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History of Childhood Abuse and Intergenerational Support to Mothers in Adulthood

The authors examined the association between maternal childhood abuse and the frequency of providing social support to mothers when the victim is an adult and investigated the mediating effects of internal working models (self-esteem, positive relations with others) and maladaptive coping. Using data from the National Survey of Midlife Development in the United States II, they analyzed a sample of 887 adult children using a structural equation modeling approach. The results showed that maternal childhood abuse was associated with providing less frequent emotional support to mothers, although the authors did not find significant mediating effects of internal working models and maladaptive coping in the association between child abuse and intergenerational support giving. The findings suggest implications for theory, practice, and policy to address specific concerns and possible challenges that adults with a history of childhood abuse may experience in the relationship with their mothers.

Life course researchers have stressed that parental childhood abuse can have a long-lasting impact on the victim throughout the life course.

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This article was edited by Linda Waite.

Key Words: attachment, child abuse, intergenerational relations, structural equation modeling.

Child abuse is defined as “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm” (Child Abuse Prevention and Treatment Act Reauthorization Act of 2010). Adults with histories of childhood abuse may experience physical, mental, or emotional problems even in their middle or late adulthood (Briere & Jordan, 2009; Corwin & Keeshin, 2011; Norman et al., 2012). Beyond these individual-level effects, parental abuse in childhood can negatively affect interpersonal relationships in adulthood, especially close relationships, such as those with a spouse/partner or offspring (Berlin, Appleyard, & Dodge, 2011; Riggs, Cusimano, & Benson, 2011).

Despite this, studies that have examined the adult relationships of victims have overlooked the effects of childhood abuse on social support provision to parents. One might assume that adults with histories of parental abuse might sever ties with their parents and thus do not provide them with social support. Nonetheless, at least some adult victims report maintaining relationships with their abusive parents (Span, 2014). Altruism or filial obligation may motivate adult children with a history of childhood abuse to support their parents (Chappell & Funk, 2012; Klaus, 2009; Stein et al., 1998).

Thus, the present study had two primary aims. First, we examined whether and how a history of parental childhood abuse is related to the amount of emotional and instrumental support provided to mothers when the abused child reaches adulthood. Second, we investigated

whether self-esteem, positive relationships with others, and/or maladaptive coping mediate the relationship between maternal childhood abuse and the provision of social support to mothers. We analyzed data from the second wave of the National Survey of Midlife Development in the United States (MIDUS II; <http://www.midus.wisc.edu/midus2/>) and considered the issue from an adult attachment perspective. This study not only adds to the current understanding about mother–adult child relationships but also suggests appropriate practice and policy interventions for adults who have experienced maternal abuse as children.

ADULT ATTACHMENT: LONG-TERM SEQUELAE OF CHILDHOOD ABUSE

Adults with histories of childhood abuse are known to be at risk of developing low self-esteem, having difficulty in forming close relationships with others, and developing maladaptive coping styles (Cook et al., 2005). An adult attachment perspective can supply clues as to why parental childhood abuse has such long-term effects on adult children's social and psychological functioning. According to attachment theorists, establishing a secure bond with parents is a critical developmental task for a child because the attachment experience serves as a prototype for later interpersonal relationships (Bowlby, 1988; Cicirelli, 1993). The key mechanisms that enable the long-term linkage are the *internal working model* (IWM), or one's mental representation of the self and others and ways to cope under stressful conditions (Riggs, 2010; B. Schwarz & Trommsdorff, 2005).

IWMs

The IWM can be defined as “general expectations about the worthiness of the self and the availability of others” (Griffin & Bartholomew, 1994, p. 431), which determines the quality of social relationships encountered across the life course (Riggs, 2010; B. Schwarz & Trommsdorff, 2005). In the present study we focused on the function of IWMs, which we operationalized as self-esteem and positive relationships with others (Milkulincer & Shaver, 2007) in the relationship with mothers. Whereas adults with a positive IWM perceive themselves as worthy of love, care, and respect and others as responsive and trustful (Crawford & Wright,

2007; Davila & Levy, 2006), those with a negative IWM perceive the self as being unworthy and unlovable and others as untrustworthy, rejecting, and harmful, which could consistently interfere with developing or maintaining interpersonal relationships (Cicchetti, 2004; Griffin & Bartholomew, 1994; Riggs, 2010).

