



Caregiving for Parents Who Harmed You: A Conceptual Review

Jooyoung Kong, Anne Kunze, Jaime Goldberg & Tracy Schroeffer

To cite this article: Jooyoung Kong, Anne Kunze, Jaime Goldberg & Tracy Schroeffer (2021): Caregiving for Parents Who Harmed You: A Conceptual Review, *Clinical Gerontologist*, DOI: [10.1080/07317115.2021.1920531](https://doi.org/10.1080/07317115.2021.1920531)

To link to this article: <https://doi.org/10.1080/07317115.2021.1920531>



Published online: 02 May 2021.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



Caregiving for Parents Who Harmed You: A Conceptual Review

Jooyoung Kong PhD, MSW, Anne Kunze BA, Jaime Goldberg MSW, LCSW, and Tracy Schroeffer PhD, MSW, MA

Sandra Rosenbaum School of Social Work, University of Wisconsin-Madison, Madison, Wisconsin, USA

ABSTRACT

Objectives: This paper aims to provide a conceptual review of prior research on the effect of a history of parental childhood maltreatment on the experiences and outcomes of adult-child caregivers who provide care to their perpetrating parents.

Methods: We performed a search using several databases including PsycINFO, ScienceDirect, and Academic Search Premier (EBSCO) for relevant papers and reviewed reference sections of selected papers.

Results: Histories of childhood maltreatment are associated with adverse psychological health in adult-child caregivers and reduced frequencies of providing support to their parents. The potential factors affecting the experiences and outcomes of such caregivers include contemporaneous relationships with perpetrating parents; caregivers' sense of choice about providing care; opportunities for posttraumatic growth; and participating in care through the end of life.

Conclusions: Caregiving for perpetrating parents can be particularly challenging due to complex, intersecting factors; thus, healthcare practitioners' increased awareness of and knowledge about such caregivers are crucial to provide effective support.

Clinical Implications: We highlighted the importance of ensuring caregivers' sense of choice and assessing their posttraumatic growth. In caregiving at the end of life, we noted the importance of using a trauma-informed approach when interacting with caregivers and their family members during illness and bereavement.

KEYWORDS

Childhood maltreatment;
family caregiving;
intergenerational solidarity;
life-course perspective;
posttraumatic growth

Introduction

Caregiving for aging parents has become a normative aspect of middle and older adulthood. An estimated 53 million adults (21.3% of Americans) serve as caregivers, with the majority providing care to an older family member, most commonly an aging parent (AARP and National Alliance for Caregiving [NAC], 2020). Family caregivers are relatives or close others (e.g., friends, neighbors), friends, partners, or neighbors who provide unpaid assistance to someone with limitations in their functioning (Schulz, Beach, Czaja, Martire, & Monin, 2020). A well-established literature exists concerning the predictors and mechanisms of family caregiver outcomes, particularly caregiving for older parents, because of the prevailing prevalence and salient health effects of family caregiving (Capistrant, 2016; Schulz et al., 2020; Schulz & Czaja, 2017). For example, scholars have identified that the characteristics of caregivers (e.g.,

socio-economic status) and care recipients (e.g., cognitive status, functional limitations) and other mediating factors, such as role strains, relationship quality with care recipients, and psychosocial resources of caregivers (e.g., social support) can influence the health and well-being of caregivers (Dal Santo, Scharlach, Nielsen, & Fox, 2007; DePasquale et al., 2017; Judge, Yarry, Looman, & Bass, 2013; Merz, Schuengel, & Schulze, 2009; Pearlin, Mullan, Semple, & Skaff, 1990). In such research endeavors, however, the exploration of life-course factors that take account of the historical context of caregiver-care recipient dyads has been overlooked.

Most of the known predictors and intermediaries studied with regard to the health effects associated with caregiving tend to derive from contemporary time points, which do not reflect an important characteristic of later-life families, that is *family histories*. Brubaker (1990) points out that families

in later life have a lengthy and rich family history, with old, well-established positive and negative patterns of interactions and dynamics. Families also share unfinished business or tensions arising from events that happened earlier in the family's history (Brubaker, 1990). The consideration of family history aligns with the life course perspective, which posits that individuals' early life experiences can cumulatively and interactively influence outcomes and relationships in later life (Elder, Johnson, & Crosnoe, 2003). Thus, caregivers' childhood experiences and relationships within the family of origin can have the potential to influence the experience and outcomes of caregivers of aging parents.

Researchers have found evidence that among many elements of family histories, childhood maltreatment can negatively affect caregivers' well-being. An estimated 9.4–26% of filial caregivers experienced abuse and/or neglect by the parent for whom they were providing care (Kong, 2018b; Kong & Moorman, 2015). Research has demonstrated that such caregivers report worse mental health than their non-abused counterparts (Brown, 2012; Kong, 2018b; Kong & Moorman, 2015). The question remains, however, would these adult children continue to interact or relate to their parents who used to be abusive and neglectful? The answers to this question likely vary depending on specific characteristics and circumstances of childhood and current family relationships. Based on several theoretical arguments such as linked lives and the convoy model of social relations that emphasize the interdependence within family relationships across the life course, the speculation is that many adults with a history of childhood maltreatment may maintain their relationships with aging parents (Antonucci, Ajrouch, & Birditt, 2013; Elder, 1994). These theories propose that individuals move through life surrounded by a group of close and important others, typically family members, who are expected to provide support and protection in times of need. Despite the abuse/neglect, this interdependence may lead to adults with histories of childhood maltreatment remaining in relationship with their aging parents. The quality and characteristics of family relationships, however, must be taken into account, as they have important implications for individuals' well-being. The breakdown of the

social contract between parent and child in the form of abuse/neglect can lead to a challenging parent-child relationship that can exert a persistent influence on the dyad's contemporary relationship, which could serve as a source of distress for the adult-child caregiver (Brown, 2012; Kong, 2018a; Kong & Moorman, 2015).

