

# Childhood Adultification in Economically Disadvantaged Families: A Conceptual Model\*

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**Abstract:** This article presents an emergent conceptual model of childhood adultification and economic disadvantage derived from 5 longitudinal ethnographies of children and adolescents growing up in low-income families. Childhood adultification involves contextual, social, and developmental processes in which youth are prematurely, and often inappropriately, exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks. Exemplar cases from the ethnographies are integrated in the discussion to illustrate components of the model. Four successive levels of adultification are described: precocious knowledge, mentored-adultification, peerification/spousification, and parentification. The developmental assets and liabilities children incur also are discussed. Recommendations for school, health care, and social service practitioners working with low-income families and children are provided.

**Key Words:** accelerated life course, childhood adultification, ethnography, low-income families, parentification, poverty.

In the popular press article, “*After Welfare*,” Katherine Boo (2001) chronicles single-mother Elizabeth’s journey in raising her three children as she transitions from welfare to work, or what some refer to as moving from economic dependence on state and federal programs to working poverty (O’Connor, 2001). Boo suggests that each of Elizabeth’s children—a son Darnard, age 10, a daughter Drenika, age 11, and a learning-disabled son, Wayne, age 13—evidence shades of childhood adultification. Adultification comprises contextual, social, and developmental processes in which youth are prematurely, and often inappropriately, exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks (Jurkovic, 1997; Minuchin, Colapinto, & Minuchin, 1998).

According to Boo (2001), Elizabeth’s children’s transitions to adult-like personas and family roles are driven differentially by her necessary dependence on them to meet the family’s daily survival needs and by her limited housing options. Constrained by poverty, Elizabeth and her children live in the only house she can afford, which, much to her distress,

is in a neighborhood where her children witness violent crimes, drug use, and the foreshortened lives of others. Darnard and Wayne are considered adultified because at relatively young ages, they have regularly witnessed the travesties of their neighborhood’s drug economy, including, in their own backyard, the death of a 17-year-old family friend from a drug-related shooting. Drenika is also privy to these circumstances but exhibits an advanced and purposive form of adultification. With great skill, she manages her working-mother’s household and the care of her brothers—duties that severely limit the amount of time she spends engaged in recreational activities with her same-age peers.

Several questions emerge in considering Boo’s (2001) portrayal of Elizabeth’s children: In what ways have poverty, family characteristics, and the children’s personal attributes contributed to their adultification? How do Drenika’s, Wayne’s, and Darnard’s differential adultification experiences impact their development? And how does prevailing literature inform our understanding of the life course issues adultified children face in the context of poverty? To be sure,

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journalists' accounts of poverty and family life (Kotlowitz, 1991; Sheehan, 1993; Wilkerson, 1993), and the existing family therapy literature on parentified children of divorced, chronically ill, and alcoholic parents has provided significant insights on childhood adultification (Chase, Deming, & Wells, 1998; Jurkovic, 1997; Valleau, Bergner, & Horton, 1995; Weiss, 1979). This literature, however, offers very limited answers to the questions posed above.

The purpose of this article is to describe how poverty and related family and child attributes influence the formation of adultified behaviors in children. In doing so, I present an emergent conceptual model of childhood adultification derived from ethnographic studies of children and adolescents growing up in economically disadvantaged families, many of which reside in high-risk urban or rural communities. My goals are twofold: to stimulate a discourse on poverty and adultified children among family researchers and to sensitize school, health care, and social service practitioners to the life experiences of adultified children and their families in ways that inform programs for and frontline practices with low-income families and children. I begin with a brief description of the historical and social meanings of childhood followed by a discussion of poverty influences on adultified behaviors in children. Next, I present a conceptual model of adultification derived from ethnographic research on poverty and family life. I describe the familial processes and child attributes related to adultification, the forms and features of children's adultification experiences, and the developmental, behavioral, and health assets and liabilities that ensue as children and their families navigate day-to-day life. I conclude by offering a set of adultification "sensitizing" recommendations for school, health care, and social service practitioners working with low-income families.

## Background

### *Childhood Adultification and Historical Meanings of Childhood*

Childhood adultification is best understood when discussed in light of historical and social meanings of childhood in American culture. The meaning of childhood has changed profoundly over time with a shift in how children are perceived: essentially from being considered objects of utility to be seen

and not heard to objects of sentiment to be nurtured and developed (Aries, 1962; Illick, 2002; Jenks, 2005; Zelizer, 1985). Indeed, contemporary western cultures seem to consider the appropriate framing of childhood to be a period in the life course that is absent of adult responsibilities and behaviors (Corsaro, 2005). Endemic to this perspective is the belief that children should have chores and contribute to the well-being of families (Goodnow, 1988; Weisner, 2001). However, a child's assumption of "adult roles," such as being the household financial manager or primary care provider for one's siblings is considered nonnormative. This sentiment represents a contrast to perceptions of child obligations in some non-Western cultures. An extensive body of research suggests that children in non-Western cultures take on very "adult-like" responsibilities (e.g., sibling child care) in their families, and that these responsibilities are considered normative, an important contribution to family sustainability, and essential preparation for the child's future adult life (Rogoff, 1990; Valenzuela, 1999; Weisner & Gallimore, 1977; Whiting & Edwards, 1988).