An IWM of the self and others serves to distinguish insecure attachment patterns (i.e., anxious, avoidant, and fearful) from secure attachment (Bartholomew & Horowitz, 1991). *Anxious attachment* is based on negative self-regard but positive perception of others' availability. Individuals with this type of attachment strive for self-worth by seeking to gain the acceptance of others. *Avoidant attachment* is based on positive self-regard but negative perception of others' availability, and thus avoidant persons tend to avoid close relationships to protect themselves from rejection or disappointment. *Fearful attachment* is based on negative self-regard and negative perceptions of others, so those with a fearful attachment both seek approval from others to boost their self-worth and avoid close relationships because of the fear of rejection (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). Parental childhood abuse significantly impedes the positive development of IWM of self and others (Cicchetti, Rogosch, & Toth, 2006; Widom, Kahn, Kaplow, Kozakowski, & Wilson, 2007). As a consequence, the adult victims are likely to possess an insecure attachment style characterized by negative beliefs about the self and others (Riggs, 2010; B. Schwarz & Trommsdorff, 2005).

Maladaptive Coping Behaviors

Several studies have shown that adult attachment style determines the ways in which people deal with stressful events (Zhang & Labouvie-Vief, 2004). Felt security based on a positive IWM of the self and others serves as a resiliency resource that helps a person adopt constructive and flexible coping strategies (Rholes & Simpson, 2004; Zhang & Labouvie-Vief, 2004). However, possessing a negative IWM is linked with the use of maladaptive coping behaviors, such as avoidance or disengagement, during stressful situations (Cicchetti, 2004; Riggs, 2010). By adopting denial, detachment, or withdrawal responses to stressors, individuals delay acknowledging feelings of distress or rejection

(Milkulincer & Florian, 1998; Riggs, 2010), but these behaviors could eventually result in poor social functioning (e.g., isolation, detachment) and mental health concerns such as depression or anxiety (Bolen, Winter, & Hodges, 2013; Hager & Runtz, 2012). More important is that the coping research consistently shows that the use of maladaptive coping may hinder relationships with significant others (Crawford & Wright, 2007; Riggs, 2010; Riggs et al., 2011).

CHILDHOOD ABUSE HISTORY AND INTERGENERATIONAL SUPPORT PROVISION

Social support generally involves an emotional component, such as encouragement, guidance, and companionship, and an instrumental component in the form of practical aid, including household help, transportation, and caregiving (Davey, Janke, & Savla, 2004; T. Schwarz, 2009). Abused adult children may choose to withdraw from supporting their parents because they are likely to possess negative IWMs (i.e., low self-esteem and few positive relationships with others) and maladaptive coping behaviors. The empirical literature has examined the association between adult attachment style and provision of support to parents as well as the association between a history of childhood abuse and provision of support to parents. We draw on these studies and extend them by relating childhood abuse to adult attachment style.

Merz and colleagues (Merz, Schuengel, & Schulze, 2007) argued that adult children with a history of insecure attachment could possibly find it difficult to provide support to their mothers because “their internal working models still represent feelings of rejection from their parents and not being worthy of parent’s love and availability” (p. 181). Thus, insecurely attached adults may be emotionally fragile and unavailable to their mothers (Shemmings, 2006). In line with this hypothesis, Sorensen and colleagues (Sorensen, Webster, & Roggman, 2002) found that the avoidant or fearful attachment of middle-aged adult children predicted lower levels of feeling of preparedness for future caregiving of parents. However, a positive IWM of the self and others positively predicted feeling prepared. Furthermore, middle-aged daughters who are strongly attached to their mother invest more time in providing instrumental support to their mother than daughters who are less strongly attached (Cicirelli, 1993).

Carpenter (2001) showed that a secure attachment was unrelated to the provision of instrumental care, but it was associated with an increase in emotional support for parents.

In addition, abuse itself may affect the likelihood of support provision. In a study that examined adult children in midlife (29–68 years old), the memory of experiencing parental rejection or harsh discipline around the age of seventh grade (i.e., 12–13 years old) was not significantly related to the frequency of providing contemporary instrumental support to parents, but it did undermine contemporary emotional closeness and increase relationship strain for the adult children (Whitbeck, Hoyt, & Huck, 1994; Whitbeck, Simons, & Conger, 1991). Among older adult children, Kong and Moorman (2015) found that adult children in their mid-60s showed significantly more frequent depressive symptoms when caring for their parents compared to filial caregivers of the same age who had not experienced any childhood maltreatment. The use of emotion-focused coping was a key mechanism that worsened the depressive symptoms of the maltreated adult children. These findings suggest that abused adult children who provide social support to their mothers may experience a psychological toll.

