionnaire that can widen the responses and information the study could gather to discuss. While these are potential limitations, it is important for the participants that structured questionnaires can ease the burden of answering emotionally charged questions through having a structure in questions and responses that can reduce the number of negative emotions like frustration that can impact their progress in answering all the questions (Mazikana, 2023).

Sampling

This study will gather information and data from women who are first-born daughters. The birth order of these women is important as they are required to be the first-born daughters within their family even if they have older male siblings before them. It is also important if they have younger siblings, with no importance to gender, as that is who they are caregiving. Considering these requirements, the study's sampling method will be using purposive sampling. While purposive sampling can create a conclusion that cannot be as generalized to the population, it is strategically done to answer the research question and find appropriate data related to the research question. To recruit participants using purposive sampling, professionals with expertise in providing treatment regarding family systems will be contacted to inform potential participants of the study, the purpose, and the criteria. Once a small group is gathered, the study will use

snowball sampling to target the population that meets the criteria for the study. The combination of both snowball and purposive sampling is to widen the number of participants the study needs to ensure reliability. It is useful as it highlights the population that is difficult to reach to ensure participants are selected based on the criteria of the study.

Data Collection and Instruments

For the data collection, the study will use a structured questionnaire using multiple choice questions to gather data to discuss. The questionnaire will have unique questions that will be multiple choice that asks questions related to responsibility, support, age, number of siblings and demographic questions. All questions will be related to answering the research question for the purpose of better informing social workers how to help women who experienced or are experiencing the issue.

As the study analyzes the mental health and well-being of first-born daughters, two scales will be used to determine what symptoms these adult women experienced. The scales that will be used will be the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7) (Spitzer et al., 2020). These scales will be used to discuss anxiety and depression-like symptoms and their prevalence at their current age. The importance of using a scale in this study is to collect data that discloses information on what these women experienced. While it does not discuss interventions on how these

women overcome these symptoms, it would help social workers implement interventions that address these symptoms.

Procedures

To gather a reliable sampling that meets the criteria of the study, professionals related to the social work field will be contacted to acquire participants. The purpose of the study and the criteria for participants will be disclosed to these professionals to ensure an influx of participants who do not meet the requirements attempt to participate in the study. Potential participants will sign up for the study using a Google survey to determine if they are the targeted population. After having the initial participants, they will be asked to refer women within the population to participate in the study, restarting the process of signing up and being determined to be participants.

The study will be using a structured questionnaire and two scales that evaluate anxiety and depression-like symptoms to gather detailed information to discuss. As there are two parts to the study, participants will be physically present to participate. Before the beginning of the study, the participants will be made aware of their rights and security to receive consent for their participation.

The questionnaire will highlight previously mentioned components like their responsibilities, stress levels, how it impacted them emotionally and behaviorally, and why they needed to fulfill the role. After the questionnaire, the two scales will be given for the participants to complete. Their participation in the

study will only occur within one session to ensure that the participants complete the entire study. While this may create a limitation as the participants need to be mentally and physically present for the study, which can be tiring and emotionally draining, they will have opportunities to request breaks between the questionnaire and two scales.

Protection of Human Subjects

As the study requires the participation of human subjects, the research will be given to the Institutional Review Board (IRB) for review to ensure it follows the guidelines and ethics of research. Nonetheless, to ensure the well-being of the participants, it is crucial to practice ethical values designed to protect them in a research study and environment. It is important to disclose informed consent that discusses the study's purpose and potential risks. It is also important to inform the participants they can revoke their role in participating in the research at any moment without any consequences. When informed consent is disclosed, participants will have the opportunity to ask questions and provide voluntary consent. Confidentiality will be disclosed to the participants to inform them their personal information and data will be secured. The names of the participants will not be disclosed to the public to prevent any unwanted consequences they may face based on their responses. Their privacy will be ensured by removing their names from the questionnaire and two scales, who will only be accessed by the

researcher when reviewing the data. Their names or identify information will not be disclosed within the study or within the results of the study.

The risks will be minimized, and the benefits will be maximized to ensure that the individuals are not being harmed and the result of their participation is beneficial to the overall study. The study will be continuously monitored to ensure the entire process of the participants' participation is conducted ethically and safely to secure the wellbeing and security of participants. As researchers, the rights, safety, and dignity of all participants should be upheld under the ethical guidelines to ensure adverse experiences are prevented from occurring within the study.