Western notions of childhood have been contested and qualified most recently in Ferguson's (2001) ethnographic study of children in low-income elementary schools. She and others contend that "the category child [in American society] does not describe and contain a homogeneous and naturally occurring group of individuals at a certain stage of human development and that what it means to be a child varies dramatically by virtue of one's class, race, and gender (Ferguson, p. 81; Hart & Risley, 1995; Lareau, 2003; Shanahan, in press)." Adults can ascribe "childhood status" to children depending on their perceptions and stereotypes about how race and class configure a child's attributes and behaviors. For example, Ferguson reports that school personnel in her ethnographic study often inappropriately attributed race-specific meanings of childhood to African American students, categorizing them as adults. Gendered images of African American female children were particularly negative in that they were talked about as "sexual beings: . . . immanent mothers, girlfriends, and sexual partners of the boys in the room (pp 83 – 84)." Ferguson's observations call attention to the fact that appropriate interpretations of what constitutes childhood and adultification in the context of race and class surely requires further clarification and commentary in some school settings.

*Childhood adultification versus the "hurried children."* In considering the social and historical meaning

of childhood in American culture, it is important to distinguish adulthood from notions of the “hurried” or overscheduled child (Elkind, 2001; Rosenfield, Wise, & Coles, 2001). Although similar in their discussions of children having a precocious character to their behaviors, the key distinctions between the two are the types of behaviors performed by children and the impetus for the behaviors.

Elkind’s (2001) discussion of hurried children centers on what he perceives to be a social trend toward higher performance expectations of children in the middle class. The hurried child is not a characteristic of an individual child or family, but rather a social redefinition of childhood from a carefree stage of life to important preparation for adulthood that focuses on building human and social capital as early and quickly as possible. Likewise, the behaviors Elkind describes are those aimed at the early development of children’s academic and social capacities through extensive involvement in multiple extracurricular activities and skill enhancing camps that give children a competitive edge in school and in their careers in later life.

Adulthood, on the other hand, involves different kinds of tasks for different purposes. Adulthood children precociously do the “heavy-lifting” in families (e.g., “parenting” one’s parents or siblings) with the intent of meeting a specific family need. In many instances, unlike the hurried child, adulthood children receive limited guidance in performing their tasks.

To summarize, I am not positing that adulthood represents a shifting definition of childhood in American society. Rather, I suggest that some children precociously perform extensive labor in their families as a function of poverty and that their roles, responsibilities, and behaviors may be “out of sync” with contemporary social and institutional notions of what children are expected to do. This is a *necessary* point of understanding for interpreting the conceptual model of adulthood presented later in this article. The inconsistencies between what social institutions, such as schools, expect of children and what families with severe economic needs require of them, may send adulthood children mixed messages about what constitutes contextually appropriate child behaviors. For example, the assertive behaviors children exhibit in managing their homes can be viewed as assets by their parents and as liabilities when children exercise those same behaviors in the classroom. Herein lies a paradox in adulthood—*that is, how variations in institutional and*

family definitions of childhood can situate children between “a rock and a hard place” as they navigate multiple worlds while simultaneously being considered a child by some and an “adult” by others.

### *Economic Disadvantage and Childhood Adulthood*

As Boo (2001) noted in describing the day-to-day lives of Elizabeth and her children, economically pressed families can be prime contexts for children to develop adulthood behaviors. However, in considering the relationship between a family’s financial resources and childhood adulthood, it is important to note that all economic disadvantage and its effects are not created equal. The covariates of economic disadvantage, and the forms of adulthood it encourages, can vary according to the characteristics of the disadvantage. There are important differences between rural and urban poverty; between transitory and persistent poverty; and between poverty caused by a broad-based economic restructuring (e.g., the 1980s farm crisis) and poverty caused by an individual’s lifelong disadvantage (Elder & Conger, 2000; Nelson & Smith, 1999; Wilson, 1987). Moreover, several confounding parents’ status factors are associated with poverty (e.g., parents with severe chronic illnesses) and likely influence whether a child becomes adulthood (Preston, 1994; Stein, Riedel, & Rotheram-Borus, 1999).

Beyond the difficulty that it creates in obtaining the basic necessities of life, economic disadvantage shapes other characteristics of families’ everyday lives that may lead to childhood adulthood. Families may have limited access to formal child care or other social services, for example, and require older children in the family to provide extensive care for younger ones (East, Weisner, & Reyes, 2006). Family members may lack privacy at home because of poorly constructed, constrained shared space and, by default, expose children to sensitive adult matters (Burton & Lawson Clark, 2005). Moreover, in neighborhoods characterized by severe economic deprivation, physical segregation from the mainstream, and high levels of violence, a perceived foreshortening of the life course with consequent accelerated developmental trajectories are also common and prime children to “grow up a little faster” (Burton, Obeidallah, & Allison, 1996).

Elder (1974) eloquently described what he terms the “downward extension of adult responsibilities to

children” that occurs in families in response to economic deprivation. He suggests that families experiencing economic hardship are required to both increase their production and reduce their consumption of market goods and services. They do this by increasing their members’ participation in the labor market, relying on family members to supply goods and services that might typically be purchased from the market (e.g., child care), and cutting back on the family’s spending. As a result, children in these families are more likely to be involved in household labor than their economically better-off peers. As parents are required to put more hours into work to improve the family’s financial situation, the children must assume responsibilities that the parents might have attended to if they were not working.

