

5-2022

PARENTIFICATION: THE LONG-TERM EFFECTS ON THE PARENTIFIED ADULT

Andrea Monique Armas
California State University - San Bernardino

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Armas, Andrea Monique, "PARENTIFICATION: THE LONG-TERM EFFECTS ON THE PARENTIFIED ADULT" (2022). *Electronic Theses, Projects, and Dissertations*. 1419.
<https://scholarworks.lib.csusb.edu/etd/1419>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

PARENTIFICATION: THE LONG-TERM EFFECTS ON THE PARENTIFIED
ADULT

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

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

by
Andrea Armas

May 2022

PARENTIFICATION: THE LONG-TERM EFFECTS ON THE PARENTIFIED
ADULT

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

by

Andrea Armas

May 2022

Approved by:

Dr. Carolyn McAllister, Faculty Supervisor

Dr. Laurie Smith, MSW Research Coordinator

© 2022 Armas

ABSTRACT

The following is a quantitative study, with a sample of 71 adults, ranging from ages 18 to 60, to gather information about the effects of parentification in developing adults. Topics varied from parentification to trust and ethnic characteristics. There is a limited amount of information on the topic of parentification its effects on the developing adult which impact how professions in social services can help those who have experienced parentification. An online questionnaire was created through Qualtrics with 73 questions. The link was distributed through social media sites such as Facebook, Instagram, and Reddit. The results showed the relationship between the Parent-Focused Parentification Subscale and trust, the relationship between the Perceived Benefits of Parentification Subscale and trust, the relationship between the Multigroup Ethnic Identity Measure Scale and trust, and the relationship between Parent-Focused Parentification and Sibling-Focused Parentification. This study also found that Parent-Focused Parentification had an effect on the Perceived Benefits of Parentification. The implication for the future of parentified adults is that professionals in social services become aware of the effects of parentification and aim prevention and early intervention programs towards parenting efforts.

DEDICATION

This project is dedicated to my family. Thank you to my parents, Anita and Ramiro, for putting my educational success first and supporting me throughout this process. Thank you to my grandparents, David and Emily, for always inspiring me to never give up and work hard to accomplish my goals. Thank you to my siblings, Anthony, Allanna, Allyssa, Andrew, and Alixis, for motivating me and cheering me on during my educational endeavors. I could not have done this without the support and love that you have given me.

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER ONE: PROBLEM FORMULATION	1
Overview and Scope of the Problem	1
Causes of Parentification	2
Impact of Parentification	3
Major Interventions for Parentification	3
Purpose, Rationale, and Significance	5
CHAPTER TWO: LITERATURE REVIEW.....	7
Introduction.....	7
Synthesis of the Literature	7
Limitations of Existing Studies	7
Synthesis of Theoretical Perspectives Guiding this Research	9
Erikson’s Stages of Psychosocial Development.....	10
Attachment Theory	11
Critical Analysis of Theoretical Perspectives Guiding this Research	14
CHAPTER THREE: METHODS	18
Introduction.....	18
Ethics/Protection of Human Subjects.....	18
Research Design	19
Sampling.....	19

Data Collection Instruments.....	20
Procedures	23
Study Variables.....	23
Alternate Hypothesis.....	24
Data Analysis.....	25
CHAPTER FOUR: RESULTS.....	26
Introduction	26
Demographics.....	26
Family Structure and Ethnic Characteristics	30
Key Variables.....	34
Key Findings	38
Conclusion	39
CHAPTER FIVE: DISCUSSION	40
Introduction	40
Discussion	40
Limitations and Strengths	43
Implications for Social Work Practice and Policy	44
Conclusion.....	44
APPENDIX A: INFORMED CONSENT	46
APPENDIX B: QUESTIONNAIRE	49
REFERENCES.....	67

LIST OF TABLES

Table 1. Critical Analysis of the Attachment Theory and Erik Erikson's Psychosocial Development Theory with Joseph & Macgowan's Theory Evaluation Scale (TES).....	17
Table 2. Demographic Characteristics of Participants	28
Table 3. Family Structure and Ethnic Characteristics	32

LIST OF FIGURES

<i>Figure 1.</i> Frequency Analysis of participant responses for AUDIT-C alcohol use scale.	35
<i>Figure 2.</i> Frequency test of participant responses for DAST-10.....	35
<i>Figure 3.</i> Frequency test of participant responses for Parent-Focused Parentification Subscale	36
<i>Figure 4.</i> Frequency test of participant responses for Sibling-Focused Parentification Subscale	36
<i>Figure 5.</i> Frequency test of participant responses for Perceived Benefits of Parentification Subscale	37
<i>Figure 6.</i> Frequency test of participant responses for General Trust Scale	37
<i>Figure 7.</i> Frequency test of participant responses for Multigroup Ethnic Identity Measure Scale.....	38

CHAPTER ONE

PROBLEM FORMULATION

Overview and Scope of the Problem

Raising a family in the twenty-first century can be fraught with financial, emotional, physical, and mental stress. To combat those stressors, parents rely on their families and support systems to help them navigate how to raise their families while also supporting them on their journey. The problem is that not all individuals have the stability and inner resources to have their extended family to help so parents seek help within their immediate family. The demand for help then falls onto those within the family who are not able to work outside of the home and take up caregiving to contribute to the care of their family. This significant part of the caregiving population are those who are children themselves. These young caregivers, 1.3 to 1.4 million children between the ages of 8 and 18 nationwide (Hunt et al., 2005), are overlooked for many reasons, but mainly because societal norms suggest that children should be the receiver and not the provider of care. However, the every day help that these young caregivers provide for their families influences their development and lives in ways that may not be seen during childhood.

Parentification is when the child in a family is tasked with the role of a parent and acts as a parental figure to their siblings or their parents. There are two types of parentification, instrumental and emotional and two different focuses, parent-focused and sibling-focused (Burton et al., 2018). In instrumental

parentification, the parentified child participates in the physical maintenance of the family with tasks such as cooking, cleaning, caring for their siblings or relatives, and other physical labors or supports for the family. This type of parentification is more evenly split between male children and female children when compared to emotional parentification where female children are more likely to be confided in (Hunt et al., 2005). Emotional parentification is defined as the parentified child engaging in the emotional maintenance of the family through tasks such as acting as a mediator between family and the parents, acting as a confidant to the parent about mature issues or problems, and fulfilling the emotional needs of the family while their own emotional needs are underdeveloped and ignored.

Causes of Parentification

In most cases, parentification happens because the parent is unable to fulfill their role as a parent because they have an alcohol or substance abuse disorder, has a disability or serious medical condition, insufficient emotional support from adults in their lives, experienced abuse or neglect as a child, or suffers from a mental illness (Monroe, 2019). Parentification can also happen due to financial hardship and divorce, leading parents to be outside of the home more often and leaving their child household responsibilities or the burden of being their parent's confidante for emotional hardships.

It can be argued that parentification is a form of child neglect because the parent is neglecting to care and guide their children in their parental roles in order

to focus on their own needs. The neglect of a child or children is where social service workers intervene and reaffirm the role of parents as guardians of their children as part of their National Association of Social Workers Code of Ethics (NASW) to help people in need and address social problems (NASW, 2017).

Impact of Parentification

Parentification is a social problem due to its negative impact on a child's development such as depression (Parys et al., 2014), poor mental health, poor academic scores, and susceptibility to psychological distress (Hooper et al., 2014) when compared to non-parentified children. Parentification is also a social problem because until the National Alliance for Caregiving conducted a study in 2005, there had never been a national prevalence study of the impact of parentification in the U.S. (Hunt et al., 2005). Recognizing children who experience parentification and understanding the implications will help health care and social service providers become aware of the needs of vulnerable families without working against a parent's needs.

Major Interventions for Parentification

Understanding parentification and understanding the harm that parentification has on a child during their developmental years forces health workers and social service workers to see parentification as a form of neglect. When a child must take on the role of a parent and the responsibilities that come with that role, that child is not being protected by their parent or legal guardian

and social services uses federal funding to help the child and family in need. Federal legislation has helped the delivery of child welfare services and continues to serve as a way for social services to make a significant impact on the lives of vulnerable and needing families.

A key Federal legislation that aims to address child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA) (US Congress, P. L. 93-247; U.S. Department of Health and Human Services, 2019). Originally enacted on January 31, 1974, there have been several amendments to the act and the most recent authorization to the act was on December 20, 2010. The most recent provisions were amended on January 7, 2019, which was made by the Victims of Child Abuse Act Reauthorization Act of 2018. These recent changes mean that the legislation is always being amended and revised to make sure that it is covering all the essential areas for children to continue to be protected.

The main purpose of CAPTA is to provide federal funding and guidance to states by supporting their prevention, assessment, investigation, prosecution, treatment activities and sets the Federal definition of child abuse and neglect (Child Welfare Information Gateway, 2019). CAPTA also provides grants to public agencies, nonprofit organizations, Indian Tribes and Tribal organizations for programs and projects. Research, evaluation, technical assistance, and data collection activities are also fulfilled by the Federal role. Another example of the Federal role is the establishment of the Office on Child Abuse and Neglect and a national clearinghouse of information relating to child abuse and neglect called

the Child Welfare Information Gateway (Child Welfare Information Gateway, 2019). The more recent provision to CAPTA was expanded by the Justice for Victims of Trafficking Act of 2015. The purpose of this expansion was to expand the definitions of child abuse and neglect and sexual abuse are considered so agencies are able to include identified child victims of sex trafficking or severe forms of trafficking in persons (US Congress, P. L. 93-247; U.S. Department of Health and Human Services, 2019) in their services and use federal funding towards this population.