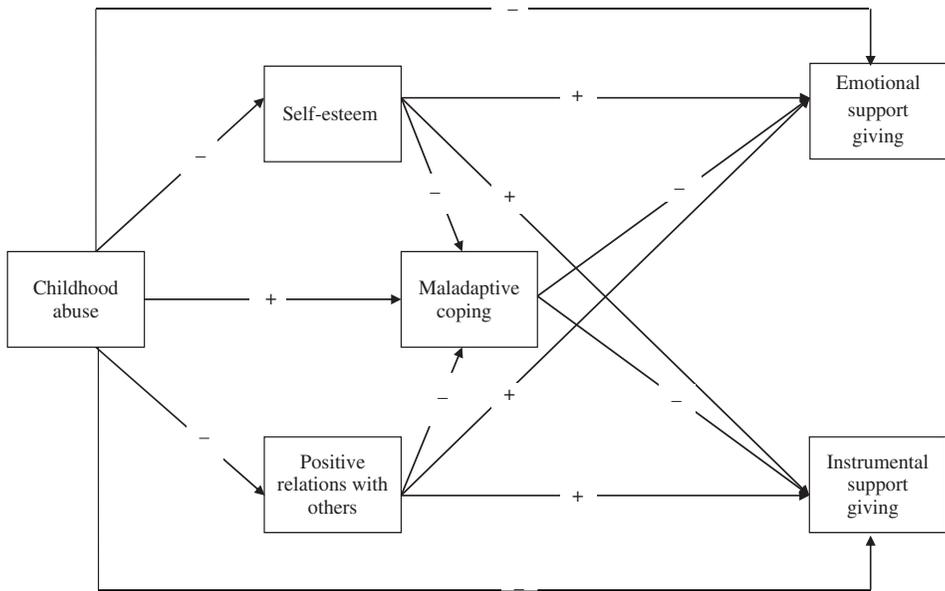
This literature review suggests that maternal childhood abuse may affect the frequency of providing support to mothers not only because of the abuse itself but also because of the sequelae of the abuse (i.e., IWMs of the self and others and coping behaviors). In this study we posited that a history of childhood abuse will undermine the frequency of support provision to mothers because the past dysfunctional mothering continues to affect the mother–adult child dyads. The proposed model is presented in Figure 1. We hypothesized that more frequent childhood abuse will be associated with providing less emotional and instrumental support to mothers, both directly and indirectly via relationships among abuse, IWMs (i.e., low self-esteem and difficulty forming positive relations with others), and maladaptive coping strategies.

METHOD

Sample

We used data from the second wave of MIDUS II, conducted in 2004–2006. MIDUS II respondents were first interviewed in MIDUS I, which

FIGURE 1. THEORETICAL MODEL.



comprised a nationally representative sample of 7,108 noninstitutionalized English-speaking adults in 1995–1996. In MIDUS II, a total of 4,963 adults, 69.8% of the MIDUS I respondents, participated in the telephone interview, and 81% of these respondents ($n = 4,041$) responded to a self-administered questionnaire (Ryff et al., 2012).

The final study sample comprised 887 individuals who responded that their mother was alive, but their father was deceased, at the time of data collection. This way, we were able to examine the impact of being abused by one’s mother during childhood on the provision of support to the abusive mothers. About half of the adult children were female (55.8%, $n = 495$), with an age range of 32 to 77 years ($M = 52.0$, $SD = 8.7$). The majority of the respondents were White (92.4%, $n = 794$), married (72.5%, $n = 643$), and had a very good or excellent health status (59.2%, $n = 525$). One third of the respondents (30.4%, $n = 270$) reported having a high school education or less, another 51.8% ($n = 459$) had some college education or a bachelor’s degree, and the remaining 17.8% ($n = 158$) had a graduate-level education. The age of respondents’ mothers ranged from 50 to 104 ($M = 78.8$, $SD = 8.7$).

Measures

Intergenerational support to mother. Intergenerational support to mother was assessed by two constructs: (a) emotional and (b) instrumental support giving. Each construct was measured as a single-item indicator. Emotional support giving was measured by a single item: “On average, about how many hours per month do you spend giving informal emotional support (such as comforting, listening to problems, or giving advice) to your parents or the people who raised you?” Instrumental support giving was measured with the following item: “On average, about how many hours per month do you spend providing unpaid assistance (such as help around the house, transportation, or child care) to your parents or the people who raised you?” Because the sample was restricted to adults with a living mother only, the responses to these items must pertain to mothers. Because of high skewness of the scale variables, both measures were transformed into interval variables with five categories based on the following quintile distribution: “None” (1), “1–2 hours,” “3–4 hours,” “5–15 hours,” “16–30 hours,” and “31 hours or more” (6).

Child abuse by mother. The measurement model of childhood abuse was assessed with

three indicators: (a) mother's verbal abuse, (b) mother's physical abuse, and (c) mother's severe physical abuse. Mother's verbal abuse was measured with the following item:

During your childhood, how often did your mother or the woman who raised you, insult you or swear at you, sulk or refuse to talk to you, stomp out of the room, do or say something to spite you, threaten to hit you, smash or kick something in anger?