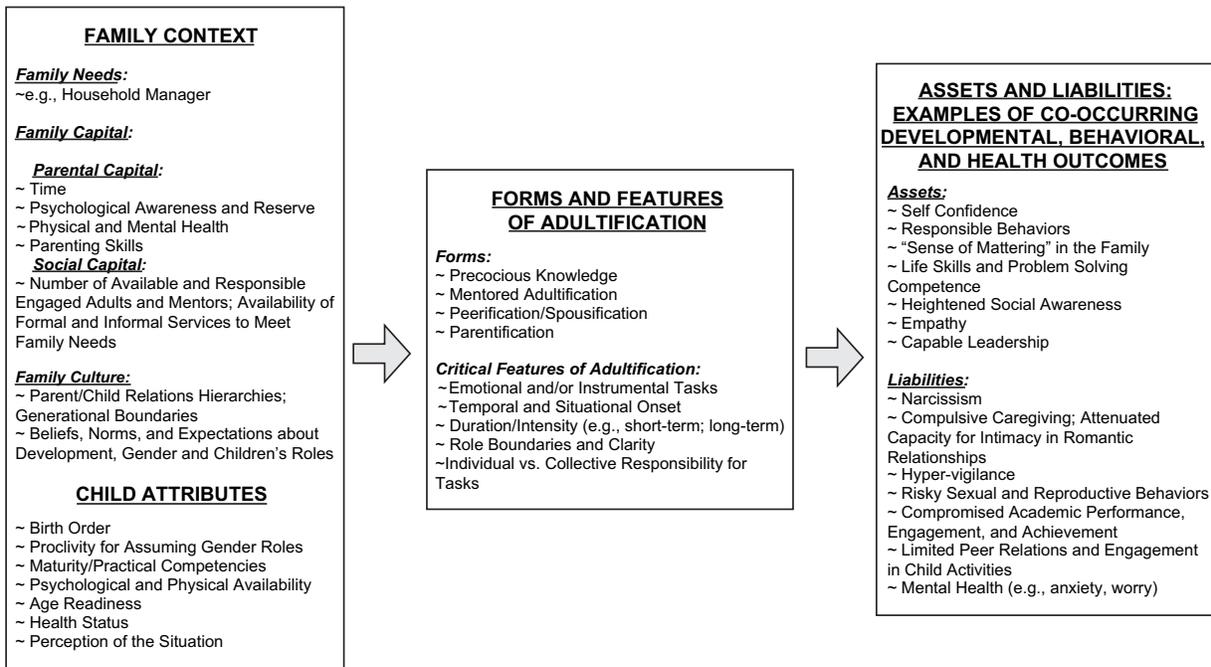
The stresses and strains felt by families experiencing economic hardship also increase the likelihood that children growing up in poverty may become adultified. Parents in these families experience greater levels of emotional distress than more financially stable families (Luther, 1999; McLoyd, 1990). Children implicitly may feel pressure to comfort their parents and reduce their feelings of stress or depression. The emotional burden parents feel in the context of economic hardship might also take a toll on parents’ availability to their children, a situation that may lead older children to act in a parenting role toward their siblings. Further, the marital difficulties experienced by many couples in the face of economic hardship increase the likelihood of children acting in the role of a peer or a parent in their family, as their parents may inadvertently pressure them to take sides between them or act in a quasi-spousal role to one or the other (Weiss, 1979).

Another source of potential childhood adultification in poor families, especially families residing in communities with blighted labor markets, concerns the employment opportunities available for adolescents and adults (Wilson, 1987, 1996). In some families, the work worlds of parents and their adolescent children overlap as a consequence of limited neighborhood job opportunities. Teenage daughters and sons, and their adult mothers and fathers, can sometimes be placed in situations where they compete for the same low-wage labor jobs. James, a 16-year-old 10th grader who participated in one of the ethnographies reported here, said: “It’s hard for a man to get a job. Sometimes me and my friends apply for a job, and our fathers and grandfathers are trying for the same jobs.”

Although economic disadvantage can contribute to the emergence of childhood adultification, it is likely that most children in low-income families do not experience the most extreme forms typically discussed in the family therapy literature, or if they do, they do not necessarily experience them for prolonged periods of time. It is reasonable to assume that most poor families do not intentionally enlist their children “as adults” in family labor, and, to the best of their abilities, try to keep their children free from adult concerns. Particularly, in the case of “temporary poverty,” such as that experienced by families during the 1980s farm crisis, or as a result of a parent’s short-term job lay-off, the effects of adultification on children and families can be latent, relatively benign, and can contribute to a positive developmental outcome for the child (e.g., child demonstrates more responsible behaviors; Elder & Conger, 2000). However, in the case of long-term, sustained poverty, the effects of childhood adultification are easily discernable and can create considerable developmental challenges and lost opportunities for children throughout their lives.

## Conceptual Model and Ethnographic Approach

Figure 1 presents the conceptual model of childhood adultification. The model emerged from an iterative process in which the mechanisms and processes involved in childhood adultification were identified in a content analysis of 30 years of existing ethnographies on America’s poor (Burton, Brooks, & Clark, 2003) and translated into a working conceptual model. The model was then tested for qualitative verification and revised using data from five longitudinal ethnographies of low-income families in urban and rural settings (Morse, 2001). The five studies comprise two decades of single investigator and team ethnographies and include: *The Gospel Hill Study* (Burton, 1990); *The Rural Teen Pregnancy Study* (Butler & Burton, 1990); *The Intergenerational Adolescent Pregnancy Study* (Burton, 1995); *The Three-City Study* (Winston et al., 1999); and the *Family Life Project* (Burton & Skinner, 2005). These ethnographies involved longitudinal, multisite fieldwork comprising neighborhood assessments, in-depth interviews with families, and participant observations in families’ daily lives. Through



**Figure 1.** A Conceptual Model of Childhood Adulthood in Economically Disadvantaged Families.

prolonged fieldwork, ethnographers uncovered nuanced and explicit expressions of children's adultified behaviors in the context of their families' tenuous economic circumstances. Children's parents and grandparents also routinely shared retrospective accounts of their own adultification experiences as children, allowing ethnographers to explore the prevalence of childhood adultification across generations in families.