Having the necessary funding and resources to provide to child victims of abuse and neglect is important in the fight against child maltreatment. CAPTA not only provides funding and resource guide for victims in the form of grants and other federal funding, but it also emphasizes prevention methods and activities such as research and data collection to better educate those who work with children and families. These prevention methods and activities help identify potential risk factors and help families become healthier mentally, physically, socially, and emotionally.

Purpose, Rationale, and Significance

The purpose of this study is to explore parentification as a form of neglect and the risk factors associated with parentification. More specifically, does the experience of parentification in childhood affect the development of parentified adults? Parentification as a form of neglect has long standing consequences and the lack of education in health care and social service settings allow for a gap to

form, creating a not insignificant population in need of services related to parentification. Social workers have an ethical mandate to seek further education and supervision when an emerging area of practice, such as parentification, appears during their workload. The NASW Code of Ethics (2017) stated

When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm. (p. 9)

A social worker's competence should be within their scope of practice and with new research on parentification, social workers need to become educated on how best to service their clients. In addition, bringing awareness to social workers about parentification will ensure that social workers are fulfilling the mission of the social work profession to helping vulnerable and oppressed individuals.

These gaps are present in both in literature and research, making this study one of few that will shed light on parentification and its damaging effects. It will also help social service workers become aware of the risk factors, causes, and effects of parentification in childhood to aid them in the design of effective preventative and intervention measures. The results of this study will guide future researchers on the areas with the highest need when dealing with parentification and how to establish therapeutic relationships with parentified adults.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter will analysis and critique existing studies relevant to parentification and the impact on adult development. Following this section, this study will discuss gaps in existing literature and how the research will address them. The last section of this chapter will be an introduction of the studies relating to parentification and a critical analysis of the theories guiding the research.

Synthesis of the Literature

The concept of parentification is not new but awareness of how parentification can affect a child beyond their childhood has yet to be researched. There have been numerous studies on how treating a child to take on the role of a parent has affected their academic scores, social relationships and emotional state on a day-to-day basis and studies about the perceived benefits to parentification but the effects on parentified adults is still limited.

Limitations of Existing Studies

There have been studies on parentification that address the experiences of the parentified child versus the non-parentified child (Boumans & Dorant, 2018), risk and resilience in parentified adults (Williams, 2016), and the

parentification of ethnic individuals and the difference between the ethnics (Khafi et al., 2014). There have been studies on the impact parentified children whose parents suffer from AIDS experience (Stein et al., 1999) and studies that looked at sibling relationships, self-esteem and parentification (Borchet et al., 2020). While the presence of studies whose focus is on the parentified child and the unique experiences these children face is encouraging for awareness, to the researcher's knowledge, there has not been a study conducted on how parentification affects the development of parentified adults or their ability to trust.

When looking into the risk and resilience of young adult carers study, there is a limitation for the population surveyed. The study focused on young adult carers in Netherlands who are caring for their families with special emphasis on how it is affecting them in the moment, not in the future (Bousmans & Dorant, 2018) as this study is focused on. Bousmans & Dorant (2018) also distributed questionnaires in healthcare courses that have a higher representation of females, meaning that the sample is not representative. In other studies, the research was conducted in Canada with a population of emerging adults in a university setting (Williams, 2016). This limits parentified adults who did not pursue higher education and is not a sample of parentified adults overall.

Other limitations can be found in the type of participants in each study. Examples would be the study in which the participants must have parents that suffered from AIDS (Stein et al., 1999) or participants who were of African

American or European American descent to show the ethnic differences (Khafi et al., 2014) between the two. In the case of understanding the ethical differences of parentification (Khafi et al., 2014), limitations were present when the study assumed that each participant adhered to the cultural norms, values, and ideas within their ethnic group and did not test for this. In the study about parentified children with AIDS positive parents (Stein et al., 1999), it would be helpful to have a study of participants who do not have parents with AIDS and compare the two to see if there is a difference in scoring when both groups are in similar, mostly impoverished, living conditions. Lastly, when looking at the sibling relationships, the study did not look at the birth order or number of children in the families that were sampled (Borchet et al., 2020).

The existing literature allow for researchers to further educate themselves on the effects of parentification from a range of participants, but these studies are not fully relevant with the purpose of this study. This study will fill the gap in literature about the long-term effects of parentification, such as the ability to trust, has on the developing adult.

Synthesis of Theoretical Perspectives Guiding this Research

When discussing parentification in childhood and how it affects adult development, it is natural to look at the development of a child when they are experiencing parentification. Starting with how they develop as a child will help researchers and social service workers gain insight on the developmental delays the parentified adult experiences. There are two theories that carry relevance for

child development parentification: Attachment Theory and Erikson's Stages of Psychosocial Development.

Erikson's Stages of Psychosocial Development

Erikson's theory is one of the most popular and most influential theory of development by ego psychologist, Erik Erikson. Erikson's theory was first published in his book, *Childhood and Society*, in 1950 and was titled Eight Stage Theory of Human Development (Erikson, 1963). Over time and with refinements from Joan Erikson in 1996, Erikson's Stages of Psychosocial Development become widely known and widely used in terms of personality development (Orenstein & Lewis, 2020).

There are eight stages in this theory and follows the human development from birth until death. Each stage consists of two conflicting forces of the individual's development and by the end of the stage, the individual will either emerge with the psychological quality or fail to develop that quality (Orenstein & Lewis, 2020). For example, if that stage is handled, the person will feel as if they mastered that area of their life. If the stage is handled poorly, the person will be underdeveloped in that area (Erikson, 1959).

Erikson's theory begins with stage one, trust versus mistrust, and this stage starts from about birth to 18 months. At this stage, hope is the virtue, and the individual develops this virtue through events like having consistent feedings or being abandoned and not being fed consistently. Stage two, autonomy versus shame and doubt, has the virtue of will developed through events such as toilet

training when the child is two to three years old. Stage three is initiative versus guilt with the virtue being purpose that is developed through events such as exploration and being independent from the child's parents. Stage three is ages three to five years old.

In stage four, industry versus inferiority, the child begins to develop the virtue confidence at ages six to 11 years old and it is developed through the events such as attending school for the first time. As the stages continue, stage five is identity versus role confusion with fidelity as the virtue. Stage five is ages 12 through 18 and the individual develops fidelity through social relationships. Stage six, 19 to 40 years old, is intimacy versus isolation. The virtue outcome is love and similar to stage five, the individual begins to develop this through relationships, personal and romantic. Stage seven, from age 40 to age 65, is generativity versus stagnation which is developed through work and parenthood with a virtue of care. The last stage is ego versus despair that lasts from age 65 to death and this is where the individual would reflect on life to develop the virtue wisdom.

Attachment Theory

While it is important to understand this theory to have a better understanding how child development is interrupted by parentification, it is also important to remember that not every aspect of the theory may be applied to parentification. The other theory that can be used to address the underdevelopment of parentified adults is the attachment theory. British

psychologist John Bowlby first created the attachment theory and developmental psychologist Mary Ainsworth elaborated on the theory while working alongside Bowlby at the Tavistock Clinic in England (Cherry, 2020). The theory was developed and published in 1958, but Ainsworth expanded on the theory in the 1970s on her study “Strange Situation” and development of the patterns of attachment (Ainsworth et al., 1978). The attachment theory focuses on the bonds and relationships of people with a special emphasis on the parent and the child. From birth, children begin to form bonds with their caregivers that continues through life and has a major impact on the child’s chances of survival. This is because children who are close to their caregivers and form secure attachments are more likely to receive protection and comfort from them (Moss, 2016). It has been hypothesized that the motivation for this is food, but Bowlby believed that it was actually nurturance and responsiveness that formed attachment behaviors. In sum, caregivers who were available and responsive to an infant’s needs allowed for the infant to form a sense of security with their caregiver (Bowlby, 1988).

While Bowlby was the creator of the attachment theory, there have been quite a few contributors to this theory alongside Ainsworth. Researchers Rudolph Schaffer and Peggy Emerson’s work in a longitudinal study with 60 infants (Schaffer & Emerson, 1964) outlined four phases of attachment. These age specific stages are pre-attachment, indiscriminate, discriminate, and multiple attachments. In the first stage, pre-attachment, infants from birth to three months

do not show attachment to any caregiver and they use crying to attract the attention of the caregiver. The second stage is the indiscriminate attachment stage lasting from six weeks to seven months of age and in this stage, the infants start to show preference for certain caregivers. The infant begins to trust the primary caregiver and becomes more able to distinguish between familiar and unfamiliar people. In discriminate attachment, the infant is now seven months to 11 months in age and show a preference for a specific individual, even showing separation anxiety when away from that caregiver. The last stage of attachment is the multiple attachments stage that takes place approximately nine months of age. The child forms strong emotional bonds with other caregivers like the father, older siblings and grandparents. In the stages of attachment, there are a few factors that influence attachment such as the opportunity for attachment and the quality of caregiving (Ainsworth, 1991).

Lastly, there are also four patterns of attachments that have an impact of behaviors as the child develops, ambivalent, avoidant, disorganized, and secure attachments (Moss, 2016). The ambivalent attachment is when children become distressed when a parent leaves and can be contributed to poor parental availability or that the child learns to not rely on their caregiver to be there when they need them. Avoidant attachment is when the child avoids caregivers, shows no preference between caregivers and strangers and is the result of abusive or neglectful caregivers. In some instances, the child may be punished for depending on the caregiver and instead of asking for help, the child will avoid

their caregiver. Disorganized attachment happens when the child is confused and avoids the caregiver due to inconsistent caregiving. The child may see the caregiver as comforting as well as fearing, influencing the way they react toward the caregiver. The last pattern is a secure attachment. Children with a secure attachment have learned that they can rely on their caregivers and may become distressed when they are separated but show joy when the caregiver comes back. These children also learn to seek reassurance or comfort from caregivers when they experience fear (Ainsworth, 1991).