Mother's physical abuse was measured by this item: "During your childhood, how often did your mother or the woman who raised you, push, grab, or shove you, slap you, throw something at you?" Mother's severe physical abuse was measured by an item that asked, "During your childhood, how often did your mother or the woman who raised you, kick, bite, or hit you with a fist, hit or try to hit you with something, beat you up, choke you, burn or scald you?" Response categories for all four items included "never" (1), "rarely," "sometimes," and "often" (4). The items were drawn from the Conflict Tactics Scale (Straus, Gelles, & Steinmetz, 1980), which has been widely used in family violence research (Straus, 2007). To deal with the skewness of the items, we combined the "sometimes" and "often" categories for the verbal and physical abuse variables. The severe physical abuse variable was recoded into a binary variable by combining "never" and "rarely" into one category and combining "sometimes" and "often" into another category.

Self-esteem. Participants' internal working models were measured by *self-esteem* and *positive relations with others*. First, we estimated a measurement model to assess participants' self-esteem. Seven items drawn from the Rosenberg Self-Esteem Scale (Rosenberg, 1965) were available in the MIDUS II, and the following five items that enable a strong single-factor solution were chosen: (a) "I take a positive attitude toward myself"; (b) "At times I feel that I am no good at all" (reverse coded); (c) "I wish I could have more respect for myself" (reverse coded); (d) "On the whole, I am satisfied with myself"; and (e) "I certainly feel useless at times (reverse coded)." These items have seven response categories: "strongly disagree" (1), "somewhat disagree moderately," "a little disagree," "neither agree nor disagree," "little agree," "somewhat agree," and "strongly agree" (7).

Positive relations with others. "Positive Relations With Others" is one of the six dimensions in the Ryff Scale of Psychological Well-Being (Ryff & Keyes, 1995), which specifically gauges perceived social relationships. Higher scores on this dimension indicate that the person is engaged in warm, satisfying, trusting relationships with others. We estimated a measurement model using the following five items: (a) "Maintaining close relationships has been difficult and frustrating for me" (reverse coded); (b) "I often feel lonely because I have few close friends with whom to share my concerns" (reverse coded); (c) "I enjoy personal and mutual conversations with family members and friends"; (d) "I have not experienced many warm and trusting relationships with others" (reverse coded); and (e) "I know that I can trust my friends, and they know they can trust me." These items have seven response categories: "strongly disagree" (1), "somewhat disagree moderately," "a little disagree," "neither agree nor disagree," "little agree," "somewhat agree," and "strongly agree" (7).

Maladaptive coping. MIDUS II provides items assessing respondents' coping strategies and reactions to their stressful life events based on the COPE inventory (Carver, Scheier, & Weintraub, 1989). Out of the six subscales available in MIDUS II, we chose four items purported to measure denial as a way of coping: "Generally, when you experience a difficult or stressful event, how often do you (a) say to myself 'this isn't real'"; (b) refuse to believe that it has happened; (c) pretend that it hasn't really happened; (d) act as though it hasn't even happened." Each item was measured on a 4-point Likert scale that ranged from *not at all* (1) to *a lot* (4).

Analytic Strategy

We used a structural equation modeling approach with LISREL 8.8 to test the hypothesized model depicted in Figure 1. Because binary variables were included, we estimated the model using the asymptotic covariance matrix of polychoric correlations, which permits nonnormal distributions. We conducted the significance test of indirect effects using the Sobel test (Preacher & Hayes, 2008). Complete data were provided by 85.0% ($n = 754$) of the respondents. Severe physical abuse had the most

missing cases: 6.2% ($n = 55$) of respondents. We used listwise deletion of missing values.

The model fit was evaluated on the basis of the following criteria of the goodness-of-fit indices: (a) comparative fit index $\geq .95$, (b) root-mean-square error of approximation $\leq .06$, (c) non-normed fit index $\geq .95$, and standardized root-mean-square residual $\leq .05$ (Morse, Weinhardt, Griffeth, & Ziebell, 2014). The initial model was respecified by adding several error covariances between both observed and latent variables. Correlated errors that exhibited modification indices greater than 40 were included to improve the model fit only when the covariances were conceptually supported. Figure 2 specifies error covariances of the final model. Given that there were 190 distinct unknown parameters and 55 free parameters to be estimated, the final model was overidentified with 135 degrees of freedom.

