



Childhood abuse and family obligation in middle adulthood: findings from the MIDUS II National Survey

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This study examined associations between reported histories of childhood abuse and later reports of obligation towards their family of origin from a family life cycle perspective. Data from this study included a subsample of 725 single and married, English-speaking adult participants (57.1% female, *M* age = 49.8 years) from the National Survey of Midlife Development in the United States (MIDUS II): Biomarker Project. Findings suggest that childhood abuse impacts later family obligation in many ways, and that different categories of abuse (e.g. emotional, neglect, physical and sexual) and severity levels (e.g. none, less severe, more severe) differ in their impacts on adults' reports of obligation to their families. Implications for future research and clinical practice are suggested.

Practitioner points

- Clinicians should be aware that different categories of childhood abuse may have unique effects on clients' feelings of obligation towards their families later in life
- The intersection between severity of childhood abuse and category of childhood abuse is important to explore in therapy due to nuanced effects on feelings of family obligation later in life

Keywords: childhood abuse; family life cycle; family obligation; middle adulthood.

Introduction

Many middle-aged adults with histories of childhood abuse experience relationship difficulties with their families of origin, especially when these family members were perpetrators of abuse (Nguyen, 2011; Savla, Roberto, Jaramillo-Sierra, Gambrel, Karimi and Butner,

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2013). These relationships are complicated further as family members age into early, mid- and later adulthood and begin to require more care from one another. Moral tensions arise when adults are faced with the pressure to maintain connectedness and remain committed to caring for their family, despite abusive histories (Aneshensel, Pearlin, Mullan, Zarit and Whitlatch, 1995; Baines, 2006; Guberman, Maheu and Maille, 1992; Nelson and Wampler, 2000; Wuest, 1998). Childhood abuse—one of the most prevalent social and public health problems—has been linked to several negative mental health outcomes that relate to family relationship functioning in adulthood (Savla *et al.*, 2013) and specifically to family obligation (Baines, 2006; Guberman *et al.*, 1992; Wuest, 1998). In the scant studies on this topic, adult children of abuse reported feeling the same common pressures and family obligation compared to adult children with no abuse (Baines, 2006; Guberman *et al.*, 1992). Additionally, even less is known about how the severity (e.g. different threshold levels) of abuse impacts adults' family obligation. Taken together, we seek to add to the existing body of literature on childhood abuse and family obligation. Specifically we aim to fill this gap by examining the severity of childhood abuse and perceived family obligation from a family life cycle perspective.

Effects of childhood abuse on middle-aged adults

Sociologists predict that adults may spend up to fifty years in relationships with their siblings and aging parents (Gee, 1987). For the first time, it is likely that an individual will spend more time with their families of origin in adulthood than in childhood and adolescence (U.S. Census Bureau, 2014). Although family relationships are long lasting and are oftentimes positive and supportive, relationships can be complicated when there is a history of childhood trauma and abuse. Childhood abuse can have profound effects on the quality of relationships with family members throughout the life cycle (Schafer, Ferraro and Mustillo, 2011; Underwood and Rosen, 2011) and impact the degree of closeness adults experience with their family in later life (Savla *et al.*, 2013). For example, emotional and physical abuse can predict family closeness in middle-aged adults (Savla *et al.*, 2013) as well as impact adult psychological functioning (Aspelmeier, Elliot and Smith, 2007). Savla and colleagues (2013) suggest that the physical and emotional abuse experienced as children has cumulative effects on the degree of closeness middle-aged adults feel with their

own family and may affect the quality of other personal relationships adults maintain throughout their lives. Additional research documenting the experiences of adults with childhood sexual abuse histories consistently find that these experiences are linked to higher levels of trauma-related symptoms, lower levels of attachment security in family and peer relationships (Aspelmeier *et al.*, 2007), interpersonal difficulties in couple relationships such as contempt and defensiveness (Walker, Sheffield, Larson and Holman, 2011), emotion regulation impairment (Repetti, Taylor and Seeman, 2002), and detached relationships with parents (Davey, Eggebeen and Savla, 2007). Further, early experiences of abuse have also been linked to dissociation in adulthood (Narang and Contreras, 2000, 2005). This detachment from reality has been found to serve as an adaptive function in reducing an individual's reactivity to an unpleasant memory, feeling, or thought related to a traumatic event (Narang and Contreras, 2000, 2005).

Despite this utility in coping with early experiences of abuse and trauma, dissociation and other defence mechanisms have been associated with negative social and psychological outcomes in adulthood (Becker-Lausen, Sanders and Chinsky, 1995; Feeny, Zoellner and Foa, 2000). Adult children of abuse may exhibit such symptoms, or even experience re-traumatization, especially while staying connected to the parent and maintaining the relationship (Baines, 2006; Guberman, Maheu and Maille, 1992; Wuest, 1998). Knowledge of the effects of childhood abuse in family relationships, and specifically how these experiences impact the intergenerational relationships that accompany family relationships throughout adulthood have been understudied.