As the effects of parentification become more readily apparent, support in the form of child development theories will build a foundation for social services workers to refer to when developing intervention methods. Social service workers will also be able to continue to make a positive impact on their clients after learning about the theories behind child development and adults who experienced parentification in their childhood to understand the early attachments clients made and the impact on relationships.

Critical Analysis of Theoretical Perspectives Guiding this Research

To evaluate the theories related to parentification, the researcher used the Theory Evaluation Scale (TES). The TES was developed as a measure that evaluates theories based on three post-positivist criteria, testability, empiricism, boundaries of the theory, and six constructivist criteria, coherence, conceptual clarity, philosophical assumptions, historical development, client context or usefulness for practice, and human agency (Joseph & Macgowan, 2019). With

each criterion, there is a possibility of the theory scoring a maximum of five points and a minimum of one point. With TES, the higher the overall score, the higher the quality of the theory. For example, the social justice theory had an overall score of was in the excellent quality range on the TES (Joseph, 2020b) and the score was proven through a thorough study of the theory. Under the TES, theories that score less than 10 points are considered poor, those scoring between 10 and 19 are fair, those with an overall score between 20 and 29 are good, and those whose overall score reaches or exceeds 30 are deemed excellent.

When looking at the theories relevant to parentification, the attachment theory overall score was 32, meaning that the theory is of excellent quality (Joseph & Macgowan, 2019). There were three criteria in which the theory scored the maximum points, coherence, conceptual clarity, and the historical roots of the theory. This suggests that the theory was easy to understand, interpret, and thoroughly explained who created the theory, when it was created and other historical information. The attachment theory then scores four points for testability and empirical evidence, meaning that the theory can be tested and proven false and has been critically tested and validated through empirical evidence. Lastly, the theory scored a three for philosophical assumptions, and a score of two for each criterion of boundaries, client context or usefulness for practice, and human agency. The attachment theory's score using TES proposes that the theory is of excellent quality. The theory does not score a maximum

number of points for testability and empirical evidence, but the theory does have some support in literature for validity (See Table 1).

When scoring Erik Erikson's Psychosocial Development Theory, the overall score was 30 (See Table 1). The theory yielded the maximum number of points in the criteria of coherence, conceptual clarity, and historical roots, similar to the attachment theory. However, unlike the attachment theory, Erikson's Psychosocial Development Theory presented three points in the criteria philosophical assumptions, testability, and boundaries. The theory also scored two points based on empirical evidence, client context or usefulness for practice, and human agency. TES suggests that this theory is of excellent quality but the two points in the criteria of empirical evidence insinuates that there is little empirical evidence supporting the claims of the theory (Joseph, 2020b). Despite the TES score being high, it has been argued that theories that lack empirical evidence are of poor quality (Stoeffler & Joseph, 2020). Erikson's Psychosocial Development Theory may generate a score that proposed the theory of excellent quality, but it would be remiss to overlook the lower scores in areas where the theory cannot be supported by evidence supporting the claims made in the theory.

Table 1. *Critical Analysis of the Attachment Theory and Erik Erikson's Psychosocial Development Theory with Joseph & Macgowan's Theory Evaluation Scale (TES)*

Criteria	Description	Score	
		AT*	ETPD**
1	The theory has coherence.	5	5
2	The theory has conceptual clarity.	5	5
3	The theory clearly outlines and explains its philosophical assumptions.	3	3
4	The theory describes its historical roots in connection with previous research.	5	5
5	The theory can be tested and proven false via observational and experimental methods.	4	3
6	The theory has been critically tested and validated through empirical evidence.	4	2
7	The theory explains its boundaries or limitations.	2	3
8	The theory accounts for the systems within which individuals interact with people around them.	2	2
9	The theory recognizes humans as active agents within their environment.	2	2
Overall score		32	30

Theory quality based on overall TES score: Attachment Theory
Theory quality based on overall TES score: Erik Erikson's Psychosocial Development Theory

*Attachment Theory

**Erik Erikson's Psychosocial Development Theory

CHAPTER THREE

METHODS

Introduction

As established in the last chapter, the long-term effects of parentification on the parentified adult research is limited, meaning there is a need to close the gap in literature and provide valuable information. Chapter three will consist of the following seven areas of methodology: ethics, research design, sampling, data collection procedures and sensitizing concepts, and data analysis.

Ethics/Protection of Human Subjects

To contribute to the protection of human subjects and to adhere to the code of ethics in social work, the researcher has completed the Collaborative Institutional Training Initiative program for research ethics training. The researcher sought approval to conduct the study of parentified adults from the California State University Institutional Review Board prior to beginning the process. To remain ethical, the researcher provided all participants informed consent documents that state the purpose of the study, risks, benefits, and the right for participants to withdraw from the study at any time for any reason. In addition to informed consent, the researcher reminded participants any identifying information will not be needed when taking the survey nor when the survey is completed to protect the participant's anonymity and the privacy of the results. The survey results are stored in a password protected account

accessible to only the researcher and research supervisor and the results will not be stored for more than three years past the completion of the study.

Research Design

This study takes an exploratory design towards building a foundation for further research on the effects of parentification to build off and allow for further exploration of the topic. This study uses quantitative methods to explore the research questions in relation to parentification. This study design is also a cross-sectional survey design meant to survey the sample of participants once at a specific time and used correlational findings to understand the relation between parentification in childhood and long-term effects on the parentified adult.

Sampling

In this study, the researcher used non-probability sampling methods with participants who were parentified in their childhood and a comparison population of adults who were not parentified. Parentification in their childhood is not required because comparisons of experiences of parentified adults and non-parentified adults will be used. The eligibility criteria for participation is that the participant was in a family unit during their childhood years and the participant is 18 years old or older. To find a sufficient sample of 71 participants from the population of adults, the research utilized internet forums to reach the targeted population. Internet forums included sites such as the Nextdoor website where communities and neighborhoods communicate with one another, promote their

businesses, and form discussion boards that allow those in the neighborhood to participate. The researcher also utilized Facebook, Instagram, and Twitter to find eligible participants and utilize snowball sampling, meaning research participants will recruit other participants. The researcher obtained agreement of participation from online forum moderators if necessary before posting.

Data Collection Instruments

The study collected responses by a questionnaire of demographics for each participant. In the demographic portion of the questionnaire, participants were asked to answer questions about their gender, race/ethnicity, age range, education level, employment status, zip code, and marital status. An acknowledgement that the participant has read through the informed consent document was asked in the beginning of the survey. Participants were provided with a link to the document available for download. Participants who do not consent to their information to be recorded had their responses deleted.

The study is related to parentification with the purpose of ensuring there will be a number of participants who have experienced parentification in their childhood and a number of participants who did not experience parentification in their childhood. The study also found if parentification had long-term effects on the parentified child and if the circumstances in which the long-term effects follow a pattern. The development of the questions for this study was guided by the research supervisors and clarity was provided through peer feedback. The questions targeted the caregiving experiences of the parentified adult during their

childhood as well as the participant's experience regarding substance use, ability to trust, ethnic characteristics, and family structure.

The researcher utilized five scales, the General Trust Scale, the AUDIT-C Scale (Bush et al., 1998), the Parentification Inventory (Hooper, 2009), the Multigroup Ethnic Identity Measure Scale (Phinney, 1992), and a modified adaption from the Drug and Alcohol Screening Test (Skinner, 1982) to answer the research question, does the experience of parentification in childhood affect the development of parentified adults? The first scale used was the General Trust Scale, a 6-item questionnaire. The scale uses general statements to measure the beliefs of the participants on honest and trustworthiness. The scale uses items from Yamagishi's (1986) Trust Scale.

The AUDIT-C, known as the Alcohol Use Disorders Identification Test-Concise is a 3-question alcohol screening instrument that quantifies alcohol misuse. This screening tool was adapted from the longer version of the AUDIT developed by the World Health Organization. The validity of the screening tool was tested in two studies, a cross-sectional validation study (Bradley, 2007) and an article that evaluated the validity of the tool among primary care patients from different racial subgroups (Frank, 2008). In both studies, the AUDIT-C was effective for use in detecting heavy drinking and active abuse/dependence (Bush et al., 1998).

The Parentification Inventory (PI) was developed to fill the need for an instrument that studied the roles, responsibilities, and processes of

parentification. The Parentification Inventory is a 22-item instrument that contains 3 subscales, Parent-focused Parentification (PFP) Subscale, Sibling-focused Parentification (SFP) Subscale, and Perceived Benefits of Parentification (PBP) Subscale. The PI was established as a reliable and valid measure of retrospective, self-reported parentification (Hooper et al., 2011) and underwent two studies, the development and initial validation of the parentification inventory and cross validation of the parentification inventory to establish this.

The next scale used in this study to understand the effects of parentification on the developing adult is the Multigroup Ethnic Identity Measure instrument. This instrument has been used in multiple studies and has been known to show good reliability. The reliability is typically with alphas above .80 across a variety of ethnic groups and ages (Phinney, 1992).

The last scale used in this study is the Drug Abuse Screening Test (DAST-10) that was designed to be a self-reporting instrument. The DAST-10 was condensed from the 28-item DAST and in this study, the researcher used 9 of the 10 questions. The DAST-10 correlates with other alcohol, drug, and psychiatric indices (Cocco & Carey, 1998).

In addition to these scales and instruments, the questionnaire included questions about previously assumed consequences of parentification and questions to determine possible risks of parentification in individuals who experienced parentification for prevention and early intervention method purposes. The risks identified by the survey results will be used to determine

where future researchers and policy makers should focus their attention on when developing and improving prevention and early intervention programs.