For adult children who suffered the trauma of childhood abuse/neglect at the hands of a parent, taking on care responsibilities may involve daily intimate contacts that can be particularly stressful, harmful, and even re-traumatizing (Brown, 2012; Kong, 2018b; Kong & Moorman, 2015). Adult children in general do not always feel they have a choice regarding becoming a caregiver for their parents because of limited economic resources, limited availability of formal systems of long-term care, policy transitions from institutionalization to home- and community-based services, and cultural norms of filial obligation (AARP and NAC, 2020; Brown, 2012).

For adult children with a history of child maltreatment, this lack of control over the decision to serve as a caregiver to their abusive parent may prove re-traumatizing, as it may trigger the feelings they had as a child when they had no control over the abuse they were suffering at the hand of their parent (Brown, 2012). In addition, re-traumatization could also occur during caregiving tasks that typically include assistance with activities of daily living such as bathing, dressing, toileting, feeding, walking, and getting out of bed, all of which require close physical proximity to their former abuser (Brown, 2012). Therefore, it is key that these caregivers receive tailored support from those in the helping professions to think through how to approach decision-making and boundary-setting regarding if/how to participate in caregiving for their perpetrating parent (Brown, 2012).

Despite the importance of the issue, a lack of awareness and knowledge about caregivers who provide care to their perpetrating parents exists, resulting in a substantial gap in practice such that caregivers with childhood trauma are likely to struggle to identify and navigate available resources to address their unique concerns. This article aims to address this issue by conducting a conceptual review of the literature. This review will seek to ascertain what is currently known about the impact

Table 1. Fourteen peer-reviewed studies on later-life relationships between adults with a history of childhood maltreatment and their previously abusive/neglectful parents.

Author	Year	Study Sample	Research Method	Summary of Major Findings
Band-Winterstein, T.	2014	N = 25, adult children experiencing lifelong exposure to intimate partner violence	Qualitative study	<p>Four themes emerged: (a) What type of family do I have: Normal or abnormal, (b) Once violence, always violence, (c) Once my parents, always my parents: To care or not to care, (d) What do I take along with me? Reflections over time</p> <p>Maternal childhood neglect was associated with decreased emotional closeness & less exchange of social support with mothers, which was in turn associated with diminished psychological well-being.</p> <p>Providing care to an abusive parent was associated with greater depressed affect and lower levels of life satisfaction.</p> <p>Among four latent classes identified, caregivers in the emotionally/physically abusive and authoritative class were most negatively affected across different psychological outcomes.</p> <p>Maternal childhood abuse and neglect were associated with decreased emotional closeness, which was in turn associated with diminished psychological well-being.</p> <p>Maternal childhood abuse was associated with providing less frequent emotional support to aging mothers.</p> <p>Persons who had a history of parental abuse/neglect showed significantly more frequent depressive symptoms when providing care to their abusive parent(s) compared with caregivers who had not experienced parental abuse/neglect.</p> <p>Providing assistance today and yesterday to parents had immediate and lagged associations with higher negative affect when adult children experienced childhood emotional abuse from parents.</p> <p>Childhood abuse negatively impacts adults' later perceived feelings of obligation to their family members.</p> <p>Early parent-child relationships and the characteristics of parents when adult children were growing up influenced contemporary adult child-parent relationships, which was in turn associated with assistance from adult children to their parents.</p> <p>The propensity of adult children to provide instrumental and emotional support was indirectly affected by the influence of the early parent-child relationship on contemporary filial concern and relationship quality.</p> <p>Women judge caring demands to be legitimate despite abuse because of others' expectations, the potential for <i>fraying connections</i> (e.g., guilt, conflict) is great.</p> <p>Past relationship and obligation predict health outcomes and health promotion of women caregivers.</p> <p>Obligation to care was grounded both in duty to others and to self, and caregiving was seen as an opportunity for reconciliation.</p>
Kong, J.	2018a	N = 1,696, adults aged 65 years old	Secondary data analysis (WLS)	
Kong, J.	2018b	N = 219, filial caregivers	Secondary data analysis (MIDUS)	
Kong et al.	2020	N = 371, caregivers of aging mothers	Secondary data analysis (MIDUS)	
Kong & Martire	2019	N = 6,830, adult children with living parents	Secondary data analysis (WLS)	
Kong, J., & Moorman, S.	2016	N = 887, adult children with living mothers	Secondary data analysis (MIDUS)	
Kong, J., & Moorman, S.	2015	N = 1,001, filial caregivers	Secondary data analysis (WLS)	
Liu et al.	2018	N = 782, adults participated in MIDUS daily diary survey	Secondary data analysis (MIDUS Refreshet)	
Pariker et al.	2018	N = 725, adults participated in MIDUS biomarker project	Secondary data analysis (MIDUS)	
Whitbeck et al.	1991	N = 902, married adults with living parents	Secondary data analysis	
Whitbeck et al.	1994	N = 1,135 adult children with living parents	Secondary data analysis	
Wuest, J.	1998	N = 21, heterosexual and lesbian women caregivers	Qualitative study	
Wuest et al.	2007	N = 236 female caregivers	Survey research design	
Wuest et al.	2010	N = 16, women giving care to parents who had abused them as children	Qualitative study	

WLS = Wisconsin Longitudinal Study, MIDUS = Midlife in the US.

childhood maltreatment may have on adult survivors providing care to their abusive parent, as well as about the factors that can affect the experiences and outcomes of such caregivers. The results of this review will inform practice implications for healthcare and other helping professionals.

Methods

We conducted a conceptual review of existing studies related to the long-term impact of childhood maltreatment on caregiver experience and outcomes. To identify relevant articles, we performed a literature search using PsychINFO, ScienceDirect, Academic Search Premier (EBSCO) databases using terms such as “childhood maltreatment/abuse/neglect,” “caregiving,” along with relevant additional terms, such as “intergenerational relationships,” “post-traumatic growth,” “end of life,” and “grief or bereavement.” We also referred to reference sections of selected papers, as well as to previous papers written by the lead author. The search found that a limited number of studies exist that directly relate to this issue. We identified in our search a total of 14 peer-reviewed studies concerning later-life relationships between adults with a history of childhood maltreatment caring for their previously abusive/neglectful parents (Table 1). We reviewed and synthesized these studies, which we then divided into two categories: (1) caregiver experiences and outcomes associated with caregiving for a perpetrating parent and (2) the factors that can affect those experiences and outcomes. A review of these two categories led to a number of implications for healthcare practitioners.