Moreover, perceived obligation to aging parents can further complicate matters for adults who feel it is their duty to provide assistance or for those who may not see opting out of family responsibility as optional (Fuligni, Tseng and Lam, 1999; Stein, Wemmerus, Ward, Gaines, Freeberg and Jewell, 1998). Despite the increase in adult caregivers to their family and dramatic shifts in family roles, little attention has been paid to these relationships in the context of childhood abuse and family obligation. Although obligation has been studied as features of adolescent interpersonal relationships to their parents (Fuligni, 1998; Fuligni and Pedersen, 2002; Fuligni, Tseng and Lam, 1999), the extent to which these middle-aged adults feel a sense of obligation to care for their family has been overlooked. Given the links between childhood abuse histories, impacts on later

interpersonal functioning in middle adulthood, and perceived obligation to family, it is important to understand these relationships, particularly since many of the individuals who have historically sought treatment for psychological and emotional-related issues (i.e. couple and family therapy) comprise the cohort of adults aged 35 to 45 years (Doherty and Simmons, 1996).

Family obligation

Relationships between an individual and their family members are presumably life-long. As such, there are many opportunities for family members to depend on one another. Family members may interpret the dependence as a duty or obligation to the family. For this study, family obligation is defined as a moral imperative embedded in mutual dependency (Wuest *et al.*, 2010).

Many middle-aged adults find themselves in the so-called 'sandwich generation'. These adults many may find the caregiving role rewarding and satisfying; however, it is not without experiencing increasing physical, financial, and emotional burdens (Riley and Bowen, 2005). For instance, 15 per cent of American adults in their 40s and 50s were responsible for providing financial support to not only an aging parent, but also their own children in 2012 (U.S. Census Bureau, 2014). Additionally, one in three middle-aged adults employed outside the home face the responsibility of caring for at least one family member, and this number is expected to increase to 45 per cent in the next five years (U.S. Census Bureau, 2014). As the sandwich generation continues to grow, it has become increasingly important to better understand the unique challenges pertaining to family obligation experienced by those with a history of childhood abuse.

As stated previously, adult children of abuse experience similar pressures to remain connected to their family as do adult children with no abuse (Baines, 2006; Guberman, Maheu and Maille, 1992). The obligation middle-aged adults experience can oftentimes be accompanied by guilt, especially when faced with societal perceptions that adults who do not stay connected to or care for their family are 'selfish' or 'the bad child' (Hodgetts, Pullman and Goto, 2003; Opie, 1994), even in light of varying levels of abusive pasts (Theixos, 2013). Studies have also shown that these experiences of guilt and shame around family obligation can occur throughout the developmental lifespan of middle adulthood (Miller, 2013). Thus, there is a need to

not only understand how childhood abuse influences adults' perceived family obligations, but also how the level of severity of abuse affects this perception. Similar to previous researchers' examination of abuse on perceived family obligation (Wuest, Malcolm and Merritt-Gray, 2010), the present study includes family obligation as a dependent variable.

Family life cycle

The family life cycle provides a helpful framework in understanding the importance of family obligation for middle-aged adults. This theoretical framework highlights the main tasks common for each stage of family life (McGoldrick, Carter and Garcia-Preto, 2010). Although the family cycle was developed as a normative model, it has been adapted to allow for diversity in cultural practices and family makeup (Falicov, 2014). The final three stages focus on mid-life and later life tasks. *Stage six* is the family with adolescents. The main task for this stage is adjusting parent-child relationships to allow more autonomy for the adolescent. This stage also includes caretaking responsibilities for family-of-origin, namely parents or caregivers that are now entering later life. *Stage seven* is comprised of launching children which consists of adolescents leaving the house and the process of learning how to interact with their now adult children. Furthermore, this stage also includes continued caretaking for family-of-origin (e.g. parent obligation) as well as grieving for members that have died. *Stage eight* is the later family life stage. This stage includes the accepting of physical decline in self as well as others. It also involves the adult child taking more of a leadership role in the family maintenance and includes the possible death of partner and friends. In this stage, it is common for added stress and feelings of guilt to accompany the demands of caretaking for both aging parents and their middle-aged children (McGoldrick *et al.*, 2010).