Procedures

To find eligible participants, a posting and flyer was submitted to internet forums with the intentions of explaining the purpose of the study and the need for participants. The researcher posted on all public forums as opposed to targeting specific forums to avoid limiting respondents. The survey link was added to the post and the flyer has a QR code with the link for respondents to be able to navigate to the survey immediately to maximize response time.

Study Variables

This study has the independent variable of parentification in childhood as the presence of parentification will vary depending on the selected participants. The dependent variables to be tested or measured will be the inability to trust and the impact of parentification in adults. The purpose of the study is to identify the impact parentification has in childhood experiences and understand the risks presented to the parentified adult after the developmental years.

The terms used in this study are defined in this section to provide clarity to future researchers as followed. The inability to trust is defined as not having the firm belief in the reliability, strength, or honesty of a person or object. Results will be scored from strongly disagree, disagree, neutral, agree, and strongly agree and averaged together for a continuous measure of generalized trust. The impact

of parentification will be defined as lower academic achievement as measured by highest education level, poverty levels as measured by income thresholds and employment status, and dysfunctional family functioning such as substance abuse.

To better define a parentified individual, each participant will answer a series of questions that will determine if the participant has experienced parentification during their developmental year (ages 10 – 18) regardless of their personal determination. Those who will answer the questions will be individuals 18 years and older. Those who are not determined as parentified will be used as a comparison to the experiences of the individuals who are determined as parentified. Participants will be informed that parentification is defined as a child in a family who is tasked with the role of a parent and acts as a parental figure to their siblings or their parents.

Alternate Hypothesis

In this study, the researcher seeks to answer the question, does the experience of parentification in childhood affect the development of parentified adults? The researcher formulated the following hypotheses to be tested over the course of this study. Parentification during childhood will have an impact on the development of parentified adults. Parentification during childhood leads to a higher inability to trust in parentified adults.

Comparisons of parentified adults to non-parentified adults will test this hypothesis to help social service workers better understand the types of

prevention and early interventions to implement. It will also help social workers better understand the risk factors of parentification and how to address the impacts on parentified adults.

Data Analysis

Data collected from the survey participants was entered into the SPSS Statistical software for analysis. The researcher ran a Pearson Correlation Coefficient Analysis to determine if there is a relationship between parentification and the ability to trust. It was also determined if parentification has an impact on income or education on the adult participant. The researcher used a descriptive analysis such as a frequency analysis to analyze demographic factors and correlations to test the research hypotheses. Incomplete responses were removed from the data set.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the results of this study. A total of 71 participants from various geographical locations submitted their online responses in a period of six weeks, beginning in December 2021 and ending in March 2022. First the researcher will review the descriptive statistics of the study. Then the researcher will summarize the data analyzed. Finally, the researcher will review the results of the study.

Demographics

In this study, there were a total of 71 participants. Table 1 shows the demographic characteristics of all the participants in this study. Of the 71 participants, 85.9% were female and 11.3% were male. The age range of participants was from 18 – 60 years old with 23.9 % of the sample being 18 – 24 years old, 45.1% were from 25 – 34 years old, 15.5% were 35 – 44 years old, 9.9% were 45 – 54 years old, 4.2% were from 55 – 59 years old and 1.4% were 60 years old or older. When asked about race, 70.4% identified as white, 1.4% identified as black or African American, 1.4% identified as American Indian or Alaskan Native, 1.4% identified as Asian, and 23.9% identified as another race. When asked if the participants identified as Hispanic, Spanish or Latino/a, 43.7% felt that they identified as one of the three while 54.9% did not. Of the total

participants, 53.5% were single, 42.3% were married, 1.4% were separated, and 2.8% were divorced. When asked about education, 2.8% of participants had some high school education, 14.1% were high school graduates, 18.3% has some college, 12.7% had an Associate degree, 31.0% had a bachelor's degree, 18.3% had a master's degree, and 2.8% had a doctorate. Participants were also asked about their current employment and 35.2% identified as students, 14.1% were part-time employees, 49.3% were full-time employees, 12.7% were self-employed, 12.7% were unemployed, and 1.4% were retired. When asked about income, 4.2% reported \$0, 5.6% reported \$1 - \$9,999, 15.5% reported \$10,000 - \$24,999, 23.9% reported \$25,000 - \$49,999, 19.7% reported \$50,000 - \$74,999, 4.2% reported \$75,00 - \$99,999, 11.3% reported \$100,000 - \$149,999, 4.2% reported \$150,000, and 11.3% preferred not to answer.

Table 2. Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
Gender		
Female	61	85.9%
Male	8	11.3%
Non-binary/third gender	2	2.8%
Age		
18 – 24	17	23.9%
25 – 34	32	45.1%
35 – 44	11	15.5%
45 – 54	7	9.9%
55 – 59	3	4.2%
60+	1	1.4%
Race		
White	50	70.4%
Black or African American	1	1.4%
American Indian or Alaska Native	1	1.4%
Asian	1	1.4%
Other	17	23.9%
Hispanic, Spanish, or Latino/a		
Yes	31	43.7%
No	39	54.9%
Marital Status		
Single	38	53.5%
Married	30	42.3%
Separated	1	1.4%
Divorced	2	2.8%
Highest Education		
Some high school	2	2.8%
High school	10	14.1%
Some college	13	18.3%
Associate degree	9	12.7%
Bachelor's degree	22	31.0%

Master's degree	13	18.3%
Doctorate	2	2.8%
Current Employment		
Student	25	35.2%
Part time	10	14.1%
Full time	35	49.3%
Self employed	9	12.7%
Unemployment	9	12.7%
Retired	1	1.4%
Income		
\$0	3	4.2%
\$1 - \$9,999	4	5.6%
\$10,000 - \$24,999	11	15.5%
\$25,000 - \$49,999	17	23.9%
\$50,000 - \$74,999	14	19.7%
\$75,000 - \$99,999	3	4.2%
\$100,000 - \$149,999	8	11.3%
\$150,000	3	4.2%
Prefer not to answer	8	11.3%

Family Structure and Ethnic Characteristics

In addition to the demographic characteristics, participants were asked about the family structure and ethnic characteristics of their family of origins. Table 2 shows the descriptive statistics on the family structure and ethnic characteristics of the 71 respondents. When asked about the number of siblings the participants had, 4.2% had zero siblings, 36.6% had one sibling, 29.6% has two siblings, 15.5% has three siblings, 4.2% had four siblings, 7% has five siblings, and 2.8% of participants has six or more siblings. Of those with siblings, 47.9% were the oldest child, 19.7% were the middle child, 28.2% was the youngest child, and 4.2% were the only child. Participants were asked if they lived with their mother, their father, both parents or neither parent and of the total respondents, 25.4% lived with their mother, 2.8% lived with their father, 56.3% lived with both parents, and 14.1% did not live with either of parents. Those who lived with both parents were asked if their parents were legally married and 78.9% reported yes while 21.1% reported no.

When asked who resided in their homes during their childhood, 94.4% of participants lived alongside their mother, 14.1% resides alongside their mother's partner, 81.7% resided alongside their father, 4.2% resides with their father's partner, 57.7% resided alongside their brother, 1.4% resided alongside their stepbrother, 4.2% resided alongside their half-brother, 2.8% resided alongside their brother-in-law, 63.4% resided alongside their sister, 2.8% resided alongside their stepsister, 4.2% resided alongside their half-sister, 1.4% resided alongside

their sister-in-law, 4.2% resided alongside their female cousin, 5.6% resided alongside their male cousin, 12.7% resided alongside their maternal grandmother, 8.5% resided alongside their maternal grandfather, 5.6% resided alongside their paternal grandmother, 2.8% resided alongside their paternal grandfather, 4.2% resided alongside their maternal aunt, 7% resided alongside their maternal uncle, 1.4% resided alongside their paternal aunt, 1.4% resided alongside their paternal uncle, and 5.6% resided alongside other relatives not described in the above list.

Participants were then asked about their ethnic characteristics as well as their father and mother's ethnic characteristics. 2.8% identified as Asian or Asian American, 36.6% identified as Hispanic or Latino/a, 53.5% identified as White, Caucasian, or Anglo, 8.5% identified as Mixed with parents from two different ethnic groups, 1.4% identified as Afro-Arab, and 1.4% identified as White Hispanic. Participants also reported their father's ethnicity with 1.4% reporting Asian or Asian American, 2.8% reporting Black or African American, 38% reporting Hispanic or Latino, 54.9% reporting White, Caucasian or Anglo, and 2.8% reporting American Indian/Native American. 2.8% reported their mother's ethnicity as Asian or Asian American, 35.2% as Hispanic or Latina, 56.3% as White, Caucasian or Anglo, 1.4% as American Indian/Native American, 2.8% as Mixed with parents from two different groups, 1.4% as Arab, and 1.4% as White Hispanic.