We conducted robustness checks to examine the effects of control measures. The control variables of gender, race, participants' age, marital status, health status, and socioeconomic status (i.e., educational attainment, due to the incomparability of income between working and retired

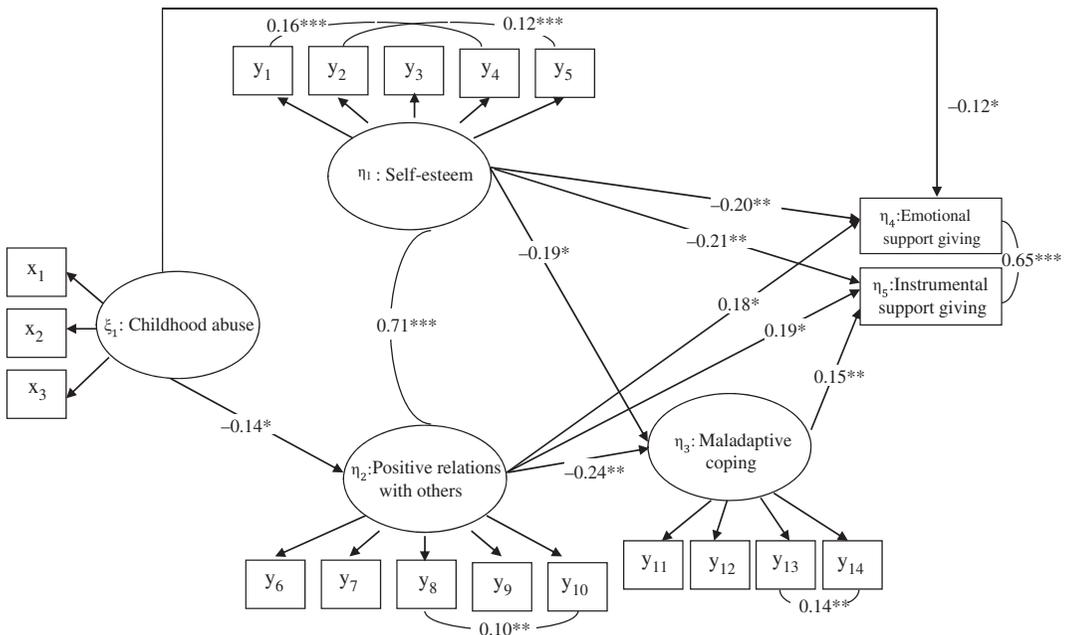
participants) were considered, and the inclusion of these variables did not affect the results. Therefore, we exclude them for parsimony.

RESULTS

Descriptive statistics for each observed variable and latent construct are presented in Table 1. Overall, respondents' experience of verbal or physical abuse occurred "rarely" during childhood (verbal: $M = 1.8$, $SD = 0.8$; physical: $M = 1.6$, $SD = 0.8$; severe physical: $M = 0.1$, $SD = 0.2$). Approximately 22% of the respondents ($n = 183$) reported having experienced verbal abuse either "sometimes" or "often" in their childhood; the corresponding percentages for physical abuse and severe physical abuse were, respectively, 16.3% ($n = 137$) and 5.9% ($n = 49$). On average, adult children provided emotional support to their mother for 3–4 hours a month ($M = 3.0$, $SD = 1.5$) and instrumental support for 1–2 hours a month ($M = 2.4$, $SD = 1.7$).

Unstandardized and standardized estimates and goodness-of-fit statistics for the final structural equation model are summarized in Table 2. Figure 2 shows statistically significant paths

FIGURE 2. THE MOTHERS MODEL.



Note. $N = 887$. Values in figure are completely standardized estimates. Significant structural path coefficients and all error covariances are shown. $^*p < .05$. $^{**}p < .01$. $^{***}p < .001$

Table 1. Descriptive Statistics

Variables	<i>M</i>	<i>SD</i>	Range	
			Potential	Observed
Childhood abuse by mother				
Verbal abuse	1.75	0.79	1/3	1/3
Physical abuse	1.64	0.75	1/3	1/3
Severe physical abuse	0.06	0.24	0/1	0/1
Self-esteem (Rosenberg Self-Esteem Scale) ^a				
Item 10	5.97	1.22	1/7	1/7
Item 2 ^b	5.85	1.62	1/7	1/7
Item 8 ^b	5.11	2.00	1/7	1/7
Item 1	5.85	1.39	1/7	1/7
Item 6 ^b	5.51	1.75	1/7	1/7
Positive relations with others (Ryff Scale of Psychological Well-Being) ^c				
Item (a) ^b	5.20	1.90	1/7	1/7
Item (b) ^b	5.43	1.86	1/7	1/7
Item (c)	6.25	1.15	1/7	1/7
Item (d) ^b	5.49	1.88	1/7	1/7
Item (e)	6.20	1.16	1/7	1/7
Maladaptive coping (COPE Inventory) ^d				
Item (a)	1.75	0.80	1/4	1/4
Item (b)	1.55	0.73	1/4	1/4
Item (c)	1.36	0.63	1/4	1/4
Item (d)	1.43	0.68	1/4	1/4
Emotional support giving	2.99	1.54	1/6	1/6
Instrumental support giving	2.43	1.71	1/6	1/6

Note. *N* = 887.