Data Analysis

Frequency analysis will be used to analyze the data gathered by the questionnaire and the scales used. The purpose of using frequency analysis is to find trends within the data regarding symptoms and what the caregiving role was for participants. The measurement of frequency will allow the researchers to identify trends and patterns within the data to create a summarization and discussion that bridges the gap between the current literature on oldest daughters becoming caretakers. It will provide a deeper insight into the issue to understand and provide better support to women struggling with this issue and its aftereffects.

Summary

The study will collect data to further advance the current knowledge on the caretaking role of first-born daughters. The study will highlight its quantitative data that was studied through frequency analysis to create a discussion of noticeable trends. Participants will be protected through informing them of the purpose of the study and ensuring they are aware of their rights as participants for the purpose of informed consent. The study will answer questions current literature have failed to answer when speaking on the impact of the caregiving role women experienced in their youth.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the emotional and behavioral aftereffects of first-born daughters becoming caretakers for their younger siblings. The study is being conducted by Sahira Gonzalez, a graduate student, under the supervision of Dr. Carol McAllister, professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the emotional and behavioral aftereffects of first-born daughters who become caretakers for their younger siblings.

DESCRIPTION: Participants will be asked to complete a questionnaire and two scales to answer questions related to their responsibility as a caregiver, their stress levels, their emotional and behavioral wellbeing and why they became a caregiver for their siblings.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY/ANONYMITY: Your response will remain confidential and any personally identifiable information will be anonymized.

DURATION: It will take 10 to 15 minutes to complete both the questionnaire and two scales.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. This research may assist agencies supporting first born daughters who struggle emotionally and behaviorally due to their caregiving role.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at cmcallis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2025.

.....
I agree to have this interview be audio recorded: ____ YES ____ NO (required if you are recording interview for qualitative or mixed method study; DO NOT INCLUDE THIS HIGHLIGHTED PORTION IN YOUR FINAL INFORMED CONSENT)

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Place an X mark here

_____ Date

APPENDIX B
QUESTIONNAIRE

QUESTIONNAIRE

1. How many siblings did you care for as a caretaker?
 - a. 1
 - b. 2-3
 - c. 4-5
 - d. More than 5

2. At what age did you start taking care of your siblings?
 - a. Under 10
 - b. 10-12
 - c. 13-15
 - d. 16-18
 - e. Other _____

3. How many hours per day, on average, did you spend caretaking your siblings?
 - a. Less than 2 hours
 - b. 2-4 hours
 - c. 5-7 hours
 - d. More than 7 others

4. How many years did you act as a caretaker for your siblings?
 - a. Less than 1 year
 - b. 1-3 years
 - c. 4-6 years

- d. More than 6 years
5. What were your responsibilities related to caring for your siblings? (select all that apply)
- a. Cleaning or household chores
 - b. Cooking meals for your siblings
 - c. Helping with homework or school activities
 - d. Educating or disciplining your siblings
 - e. Providing emotional support
 - f. Managing younger siblings' schedules
 - g. Other _____
6. How often did you feel overwhelmed by caregiving responsibilities?
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
7. How supported did you feel by your guardians or parents in your caregiving role?
- a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often

8. On a scale from 1-5, How did your caretaking roles affect your social life?

(e.g., social life, education, relationships)

- a. 1 (No impact)
- b. 2
- c. 3
- d. 4
- e. 5 (Significant impact)

9. On a scale from 1-5, How did your caretaking roles affect your education?

- a. 1 (No impact)
- b. 2
- c. 3
- d. 4
- e. 5 (Significant impact)

10. On a scale from 1-5, How did your caretaking roles affect your relationships with other?

- a. 1 (No impact)
- b. 2
- c. 3
- d. 4
- e. 5 (Significant impact)

11. What is your race/ethnicity? (Select all that apply)

- a. White

- b. Black or African American
- c. Hispanic or Latino
- d. Asian
- e. Native American or Alaska Native
- f. Native Hawaiian or Pacific Islander
- g. Other _____

12. What is your current age?

- a. _____

APPENDIX C
SURVEY SCALE

**Patient Health Questionnaire and General Anxiety Disorder
(PHQ-9 and GAD-7)**

Date _____ Patient Name: _____ Date of Birth: _____

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.**

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

**Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.**

GAD-7	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

UHS Rev 4/2020

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