For middle-aged adults, the obligation to connect with family becomes particularly salient. Adults who have entered the mid-life development (e.g. *stage six* and *stage seven*) are often faced with aging parents and the decision of how to care for them in their later life stages. For adults who experienced childhood abuse, this obligation to care for aging parents can be a potentially complex and difficult emotional process (Baines, 2006; Guberman *et al.*, 1992; Wuest, 1998). Caretaking for elderly parents can carry emotional, logistical and financial difficulty in general; however, an additional strain could

be present for those who have survived childhood abuse, especially when this abuse was perpetrated by the parent who is requiring the caregiving. The effects of family-of-origin violence on the parent-child relationship is well documented in the literature (Figley and Kiser, 2013; Bancroft, Silverman and Ritchie, 2011; Sousa *et al.*, 2011; Halford, Sanders and Behrens, 2000). Survivors of abuse often feel less connected to their family-of-origin and have more conflictual relationships (Savla *et al.*, 2013). Less documented in the literature, however, is the comparison of family obligation among survivors of childhood abuse and those who have not experienced abuse or violence.

For a more nuanced understanding of how the experience of family-of-origin affects feelings of obligation, it could be important to look at the severity of childhood abuse. For instance, differences in the reports of sexual assault survivors regarding contempt and defensiveness in their couple relationships have been found to vary based on the severity of abuse reported in childhood (Walker *et al.*, 2011). It is possible that those who have experienced a more severe level of abuse may feel a lower level of obligation towards family. Further, these feelings of obligation could have implications on the ways by which adults negotiate the later life stages of the family life cycle. Therefore, in order to further examine the effects of childhood abuse on the experiences of adults' perceived obligation, groups of varying levels of reported abuse need to be tested.

Current study

Overall, the purpose of the present study is to test groups of adults who reported varying levels of abuse (from none to severe) and elaborate on the effects of childhood abuse on adults' perceived obligation to their parents. Consequently we have two research questions: (a) Are there differences in reported levels of obligation to family for the different groups of violence (i.e. *No Violence*, *Less Severe Violence* and *More Severe Violence*) for each category of abuse? (b) How did groups *No Violence*, *Less Severe Violence* and *More Severe Violence* differ on their reports of obligation to family for each category of abuse (physical abuse, emotional abuse, sexual abuse and neglect)? We hypothesized that those reporting higher levels of childhood abuse

would report lower levels of obligation to their family on each category of abuse.

Method

Procedure

This study utilized secondary data from the National Survey of Mid-life Development in the United States: Biomarker Project (MIDUS II; Ryff, Alemida and Carr *et al.*, 2011), administered during the years of 2004 and 2009. Participants were recruited through random digit dialing and comprised a population-based study of non-institutionalized adults. MIDUS II is a follow-up to the original MIDUS study completed during the years of 1995 and 1996, and was designed to investigate the role of behavioural, psychological, and social factors in understanding adults' mental and physical health. A subsample of $n = 725$ English-speaking adults between the ages of 40 and 59 years participated in this project. With funding provided by the National Institute on Aging, efforts were made to contact all original respondents from MIDUS I and invite them to participate in the second wave of data collection (MIDUS II). The overall response rate was 81 per cent with a total sample of 1,255 adults and we included in our study a subpopulation of 725 adults that identified being between the ages of 40 and 59.

Participants

Although middle adulthood has been defined more broadly in previous literature, for the purposes of this study we included participants who reported being between the ages of 40 and 59 as defined by the U.S. Census Bureau (2014). As a result, the sample is comprised of 725 participants with the following demographics: 57.1% female, 42.9% male, 78% white, 63% married, 52% with a high school degree or some college (42% college graduates or higher), and with a mean age of 49.8 ($SD = 5.76$) and mean personal income of \$41,538. When compared to the original sample from the MIDUS I study, those from MIDUS II Project 4 were more likely to have completed college, and less likely to smoke or have completed only high school or some college (Love *et al.*, 2010). See Table 1 for additional demographic information.

Measures

Childhood abuse. For the purposes of this study and in reflection of the literature, childhood abuse was delineated into physical abuse, emotional abuse, sexual abuse and neglect (Green *et al.*, 2010; Maneta, Cohen, Schulz and Waldinger, 2014; Mullen, Martin, Anderson, Romans and Herbison, 1996). Items from the *Childhood Trauma Questionnaire* (CTQ) were used to define and measure each category of abuse (Bernstein and Fink, 1997). The CTQ is a retrospective measure which asked participants to report on their experiences prior to the age of 18. The items on the CTQ are rated on a five-point scale: never, rarely, sometimes, often and very often. Sample items for physical abuse scale include: 'I was punished with a belt or hard object', and 'Family hit me so hard I had to see a doctor'. In this study, the Cronbach's alpha for physical abuse was 0.79. Sample items for the emotional abuse scale include: 'Family called me names', and 'Family said hurtful things to me'. The Cronbach's alpha for emotional abuse was 0.88. Sample items for the sexual abuse scale include: 'Someone tried to touch me sexually' and 'Someone molested me'. The Cronbach's alpha for sexual abuse was 0.93. Sample items for the neglect scale include: 'I had to wear dirty clothes' and 'Didn't have enough to eat'. The Cronbach's alpha for neglect was 0.77. The CTQ has demonstrated good internal consistency, test-retest reliability, and criterion validity for both clinical and non-clinical samples (Bernstein *et al.*, 2003). The overall Cronbach's alpha for the sample was 0.95. For each type of abuse, a subscale was computed with the respective items.

