How can I care for the person who harmed me?
Abuse survivors as filial caregivers

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YOUR TURN for CARE
Surviving the aging and death of the adults who harmed you

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Survivors – Filial Caregivers?

Some contextual issues

- The aging population continues to grow larger, as advances in medical care prolong life.
- Among the population of elders are those who perpetrated abuse and neglect on their children in decades past.
- The Baby Boom generation are now in their 50’s and 60’s – prime ages for being in the position to deal with the aging of a family member – including the family member who abused and/or neglected them.
The Context of Care-giving

Because, in the US (unlike in many other industrialized nations), the state makes no provision for care-giving of elders who can no longer participate fully in their own lives, families are the front line for care-giving in the US.

According to the Family Care-giving Alliance (www.caregiver.org), 65% of elders with chronic health problems rely exclusively on their families for care-giving needs.

- Only 30% of elders utilize the services of paid care-givers, and most of those are part-time and seen as supplemental to family members.
- Additionally, even with a caregiver on board, there are many hidden challenges to elders that require the support of younger family members.
The Context of Childhood Abuse

Thirty-four percent of current adults are estimated to have histories of childhood abuse and/or neglect, almost entirely at the hands of the adults who raised them or other close family members such as grandparents or siblings.

- While not all of this abuse arises to the levels that engender complex traumatic stress responses, these numbers also do not take into account emotional abuse, which is empirically related to adult emotional difficulties, including self-hatred and attachment problems.

- Attachment trauma in the form of dismissive, anxiety-provoking, or disorganizing attachment is common in the survivor population, and almost entirely linked to the actions of the aging adult now in need of care.
Normal Stresses

Care-giving, even in the happiest and most loving of families, is stressful for all parties

- Role reversals between elders and now-adult offspring
  - Taking away the elder’s driving privileges
  - Managing her/his diet
  - Substituting the care-giver’s judgment for the elder’s on issues of safety
  - Introducing caregivers (aka total strangers)
  - Changing adult diapers
  - Loss for the caregiver of the elder to dementia
Other Normative Stressors

- Care-givers are at known risk for anxiety, depression, and their own health problems.
- Financial strain due to time lost from work, costs of travel to be with the elder, contributing to elder’s upkeep, supplementing their financial resources.
- Time spent away from intimate relationships, recreational activities.
- Stress on intimate relationships.
- Conflict between siblings about how to proceed.
- Creeping grief about the imminent demise of the elder.
- Conflict between members of the younger generation about end-of-life decisions.
When There’s Been Maltreatment and Attachment Trauma

Add a history of maltreatment and attachment trauma to this mixture and things become much more complicated, because...

- Abuse, neglect, and maltreatment are often hidden and secret, and its survivors, not its perpetrators, generally carry its shame and its effects
- Abuse in families splits siblings and creates confused and divided loyalties, with siblings often pitted against one another throughout the lifespan by abusive parent figures
- Survivors of childhood trauma and maltreatment are often just emerging from the process of healing the considerable wounds of that experience at the juncture where perpetrators age into the need for care, or approach death

Or, survivors have never been able to address those dynamics, and are flooded with the unfinished business of their lives by the requirements of responding to the declining abusive elder
How I Came to This Topic

Observing my clients as they encountered this life stage

- Discovering few if any resources aimed at the adult survivor in the context of the aging and death of perpetrators
- Noting consistent, common responses to the aging and death of perpetrators which both complicated and illuminated the extant dynamics of the treatment, and a complete absence of literature, either scholarly or popular press, on this topic (there are now two such studies)
- Deciding to write *Your Turn* so that my clients had something to read that would assist them and normalize their experiences
Common Questions Raised by Survivors Faced with Filial Caregiving Demands

- How can I choose to spend time with an elder who still calls me the terrible names that she called me when I was little?
- How can I be a caregiver for an ill and aging family member who repeatedly did me harm at the most vulnerable times of my own life? And how would I make sure I didn’t harm them myself?
- How can I grieve the loss of someone whose role in my life was so damaging and dangerous? Why am I not relieved by her/his death? Why can’t I just get over this? After all, s/he is old and frail and ill? Why am I still so frightened/angry/numb?
- Why are old symptoms that I thought I was done with resurfacing?
Understanding Violations of the Contract for Care

The Contract for Care between adult humans and the children in their care is the core construct of the YTFC model.