Results

Caring for a perpetrating parent: caregiver experience and outcomes

Only a handful of studies have examined how childhood maltreatment affects the experience and outcomes of adult survivors while caring for the perpetrating parent. Most of these studies utilized national surveys (i.e., Wisconsin Longitudinal Study [WLS], Midlife in the U.S. [MIDUS]), whose samples were predominantly white, well-educated, and of high socioeconomic status.

As noted above, Kong and colleagues found that 9.4–26.0% of parental caregivers reported a history of childhood maltreatment by the parent to whom they provided care (Kong, 2018b; Kong & Moorman, 2015). The high prevalence rates support that many adult children continue to relate to and care for their aging parents despite abuse and neglect, although methodological limitations (e.g., representativeness of the study samples, retrospective reporting, and quality of childhood abuse measures) need to be noted. The authors found that caregivers who provided care to their perpetrating parent showed statistically significant higher negative mental health outcomes, such as depressive symptoms, compared to non-abused caregivers. Caregivers who had been abused and provided care to a non-perpetrating parent (e.g., having been abused by mothers and currently providing care to fathers) did not show a significant difference in mental health compared to non-abused caregivers. These studies also found that the use of emotion-focused coping (e.g., avoidance, denial) and low self-esteem significantly moderated/mediated the effect of childhood maltreatment on mental health outcomes of caregivers. Relatedly, using daily diary interviews from middle and old-aged adults, Liu, Kong, Bangerter, Zarit, and Almeida (2018) examined the moderating role of childhood abuse in the association between providing daily assistance to aging parents and caregivers' daily mood. The authors found that for adult children who experienced childhood emotional abuse from parents, providing assistance to parents was associated with a statistically significant higher negative affect on days when care was provided (Liu et al., 2018). The moderating effect of childhood abuse was not found when the assistance was provided to other family members or friends.

In a qualitative study, Band-Winterstein (2014) found that adult children who throughout their lives witnessed violence between parents, many of whom were also abused themselves, experienced heightened psychological distress associated with caring for the perpetrating parent. Further, the author noted that these adult children appeared to face the dilemma of caregiving with ambivalence between values-based obligations and their emotions/feeling toward the parent. The following quote well illustrates their feelings of emotional

ambivalence and sense of obligation: “For us, they [perpetrating parents] are just a burden. We all say that if they did not exist, it would make our lives much easier, but on the other hand, I say, ‘Once my parents, always my parents’” (Band-Winterstein, 2014, p. 451).

The ambivalent evaluation of the relationship is also captured in a recent study of Kong, Martire, Tate, Bray, and Almeida (2020) that analyzed a sample of caregivers from the MIDUS studies. The authors identified a latent class of caregivers who each reported a contradictory experience of mothers having been both abusive and loving/affectionate during their childhood. Compared to other latent classes that did not endorse having a contradictory experience, this latent class showed heightened psychological distress. The mix of positive and negative recollections of childhood experiences with parents may reflect adult caregivers’ feelings of ambivalence toward their parents (Lendon, Silverstein, & Giarrusso, 2014). Prior studies consistently found that ambivalent emotions can compromise individuals’ psychological health and well-being (Fingerman, Pitzer, Lefkowitz, Birditt, & Mroczek, 2008; Tighe, Birditt, & Antonucci, 2016).

Furthermore, histories of childhood maltreatment appear to be associated with reduced frequencies of providing care. Whitbeck, Simons, and Conger (1991, 1994) addressed the issue by examining early family relationships and their connection to both later-life relationship quality with and the frequency of providing assistance to aging parents. They found that childhood parental rejection and hostility were associated with less emotional cohesion with aging parents, which was then associated with less frequent assistance to the parents. Relatedly, examining the mother-adult child dyad, Kong and Moorman (2016) found that a history of maternal childhood abuse was associated with adult children providing less frequent emotional support to mothers.

Caring for a perpetrating parent: potential factors affecting caregiver experience and outcomes

Contemporaneous relationships with perpetrating parents

Some caregiving literature (e.g., Merz et al., 2009) suggests that current relationship quality with care

recipients is a key predictor associated with the health and well-being of caregivers, which could be the case for caregivers with childhood maltreatment histories. The quality of relationship can be defined in different ways, such as contact frequency, emotional or subjective evaluations about the relationship, and familial roles or strength of commitment to filial obligations (Bengtson, 1996; Bengtson & Oyama, 2007).

Among these constructs, perceived emotional closeness with parents (i.e., affectual solidarity) is one of the most crucial elements of intergenerational solidarity found to enhance adult children’s well-being, reduce relational conflicts, and be associated with positive caregiving outcomes (Crispi, Schiaffino, & Bermann, 1997; Fauth et al., 2012; Merz et al., 2009). Kong (2018a) conducted a cross-sectional analysis to examine the mediational link between parental childhood abuse, the qualities of later-life relationships with the abusive/neglectful parent, and adult child’s psychological well-being. The author found that histories of maternal childhood abuse and childhood neglect were associated with lower levels of emotional closeness with mothers, which was in turn associated with lower psychological well-being. A follow-up study by Kong and Martire (2019) replicated the research question of Kong (2018a) using longitudinal data and found consistent results. Based on these results, it is worth noting that perceived closeness with mothers appears to matter for adult children with a history of maternal childhood abuse. This finding may signify that some adult children long for closeness with their mother despite childhood maltreatment. Another notable finding is that there were no statistically significant associations between reports of childhood abuse and later relationships with the non-abusive parent or father, which warrants further investigation.