Table 3. Family Structure and Ethnic Characteristics

Variable	Frequency (N)	Percentage (%)
Amount of Siblings		
0	3	4.2%
1	26	36.6%
2	21	29.6%
3	11	15.5%
4	3	4.2%
5	5	7.0%
6+	2	2.8%
Birth Order		
Oldest child	34	47.9%
Middle child	14	19.7%
Youngest child	20	28.2%
Only child	3	4.2%
Living with mother and father		
	18	25.4%
Yes, mother	2	2.8%
Yes, father	40	56.3%
Yes, both parents	10	14.1%
No	1	1.4%
Missing		
Were they legally married?		
Yes	56	78.9%
No	15	21.1%
Lived in childhood home		
Mother	67	94.4%
Mother's partner	10	14.1%
Father	58	81.7%
Father's partner	3	4.2%
Brother	41	57.7%
Stepbrother	1	1.4%
Half Brother	3	4.2%
Brother-in-law	2	2.8%
Sister	45	63.4%
Stepsister	2	2.8%
Half Sister	3	4.2%

Sister-in-law	1	1.4%
Female Cousin	3	4.2%
Male Cousin	4	5.6%
Maternal Grandmother	9	12.7%
Maternal Grandfather	6	8.5%
Paternal Grandmother	4	5.6%
Paternal Grandfather	2	2.8%
Maternal Aunt	3	4.2%
Maternal Uncle	5	7.0%
Paternal Aunt	1	1.4%
Paternal Uncle	1	1.4%
Other Relative	4	5.6%
<hr/>		
My ethnicity is		
Asian or Asian American	2	2.8%
Hispanic or Latino	26	36.6%
White, Caucasian, Anglo	38	53.5%
Mixed; Parents are from two different groups	6	8.5%
Afro-Arab	1	1.4%
White Hispanic	1	1.4%
<hr/>		
My father's ethnicity is		
Asian or Asian American	1	1.4%
Black or African American	2	2.8%
Hispanic or Latino	27	38.0%
White, Caucasian, Anglo	39	54.9%
American Indian/Native American	2	2.8%
<hr/>		
My mother's ethnicity is		
Asian or Asian American	2	2.8%
Hispanic or Latino	25	35.2%
White, Caucasian, Anglo	40	56.3%
American Indian/Native American	1	1.4%
Mixed; Parents are from two different groups	2	2.8%
Arab	1	1.4%
White Hispanic	1	1.4%
<hr/>		

Key Variables

A Pearson Correlation Coefficient analysis and frequency test were performed on the data. The following are significant findings from the data collection. A frequency test was used to collect the following of the data: the sample size, mean, standard deviation, the minimum value and the maximum value of each scale and subscale to determine the number of occurrences in the participant responses. The AUDIT – C scale for alcohol use is a four-item scale to screen for lifetime alcohol abuse or dependency and yielded 66 participant responses (mean = 5.51, SD = 1.86) with a range of 3.00 to 14.00. The Drug Abuse Screening Tool (DAST-10) is a brief screening tool to assess for drug use but not alcohol use and yielded 26 participant responses (mean = 2.69, SD = 1.43) with a range of 1.00 to 6.00. The following subscales are part of the larger Parentification Inventory scale that measures parent and sibling parentification and perceived benefits of parentification. The Parent-focused Parentification Subscale yielded 66 participant responses (mean = 30.77, SD = 10.72) with a range of 12.00 to 56.00. The Sibling-focused Parentification Subscale yielded 65 participant responses (mean = 17.00, SD = 5.02) with a range of 7.00 to 32.00. The Perceived Benefits of Parentification Subscale yielded 68 participant responses (mean = 8.23, SD = 2.71) with a range of 3.00 to 15.00. The General Trust scale measures participant's beliefs about honesty and trustworthiness and yielded 68 participant responses (mean = 19.39, SD = 3.84) with a range of 11.00 to 25.00. The Multigroup Ethnic Identity Measure describes participant's

thoughts and feelings regarding their ethnicity and ethnic group, yielding 66 participant responses (mean = 31.03, SD = 6.91) with a range of 14.00 to 48.00.

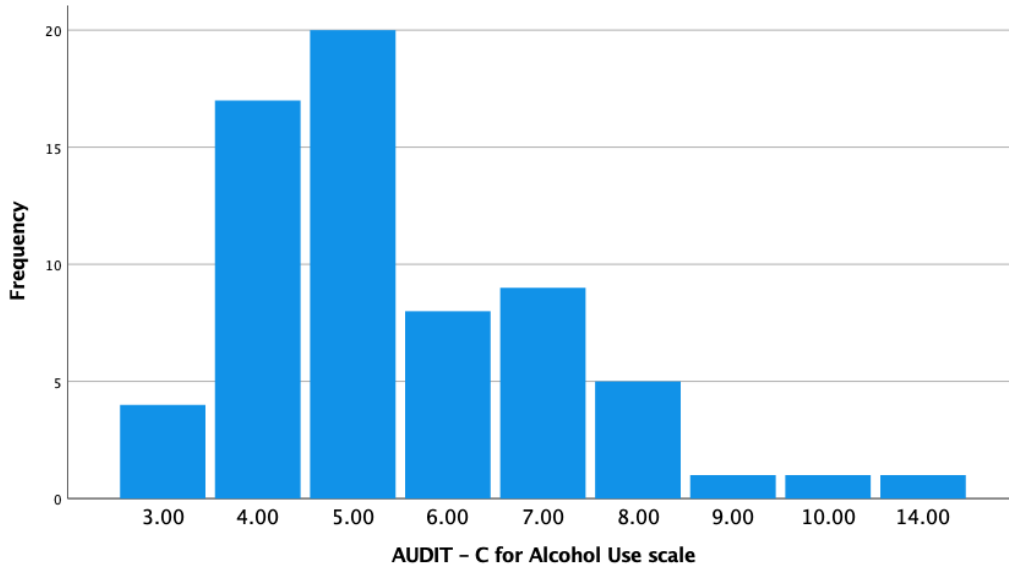


Figure 1. Frequency Analysis of participant responses for AUDIT-C alcohol use scale.

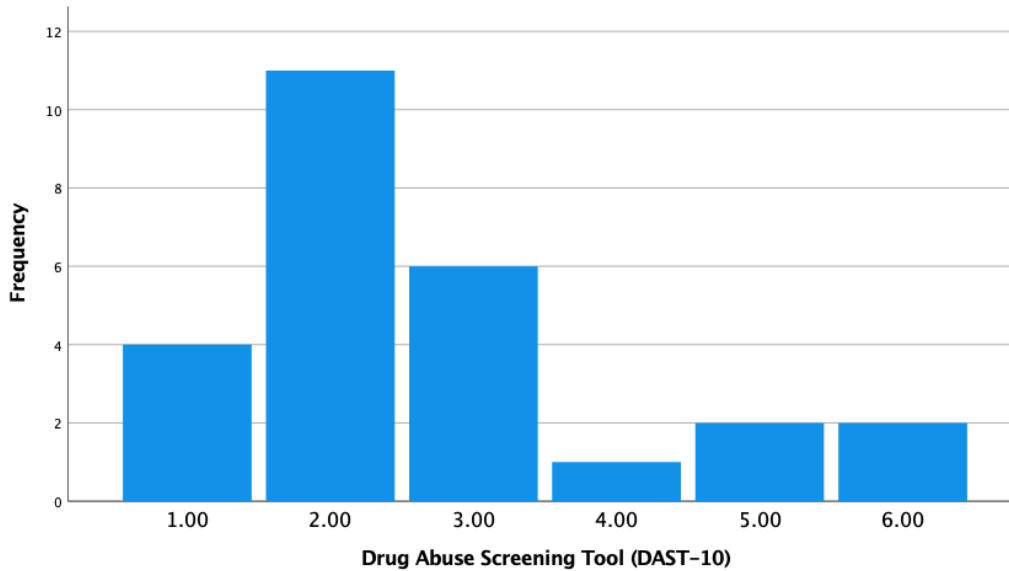


Figure 2. Frequency test of participant responses for DAST-10.

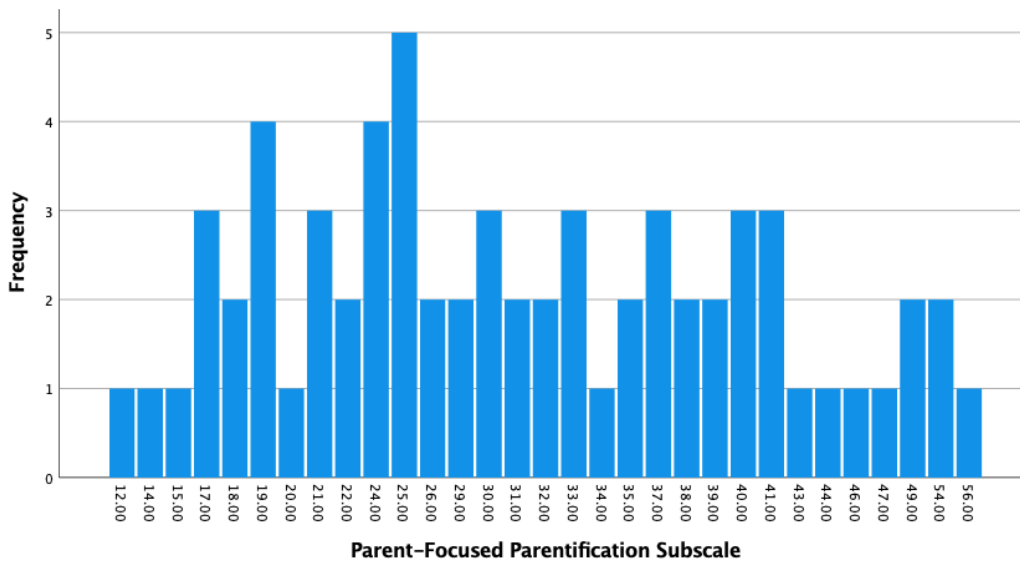


Figure 3. Frequency test of participant responses for Parent-Focused Parentification Subscale