TABLE 1 *Descriptive statistics for demographic characteristics of the sample*

Characteristics	(M [SD] or %)
Gender	
Female	56.8% (n = 713)
Male	43.2% (n = 542)
Age	49.8 (SD = 5.8)
Years of Education	
High school	52%
College	42%
Income	\$41,538
Race	
Black/African American	9%
White/Caucasian	78%
Other	13%

Preliminary analyses showed no significant difference in reports of obligation between those who reported ‘sometimes true’, ‘often true’ and ‘very true’ on each scale of child abuse. Thus, in order to increase sample size within each type of abuse for the severity of violence experienced, those who reported ‘sometimes true’, ‘often true’ and ‘very true’ were combined into the *More Severe Violence* group. This procedure was done for each of the four categories of abuse. Three groups were then created for each category of abuse. Those reporting no abuse were grouped into the *No Violence* group; those reporting rare frequency of abuse were grouped into the *Less Severe Violence* group, and those reporting higher frequency of abuse were grouped into the *More Severe Violence* group. This procedure was replicated from the Walker, Sheffield, Larson and Holman (2011) study which examined the differences in reports of contempt and defensiveness in couple relationships for those who had experienced childhood sexual assault (for more information, see Walker *et al.*, 2011). The authors created groups of childhood sexual assault survivors using the same procedure of combining ‘sometimes true’, ‘often true’ and ‘very true’ into a ‘more often’ group.

Family obligation. For the purposes of this study, obligation is defined as feelings of adults to connect and maintain relationships with family members. The dependent variable of obligation is a scale comprised of four questions. Example questions include, ‘I feel obligated to drop plans when members of my family seem very troubled’ and ‘I feel obligated to contact family members on a regular basis’. Answers were scored in a Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The overall Cronbach’s alpha for the sample was 0.64.

Analyses

Data analysis was conducted in multiple steps. First, correlations were run for each variable of abuse and obligation variable (see Table 2). Second, three groups were created for each category of abuse: *No Violence*, *Less Severe Violence*, and *More Severe Violence*. Four separate one-way analyses of variance (ANOVAs) models were conducted to test our hypotheses of differing levels of abuse influencing obligation scores (see Table 3). Finally, Fisher LSD follow-up tests were conducted to test for pairwise comparisons within the groups of each category of abuse.

TABLE 2 Means, standard deviations and correlations

Variables	1	2	3	4	5	<i>M</i>	<i>SD</i>
1. Physical abuse	–					7.36	3.42
2. Emotional abuse	.47**	–				8.51	4.56
3. Sexual abuse	.34**	.35**	–			6.84	4.32
4. Neglect	.31**	.48**	.20**	–		6.94	2.79
5. Family obligation	-.13**	-.19**	-.10**	-.13*	–	4.95	1.08

N = 725 adults in total sample.

* $p < .05$. ** $p < .01$. (two-tailed).

Results

Table 2 provides means, standard deviations, and correlations among abuse types (e.g. physical, emotional, sexual, and neglect). Table 3 presents sample sizes for each group varying by type and severity of abuse. Overall, we found significant correlations among all of the variables. Strongest correlations were reported between emotional and physical abuse, $r = .47$, $p = .05$, 95% CI [.411, .525], and between neglect and emotional abuse, $r = .48$, $p = .05$, 95% CI [.411, .525].

Primary analyses

One-way analysis of variance (ANOVA) tests were conducted in *Statistical Package for the Social Sciences* (SPSS; version 21), to examine the study's primary hypotheses. Our study tested three groups of adults who reported varying levels of abuse (from none to severe) and further explained the effects of childhood abuse (physical, emotional, sexual and neglect) on adults' perceived obligation to their family. Our findings indicated that the three groups of participants differed

TABLE 3 Sample sizes: No Violence, Less Severe Violence, and More Severe Violence groups

	Emotional abuse	Neglect abuse	Physical abuse	Sexual abuse
Childhood Abuse Groups	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
1. No Violence	241	110	248	532
2. Less Severe Violence	313	431	385	99
3. More Severe Violence	167	82	88	87
Missing data	4	3	1	4

N = 725 adults.

on their reports of obligation to their family for all four categories of abuse: emotional abuse $F(2, 718) = 13.61, p = .00$, physical abuse $F(2, 718) = 6.72, p = .001$, sexual abuse $F(2, 715) = 3.85, p = .02$, and neglect $F(2, 620) = 4.86, p = .008$. Significance was determined at $\alpha < .05$.