Filial obligation is another important construct of intergenerational relationships that can facilitate contacts and helping behaviors for aging parents (Lye, 1996; Parker, Maier, & Wojciak, 2018). Though few empirical studies have investigated this relationship in the context of childhood maltreatment, one study specifically examined the effect of childhood maltreatment on filial obligations toward a perpetrating parent. Parker et al. (2018) conducted bivariate analyses between

reported histories of childhood abuse and later reports of obligation toward their family, which was defined as “feelings of adults to connect and maintain relationships with family members” (Parker et al., 2018, p. 128). The authors found that adults with a history of childhood abuse and neglect reported a lower perceived obligation to family than non-abused adults. Relatedly, Wuest, Hodgins, Malcolm, Merritt-Gray, and Seaman (2007) investigated the links between past relationships (i.e., quality of caregiver-care recipient relationships historically prior to caregiving, including abuse), a sense of obligation, and health outcomes. They found negative past relationships associated with taking on the caregiving role derived from a sense of duty or moral imperative, which was associated with poorer health outcomes of caregivers.

Having a sense of choice

Having the feeling of choice in taking on care responsibilities can enhance the caregiving experience and positively affect caregivers’ health and well-being (Deci & Ryan, 2000), whereas a perceived lack of choice in caregiving is associated with higher levels of emotional and physical stress and strain (Longacre, Ross, & Fang, 2014; Schulz et al., 2012; Winter, Bouldin, & Andersen, 2010). In particular, caregiving for a formerly perpetrating parent may be more challenging if a perceived choice is absent because lacking a sense of control or choice presents risks of being harmed again in the relationship with the parent. For these adults, providing regular, long-term, and intimate levels of care to their parents may result in resentment, depressive and/or post-traumatic symptoms, as well as (re)use of harmful coping strategies, such as substance use, because of the unresolved or continuing issues with the parent (Brown, 2012; Kong & Moorman, 2015).

One of the cultural assumptions/norms in the U.S. today is that family members, typically adult children/daughters, “should” fulfill the care needs of aging parents (National Academies of Sciences, Engineering, and Medicine, 2016). Brown (2012), however, suggests that “abusive adults [i.e., parents] have broken the basic human contract between themselves and the children in their care,” and thus adult children are not obligated to take on filial

caregiving roles as culturally expected (p. 36). For these adults, having the feeling of choice, that is, prioritizing their own safety and well-being, can be empowering and help set clear boundaries with external demands, such as cultural expectations and economic pressures (Brown, 2012; Wuest, 1998).

Posttraumatic growth (PTG)

Adult survivors’ levels of posttraumatic growth (PTG) is another important aspect in understanding their caregiving experience and outcomes. PTG refers to the phenomenon of personal growth resulting from the struggle with significant life challenges (Sheikh, 2008; Tedeschi & Calhoun, 2004). Through ongoing cognitive engagement and meaning-making about past adversities and long-held beliefs and schemas about self and others, growth can occur in several different forms, including greater appreciation of life, more intimate relationships with others, a greater sense of personal strength, and spiritual change (Tedeschi & Calhoun, 2004; Tedeschi, Calhoun, & Groleau, 2015). Caregivers who have initiated their healing process may be able to better manage stress and emotional distress, and to maintain healthy coping strategies through self-disclosure or social support seeking (Brown, 2012; Sheikh, 2008). PTG can be paramount for those who intrinsically want to challenge the historically engrained abusive relationship dynamic with the perpetrating parent (Brown, 2012; Burke Harris, 2018; Fingerman & Bermann, 2000). PTG can be practiced through recognizing and naming the problem that is causing the stress (i.e., not focusing exclusively on the symptoms), getting enough sleep, adequate nutrition, mindfulness and mental health practices, healthy relationships with self and others, and exercise (Brown, 2012; Burke Harris, 2018).

If adult children have not been able to seek recovery from past adversity through personal reflection or therapeutic interventions, however, caregiving for the perpetrating parent can be especially challenging. If their own historical experiences and resulting negative self-perception have not been addressed, these caregivers may continue to turn to self-destructive coping strategies and show symptomatic behaviors as part of post-traumatic reactions in the face of caregiving stress

(National Center for PTSD, 2020). They may also struggle to recognize their agency in the situation and set clear boundaries with the demands of care (Brown, 2012). The outcome can manifest as an emotional state of anger, somatization, and depression, making it even harder to manage their caregiving stress effectively (Parker et al., 2018).

Caring for a perpetrating parent through illness and the end of life

A significant aspect of later-life caregiving involves providing care through serious illness and the end of life, which brings unique challenges. In addition to the physical tasks, there is frequently the need to interface with the healthcare system, often during unpredictable times of crisis, and manage practical issues (e.g., financial matters, paperwork), all while dealing with the potential emotional toll of a care recipient's illness (National Academies of Sciences, Engineering, and Medicine, 2016). The complexities of caregiving through illness and the end of life may be heightened when there is a history of abuse by a parent in the family. Little is written specifically about caring for a parent through their illness and end of life who had been abusive/neglectful. The limited evidence available shows that caregivers with an abuse/neglect history lack trust in healthcare practitioners (Salmon et al., 2007) and points to the need for healthcare professionals to avoid assumptions and judgment (Wuest, Malcolm, & Merritt-Gray, 2010), particularly when an adult child declines to participate in caregiving or sets boundaries on the types of tasks in which they will engage (Brown, 2012).

Relatedly, adults who experienced childhood maltreatment by a parent are at particularly high risk for experiencing anticipatory and complicated grief throughout the perpetrator's illness and after their death (Brown, 2012; Coombs, 2010; Crunk & Burke, 2020; Doka, 1999). During times of stress, such as a parent's worsening illness, a history of maltreatment may lead to exacerbated anticipatory grief responses (Coombs, 2010) and further challenges with coping and interpersonal reactions. These expressions of grief (e.g., anger, sadness) can influence the relationship between the adult child and parent who is dying, thus changing roles and interactions. Understanding that emotional expressions may be coming from a place of grief

can be particularly helpful for other family members as they relate to one another, and for health-care and other helping professionals who may be charged with providing support to family members experiencing anticipatory grief.