The five ethnographies have comparable sample and data collection features. Across the five studies, 549 families were followed intensively for 2 – 7 years. Fifty-three percent of the families were African American, 26% were White, and 21% were Hispanic or Latino. All families had incomes of less than 200% of the Federal Poverty Line: 52% of the families were receiving welfare and 48% were working poor at the time they enrolled in the respective studies. A total of 1,194 male (47%) and female (53%) children age birth to 18 years were observed and/or interviewed longitudinally. In all the ethnographies, mothers and grandmothers of young children were the primary entre to families and principal interviewees, although the biological fathers of children, mother's male partners, and other adult male family members also participated. In 69% of the families, mothers initially identified themselves as heads of single-parent households.

However, ethnographers observed, over time, that in most of the initially self-declared single-parent households, biological fathers and father figures were in and out of the home with some residing for significant periods of time. Detailed information on the samples and data collection for each of the five ethnographies is reported in the respective articles cited above.

Representative exemplar cases drawn from the ethnographies are integrated into this discussion to illustrate the relationship among components of the adultification process. Exemplars, or representative illustrative cases, are an established form of integrating ethnographic data in conceptual discussions as they give readers a sense of the reality of particular experiences, the *verstehen* or viewpoint of the actors, and provide empirical verification of the patterns of behaviors discussed (Strauss & Corbin, 1998).

I present the model by first specifying the aspects of family context and child attributes that the ethnographic data suggested were related to childhood adultification. Second, I describe four successive forms of adultification and the features of the adultification experience, which seemed to matter most in influencing outcomes for children. Third, I outline the developmental, behavioral, and health outcomes for adultified children that emerged in the data, impressing upon readers that childhood

adultification can simultaneously produce both assets and liabilities for children.

### *Family Context and Childhood Adultification: Needs, Culture, and Capital*

As illustrated in Figure 1, certain circumstances in low-income families can lead to childhood adultification. Aspects of family context that appeared most influential include family needs, capital, and culture.

*Family needs.* Children in the ethnographies who assumed adult-like roles in their families did so in direct response to specific family needs. Family needs typically included providing sibling care as “quasi-parent” and extensive care for ailing parents or elderly relatives, taking on part-time or full-time work to contribute to the family’s financial resources, managing the family finances, negotiating reprieves for parents from bill collectors and social service agencies, and serving as an emotional confidant for one’s parents or other adults in the household.

In addition, immigrant children in the ethnographies often were expected to address their families’ special needs around communication in the dominant culture—a task that occasionally led to subtle forms of adultification (Valenzuela, 1999). Children were called upon to bridge language and information transfer barriers between the adults in their families and the outside world by serving as translators and brokers for family members in school, health, and social service settings. Mercedes, age 12, for example, has been her mother’s translator since the age of eight. She said, “I take care of everything: the banks, hospitals, social workers, school business for my sister and brother, and bill collectors. Everybody looks to me for answers to everything. I have a lot of responsibility.” Implicit in Mercedes’ circumstance, as well as for adultified children in comparable situations, is that the needs of the family can supersede the needs of the child.

*Family capital.* Dimensions of family capital are inherently tied to family needs and thus play a critical role in whether a child becomes adultified or not. Two types of family capital are relevant—parental and social.

Parental capital involves parents’ individual resources and includes time, psychological awareness and reserve, physical and mental health, and parenting skills. Parents struggling with financial difficulties who spend inadequate amounts of quality time with their children, are psychologically unavailable

and appear to have no emotional reserve when interacting with them, have physical and/or mental health problems that severely limit their ability to perform critical family and child-rearing tasks, and have compromised parenting skills are more likely to, perhaps inadvertently, “encourage” adultification behaviors in their children. This is not to imply, however, that adultification outcomes are unilaterally negative for children. In fact, 14-year-old Nicole commented,

My mother lost it for a couple of months when she got laid off and we didn’t have any money. She couldn’t think . . . she had blank eyes when I talked to her. I thought, here’s my chance to help. I found strength in myself that I didn’t know I had and I took over at home until she got it together. She’s back now and I’m a better person for helping her get through it.

The second dimension of family capital, social capital, involves the emotional and material resources that come with having viable relationships and social networks (Coleman, 1988). In the best of circumstances, social capital can facilitate a family’s access to resources and lessen a child’s responsibility in meeting the family’s financial needs. However, in families with little or no social capital, such as those with ineffective ties to formal and informal services, childhood adultification may be more prevalent. Stephanie, an 18-year-old reflecting on her adultification experiences as a child, said: “I had to take on the responsibility of my sisters and grandmother while my mother worked. There was no one else we could go to for help. But, I managed and everything turned out fine.”

*Family culture: Norms, hierarchies, and generational boundaries.* Family culture represents the operating principles and scripts that guide family functioning. Several aspects of family culture are relevant to childhood adultification: beliefs, norms, and expectations concerning children’s development and responsibilities; and parent/child authority hierarchies and generational boundaries.

Family cultures characterized by beliefs, norms, and behavioral expectations that encourage children’s early assumptions of certain responsibilities, can hasten some children toward assuming adult roles at young ages (Stack & Burton, 1993). An illustration of one such situation involves 12-year-old Eduardo. He is the “hijo mayor” (eldest son) in his

family and, according to his mother, who is a single parent and works three jobs to make ends meet, is expected to be her ally, protector, and make significant contributions to the family income as he moves into his teen years.