Fisher LSD follow-up tests were conducted to test for pairwise comparisons within the groups for each category of abuse. The results are reported below and in Figures 1 to 4. Modelled after Baguley (2012), means for each group, *No Violence*, *Less Severe Violence* and *More Severe Violence* of family obligation for each category of abuse were plotted along with their 95 per cent confidence intervals. Additionally, statistically significant comparisons are indicated.

For emotional abuse, significant differences were found for reports of family obligation between the *No Violence* group, $M = 5.04, SD = 1.0$ and the *More Severe Violence* group, $M = 4.51, SD = 1.1, F(2, 718) = 13.62, p = .00$ with the *More Severe Violence* group reporting less family obligation than the *No Violence* group. Significant differences were also found between *Less Severe Violence* group, $M = 4.77, SD = 1.01$, and *More Severe Violence* group, $M = 4.51, SD = 1.1, F(2, 718) = 13.62, p = .01$ with *More Severe Violence* group reporting less family obligation than the *Less Severe Violence* group. Lastly, significant differences were also found between the *No Violence* group and *Less Severe Violence* group ($p = .00$) with the *Less Severe Violence* group reporting less family obligation than the *No Violence* group. See Figure 1 for a summary of the means for family obligation with 95 per cent confidence intervals for emotional abuse.

For physical abuse, significant differences were found for reports of family obligation between the *No Violence* group, $M = 4.94, SD = 0.96$, and the *More Severe Violence* group, $M = 4.47, SD = 1.1, F(2, 718) = 6.72, p = .00$, with *More Severe Violence* group reporting lower levels of family obligation than *No Violence* group. Significant differences were also found between *Less Severe Violence* group, $M = 4.76, SD = 1.05$, and *More Severe Violence* group, $M = 4.47, SD = 1.1, F(2, 718) = 6.72, p = .01$ with *More Severe Violence* group reporting less family obligation than *Less Severe Violence* group. No significant differences were found between the *No Violence* group and the *Less Severe Violence* group $p = .07$. See Figure 2 for a summary of the means for family obligation with 95 per cent confidence intervals for physical abuse.

For sexual abuse, significant differences were found for reports of family obligation between the *No Violence*, $M = 4.85, SD = .99$, group

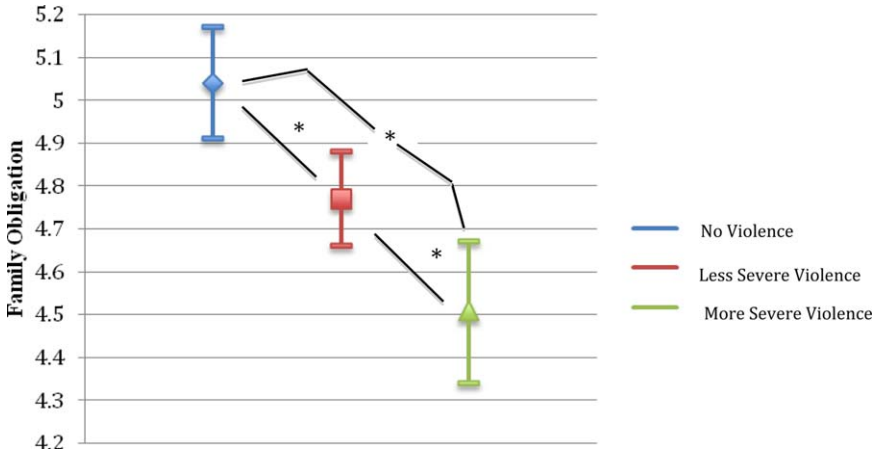


Figure 1. Confidence intervals of family obligation for emotional abuse. * indicates that there was a significant difference at $p < .05$. [Colour figure can be viewed at wileyonlinelibrary.com]

and the *More Severe Violence* group, $M = 4.53$, $SD = 1.3$, $F(2, 715) = 3.85$, $p = .01$, with *More Severe Violence* group reporting less family obligation than *No Violence* group. However, no significant difference were found between *Less Severe Violence* group, $M = 4.74$, $SD = 1.0$, and *More Severe Violence* group, $p = .16$, and the *No Violence* group and the *Less Severe Violence* group, $p = .34$. See Figure 3 for a summary of