Adult survivors of childhood maltreatment at the hand of a parent are also at heightened risk for disenfranchised grief, which can occur when an individual experiences a loss that is not or cannot be openly acknowledged, socially validated, or mourned in the expected way (Doka, 1999). As the death of a parental abuser can be considered a socially unspeakable or stigmatized loss (Brown, 2012), these individuals may be denied the legitimacy and freedom of expression that comes with their grief reactions (Doka, 1999). When an abusive parent dies, others might assume the survivors had a normative/loving relationship with the deceased parent or idealized them, resulting in the minimization/misinterpretation of the survivor's often conflicted feelings (Brown, 2012). According to Brown (2012), "It is almost easier to tell people that you were abused as a child than to admit to the complicated feelings you have about the abuser's death" (p. 120). For example, a well-meaning person who is aware of the abuse history might say, "But I thought you hadn't spoken to your mother in years" or "From what I know about your dad, I thought you would be relieved that he had died." In reality, however, the survivor may be confronted with and surprised by the complexities of their own reactions – from love and yearning, to anger and indifference (Brown, 2012; Doka, 1999). Individuals experiencing disenfranchised grief often become isolated in bereavement and are at increased risk of complicated grief (Doka, 1999).

Complicated grief, described as severe, debilitating grief for a prolonged period of time, is yet another form of grief that can result from a history of childhood maltreatment (Prigerson et al., 2009). Key features of complicated grief include: a sense of disbelief regarding the death; anger and bitterness over the death; recurrent pangs of painful emotions, with intense yearning and longing for the deceased; and preoccupation with thoughts of the deceased, often including intrusive thoughts related to the death and/or the relationship (Shear, Frank, Houck, & Reynolds, 2005). Avoidance behavior is also frequent and

entails distancing from situations and activities that serve as reminders of the painful loss (Prigerson et al., 2009). Regardless of the relationship status between the deceased parental abuser and the adult-child survivor complicated grief is probable for all adult survivors of parental childhood maltreatment (Brown, 2012; Crunk & Burke, 2020). According to Brown (2012), since there was “nothing straightforward or simple about the relationship when the person was alive, so too, the death is a tangled mess for many survivors” (p. 126). This reality underscores the importance of healthcare practitioners assessing and effectively intervening with this vulnerable population.

Discussion

The review of the existing literature on the effects a history of childhood maltreatment has on the experience and outcomes of adult children who provide care for their previously abusive/neglectful parent yields a number of implications for healthcare practitioners. These implications address the following four areas: 1) ensuring the adult-child caregiver a sense of choice; 2) assessing the adult-child caregiver’s posttraumatic growth; 3) implementing trauma-informed end of life care; and 4) addressing the role of grief.

Ensuring the adult-child caregiver a sense of choice

Adult children who experienced childhood abuse at the hands of a parent who now requires care may need assistance in the decision-making stage of whether to take on the role of caregiver. Practitioners can help facilitate these deliberations by emphasizing the importance of the adult child making and owning their choice. Practitioners can help adult children focus on “what they feel, want, and know about themselves” (Brown, 2012, p. 42) so that they can maximize control and autonomy in this decision-making process. This step is crucial to prevent adult children from feeling forced to step into the role and potentially experiencing a continuation of the abusive dynamics between them and their parents. It also helps the adult child to gauge the emotional costs involved in caregiving (e.g., re-traumatization) and set their own boundaries.

Once the decision is made, practitioners must respect the decision the adult child makes and provide the necessary resources and guidance to support their decision. An implicit or explicit expectation often exists among practitioners that adult children will take on caregiving responsibilities (Wuest et al., 2010). If the adult child decides not to provide care, however, practitioners need to be respectful of this choice regardless of their own culture, values, norms and expectations. It is important they be aware that these adult children may not be free of feeling guilt or shame for saying no, and that supporting their decision through exploring and validating their complicated emotions may be the best way to assist them. Practitioners can also work with the adult child to find alternative ways to support the parent, such as assisting with arrangements for other long-term care options.

For the adult child who decides to provide care, practitioners can assist with establishing plans and locating resources. Although the adult child has made the decision to take on caregiving responsibilities, practitioners can first gently remind them of their ownership of decision-making autonomy, and how important having that sense of choice is for their health and well-being. Practitioners can reassure caregivers that these decisions can be dynamic, meaning that at any point they can be revisited and other plans for caregiving can be developed as needed. Next, the practitioner can talk with the adult child about what they need in order to take on the caregiving roles. This is the point where practitioners can help caregivers to set clear boundaries in terms of the extent and intensity of the care they will provide. For example, if the adult child was sexually abused by their father, they can decide not to provide help that involves intimate physical contacts with the perpetrator, such as bathing, and instead provide support with transportation to the grocery store or medical appointments (Brown, 2012). Once boundaries have been decided, the practitioner and the adult child can formalize specific, individualized plans for caregiving roles and navigate available resources and support. Connecting the adult child with available resources (e.g., financial aid, availability of respite or alternative care options) can enhance their readiness and confidence in taking on the role, with the

goal of mitigating anxiety and strain associated with caregiving.

Assessing adult-child caregiver's posttraumatic growth

In the context of a long-term therapeutic relationship, it is recommended that a practitioner continue to explore where the adult caregiver is in the healing process from past victimization. Assessing levels of growth from past adversity can help an adult-child survivor become aware of and/or anticipate the potential impact of childhood maltreatment on fulfilling their caregiving role, practicing self-care, and recognizing associated physical, emotional and financial health needs for caregiving (Brown, 2012). To facilitate and support the adult child's growth and resilience, the practitioner can conduct an ongoing assessment of the adult child's coping style, outside support systems, current needs, and any current abuse they may be experiencing from their parent and/or others. Approaching this assessment from a trauma-informed lens is paramount to ensure safety is prioritized, particularly for an adult child who lacks a perceived choice around caregiving responsibilities and/or is coming into awareness of the caregiving situations that are or may trigger memories of the past abuse.