What is this Contract?
The Contract for Care

- Adults must care for the safety and welfare of children
- This contract is a non-optional, evolutionarily-based aspect of being human
  - Humans evolved to be creatures with large brains, which allowed us to create language and abstract thought
  - Our large brains require an extended period of infancy and dependency on adults prior to the capacity for autonomy in comparison with our primate relatives such as bonobos, and even longer when compared with other mammalian species
  - The survival of the human species thus depends on adults keeping this contract
  - Breaking this contract – which is what abusive adults have done in some form or another - is a violation of the most basic requirements of humanity.
A Broken Contract Need Not be Upheld

The other core construct of the YTFC model is that once the Contract has been broken, it’s broken, and it is NOT incumbent on the adult survivor to reinstate it

- This is an especially important message because of the normative role-reversals that occur in families where children are maltreated

A radical yet true proposition: The adult survivor has the right to choice at each step of the process regarding whether, and if so, how, s/he will engage with the care-giving needs of the abusive elder

Another radical yet true proposition: The adult survivor has the right to refuse to engage at all, and/or to disengage at any point along the way in the service of her/his emotional, physical, and spiritual well-being and safety.

These two radical yet true propositions are often the complete reverse of what an adult survivor of childhood maltreatment believes

- It’s thus particularly important that therapists and counselors understand and agree with this proposition ourselves
Goals of Engaging with Survivors Dealing with Filial Care-giving Demands

Empowerment of survivors to know a lot of here-and-now information about themselves that they have learned to suppress to stay in relationship with an abusive parent figure

- What they think today
- What they want today, for themselves and the people they love
- What they feel today
- To know what keeps them safe, emotionally, physically, and spiritually/existentially
- To make choices about engaging in filial care-giving founded in these present-day ways of knowing
- To know, profoundly and with certainty, that they are not the ones who broke the Contract for Care, and that they are first and foremost responsible to themselves, not to the broken Contract
How Can Therapists Empowerment for Survivors

Identify countertransference issues

- Even for those of us accustomed to the painful narratives of complex trauma and dissociation, issues related to the aging and death of abusive elders are likely to evoke complicated therapist responses.
- Not a few of us are precisely this group ourselves; adult survivors who have dealt with, or are facing, this life passage.
- Some of us have strong beliefs about what younger family members “should” do for elders, no matter what might have occurred in the past.
Clarifying Own Attitudes

- Risks of encouraging/valorizing certain polarized responses in our clients, whether these are the best choices for those individuals or not
  - As is always true with trauma-informed countertransferences, we will be subject to the non-conscious pull to have our clients do this work for us, or will be unable/unwilling to support our clients to go in their own choices where we have been unable to go in ours
  - Thus, initial step; clarify your own attitudes toward care-giving in your own family of origin context and your own life
Understand Dynamics of Gender, Class and Culture in Care-Giving

Care-giving is a gendered-female role, in the US and other cultures

- Thus women are likely to feel more pressure, both internally and from others, to be actively involved in care-giving, regardless of the prior actions of the perpetrator
- Estimates of the percentage of family caregivers who are women range from 59% to 75%
- The average caregiver is age 46, female, married and working outside the home in addition to functioning as a caregiver in her own family, earning an annual income of $35,000
- Although men also provide assistance, female caregivers may spend as much as 50% more time providing care than male caregivers
Social Class Mediates Demands for Direct Care

Survivors who are persons of means may appear more able to avoid direct, hands-on care of abusive elders than are those of modest means – yet there are many other care-giving tasks into which they can be drawn.

- Because surviving a childhood of abuse has deleterious effects on educational performance and thus earning capacities, survivors are more likely to not have the means to buy care for abusive elders, and may be more pressured into doing hands-on care themselves, even when this creates a more financially precarious position for the survivor.
- Survivors who are able to offer financial assistance or buy care for an elder experience a different set of pressures.
- Examples...
  - Organizing finances for the elder
  - Subsidizing the elder’s care/managing paid caregivers
  - Paying for “extras”
Cultural Context Affects the Meaning of Care-giving

- In the US, pressures for the mid-life generation to do direct care for elders are different in immigrant cultures, indigenous cultures and cultures of color than in Anglo, dominant cultural contexts.