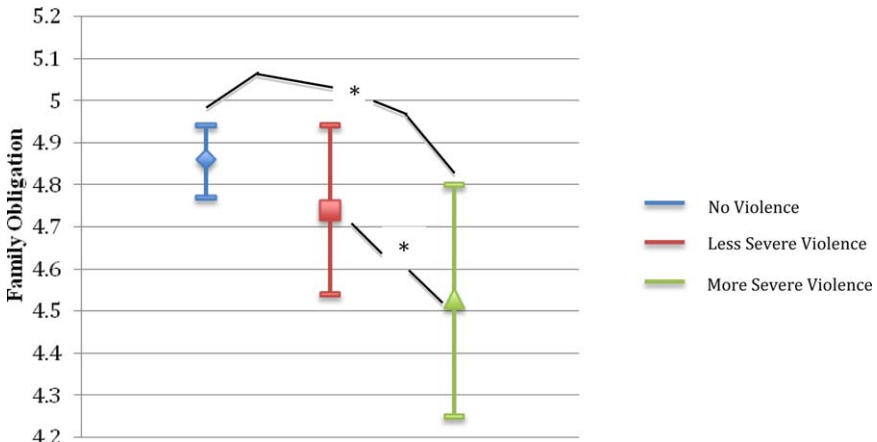


Figure 2. Confidence intervals of family obligation for physical abuse.* indicates that there was a significant difference at $p < .05$. [Colour figure can be viewed at wileyonlinelibrary.com]

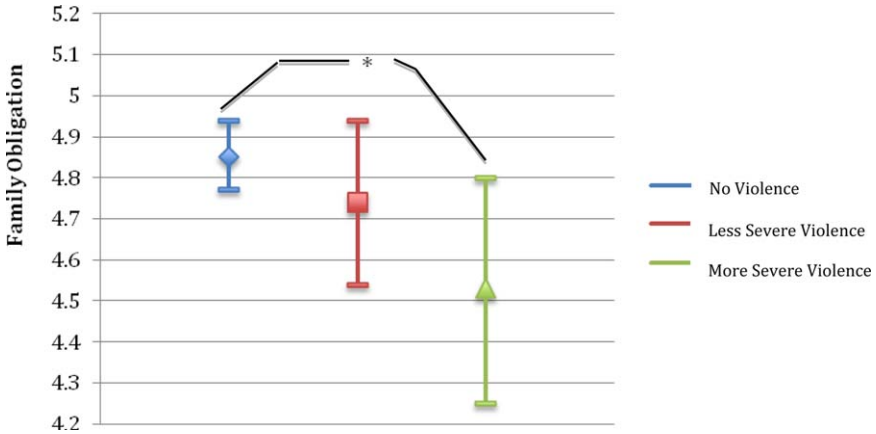


Figure 3. Confidence intervals of family obligation for sexual abuse. * indicates that there was a significant difference at $p < .05$. [Colour figure can be viewed at wileyonlinelibrary.com]

the means for family obligation with 95 per cent confidence intervals for sexual abuse.

For neglect, significant differences were found for reports of family obligation between the *No Violence*, $M = 5.03$, $SD = 1.1$, group and the *More Severe Violence* group, $M = 4.57$, $SD = 1.04$, $F(2, 620) = 4.86$, $p = .00$, with *More Severe Violence* group reporting less family

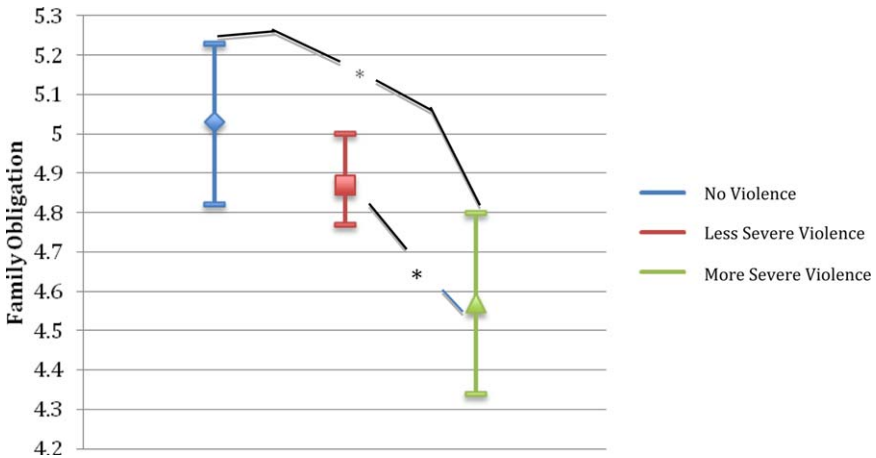


Figure 4. Confidence intervals of family obligation for neglect. * indicates that there was a significant difference at $p < .05$. [Colour figure can be viewed at wileyonlinelibrary.com]

obligation than *No Violence* group. Significant differences were also found between *Less Severe Violence* group $M = 4.86$, $SD = 1.0$ and *More Severe Violence* group, $M = 4.57$, $SD = 1.04$, $F(2, 620) = 4.86$, $p = .02$, with *More Severe Violence* group reporting less family obligation than *Less Severe Violence* group. No significant differences were found between the *No Violence* group and the *Less Severe Violence* group, $p = .13$. See Figure 4 for a summary of the means for family obligation with 95% confidence intervals for neglect.