^aFor specific item wording, please see Rosenberg (1965). ^bItem was reverse coded. ^cFor specific item wording, please see page 5 (Ryff and Keyes, 1995). ^dFor specific item wording, please see page 5 (Carver et al., 1989). Higher mean scores signify higher values of the variables listed.

with standardized coefficients and significance levels.

More frequent experience of childhood abuse was associated with less frequent emotional support provided to parents. A 1-*SD* increase in frequency of childhood abuse corresponded to a 0.12-*SD* decrease in emotional support giving to mothers ($\gamma = -0.12, p < .05$). Frequency of childhood abuse was not significantly associated with the provision of instrumental support. In addition, childhood abuse was negatively associated with positive relations with others in adulthood. A 1-*SD* increase in frequency of childhood abuse corresponded to a 0.14-*SD* decrease in positive relations with others ($p < .05$). Frequency of childhood abuse was not significantly associated with self-esteem or with maladaptive coping.

Both self-esteem and positive relations with others were significantly associated with intergenerational support giving. When self-esteem

increased by 1 *SD*, emotional support giving decreased by 0.20 *SD* ($p < .01$), and instrumental support giving decreased by 0.21 *SD* ($p < .01$). A 1-*SD* increase in positive relations with others was associated with a 0.18-*SD* increase in emotional support giving and a 0.19-*SD* increase in instrumental support giving ($p < .05$).

Self-esteem and positive relations with others were also both negatively associated with maladaptive coping. When self-esteem increased by 1 *SD*, the use of maladaptive coping decreased by 0.19 *SD* ($p < .05$). A 1-*SD* increase in positive relations with other was associated with a 0.24-*SD* decrease in the use of maladaptive coping ($p < .01$). In turn, maladaptive coping was positively associated with the frequency of instrumental support provided to parents. A 1-*SD* increase in maladaptive coping corresponded to a 0.15-*SD* increase in instrumental support giving to mothers ($\beta = 0.15, p < .01$) whereas the association between maladaptive

Table 2. Relations with Mothers: Unstandardized and Standardized Estimates and Goodness-of-Fit Indices

Parameter estimates	Unstandardized	SE	Standardized
$\gamma_{(1,1)}$: Child abuse → Self-esteem	-0.07	0.07	-0.07
$\gamma_{(2,1)}$: Child abuse → Positive relations with others	-0.13	0.06*	-0.14
$\gamma_{(3,1)}$: Child abuse → Maladaptive coping	0.01	0.06	0.01
$\gamma_{(4,1)}$: Child abuse → Emotional support giving	-0.15	0.08*	-0.12
$\gamma_{(5,1)}$: Child abuse → Instrumental support giving	-0.02	0.08	-0.02
$\beta_{(3,1)}$: Self-esteem → Maladaptive coping	-0.15	0.07*	-0.19
$\beta_{(3,2)}$: Positive relations → Maladaptive coping	-0.21	0.07**	-0.24
$\beta_{(4,1)}$: Self-esteem → Emotional support giving	-0.25	0.09**	-0.20
$\beta_{(4,2)}$: Positive relations → Emotional support giving	0.25	0.10*	0.18
$\beta_{(4,3)}$: Maladaptive coping → Emotional support giving	0.10	0.08	0.06
$\beta_{(5,1)}$: Self-esteem → Instrumental support giving	-0.26	0.09**	-0.21
$\beta_{(5,2)}$: Positive relations → Instrumental support giving	0.25	0.11*	0.19
$\beta_{(5,3)}$: Maladaptive coping → Instrumental support giving	0.23	0.09**	0.15
Indirect effects			
	Estimate	SE	
Child abuse → Positive relations → Emotional support giving	-1.64	0.02	
Child abuse → Positive relations → Instrumental support giving	-1.60	0.02	
Child abuse → Positive relations → Maladaptive coping → Instrumental support giving	0.02	0.02	
Goodness-of-fit indices			
Satorra–Bentler scaled: $\chi^2(df)$	190.28 (135)***		
Root-mean-square error of approximation [90% confidence interval]	0.02 [0.01, 0.03]		
Comparative fit index	1.00		
Non-normed fit index	1.00		
Standardized root-mean-square residual	0.04		

Note. $N = 887$.