- Adult survivors in these target groups may perceive themselves to have less degrees of freedom and choice in regard to how they relate to the care-giving needs of abusive elders.

- Some cultures of faith may also engender demands for care of elders that are more intense than those found in secular contexts.

- All of this complicates the situation for survivors.
Cultural Competence

- Is thus necessary in empowering adult survivors in responding to demands for filial care-giving.
- Disentangling cultural norms from abusive family of origin norms that used culture/faith/social class/immigration status/gender, etc as a rationale for the abuse or neglect is essential.
- Respecting culturally-normative client choice, but never avoiding engagement in a critical analysis of those choices.
  - “Does everyone in your culture always respond to elders in this way?” “What has happened to people who appear to resist these norms?” “Is there a middle path?”
Normalize Client Responses

- Adult survivors already carry guilt, shame, and self-blame for what was done to them.
- Reluctance to engage in filial care-giving, continuing anger at the perpetrator, absence of feelings of love – all of these are common, and all frequently sources of distress and self-criticism for the survivor.
- Normalizing these and similar responses:
  - The abusive elder broke the Contract; how would a reasonable person respond to that?
Address Attachment Dynamics

“Why didn’t I just fight back?” “Why did I keep trying to please her/him?”

Psychoeducation about attachment dynamics is a crucial component of trauma recovery, and needs to be revisited around issues of the perpetrator’s aging.

- Resurfacing in survivors of old attachment strategies of compliance/self-sacrifice
Betrayal Trauma

Betrayal Trauma Theory (BTT) demonstrates how attachment dynamics work in abusive parent-child relationships

- Child has the evolutionary imperative to be attached to their adults, and will engage in almost any means to do so
- Unknowing (dissociating) betrayal is one of those means employed by children being abused by their adult care-givers
- Re-entering a relationship with that abusive elder years later may activate the knowledge of the betrayal, leading to the appearance or resurgence of intrusive symptoms
Trauma Reenactments

Depending on the nature of the abusive system in the family of origin, and the degree to which any given survivor has understood dynamics of trauma reenactments, it is extremely common for survivors who attempt to enter the care-giving realm to be drawn into reenactments. Psychoeducation about reenactments, and the development of self-compassion in the survivor, are empowering and necessary interventions at this juncture.
A Decision-Making Model

Survivors confronted with the possibility of care-giving for an abusive elder need to be able to clarify their values and choices.

I developed the following decision-making grid from the experiences of many survivors.

For each question, I ask the person completing the grid to determine the following:
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Consequences for me participating</th>
<th>Consequences for me not participating</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where am I in the healing process?</td>
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<td></td>
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<tr>
<td>What are my support resources?</td>
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<td>What are my other responsibilities</td>
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<tr>
<td>What are workplace considerations</td>
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<tr>
<td>What are Gender and Cultural Considerations?</td>
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<td>---------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>What are the elder’s care needs?</td>
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</tbody>
</table>
Questions for Clarifying Decisions about Care-giving Participation

- What is my current answer to this question, based on what I currently feel, think, know, and want?
- What are the consequences to me of participating in care-giving today in the context of this answer?
- What are the consequences to me of not participating in care-giving today in the context of this answer?
- What are the next concrete, specific steps that I need to take, today, in the context of my answer?
What A Survivor Needs to Know

- Where am I in my own healing process?
- What are my support resources, internal and external?
- What are my other responsibilities in life, to myself and to other beings who I have chosen to be in my life today?
- What are my financial resources?
- What are my workplace considerations?
- What are gender, culture, faith, class, or other identity considerations?
- What are the actual care needs of the abusive elder?
The Context of the Contract

As each of these dynamics emerges, it becomes the task of the therapist to put the survivor’s experience into framework of the broken Contract for Care, and refocus the survivor on

- What s/he thinks today
- What s/he wants today, for her/himself and the people s/he loves
- What s/he feels today
- To know what keeps her/him safe, emotionally, physically, and spiritually/existentially
- To make choices about care-giving founded in these ways of knowing
- To know, profoundly and with certainty, that s/he is not the one who broke the Contract for Care, and that s/he is responsible to her/himself, not to the broken Contract