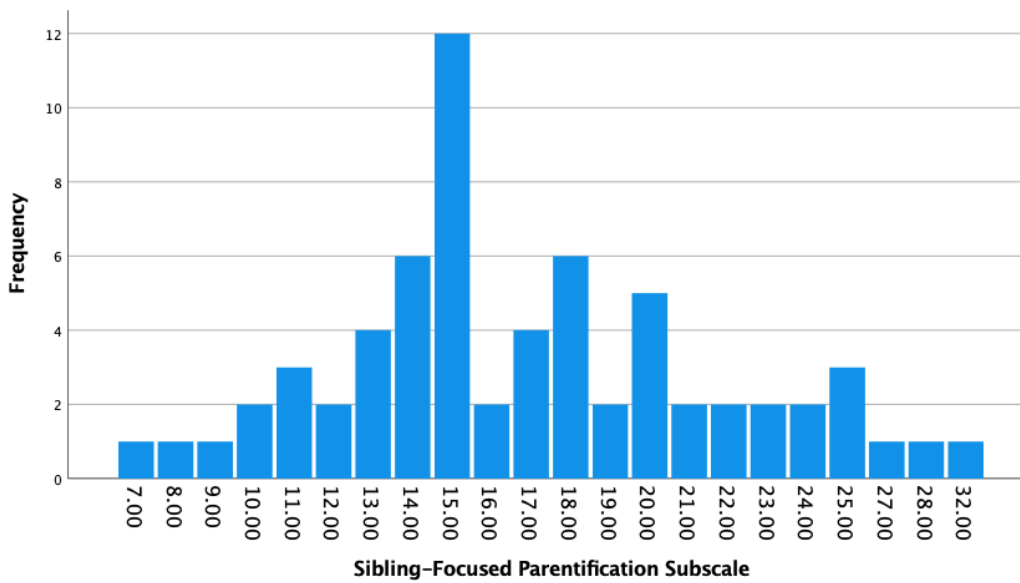


Figure 4. Frequency test of participant responses for Sibling-Focused Parentification Subscale

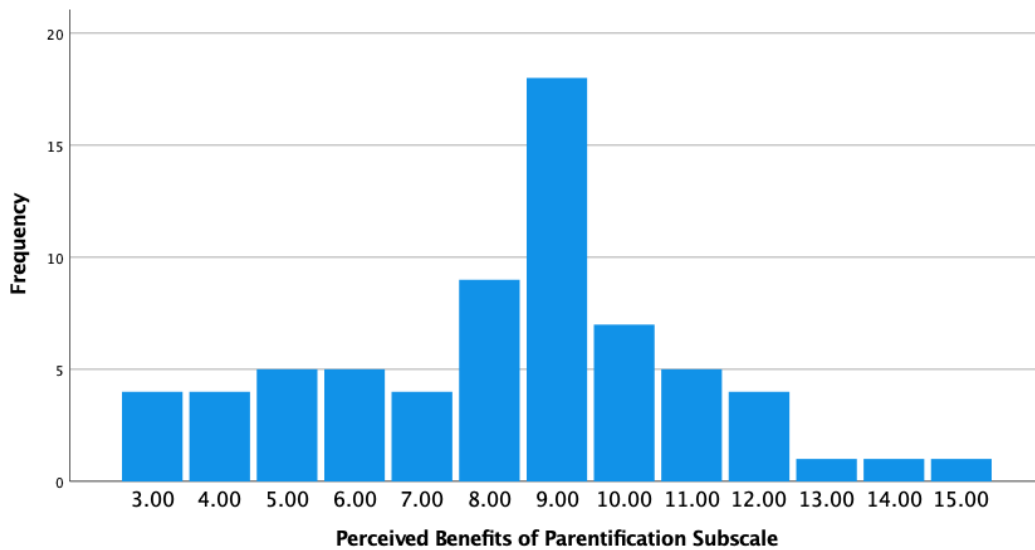


Figure 5. Frequency test of participant responses for Perceived Benefits of Parentification Subscale

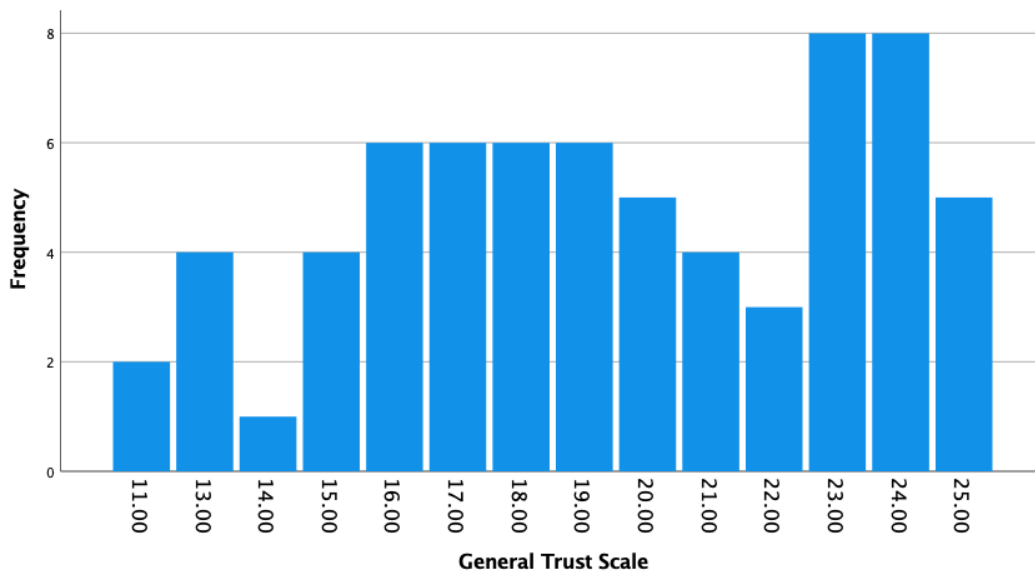


Figure 6. Frequency test of participant responses for General Trust Scale

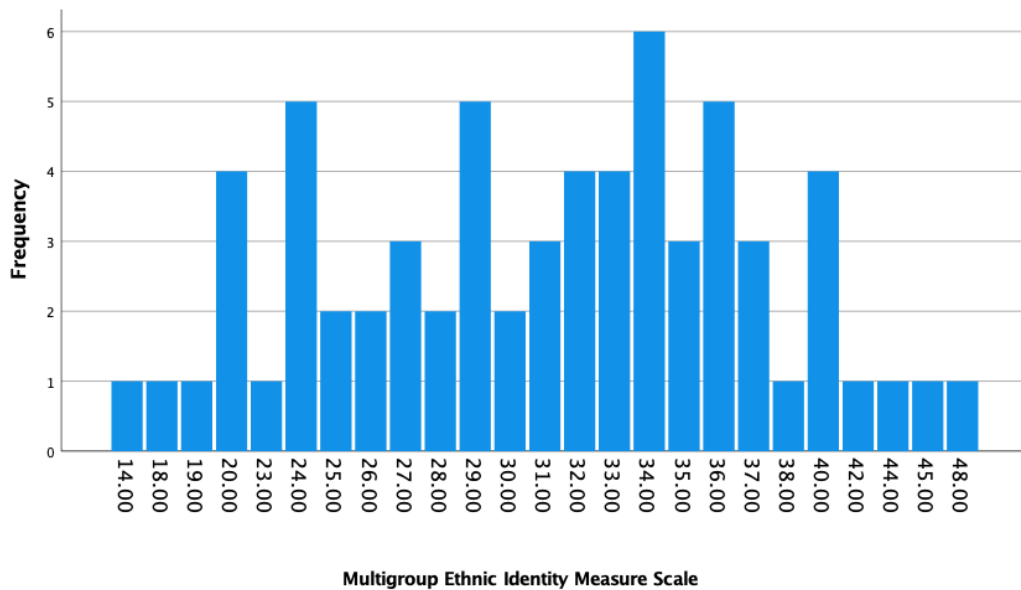


Figure 7. Frequency test of participant responses for Multigroup Ethnic Identity Measure Scale

Key Findings

The researcher ran Pearson’s Correlation Coefficient tests to look at relationships between the key variables. There were five significant findings. The first two significant findings related between the measurement for trust (General Trust Scale) and the subscales in the Parentification Inventory. Participants who reported higher scores on the Parent-Focused Parentification Subscale reported lower rates of trust ($r(65) = -.252, p = .043$). Participants who reported higher rates on Perceived Benefits of Parentification reported higher rates of trust ($r(66) = .296, p = .016$). Next, participants that reported higher scores on the Multigroup Ethnic Identity Measure Scale reported higher scores on the General Trust Scale ($r(66) = .275, p = .026$). Finally, the researcher also ran a Pearson Correlation

Coefficient analysis to determine whether there is a correlation between parent-focused parentification and sibling-focused parentification. The results revealed that there is a positive correlation between the two variables ($r(64) = .528, p < .001$), meaning that participants who experiences parent-focused parentification also experienced sibling-focused parentification. There also was a statistically significant correlation between Perceived Benefits of Parentification and Parent-Focused Parentification ($r(66) = -.441, p < .001$). However, it is a low negative correlation, meaning that participants who experienced Parent-Focused Parentification may have experienced lower Perceived Benefits of Parentification. All other correlations run were not significant.

Conclusion

The preceding chapter discussed the results of the study. The findings and data show the key variables of each scale and subscale as well as the statistical relationships between parent-focused and sibling-focused parentification and parent-focused parentification and perceived benefits of parentification.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the study's findings that resulted from the questionnaire tool and data collection. The researcher will also discuss the strengths and limitations of this study, and suggestions for any future studies regarding the topic of parentification in the developing adult. The implications for the findings of this study on social practice and policy will be discussed to further identify areas of improvements.

Discussion

The study aimed to explore the relation between parentification and its impact on the developing adult as well as the ability to trust another person. The literature shows that caring for family can be problematic and disruptive to the child's development, regardless of who the child is caring for. This study of the ability to trust in parentified adults as compared to those who did not experience parentification showed that participants who experienced parent-focused parentification reported a lower ability to trust. Childhood experiences can contribute to mistrust and insecurity. As seen in Erikson's stage of trust versus mistrust, infants being to develop the foundation for basic trust and higher levels of trust indicate a secure attachment pattern (Erikson, 1959). As children develop, they also develop defenses to protect themselves from being vulnerable

to others. The lower ability to trust in participants in this study can also affect relationships in the parentified adult's life such as intimate and platonic relationships.