Practitioners supporting the adult-child caregiver need to ensure that throughout the caregiving experience they remember the goal is to encourage continuous adaptability to the present situation by cycling through engagement and detachment based on the adult-child caregiver's own personal needs (Carmack, 1997). Adaptive coping practices consist of making a conscious effort to engage in caregiving without becoming overwhelmed by remaining present-focused (i.e., not dwelling on the past or thinking too far into the future), monitoring themes of emotions and thoughts, setting limits and boundaries, and practicing self-care (e.g., spiritual teachings, mindfulness) (Carmack, 1997). This adaptive coping is effective in managing the stress and demands inherent in caregiving and encourages the survivor to continually self-monitor whether they are still able to commit to caregiving (Carmack, 1997). This can be done through a combination

of therapy, self-monitored practice with outside support (e.g., 12 Step Programs, counseling, religious/spiritual practice), self-education/insight (e.g., self-help material and journaling), and healthy relationships that model boundaries (Brown, 2012; Carmack, 1997). For these caregivers, having supports outside of the family (e.g., survivor networks, professional helpers/groups, online resources for grief or caregiving) are critical to provide perspective, emotional support, and help avoid isolation, especially if the family dynamic continues to be challenging, and they are in the process of post-traumatic growth (PTG) (Brandl, 2000; Brown, 2012).

Implementing trauma-informed end-of-life care

The literature encourages a trauma-informed approach to assist individuals and families especially during illness and at the end of life, including assessment for trauma within the family system (Ganzel, 2018). Though this suggestion is primarily focused on self or proxy assessment of trauma experienced by the person who is ill, there is increasing recognition that trauma experiences of family members are important as well, particularly in the context of caregiving (Kusmaul, 2018). The recognition of family members' trauma can begin with practitioners and other helping professionals heightening their awareness of this issue in their own practice setting (Brown, 2012) and being aware of "red flags" for abuse history in the family based on behavioral clues during interactions (Wygant, Hui, & Bruera, 2011). Practitioners and other helping professionals must recognize that caregivers with an abuse history may experience heightened family conflict at the end of life (Kramer, Kavanaugh, Trentham-Dietz, Walsh, & Yonker, 2010) and relatedly may be subject to increased potentially fraught interactions with their abuser during times of illness (Monahan, 2010). Both of these issues can complicate their emotional responses to the illness and interactions with family members and professionals. Finally, although opportunities for post-traumatic growth at the end of life exist, practitioners and other helping professionals may need to adjust their expectations when there is an abuse history in the family (McLean & Hales, 2010). Such adjustment would

entail recognizing that all “unfinished business” may not be attended to prior to a parental perpetrator’s death: family relationships may not be reconciled nor healed and forgiveness may not be sought or given.

Addressing the role of grief

Even with the harm inflicted by childhood abuse, adults with this history can experience complex emotions when their perpetrating parent dies, including persistent yearnings for the love and normalcy they may never have experienced in childhood (Bloom, 2007; Brown, 2012). They may bring to bereavement intangible losses that they experienced in childhood which may resurface in adulthood, such as the loss of safety, dignity, belonging, and a cohesive sense of self (Bloom, 2007). The death of a parent who was abusive can be triggering; it can bring up memories an individual has not thought about for years and can lead to a return to old patterns of thinking, feeling, and reacting (Bloom, 2007). Not only does one grieve the loss of the abuser’s life, but potentially the loss of hope for the relationship to be something different or for the abuser to take responsibility for the abuse and ask for forgiveness (Brown, 2012). Providing trauma-informed grief therapy or referring to another practitioner who is trained in those modalities is paramount in these instances.

Conclusion

The primary purpose of this paper was to conduct a conceptual review of the existing literature on the effect of childhood maltreatment on caregiving for aging parents and potential factors affecting caregiver experience and outcomes, as well as to discuss implications for practitioners. Despite a history of childhood maltreatment, adult children may take on care responsibilities for their aging parents, which may lead to several challenges in the health and well-being of adult-child caregivers. We highlighted the importance of supporting caregivers’ sense of choice and their potential for growth. In caregiving at the end of life, it is important to recognize that caregivers’ histories of adversity affect their interactions with family members and

healthcare professionals. We also noted that caregivers are at heightened risk for experiencing complications in their grief during the illness and after the death of their parent. To address the specific concerns and challenges of these vulnerable caregivers, it is crucial that practitioners are equipped with knowledge and practice expertise toward effective, evidence-based interventions. More research is needed to better understand the needs of this often overlooked population.

Clinical implications

- Filial caregivers’ with a history of childhood maltreatment benefit from having a sense of choice and control which should be respected throughout their caregiving experience.
- Practitioners should explore and assess caregivers’ healing process from past victimization and support their growth and resilience.
- Practitioners should implement a trauma-informed approach to address the unique concerns of caregivers with a history of childhood maltreatment and their family members, especially throughout the perpetrating parent’s illness and even after their death.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This study was supported by the 2020-2021 Fall Competition award granted by the Office of the Vice Chancellor for Research and Graduate Education at the University of Wisconsin-Madison.

References

- AARP and National Alliance for Caregiving [NAC]. (2020, May). *Caregiving in the United States 2020*. Washington, DC: AARP. doi:10.26419/ppi.00103.001
- Antonucci, T. C., Ajrouch, K. J., & Birditt, K. S. (2013). The convoy model: Explaining social relations from a multidisciplinary perspective. *The Gerontologist*, 54(1), 82–92. doi:10.1093/geront/gnt118
- Band-Winterstein, T. (2014). The impact of lifelong exposure to IPV on adult children and their aging parents. *Journal of Family Issues*, 35(4), 439–461. doi:10.1177/0192513X12472657
- Bengtson, V. L. (1996). Continuities and discontinuities in intergenerational relationships over time. In