* $p < .05$. ** $p < .01$. *** $p < .001$.

coping and emotional support giving was not statistically significant.

We hypothesized that self-esteem, positive relations with others, and maladaptive coping strategies would mediate associations between frequency of child abuse and instrumental and emotional support. None of the indirect paths beginning with child abuse were significant, however, indicating that these are not mechanisms by which maternal abuse in childhood is related to providing support to mothers in adulthood.

Overall, this model fit the data well based on the following indices: Satorra–Bentler Scaled $\chi^2(135) = 190.28$, $p < .001$; root-mean-square error of approximation = 0.02; comparative fit index = 1.00; non-normed fit index = 1.00; standardized root-mean-square residual = 0.04. For the Satorra–Bentler Scaled χ^2 , an insignificant result at the .05 significance level would indicate a good model fit. However, the chi-square statistic is sensitive to sample size, and thus it is nearly always significant

when large samples are involved (Jöreskog & Sörbom, 1993).

DISCUSSION

With this study we attempted to fill the gap in knowledge of how adult children with histories of maternal abuse engage with their mothers. A growing number of studies are suggesting that adverse childhood events leave a mark on the victim over time, which can interrupt several aspects of adult life. The current study supports the previous research and theoretical expectations by showing a significant inverse association between maternal childhood abuse and the frequency of providing emotional support to mothers in adulthood. Maternal childhood abuse was not associated with instrumental support giving, and internal working models and maladaptive coping did not explain the association between abuse and providing emotional support. Indeed, internal working models and maladaptive coping were associated with giving support

in several ways that were contradictory to our expectations.

One caveat is that although the coefficients are statistically significant, the effect sizes are small, typically one fifth of a standard deviation or less. Nonetheless, we consider the effect sizes in an additive manner because, based on theoretical considerations, multiple paths are simultaneously contributing to the probability of providing support. For example, insecure attachment styles are characterized by a combination of beliefs about the self and beliefs about others.

Childhood Abuse History and Intergenerational Support Provision

As hypothesized, childhood abuse was significantly associated with less emotional support given to mothers. It was not, however, significantly associated with providing instrumental support. This finding is consistent with the findings of Whitbeck and colleagues (1991, 1994) that parental rejection and hostility in childhood were negatively associated with contemporary relationship quality with parents, but these earlier parental characteristics were not significantly associated with instrumental support giving to parents. Similarly, according to the work of Carpenter (2001), a secure attachment increased the amount of emotional support provided to parents, but it was not associated with providing instrumental care. This result may indicate that the past experience of maternal abuse is primarily a barrier to emotional engagement with the abusive mother. In terms of instrumental support giving, future research should test whether factors such as family norms or needs of mothers could be more influential than the history of abuse.

Contradictory Results: Self-Esteem and Maladaptive Coping

In the association between IWMs and intergenerational support provision, there were two contradictory results that are noteworthy. First, persons with lower self-esteem were *more* likely to provide both emotional and instrumental support to their mothers. This is inconsistent with prior research from an attachment perspective indicating that positive IWMs can facilitate support provision to parents (Merz et al., 2007; Shemmings, 2006; Sorensen et al., 2002). These studies explain that because an IWM serves

to regulate and interpret attachment-related emotions, behaviors, and thoughts, a positive IWM promotes closeness and reduces conflict in the parent–adult child relationship. Nonetheless, the result can be interpreted through the lens of the adult attachment perspective. According to adult attachment theory, adults with anxious attachment tend to have negative perceptions of self-worth (Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998). Adults with anxious attachment adopt interpersonal behaviors of seeking approval and acceptance from others as a means to gain self-worth (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). This desire to fulfill the need for security may lead them to provide emotional and instrumental support to mothers. Of note is that childhood abuse was not related to self-esteem, so this finding is general to all participants rather than specific to abused participants.

A second contradictory result was that greater use of maladaptive coping was associated with giving *more* frequent instrumental support to mothers. There are two possible explanations for this result. First, persons with fearful attachment strive for approval from others at the same time that they avoid close relationships because of a fear of rejection (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). As a way to maintain a safe distance from others, adults with fearful attachment tend to rely on distancing coping strategies, such as stress denial or behavioral disengagement (Milkulincer & Shaver, 2007; Rholes & Simpson, 2004). Although we did not test moderation, the result could be driven by participants with fearful attachment, who experience a combination of negative self-worth and negative perceptions of others' supportiveness (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994). Fearfully attached adult children may provide instrumental support, perhaps to gain approval from their mothers, while simultaneously distancing themselves through maladaptive coping behaviors.