The second key finding of this study is the participants who reported higher rates on the Perceived Benefits of Parentification scale also reported higher levels of trust. Despite the negative associations with parentifications, there are studies on parentification that found advantages to parentification. Those who experienced parentification may have experienced perceived benefits such as a greater capacity for resiliency and self-efficacy (Borchet et al., 2020). Resiliency in this context is the allowing the parentified adult to learn from their experience and find a greater meaning from that experience and self-efficacy refers to the parentified adult's confidence in achieving a goal. These benefits led participants to feel a greater sense of trust towards others and indicates a strong or secure attachment to their caregiver.

The researcher found that participants with a high score on the Multigroup Ethnic Identity Measure Scale also had a high score on the General Trust score. Those who scored high on the Multigroup Ethnic Identity Measure Scale were thought of having feelings of belonging with their ethnic identity and being committed to their ethnic group. The high trust score can be influenced by the participant's feelings of belonging and affirmation towards their ethnic group members and ability to trust in those who share their ethnic identity. Shared history, traditions, and customs may also impact feelings of trust towards others

(Phinney, 1992) and instill learned trust among those who are similar to them in ethnicity, which could lead to the higher scores on the Multigroup Ethnic Identity Measure Scale and General Trust Scale.

In addition to the previous key findings, the researcher found a relationship between parent-focused parentification and sibling-focused parentification. This finding suggests that participants who experienced parent-focused parentification were as likely to experience sibling-focused parentification in their childhood. Although parent-focused parentification is viewed negatively, sibling-focused parentification can be seen as a positive relationship between siblings (Hooper et al., 2014). The presence of parent-focused parentification tasks such as helping to make important decisions with parents or helping to solve problems between parents was also seen in conjunction to sibling-focused parentification tasks such as making sure siblings were in bed each night or acting as a comforting person for their sibling's emotional difficulties.

The last key finding to this study is a relationship between parent-focused parentification and the perceived benefits of parentification. Literature suggests that there can be positive benefits of parentification such as higher levels of self-esteem and a higher quality of sibling relationships (Hooper et al., 2014). In contrast, the data from this study suggests that participants who experienced parent-focused parentification did not experience perceived benefits of

parentification. Instead, those participants did not report experiencing any type of benefit from parentification.

There were no significant findings for substance abuse and parentified adults or income and education and parentified adults. In addition, there was no relationship between the ability to trust and the experience of parentification with participants. This research focused on a limited number of participants and does not allow for a full representation of all parentified adults. Further research into how these factors influence parentified adults can add to the understanding of this population's experiences and developmental outcomes.

Limitations and Strengths

Parentification is a fairly new area of research and there were some limitations to this study. Since the research was limited in this area related to this topic, the researcher was led to develop a new questionnaire tool. The questionnaire tool was focused on trust and the impact of parentification of the study and may have limited the opportunity to gather more detailed responses on the feelings of the participants regarding the topic of parentification and its effects on the developing adult. The opportunity to take a qualitative stance would have furthered the understanding of the emotional and personal effect on the parentified adult participants.

Another limitation was that the study was the method of distribution. The researcher distributed through the use of social media platforms such as Facebook, Instagram, and Reddit with little control of who accessed the survey,

where it was shared or who shared it, and who participated in the survey. The anonymity of the survey limits the researcher in the authenticity in those who responded.

The questionnaire sample size is also a limitation in this study. A small sample size makes it difficult to determine if the outcomes of this study can be considered a representative sample of the population. The small sample size also may prevent the findings from being extrapolated and increases the margin of error.

Implications for Social Work Practice and Policy

This study can be informative to professionals working in early prevention and intervention programs and professionals working in social services because it will help these professionals understand that parentification can be damaging to those who experience. It can also help professionals in early prevention and intervention programs by aiding them in developing programs that aim to reduce parentification through targeted efforts at family systems. This study brings awareness to the risks factors presented by parents who must rely on their children to care for one another because of a lack of an outside support system, financial struggles, or mental health challenges.

Conclusion

The purpose of this study was to explore the long-term effects of parentification on the developing adult. Significant findings of this study were the

relationship between higher scores on the Parent-Focused Parentification Subscale and the lower scores of trust, the relationship between higher scores on the Perceived Benefits of Parentification Subscale and higher scores of trust, the relationship between higher scores on the Multigroup Ethnic Identity Measure Scale and higher scores of trust, the relationship between Parent-Focused Parentification and Sibling-Focused Parentification. This study also found that Parent-Focused Parentification had an effect on the Perceived Benefits of Parentification. The researcher suggests that further studies be conducted to explore the risk factors of parentification on a larger sample size and if parent-focused parentification or siblings-focused parentification can be narrowed down by risk factors to identify families in need of early prevention and intervention programs.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study you have been asked to participate in is about the long-term effects of parentification on adult development. This study will be conducted by Andrea Armas, Masters student of Social Work, under the supervision of Carolyn McAllister, MSW, PhD, Professor in the School of Social Work, California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to explore the effects of parentification in childhood on the developing adult compared to a non-parentified adult. Parentification is when the child in a family is tasked with the role of a parent and acts as a parental figure to their siblings or their parents. This study will examine if parentification has an impact on the development of adults as well as if parentification leads to a higher inability to trust in parentified adults.

DESCRIPTION: Participants will be asked questions about parentification, risk factors, and demographics. Participants will also be asked questions about their trust in others and in themselves.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only. **DURATION:** It will take about 8 to 10 minutes to complete the survey.

RISKS: There is no predicted risk in taking this survey. While you may experience some discomfort, such as when asked about substance use, you do not have to answer and can skip the question or end your participation.

BENEFITS: Anticipated benefits will

CONTACT: If you have any questions about this study, please contact Andrea Armas at andrea.armas4115@coyote.csusb.edu (email).

RESULTS: Results of the study will be presented for thesis review and published on the university website, ScholarWorks for future research. The findings of this study will also be submitted to academic journals and presented at the CSUSB School of Social Work annual Research Symposium.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

APPENDIX B
QUESTIONNAIRE

Questionnaire

Parentification Effects on the Developing Adult:

Have you read the informed consent and are you 18 years or older? If you select no, please review the informed consent below and select yes to continue.

Yes

No

What is your age range?

18 - 24

25 - 34

35 - 44

45 - 54

55 - 59

60+

Please enter your current zip code.

What is your gender?

Male

Female

Non-binary / third gender

Prefer not to say

Choose one or more races that you consider yourself to be:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Other

Are you Hispanic, Spanish, or Latino/a?

Yes

No

Page
Break

Please describe your marital status.

Single

Married

Separated

Widow

Divorced

What is your highest level of education completed?

Some high school

High school

Some college

Associate degree

Bachelor's degree

Master's degree

Doctorate

Please select all that apply to your current employment and/or student status.

Student

Part time (1 - 24 hours a week)

Full time (25 - 40 hours a week)

Self employed

Unemployed

Retired

Please indicate your household income in the last year.

\$0

\$1 - \$9,999

\$10,000 - \$24,999

\$25,000 - \$49,999

\$50,000 - \$74,999

\$75 000 - \$99,999

\$100 000 - \$149, 999

\$150,000+

Prefer not to answer

How often did you have six or more drinks on one occasion in the past year?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Page
Break

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2 drinks

3 or 4

5 or 6

7 to 9

10 or more

How often did you have a drink containing alcohol in the past year?

Never

Monthly or less

Two to four times a month

Two to three times per week

Four or more times a week

Have you used drugs other than those required for medical use?

Yes

No

Do you use more than one drug at a time?

Yes

No

NA

Are you always able to stop using drugs when you want to?

Yes

No

NA

Do you ever feel bad or guilty about your drug use?

Yes

No

NA

Does your spouse (or parents) ever complain about your involvement with drugs?

Yes

No

NA

Have you neglected your family because of your use of drugs?

Yes

No

NA

Have you engaged in illegal activities in order to obtain drugs?

Yes

No

NA

Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Yes

No

NA

Page
Break

Have you had medical problems as a result of your drug use? (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Yes

No

NA

Parentification is when the child in a family is tasked with the role of a parent and acts as a parental figure to their siblings or their parents. This may include physical tasks that do not fit the child's age such as a five-year old caring for their younger siblings or cooking them meals. It may also be emotional tasks such as being a confidant to their parents or other adults in the home and taking on the emotional burden. Please indicate if you believe you were parentified as a child.

Yes

No

Unsure

These are questions about your thoughts, behaviors, and feelings, concerning yourself and your family when you were growing up. Please read each statement carefully.

Select a response based on how true the statement is on a scale of 1 (never true) to 5 (always true). Be sure to answer every question as accurately as possible.

	Never true	Rarely true	Sometimes true	Often true	Always True
I was expected to comfort my sibling(s) when they were sad or having emotional difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent(s) often shared secrets with me about other family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most children living in my community contributed to their family's finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had time to be happy or sad even though I had to care for family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I helped my parent(s) make important decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was responsible for making sure that my siblings went to bed every night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt appreciated by my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Most children my age had the same roles and responsibilities that I did.

I had time for play or school work even though I had family responsibilities.

I worked and contributed to the family finances.

I was responsible for helping my siblings (brother/sister) complete their homework.

I was the first person family members turned to when there was a family disagreement.

I was the primary person who disciplined my siblings.

I often helped solve problems between my parent(s) (or adult caregivers in my family).

I really enjoyed my role in my family.

I was expected to comfort my parent(s) when they were sad or having emotional difficulties.