- V. L. Bengtson (Ed.), *Adulthood and aging: Research on continuities and discontinuities* (pp. 271–307). New York, NY: Springer Publishing Company, Inc.
- Bengtson, V. L., & Oyama, P. S. (2007). Intergenerational solidarity: Strengthening economic and social ties. New York: United Nations Headquarters.
- Bloom, S. L. (2007). Beyond the beveled mirror: Mourning and recovery from childhood maltreatment across the lifespan. In S. L. Bloom & L. A. Vargas (Eds.), *Loss, hurt, and hope: The complex issues of bereavement and trauma in children* (pp. 5–49). Newcastle, UK: Cambridge Scholars Publishing.
- Brandl, B. (2000). Abuse and neglect of older people. *Generations: Journal of the American Society on Aging*, 24(2), 39–45.
- Brown, L. S. (2012). *Your turn for care: Surviving the aging and death of the adults who harmed you*. Author.
- Brubaker, T. H. (1990). Families in later life: A burgeoning research area. *Journal of Marriage and the Family*, 52(4), 959–981. doi:10.2307/353313
- Burke Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. New York, NY: Simon & Schuster.
- Capistrant, B. (2016). Caregiving for older adults and the caregivers' health: An epidemiologic review. *Current Epidemiology Reports*, 3(1), 72–80. doi:10.1007/s40471-016-0064-x
- Carmack, B. J. (1997). Balancing engagement and detachment in caregiving. *Journal of Nursing Scholarship*, 29(2), 139–143. doi:10.1111/j.1547-5069.1997.tb01546.x
- Coombs, M. A. (2010). The mourning before: Can anticipatory grief theory inform family care in adult intensive care? *International Journal of Palliative Mourning*, 16(12), 580–584. doi:10.12968/ijpn.2010.16.12.580
- Crispi, E., Schiaffino, K., & Bermann, W. (1997). The contribution of attachment to burden in adult children of institutionalized parents with dementia. *The Gerontologist*, 37(1), 52–60. doi:10.1093/geront/37.1.52
- Crunk, E., & Burke, L. (2020, February 20). *Adverse childhood experiences as a risk factor for complicated grief [Webinar]*. Hospice Foundation of America. <https://hospicefoundation.org/>
- Dal Santo, T. S., Scharlach, A. E., Nielsen, J., & Fox, P. J. (2007). A stress process model of family caregiver service utilization. *Journal of Gerontological Social Work*, 49(4), 29–49. doi:10.1300/J083v49n04_03
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. doi:10.1207/S15327965PLI1104_01
- DePasquale, N., Polenick, C. A., Davis, K. D., Moen, P., Hammer, L. B., & Almeida, D. M. (2017). The psychosocial implications of managing work and family caregiving roles: Gender differences among information technology professionals. *Journal of Family Issues*, 38(11), 1495–1519. doi:10.1177/0192513X15584680
- Doka, K. J. (1999). Disenfranchised grief. *Bereavement Care*, 18(3), 37–39. doi:10.1080/02682629908657467
- Elder, G. H. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly*, 57(1), 4–15. doi:10.2307/2786971
- Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In J. T. Mortimer & M. J. Shanahan (Eds.), *Handbook of the life course* (pp. 3–19). Boston, MA: Kluwer Academic/Plenum Publishers.
- Fauth, E., Hess, K., Piercy, K., Norton, M., Corcoran, C., Rabins, P., . . . Tschanz, J. (2012). Caregivers' relationship closeness with the person with dementia predicts both positive and negative outcomes for caregivers' physical health and psychological well-being. *Aging & Mental Health*, 16(6), 699–711. doi:10.1080/13607863.2012.678482
- Fingerman, K. L., & Bermann, E. (2000). Applications of family systems theory to the study of adulthood. *The International Journal of Aging & Human Development*, 51(1), 5–29. doi:10.2190/7TF8-WB3F-TMWG-TT3K
- Fingerman, K. L., Pitzer, L., Lefkowitz, E. S., Birditt, K. S., & Mroczek, D. (2008). Ambivalent relationship qualities between adults and their parents. Implications for both parties' well-being. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 63(6), P362–P371. doi:10.1093/geronb/63.6.p362
- Ganzel, B. (2018). Trauma-informed hospice and palliative care. *The Gerontologist*, 58(3), 409–419. doi:10.1093/geront/gnw146
- Judge, K. S., Yarry, S. J., Looman, W. J., & Bass, D. M. (2013). Improved strain and psychosocial outcomes for caregivers of individuals with dementia: Findings from project answers. *The Gerontologist*, 53(2), 280–292. doi:10.1093/geront/gns076
- Kong, J. (2018a). Childhood maltreatment and psychological well-being in later life: The mediating effect of contemporary relationships with the abusive parent. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 73(5), e39–e48. doi:10.1093/geronb/gbx039
- Kong, J. (2018b). Effect of caring for an abusive parent on mental health: The mediating role of self-esteem. *The Gerontologist*, 58(3), 456–466. doi:10.1093/geront/gnx053
- Kong, J., & Martire, L. M. (2019). Parental childhood maltreatment and the later-life relationship with parents. *Psychology and Aging*, 34(7), 900–911. doi:10.1037/pag0000388
- Kong, J., Martire, L. M., Tate, A. M., Bray, B. C., & Almeida, D. M. (2020). Different types of childhood experience with mothers and caregiving outcomes in adulthood. *Family Relations*. doi:10.1111/fare.12511
- Kong, J., & Moorman, S. (2015). Caring for my abuser: Childhood maltreatment and caregiver depression. *The Gerontologist*, 55(4), 656–666. doi:10.1093/geront/gnt136
- Kong, J., & Moorman, S. (2016). History of childhood abuse and intergenerational support to mothers in adulthood. *Journal of Marriage and Family*, 78(4), 926–938. doi:10.1111/jomf.12285
- Kramer, B. J., Kavanaugh, M., Trentham-Dietz, A., Walsh, M., & Yonker, J. A. (2010). Predictors of family conflict at the end-of-life: The experiences of spouses and adult children