Our findings suggest that while reports of family obligation are higher for the *No Violence* group compared to the *More Severe Violence* group across all types of violence, the differences among the other comparisons of groups (i.e. *No Violence* and *Less Severe Violence*) differ depending on the category of abuse.

Discussion

Prior researchers on childhood abuse have demonstrated a negative relationship between severity of abuse and obligation to family in middle adulthood (Baines, 2006; Guberman *et al.*, 1992; Nguyen, 2011; Savla *et al.*, 2013; Wuest, 1998). The negative influence childhood abuse has on adult relationships is also evident in our study. The results from this study support the hypothesis that childhood abuse impacts adults' later perceived feelings of obligation to their family members. These findings may also suggest that childhood abuse is a risk factor for family relationships later in life, especially during times of transition.

Theorists of the family life cycle would posit that the emotional and intellectual stages children pass through from childhood, adolescence, (*Stage Six* and *Stage Seven*) to adulthood (*Stage Eight*) as a member of the family are negatively impacted when there is a history of abuse (McGoldrick *et al.*, 2010). Children's attachments to their primary caregivers are likely affected by the abuse, especially when the perpetrator of abuse is the caregiver or an immediate family member (Romero-Martínez, Figueiredo, Moya-Albiol, 2014). Middle-aged adult caretaking responsibilities and degree of obligation to family, as shown in our study, are impacted when there is a history of childhood abuse at a vulnerable time in the life cycle. Particularly because they are completely dependent on parents and family members for care and support.

For our second research question, on how the groups *No Violence*, *Less Severe Violence* and *More Severe Violence* differed on their reports of obligation to family for each category of abuse (physical abuse, emotional abuse, sexual abuse and neglect), we found different results depending on the category of abuse.

For physical abuse and neglect, differences were found for the *No Violence* group and *More Severe Violence* group, where the *No Violence* group reported higher levels of obligation to their families. These findings indicate that family obligation is impacted not only by the experience of physical violence or neglect but also by its severity. Although there has been limited investigation of associations between type and severity of violence in general (Hegarty *et al.*, 2013), it is important for family therapists to assess for these histories to assist in the access of appropriate specialist supports. However, there was no difference between those who did not experience physical violence or experience neglect in childhood and those who experienced less severe violence; specifically, both the *No Violence* and *Less Severe Violence* groups reported the same level of obligation towards their families. These results indicate that people who experienced less severe physical violence or less severe neglect in childhood maintain feelings of obligation towards their families despite adverse childhood experiences. However, those who experience more severe physical violence or more severe neglect do not maintain the same level of obligation towards their families.

Different results were found for sexual abuse, specifically differences were found for the *No Violence* group and the *More Severe Violence* group, showing higher reports of family obligation for the *No Violence* group. No other significant differences were indicated among the groups. These results suggest that the presence of *More Severe Violence* for sexual abuse has more implications for feelings of obligation towards family than differing levels of abuse. One possible reason for the lack of significant difference between the groups could be due to under-reporting. Sexual violence is commonly under-reported, possibly due to the shame that is often associated with sexual abuse (Chiu *et al.*, 2013; Finkelhor, 1994). This under-reporting could have impacted the results of our study, making it more difficult to identify differences among the groups.

For emotional abuse, different patterns were found where results showed support for significant differences among all of the groups. The results indicate that the severity of abuse, from *No Violence* to *More Severe Violence*, impacts reports of obligation towards family;

specifically, the more severe the abuse, the lower reports of obligation. Again, these findings were unique for emotional abuse and indicate that family obligation is impacted not only by the experience of emotional abuse but also by the severity.