Children, however, can reject parental expectations to embrace adult roles regardless of family needs. In another situation, at age 13, Paul was expected to assume the role of protector, ally, and financial contributor in his rural African American family. Unlike Eduardo, Paul's mother reported that he "left the family when he was 13. I don't mean leave, like 'go away,' but leave, like 'only do the things he wanted to do, but not pay attention to what me or his brother and sisters wanted or needed.'" Paul's abdication from his designated place in his family played havoc with family roles, causing his younger brothers and sisters to take on responsibilities that the entire family believed to be his.

Parent/child hierarchies and generational boundaries also are crucial elements of family culture that can bring childhood adulthood into being (Goglia, Jurkovic, Burt, & Burge-Callaway, 1992). It is generally assumed that appropriate authority hierarchies and generational boundaries between parents and their children enable normatively paced development and age-appropriate roles for individual family members and the family-as-a-whole. However, when circumstances cause parents to rely too heavily upon their children for extensive instrumental and emotional support, families may experience blurring of generational boundaries and a breakdown in authority hierarchies, with children and parents playing egalitarian roles (Glenwick & Mowrey, 1986; Nock, 1988). According to Nock (1988), this recalibration of hierarchies and increased power results in children understanding hierarchies and generational boundaries in ways that often lead to them having less success and greater difficulty in institutions that operate under well-defined hierarchies, such as schools. The comments of Jason, age 15, illustrate:

Sometimes I just don't believe how this school operates and thinks about us. Here I am a grown man. I take care of my mother and have raised my sisters. Then I come here and this know-nothing teacher treats me like I'm some dumb kid with no responsibilities. I am so frustrated. They are trying to make me

something that I am not. Don't they understand I'm a man and have been a man longer than they have been women?

Weiss (1979) also discusses the implications of a general loosening of the family hierarchy, describing the "absence of an echelon structure" in which "children have rights and responsibilities not very different from their parents" (p. 99). Unlike Nock (1988), however, Weiss does not suggest that alterations in generational boundaries and authority hierarchies in family necessarily lead to negative consequences for children. Rather, he argues that relaxed hierarchies in some family systems may inspire self-reliance, responsibility, and a greater ability to understand adults at a young age for some children. Once again, we see the paradox of childhood adulthood as reported in an ethnographer's further observations of Jason:

While Jason's experiences as the man of the house create challenges for him at school and in the workplace, the authority he exercises in the family household is done with compassion and precision and appears to keep his mother and his siblings on an even keel. Jason appropriately demands that his siblings develop a sense of independence and self-reliance in ways that his mother is unable to do. He models this behavior for them.

Indeed, the ethnographic data indicated that the interplay between poverty and family needs, capital, and culture can create a developmental context in which a child assumes adult-like responsibilities and personas. Childhood adulthood, however, is also contingent on the characteristics the child brings to the situation.

### *Child Attributes*

As the ethnographic exemplar cases presented in this article will indicate, whether a child is adulthooded at all is influenced by that child's personal attributes. Overall, a child's birth order and gender emerged in the ethnographies as having the most consistent impact on whether that child became adulthooded.

In situations in which adulthood is an adaptive response to a family's financial needs, older siblings often play an adulthooded role and differentially

so for boys and girls. The ethnographic data suggest that the eldest boys in families are slightly more likely to show adultification by becoming a primary or secondary breadwinner or being their mother's confidant whereas eldest girls may be somewhat more likely to fill homemaking and caretaking roles. The gender typing of domestic roles may hold true to the extent that a girl becomes the family homemaker even though she has an older brother or is the youngest of several children. However, there may be some variability in gender typing in the roles played by African American boys with respect to domestic duties and acting as confidants to their mothers. Data from the five ethnographies reported here indicate that African American males are as likely as girls and more likely than White and Latino males to take on these responsibilities.

In addition to birth order and gender, children who show signs of early maturity have certain competencies such as language skills, are in better health, see their roles as "mattering" to family survival, and are physically available are more likely to be "recruited" for adult roles and responsibilities if the family situation warrants it. Moreover, in some instances in which one child in the family does not have all the necessary attributes, aspects of adultification duties can be parceled out across children in the family. Debra, a mother involved in one of the ethnographies treated her three young children as peers, expecting her older son, "who was a good listener" to be her confidant; her daughter, "who was good at math," to manage the household budget; and her youngest son, "who was physically healthy," to manage the sick-care of her parents.

It appears that children in the ethnographies who took on adult-like responsibilities in families and were able to carry them out successfully were considered to be "resilient" (Luther, 1999). Surely, a majority of adults who participated in the studies and described themselves as adultified children believed they were "chosen" to take on certain roles in their families because they showed "signs of strength" that their siblings did not. It is important to note, however, that there are tradeoffs to resilience, a point duly noted by the adults in the study and intimated by the children. Sixteen-year-old Alex stated: "I have skills and strengths and I know it. But there are many days that I could do without them. The more you show you can do and not stress about it, the more people expect of you. Being competent is not all people think it is."

### *The Forms and Features of Childhood Adultification*

The conceptual model (see Figure 1) indicates that family contexts and child attributes jointly influence the forms and features of a child's adultification experience. Four forms of adultification are featured in the model—precocious knowledge, mentored-adultification, peerification/spousification, and parentification. This array of forms represents a gradient or levels approach to defining adultification. The levels are sensitive to the developmental progression of adultification from the most basic and tenuous to increasingly more complex and specialized forms. This model does not imply that an adultified child only experiences one form consistently. Rather, the nuanced, day-to-day life experiences of adultified children, as observed in the ethnographies, indicated that nearly all have some experience with precocious knowledge, but those who advance to higher levels of adultification (e.g., parentification) move back and forth across levels as family situations require.