Alternatively, because the analyses were based on cross-sectional data, it is possible that adult children who had to provide instrumental support coped with that demand poorly by using harmful coping behaviors. Studies have indicated that insecurely attached adults are likely to have difficulties providing effective care because of deficiencies in intra- and

interpersonal regulatory skills, which may follow emotional burnout or exhaustion (Milkulincer & Shaver, 2007). Under such circumstances, the insecurely attached individuals may adopt maladaptive coping strategies as a way to relieve their stress. Future research may further investigate motives of adult children with insecure attachment for providing social support for parents and how voluntary their support is.

Limitations

MIDUS is the only national data set of which we are aware that includes the measures that permitted us to test our hypotheses. Several limitations of the MIDUS data should be noted, however. First, the sample was restricted to participants with living mothers only. This restriction was necessary because the support questions in MIDUS ask about “parents,” and so we could be certain about the target of support only in cases where participants had a single living parent. We had to further exclude participants whose single living parent was a father because we anticipated gender differences (Birditt, Miller, Fingerman, & Lefkowitz, 2009), and there was not a sufficiently large group of participants with only a living father for structural equation modeling analyses. These restrictions make our results more precise, but they also limit generalizability—adult children’s relations with fathers and with both living parents may be quite different—and potentially introduce bias. For example, although MIDUS I was a nationally representative sample, the sample of participants with living mothers only is not representative of the general U.S. population. Among participants in our sample, 92.4% were White, which is much higher than the 72.4% reported in the 2010 census (U.S. Census Bureau, 2011).

Second, the items measuring childhood abuse were based on the retrospective reports of adult children about their childhood experience with parents, which can involve recall bias (Ayhan & İşiksal, 2005). Nonetheless, contemporaneous reports of perceived abuse reflect the respondents’ current understandings of their childhood experiences. In addition, although the items on the Conflict Tactics Scales are widely used (Straus, 2007), they are complex items that ask about multiple distinct behaviors within a single question. This wording may introduce measurement error and prevent researchers from

capturing what the items purport to measure (Elasý & Gaddy, 1998).

Third, intergenerational support provision was assessed by single-item indicators representing two dimensions of support: emotional and instrumental support provision. These single-item measures are limited in terms of their capability to fully capture the several dimensions of the construct, such as the specific type, duration, or intensity of the support (Youngblut & Casper, 1993). In addition, by focusing on the impact of childhood abuse and its correlates, this study overlooked some key predictors for intergenerational support provision, such as the care needs of parents, geographical proximity between the mother–adult child dyads, or the degree of filial norms to which adult children adhered (Lawton, Silverstein, & Bengtson, 1994; T. Schwarz, 2009). Future research may address this limitation by incorporating the aforementioned factors related to intergenerational solidarity in addition to the attachment considerations.

Finally, a longitudinal analysis will strengthen robustness of the present conclusions and will advance the understanding of the causal relationships among the key constructs, which will also provide more accurate assessment of intervention points for maltreated adult children who are engaged in supporting mothers.

Implications

Despite the limitations, the findings of this study provide important implications for theory, practice, and policy. First, the adult attachment perspective can help scholars and mental health professionals understand parent–adult children dyads with a history of abuse by uncovering significant associations between the history of abuse and intergenerational support provision. Parent–child attachment relationships have mostly been studied only until a child reaches adolescence (Merz et al., 2007; B. Schwarz & Trommsdorff, 2005), but this study suggests that attachment issues can affect the degree of emotional availability shown by adult children toward parents.

It is important for practitioners who work with abused adult children to intervene in the ways their clients deal with emotional demands from their abusive parents. One way is to help clients understand how the abuse history may affect their ability to fulfill family

obligations. Another is to help acquire specific communication skills and/or relational techniques to present themselves effectively in the relationship with the abusive parent. At present, many adult children, both abused and nonabused, have no choice but to provide support themselves (Feinberg, Reinhard, Houser, & Choula, 2011; Kong & Moorman, 2015; Span, 2014). Therefore, service providers should acknowledge vulnerability of the abused adult children when supporting their abusers and provide appropriate casework and/or group services (e.g., counseling services, self-help groups). For this it is crucial to have policy support to expand studies or programs for this particular population to better understand and intervene with their needs and concerns.

The consequences of childhood abuse persist throughout life and, likewise, intergenerational relationships persist throughout life: Some people give support to their mothers despite abuse in childhood. As life expectancy increases, parents and their adult children share much longer lives together, and the primary responsibility of supporting parents falls on the shoulders of adult children (Feinberg et al., 2011). Under such circumstances, much more needs to be investigated about adult children with histories of childhood parental abuse whose voices and experiences have been silenced and ignored.

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