I was in charge of doing the laundry for the family most days of the week.

I served in the role of referee for my family.

I was the person with whom family members shared their secrets.

I felt like our family was a team and worked well together.

I was asked to complete the grocery shopping more than any other family members.

I served in the role of translator for family members.

Survey tool adapted by: Lisa Hooper (2009)

Do you have siblings? If so, how many?

0

1

2

3

4

5

6+

What is your birth order?

Oldest child

Middle child

Youngest child

Only child

Page Break

Did you live with your mother or father?

Yes, mother

Yes, father

Yes, both parents

No

Were they legally married?

Yes

No

Check all that apply that lived in your home during your childhood.

Mother

Mother's partner

Father

Father's partner

Brother

Half brother

Step-brother

Brother-in-law

Sister

Half sister

Step-sister

Sister-in-law

Female cousin

Male cousin

Maternal grandmother

Maternal grandfather

Paternal grandmother

Paternal grandfather

Maternal aunt

Maternal uncle

Paternal aunt

Paternal uncle

Other relative

Children unrelated to you

Use the scale below to indicate how much you agree or disagree with each statement

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Most people are basically honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people are trustworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people are basically good and kind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people are trustful of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am trustful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people will respond in kind when they are trusted by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Survey tool adapted by: Toshio Yamagishi (1986)

Use the scale below to indicate how much you agree or disagree with each statement

	Strongly agree	Agree	Disagree	Strongly Disagree
I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am active in organizations or social groups that include mostly members of my own ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a clear sense of my ethnic background and what it means for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about how my life will be affected by my ethnic group membership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy that I am a member of the group I belong to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to my own ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I understand pretty well what my ethnic group membership means to me.

In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

I have a lot of pride in my ethnic group

I participate in cultural practices of my own group, such as special food, music, or customs.

I feel a strong attachment towards my own ethnic group.

I feel good about my cultural or ethnic background.

Page Break

My ethnicity is

Asian or Asian American, including Chinese, Japanese, and others

Black or African American

Hispanic or Latino, including Mexican American, Central American, and others

White, Caucasian, Anglo, European American; not Hispanic

American Indian/Native American

Mixed; Parents are from two different groups

Other - Specify: _____

My father's ethnicity is

Asian or Asian American, including Chinese, Japanese, and others

Black or African American

Hispanic or Latino, including Mexican American, Central American, and others

White, Caucasian, Anglo, European American; not Hispanic

American Indian/Native American

Mixed; Parents are from two different groups

Other - Specify: _____

My mother's ethnicity is

Asian or Asian American, including Chinese, Japanese, and others

Black or African American

Hispanic or Latino, including Mexican American, Central American, and others

White, Caucasian, Anglo, European American; not Hispanic

American Indian/Native American

Mixed; Parents are from two different groups

Other - Specify: _____

Survey tool adapted by: Jean Phinney (1992)

REFERENCES

- Ainsworth, M. D. S. (Ed.). (1991). *Attachments and other affectional bonds across the life cycle*. New York, NY: Tavistock/Routledge.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Borchet, J., Lewandowska-Walter, A., Połomski, P., Peplińska, A., & Hooper, L. M. (2020). We are in this together: Retrospective parentification, sibling relationships, and self-esteem. *Journal of Child and Family Studies*, 29(10), 2982–2991. <https://doi.org/10.1007/s10826-020-01723-3>
- Boumans, N. P., & Dorant, E. (2018). A cross-sectional study on experiences of young adult carers compared to young adult noncarers: parentification, coping and resilience. *Scandinavian Journal of Caring Sciences*, 32(4), 1409–1417. <https://doi.org/10.1111/scs.12586>
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bradley, K. A., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Frank, D., & Kivlahan, D. R. (2007). Audit-C as a brief screen for alcohol misuse in primary care. *Alcoholism: Clinical and Experimental Research*, 31(7), 1208–1217. <https://doi.org/10.1111/j.1530-0277.2007.00403.x>
- Burton, S., Hooper, L. M., Tomek, S., Cauley, B., Washington, A., & Pössel, P. (2018). The mediating effects of parentification on the relation between

parenting behavior and well-being and depressive symptoms in early adolescents. *Journal of Child and Family Studies*, 27(12), 4044–4059.
<https://doi.org/10.1007/s10826-018-1215-0>

Bush, K., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. *Archives of Internal Medicine*, 158(16), 1789. <https://doi.org/10.1001/archinte.158.16.1789>

Cherry, K. (2020, April 4). *Why Mary Ainsworth was an important contributor to attachment theory*. Verywell Mind. Retrieved July 4, 2021, from <https://www.verywellmind.com/mary-ainsworth-biography-2795501>

Child Welfare Information Gateway. (2019). About CAPTA: A legislative history. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Cocco, K. M., & Carey, K. B. (1998). Psychometric Properties of the drug abuse screening test in psychiatric outpatients. *Psychological Assessment*, 10(4), 408–414. <https://doi.org/10.1037/1040-3590.10.4.408>

Erikson, E. H. (1959). Identity and the life cycle. (Psychological Issues Monograph No. 1). International Universities Press.

Erikson, E. H. (1963). *Childhood and society*. Norton.

Frank, D., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Kivlahan, D. R., & Bradley, K. A. (2008). Effectiveness of the audit-C as a screening test for

- alcohol misuse in three race/ethnic groups. *Journal of General Internal Medicine*, 23(6), 781–787. <https://doi.org/10.1007/s11606-008-0594-0>
- Hooper, L. M. (2009). (Available from L. M. Hooper, Department of Educational Studies in Psychology, Research Methodology, and Counseling, The University of Alabama, Tuscaloosa, AL 35487)
- Hooper, L. M., Tomek, S., Bond, J. M., & Reif, M. S. (2014). Race/ethnicity, gender, parentification, and psychological functioning. *The Family Journal*, 23(1), 33–48. <https://doi.org/10.1177/1066480714547187>
- Hooper, L., Doehler, K., Wallace, S., & Hannah, N. (2011). The parentification inventory: Development, validation, and cross-validation. *The American Journal of Family Therapy*, 39(3), 226–241. <https://doi.org/10.1080/01926187.2010.531652>
- Hunt, G., Levine, C., & Naiditch, L. (2005). (rep.). *Young caregivers in the U.S.* United Hospital Fund. Retrieved June 9, 2021, from <https://www.caregiving.org/wp-content/uploads/2020/05/youngcaregivers.pdf>.
- Joseph, R. (2020). Toward a pragmatic understanding of Rawls' social justice theory in social work: A critical evaluation. *Journal of Human Rights and Social Work*, 5(3), 147–156. <https://doi.org/10.1007/s41134-020-00127-z>
- Joseph, R., & Macgowan, M. J. (2019). The theory evaluation scale: An epistemological tool for analyzing social work theories. *Social Work*

Education, 38(2), 269–281.

<https://doi.org/10.1080/02615479.2018.1529745>

Khafi, T. Y., Yates, T. M., & Luthar, S. S. (2014). Ethnic differences in the developmental significance of parentification. *Family Process*, 53(2), 267–287. <https://doi.org/10.1111/famp.12072>

Monroe, J. (2019, September 16). *Parentification impact on mental health*.

Newport Academy. Retrieved June 13, 2021, from

<https://www.newportacademy.com/resources/mental-health/parentification/>

Moss, S. (2016, May 25). *Attachment theory*. Sicotests. Retrieved July 4, 2021, from <https://www.sicotests.com/psyarticle.asp?id=70>

NASW - National Association of Social Workers. (2021). *Read the code of ethics*.

NASW - National Association of Social Workers. Retrieved June 13, 2021, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Orenstein, G. A., & Lewis, L. (2020, November 22). *Erikson's stages of*

psychosocial development. StatPearls [Internet]. Retrieved July 4, 2021, from <https://www.ncbi.nlm.nih.gov/books/NBK556096/>

Parys, H. V., Bonnewyn, A., Hooghe, A., Mol, J. D., & Rober, P. (2014). Toward understanding the child's experience in the process of parentification:

Young adults' reflections on growing up with a depressed parent. *Journal*

of Marital and Family Therapy, 41(4), 522–536.

<https://doi.org/10.1111/jmft.12087>

Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research*, 7(2), 156–176.

<https://doi.org/10.1177/074355489272003>

Schaffer, H. R., & Emerson, P. E. (1964). The development of social attachments in infancy. *Monographs of the society for research in child development*, 29(3), 1–77. <https://doi.org/10.2307/1165727>

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behaviors*, 7(4), 363–371. [https://doi.org/10.1016/0306-4603\(82\)90005-3](https://doi.org/10.1016/0306-4603(82)90005-3)

Stein, J. A., Riedel, M., & Rotheram-Borus, M. J. (1999). Parentification and its impact on adolescent children of parents with AIDS. *Family Process*, 38(2), 193–208. <https://doi.org/10.1111/j.1545-5300.1999.00193.x>

Stoeffler, S. W., & Joseph, R. (2020). Etiology of poverty: A critical evaluation of two major theories. *The Journal of Sociology & Social Welfare*, 47(1), 73–93.

United States Congress. (1974). The child abuse prevention and treatment act. Public Law, 93-247.

United States Department of Health and Human Services. (2019). About CAPTA: A legislative history. <https://www.childwelfare.gov/pubPDFs/about.pdf>

Williams, K. (2016). *Risk and resilience in emerging adults with childhood parentification* (dissertation). ProQuest Dissertations Publishing, Ann Arbor, MI.

Yamagishi, T. (1986). The provision of a sanctioning system as a public good. *Journal of Personality and Social Psychology*, 51(1), 110–116.

<https://doi.org/10.1037/0022-3514.51.1.110>