*Precocious knowledge.* Precocious knowledge is perhaps the most amorphous and prevalent form of childhood adultification. It involves witnessing situations and acquiring knowledge that are advanced for the child's age. With precocious knowledge, children are often privy to adult conversations and transactions, visually exposed to types of behaviors from which children are often shielded (e.g., parents' frustrations with financial hardships), or consistent witnesses to the harsh realities of life in high-risk environments. Overall, 92% of the children and adolescents who participated in the five ethnographic studies evidenced an observable form (from slight [e.g., personal insults in the welfare office about being poor] to extreme [e.g., parents physically fighting about money]) of precocious knowledge.

Young children and adolescents in poor families can be exposed to precocious information through a variety of means. Although many parents may try to protect their children from knowledge about adults' financial problems, children can easily learn a great deal about this topic because of their access to adult conversations in public places. For instance, the lack of privacy in poorly constructed and spatially inadequate low-income housing makes it difficult to shield children from overhearing such exchanges. In neighborhoods where it is common to find families doubled- and even tripled-up in single-family houses and one- or two-bedroom apartments,

there is little opportunity for adults to conceal financial problems from their children. Moreover, when children accompany their parents to social service agencies to secure resources, such as money, food, housing, or health care, details of the families' economic situations and personal tragedies are openly discussed in front of them and often within earshot of others.

Despite parents' best efforts, many economically disadvantaged children can become acutely aware of their parents' financial concerns and stresses. Weiss (1979) discussed this flow of information from parent to child, suggesting that children in economically disadvantaged families are not freed from the adult concerns and worries in the manner that many children are in families with modest to substantial resources. Thirteen-year-old Angelina, in describing her mother's struggles with finances, said: "She comes to me, 'Oh my God, the bills' and on and on. 'Mami please, you and the bills, just leave them alone.' She's always thinking about bills. She's cooking—the bills, washing the dishes—the bills. Oh my God, leave the bills alone. . . .I wish I could help her but I can't even get a job yet" (Quane, Rankin, Joshi, & Wilson, 2007).

Heightened awareness and anxiety about their families' financial woes were observed and documented across the ethnographies in very young children. For example, 5-year-old Tiffany was born into poverty, as were her mother, maternal grandmother, and great-grandmother. She was the oldest of five siblings—three brothers, aged 4, 3, and 2 years, and a sister aged 6 months. Tiffany attended kindergarten at a school two blocks away from a low-income housing project where she lived with her 23-year-old mother and her siblings. The school experience was one that Tiffany struggled with, often describing her teacher as a person who treated her like a "baby." Tiffany's teacher, Mrs. Roberts, described Tiffany as a child who "knew too much for her own good."

Mrs. Roberts' critique of Tiffany's behavior was exemplified in an ethnographer's observations of Tiffany's play in the classroom. In the back corner of Tiffany's classroom, a miniature kitchen was set up for children to play in. Tiffany loved this play area and was often the first one to claim it as her domain. During one particular field observation day (November 30th), when play time was announced, Tiffany raced to the kitchen area, picked up a cloth, and began wiping down the appliances and putting

play food on the stove. After she finished cleaning the kitchen, she pulled a rocking chair close to the stove, sat down, and began rocking back and forth, vigorously tapping her feet. The following conversation ensued:

Ethnographer: Tiffany, why are you sitting down, tapping your feet? What are you thinking about?

Tiffany: Well, I'm waiting for the mailman to come.

Ethnographer: The mailman? Why?

Tiffany: I'm waiting on my welfare check and my food stamps. Don't you know that? I have to feed my children for a month and I have to figure out how I'm going to pay my bills. I have a lot on my mind right now. If you can't help me figure out how to make my money go further, don't bother me with nonsense.

Needless to say, observations and comments from Tiffany's teacher further validated the complexity of Tiffany's precociousness. Mrs. Roberts reported that Tiffany was extremely verbal, a leader in the class, but also cyclically anxious and preoccupied, usually toward the end of the month when she often missed school and paid less attention in class. The teacher also remarked that she was concerned that Tiffany shared too much adult-like information (e.g., trading food stamps for a ride to the doctor's office) with other children, although she was not the only child in the classroom to do so. Observations of Tiffany's mother on several occasions at the end of the month also revealed ritualized heightened anxiety on her part as she contemplated and discussed with the ethnographer how she would feed her children while scribbling notes on bits of paper about how she would pay her bills.

Some children act on exposure to precocious knowledge by emulating adult behaviors whereas others worry about what they have witnessed as if they have the resources and skills to solve the problem. What differentiates this very basic form of adulthood from others is that children are not called upon to assume adult-like roles in their families at this point. Rather, children gather and store the information they observe and hear often seeking explanations about what they do not understand from adults and, more often than not, from other children.

*Mentored-adultification.* Mentored-adultification involves a child assuming an adult-like role with limited supervision from an adult. Sixty-two percent of the children across the ethnographies demonstrated mentored-adultification. These children evidenced characteristics similar to those of 11-year-old Candace.

Candace was described by her mother as having been the official “woman of the house” since the age of seven. When Candace was 6 years old, her parents divorced, and her father moved out of the house, the area, and her life. The family was left with severe economic hardship that required her mom to take on a low-wage labor job. Upon her father’s departure, Candace “stepped up to the plate,” taking on the care of her younger brother, cleaning the house, preparing meals, and “making sure that the family was well-taken care of” while her mother worked. With every year that followed, Candace took on more and more of the day-to-day household responsibilities, as well as caring for her younger brother and ailing grandparents who moved in with the family when Candace was 11 years old. According to Candace’s mother, by the time Candace was 12 years old, she had “the social, language, and life skills of a mature 30-year-old woman and the empathy and sensitivity of Gandhi.”