- of persons with lung cancer. *The Gerontologist*, 50(2), 215–225. doi:10.1093/geront/gnp121
- Kusmaul, N. (2018, June). Trauma-informed hospice and end-of-life care. *SWHPN Voice*. Retrieved from https://swhpn.memberclicks.net/assets/Newsletters/SWH-18%20June%20Newsletter_1.2.pdf
- Lendon, J. P., Silverstein, M., & Giarrusso, R. (2014). Ambivalence in older parent-adult child relationships: Mixed feelings, mixed measures. *Journal of Marriage and Family*, 76(2), 272–284. doi:10.1111/jomf.12101
- Liu, Y., Kong, J., Bangerter, L. R., Zarit, S. H., & Almeida, D. M. (2018). Early parental abuse and daily assistance to aging parents with disability: Associations with the middle-aged adults' daily well-being. *The Journals of Gerontology: Series B*, 73(5), e59–e68. doi:10.1093/geronb/gbx173
- Longacre, M. L., Ross, E. A., & Fang, C. Y. (2014). Caregiving choice and emotional stress among cancer caregivers. *Western Journal of Nursing Research*, 36(6), 806–824. doi:10.1177/0193945913510211
- Lye, D. N. (1996). Adult child-parent relationships. *Annual Review of Sociology*, 22(1), 79–102. doi:10.1146/annurev.soc.22.1.79
- McLean, L., & Hales, S. (2010). Childhood trauma, attachment style, and a couple's experience of terminal cancer: Case study. *Palliative & Supportive Care*, 8(2), 227–233. doi:10.1017/S1478951509990976
- Merz, E., Schuengel, C., & Schulze, H. (2009). Intergenerational relations across 4 years: Well-being is affected by quality, not by support exchange. *The Gerontologist*, 49(4), 536–548. doi:10.1093/geront/gnp043
- Monahan, K. (2010). Themes of adult sibling sexual abuse survivors in later life: An initial exploration. *Journal of Clinical Social Work*, 38(4), 361–369. doi:10.1007/s10615-010-0286-1
- National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: The National Academies Press. doi:10.17226/23606
- National Center for PTSD. (2020). *Complex PTSD*. U.S. Department of Veterans Affairs. Retrieved from https://www.ptsd.va.gov/professional/treat/essentials/complex_ptsd.asp
- Parker, E. O., Maier, C., & Wojciak, A. (2018). Childhood abuse and family obligation in middle adulthood: Findings from the MIDUS II national survey. *Journal of Family Therapy*, 40(1), 120–141. doi:10.1111/1467-6427.12114
- Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30(5), 583–594. doi:10.1093/geront/30.5.583
- Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., ... Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLOS Medicine*, 10(12), 1–12. doi:10.1371/journal.pmed.1000121
- Salmon, P., Holcombe, C., Clark, L., Krespi, R., Fisher, J., & Hill, J. (2007). Relationships with clinical staff after a diagnosis of breast cancer are associated with patients' experience of care and abuse in childhood. *Journal of Psychosomatic Research*, 63(3), 255–262. doi:10.1016/j.jpsychores.2007.05.002
- Schulz, R., Beach, S. R., Cook, T. B., Martire, L. M., Tomlinson, J. M., & Monin, J. K. (2012). Predictors and consequences of perceived lack of choice in becoming an informal caregiver. *Aging & Mental Health*, 16(6), 712–721. doi:10.1080/13607863.2011.651439
- Schulz, R., Beach, S. R., Czaja, S. J., Martire, L. M., & Monin, J. K. (2020). Family caregiving for older adults. *Annual Review of Psychology*, 71(1), 635–659. doi:10.1146/annurev-psych-010419-050754
- Schulz, R., & Czaja, S. (2017). Family caregiving: A vision for the future. *American Journal of Geriatric Psychiatry*, 26(3), 358–363. doi:10.1016/j.jagp.2017.06.023
- Shear, M. K., Frank, E., Houck, P., & Reynolds, C. D. (2005). Treatment of complicated grief: A randomized controlled trial. *JAMA*, 293(21), 2601–2659. doi:10.1001/jama.293.21.2601
- Sheikh, A. I. (2008). Posttraumatic growth in trauma survivors: Implications for practice. *Counselling Psychology Quarterly*, 21(1), 85–97. doi:10.1080/09515070801896186
- Tedeschi, R. G., & Calhoun, L. G. (2004). Target article: "Posttraumatic growth: Conceptual foundations and empirical evidence". *Psychological Inquiry*, 15(1), 1–18. doi:10.1207/s15327965pli1501_01
- Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical applications of posttraumatic growth. In S. Joseph (Ed.), *Positive psychology in practice: Promoting human flourishing in work, health, education and everyday life* (pp. 503–518). Hoboken, New Jersey: Wiley.
- Tighe, L. A., Birditt, K. S., & Antonucci, T. C. (2016). Intergenerational ambivalence in adolescence and early adulthood: Implications for depressive symptoms over time. *Developmental Psychology*, 52(5), 824–834. doi:10.1037/a0040146
- Whitbeck, L. B., Hoyt, D. R., & Huck, S. M. (1994). Early family relationships, intergenerational solidarity, and support provided to parents by their adult children. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 49, S85–S94. doi:10.1093/geronj/49.2.S85
- Whitbeck, L. B., Simons, R., & Conger, R. (1991). The effects of early family relationships on contemporary relationships and assistance patterns between adult children and their parents. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 46, S330–S337. doi:10.1093/geronj/46.6.S330
- Winter, K. H., Bouldin, E. D., & Andersen, E. M. (2010). Lack of choice in caregiving decision and caregiver risk of stress, North Carolina, 2005. *Preventing Chronic Disease*, 7(2), A41.
- Wuest, J. (1998). Setting boundaries: A strategy for precarious ordering of women's caring demands. *Research in Nursing & Health*, 21(1), 39–49. doi:10.1002/(sici)1098-240x(199802)21:1<39::aid-nur5>3.0.co;2-u

- Wuest, J., Hodgins, M. J., Malcolm, J., Merritt-Gray, M., & Seaman, P. (2007). The effects of past relationship and obligation on health and health promotion in women caregivers of adult family members. *Advances in Nursing Science*, 30(3), 206–220. doi:10.1097/01.ANS.0000286620.39021.88
- Wuest, J., Malcolm, J., & Merritt-Gray, M. (2010). Daughters' obligation to care in the context of past abuse. *Health Care for Women International*, 31(12), 1047–1067. doi:10.1080/07399331003599563
- Wygant, C., Hui, D., & Bruera, E. (2011). Childhood sexual abuse in advanced cancer patients in the palliative care setting. *Journal of Pain and Symptom Management*, 42(2), 290–295. doi:10.1016/j.jpainsymman.2010.11.011