Clinical implications

Based on the results of this study, it would be helpful for family therapists to acknowledge the impact of childhood abuse on later feelings of interdependence and obligation in one's family of origin: specifically, exploring and understanding the ways in which different types of abuse (e.g. emotional, neglect, physical and sexual) affect the family. Systemic interventions, such as circular questioning, can be beneficial at increasing empathy and understanding among family members (Carr, 2014), especially in cases with post-traumatic stress responses (Coulter, 2011). As clinicians working with clients with childhood abuse histories, it is important to acknowledge that clients may or may not feel comfortable addressing the details of their abusive experiences and that this divulgence is not necessarily a part of effective therapy (Jones and Morris, 2007). Further, clients who have experienced less severe violence may feel just as much obligation towards their family as someone who experienced no physical violence. In a similar fashion, clients who have experienced less severe emotional abuse in their childhood may perceive fewer obligations towards their family compared to a client who experienced no childhood abuse. The differing reports of family obligation found due to severity seem to indicate that it could be helpful for clinicians to include an assessment of severity of abuse when doing their initial evaluation for childhood abuse.

Further, a more thorough understanding of how severity of different categories of abuse impacts feelings of obligation towards family could help clients navigate their current stage in the family life cycle. For clients in the later life stages of the family life cycle, these feelings of obligation towards family may have direct consequences for how they negotiate the major tasks of those stages (i.e. caregiving for aging parents). Helping a client make sense of their experiences through a more nuanced understanding of how severity of abuse and different categories of abuse could potentially affect feeling of obligation towards family, could aid in increasing the therapeutic outcome for the client. Additionally, exploring topics of abuse with families at risk

of perpetrating intergenerational cycles of violence is important, as many adults of childhood abuse often report wanting to be different from their parents (McWey, Pazdera, Vennum and Wojciak, 2013). It may be beneficial for treatment to focus on interpersonal factors associated with perceived obligation to family.

Lastly, conceptualizing treatment from both a family life cycle and family systems perspective could be beneficial. Integrating family systems theory into what was already discussed with the family life cycle could help the therapist and client work to understand that childhood abuse is not an event that happens in isolation between two members of the family at just one stage, but rather a larger process that has the ability to impact the entire family throughout the life cycle. Although other members of the family may or may not have experienced childhood abuse directly, the relational dynamics between them, the victim, perpetrator, and other family members are likely affected (Karakurt and Silver, 2014). Families strive to maintain a balance in overall functioning. It is likely that major family events (e.g. childhood abuse, treatment entrance, etc.) result in a change in another family member's functioning, which in turn influences the treatment-seeking individual (Fish, Maier and Priest, 2015; McCrady and Epstein, 1996). Therapists who understand the nuances of the type of childhood abuse, severity of abuse, and family obligation will be well equipped to help clients who are struggling with normative transitions to different life cycles.

Limitations

The results from this study should be viewed with consideration of several limitations. First, the use of secondary data limited our ability to follow up with participants regarding the varying levels of childhood abuse and their perceptions around obligation to family members. Second, the fact that these variables were measured at one point in time precludes our ability to examine the longitudinal patterns of associations between childhood abuse and family obligation that could further inform our understanding of the temporal and directional patterns between the various types of childhood abuse, family obligation, and family relationships throughout the life cycle. Although the dataset demonstrates a large representative sample of US adults, future studies should use more ethnically, racially, and gender diverse samples to explore potential variations in family obligation. While not

a focus of the study, research has suggested that adults' obligation to care for family are oftentimes socially expected based on values of kinship, especially from a cross-cultural standpoint (Chilman, 1993; Freeberg and Stein, 1996; Fuligni *et al.* 1999; Fuligni and Zhang, 2004; Juang and Cookston, 2009), and gender of the adult (Gustafson, 2006). In addition, this study does not account for the possibility of a single participant experiencing more than one category of abuse. Research has shown around a third of children who experience childhood abuse experience more than one category (Edwards, Holden, Felitti and Anda, 2003). In the future it would be important to account for the effects of experiencing multiple forms of abuse, as well as examining potential mediators and moderators.

Conclusion

The purpose of this study was to examine groups of adults who report different levels of abuse (varying from none to severe) and further expand upon the effects of different categories of childhood abuse on adults' family obligation. As childhood abuse has been found to impact perceptions of obligation in later adult life, it was important to test these associations. This study provided evidence that childhood abuse impacts later family obligation in many ways, and that different types of abuse (e.g. emotional, neglect, physical and sexual) and severity levels (e.g. none, less severe, more severe) also affect the ways in which adults feel obligated to their families. From a family life cycle perspective, the different phases of individual and family development encompass increased challenges when there is a history of childhood abuse. The series of developmental stages a family moves through over time can look different depending on the type and severity level of abuse. Middle-aged adults who experienced some degree of childhood abuse may not fall into the typical developmental stage of taking on the leadership role in family maintenance when compared with those adults who did not experience childhood abuse (McGoldrick *et al.*, 2010). Finally, we hope that the findings of this study will further illuminate the unique barriers and challenges middle-aged adults face when faced with the societal pressures of being obligated to one's family, as well as the many strengths they possess.

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