Candace’s mentored-adultification experience is akin to being a “junior homemaker” and was a common experience for girls, particularly Latinas, and some African American boys involved in the ethnographies (Dodson & Dickert, 2004). In mentored-adultification, parents do not relinquish their authority to children but do assign them extensive family responsibilities that they expect to be carried out with minimal supervision. Children who bear heavy but quasi-mentored family roles and responsibilities may feel needed and appreciated by their parents, and they may value and gain confidence from useful domestic and social skills as they take them along into adulthood. Sabrina, a 12-year-old, remarked: “I know how to do way more things than other girls my age. I’m not scared of nothing and can take care of problems. I don’t sit around and whine and cry about stuff. What I do helps my mother. She is proud of me.”

*Peerification/spousification.* With mentored-adultification, although the child takes on adult-like responsibilities, the usual parent-child authority hierarchy is in place and the generational boundaries remain somewhat clear as parents occasionally

remind their child about “who’s really in charge.” Adultification takes the form of peerification when the child behaves more like a parent’s peer than like a parent’s subordinate. Essentially, the parent-child authority hierarchy and generational boundaries are leveled in this form of adultification, with children having power and status equal to that of their parents. Kindred constructs to peerification in the family therapy literature are spousification and child-as-mate (Sroufe & Ward, 1980). This form is apparent when children assume the role of quasi-wife, -husband, -partner, or -confidante to their parents. Peerification/spousification was observed in 32% of the children in the ethnographies.

Telltale signs of children being “peerified” are noted when parents routinely confide in their children. Weiss (1979) wrote that parents often turn to their peerified children because “there may be no one other than the children for the parent to confide in or turn to for advice or company, especially about household or family problems” (p. 103). He further suggests that the responsibility borne by the children in sustaining the household may justify parents’ decision to share their worries with their children.

In economically hard-pressed families, children may also seem like their parents’ peers in the ways they contribute financially to the family. Elizabeth, age 15, indicated that she had worked since she was 13 years old, and always gave her earnings to her mother. “My mother and me are a team. Our money pays for everything around here.” Comparably, 16-year-old Renee said, “My father and I bring the same amount of money into the house every month to pay the bills. So, I have the same rights he does. I can do what I want.”

Peerification of children slides into spousification when a child’s instrumental duties and responsibilities model those of a spouse or partner. Powerful exemplars of spousification identified in the ethnographic studies involved boys who assumed the role of “the man of the house.” Fifteen-year-old Antoine took on this role at age 13 when his mother, Sandra, started a job as a cafeteria worker in compliance with welfare-to-work regulations. Sandra’s job required an hour-long commute by bus both ways, long work hours, and very low pay. The considerable time Sandra spent being at and getting to and from work greatly decreased the amount of time she had to parent her eight sons (Antoine is the second oldest) and sustain relationships with a partner and her friends. As her partner and friend relationships dwindled,

and her availability for parenting her sons all but disappeared, Antoine increasingly became her “spouse-apparent,” serving as her confidante and coparent to his younger siblings. Antoine’s fate as child-as-mate was sealed when his older brother, Kerrick, was arrested and jailed for attempting to contribute to the family economy by selling drugs.

Longitudinal observations of and interviews with Antoine and Sandra indicated that Antoine more than carried his weight as “man of the house” for several years until at 15 years of age, he grew weary of his responsibilities. He had been responsible for getting his younger brothers and himself off to school every morning, and, one day, according to him, he “just decided to stop.” He and his brothers stayed home from school for almost 2 months before his mother was alerted to their truancy by school officials and was forced to quit her job and stay at home to ensure that her sons went to school everyday. Although Antoine’s parenting responsibilities diminished somewhat because of the truancy incident and his mother’s displeasure with his “failure” as a coparent, Sandra seemed to need him more than ever as an emotional confidante after she quit her job. She became increasingly depressed and anxious about the family’s financial situation and struggled not to turn to drugs to “settle her nerves.”

Like Antoine, 16-year-old Kevin served as the man of the house, providing solace and financial support to his mother and parenting for his 15-year-old sister and her 1-year-old son. Kevin’s mother, however, was very ambivalent about his role and often sent him mixed messages about the importance of his contributions to the family. Whenever his mother started a relationship with a new boyfriend, she would “demote” Kevin, requiring that he cease being her peer and “act like a child” in the presence of her boyfriend. On one occasion, his mother’s boyfriend demanded that Kevin take out the trash “like a good boy.” Kevin threw the trash can at the boyfriend and demanded that he leave his house “because he was the man of the house and helped his mother to pay the bills and raise his nephew.” Kevin’s mother responded by telling him to go to his room. Instead, Kevin left the house and moved in with a 25-year-old woman down the street. He said, “Now, I am really the man of the house.”

*Parentification.* A peerified child may periodically step into and out of a parental role with siblings, but a parentified child is a full-time quasi-parent to

his/her siblings and parents. Nine percent of the children in the ethnographies showed clear signs of being parentified.

Parentification involves many roles one often being the family social service advocate. Larry, age 12, was the primary advocate for services for his eight younger siblings and unemployed mother who was chronically ill: “Larry entered the social worker’s office with visible resolve. He said, ‘My family needs food, housing, and health care now. What do I have to do to get it?’ After working with the social worker to procure services for his ailing mother, he returned home only to negotiate with the landlord about back rent and to piece together a meal for his sisters and brothers and his mother.”

The most extreme forms of parentification are observed in economically disadvantaged families in which the parents are substance abusers. For example, children of alcoholics often take on parentified roles in relation to their parents, concerning themselves with the parents’ well-being, attempting to guide them away from trouble, and quite often protecting the nonalcoholic parent from the alcoholic parent (Chase et al., 1998; Deutsch, 1982).

Melissa an 18-year-old rural community resident, like many of the parentified children in the studies, reported that her adulthood experiences began in middle childhood when her parents’ drug addictions became out of control. Melissa, who now has a child of her own, is the consummate parentified child. She has taken care of her mother, who has been in and out of drug treatment programs “for as long as she can remember.” In addition to being “an anchor” for her mother, her boyfriend, and all of her relatives and friends, Melissa also has custody of her 15-year-old sister and recently took in a friend’s 14-year-old sister who was having trouble in school and at home with her father. Melissa says that “caregiving is just what she does and that she doesn’t really think about it. She just does it very well.”

In addition to her premiere caregiving skills, Melissa is even-tempered, exhibits maturity well beyond her years, makes responsible decisions, and graduated with honors from high school. She plans to go to college as soon as her finances are “in a good place.” She also skillfully manages money as demonstrated in her ability to purchase full prom attire for her sister and her 14-year-old “foster-child” with \$100. Melissa does not complain about “having been the parent all her life” because she believes that her adultified responsibilities are what have made

her the strong person she is today. However, when asked who she is as an individual, she has no response. She cannot imagine life without providing care for others.

The outcomes for parentification are an interesting mix of life skills assets and challenges that affect the child's or adolescent's sense of self and emotional expression. Perhaps, because parentification is the extreme form of adultification and the family circumstances that elicit it often require being in charge without parental backup, the natural course for developing identity, intimacy and other aspects of emotions are compromised for parentified children and adolescents. Weiss (1979) states ". . . these children may soon learn that their need for parental care can only be realized partially, and then only by acting as their parents' helpers and companions; by acting, in effect, in ways that deny their very needs for dependency and nurturance. And, this may be another reason why some of these young people describe themselves later as having become loners. They have learned not to express certain needs" (p. 109).

*Features of the adultification experience.* The precocious knowledge, mentor-adultification, peerification/spousification, and parentification experiences of children and adolescents can be further differentiated in tandem with the features that accompany them (see Figure 1). These features include (a) the types of roles a child or adolescent takes on (e.g., instrumental or emotional); (b) the temporal (e.g., early childhood, late adolescence) and situational (e.g., intergenerational poverty, short-term poverty as function of a parent's acute illness) onset of the experience; (c) the length of time the child is engaged in adultified roles and whether the experience involves an easy versus weighty load of adult responsibilities; (d) the degree to which role boundaries, expectations, and hierarchies are clear between the parents and children; and (e) whether more than one sibling is adultified in the family. These features are the barometers of adultification and directly influence the developmental, behavioral, and health outcomes of children. The ways in which these features shape the adultification experience and impact outcomes for children are best illustrated in the case studies of Margarita and Tameka.

Twelve-year-old Margarita is the oldest of three children, including a sister, Isabella, age 11, and an infant brother, Herman. Priscilla, Margarita's mother, has always relied on her daughters for

limited help with both girls evidencing patterns of mentored-adultification: Margarita as an interpreter in health, school, and social service settings, and Isabella in taking charge of housework.

During her pregnancy and after the delivery of her son, for 8 months, Priscilla was severely depressed and several chronic health conditions including morbid obesity, diabetes, and cardiovascular disease compromised her physical and mental capacities to care for her children. During this period, Margarita and Isabella, under the somewhat diminished watchful eye of their mother, "ran" the household, caring daily for their mother and the baby, navigating necessary household financial transactions, and organizing and assisting in visits to the hospital and doctors offices while occasionally missing school and rarely ever "hanging out" with their friends.

As Priscilla's health improved, she began to rely less and less on Margarita and Isabella. She realized that their adult-like responsibilities were affecting her daughters in different ways. Margarita was starting to "sneak out to meet boys and getting fast," and Isabella was showing signs of depression. Priscilla acknowledged that, although relying heavily on her children during a health crisis was not optimal, she felt that her daughters learned important skills in taking care of her and the baby. Intuitively, however, Priscilla knew that in the interest of her children's development, the duration and intensity of their responsibilities had to be reduced and that she had to maintain parental control of the situation, lest undesirable outcomes for her daughters would ensue.

Eight-year-old Tameka, on the other hand, is parentified as a result of caring for her drug-addicted mother and grandmother, and her 5-year-old brother, 2-year-old twin sisters, and 2-month-old brother. Her family responsibilities are long standing and extensive, having taken them on when she was 5 years old with little help and guidance from her mother, grandmother, or other adults. Tameka stated, "I'm not stupid. I'm the boss. Since they [her mother and grandmother] take drugs, I got to take care of the little ones. I stay home to take care [of them]. I haven't been to school for a long time."

Longitudinal observations of Tameka indicated that while her take-charge attitude benefited her in the role of caregiver to her family, it created problems for her in school. Tameka's second grade teacher commented, "She is a very difficult child.

She always *tells* me what she will do and what she won't do *whenever* she's in school. I can't handle this little girl or, should I say, grown woman in a little girl's body."

According to the conceptual model (see Figure 1), children who experience forms of adultification, in which the onset is triggered by temporary family needs, the duration is short term, the "heavy-lifting" required of the experience is shared with other siblings, and the parents are as clear as possible about "who is really in charge," are likely to acquire important life skills with some behavioral challenges that may be no more detrimental than those normatively experienced by children and adolescents (e.g., a 12-year-old girl becoming interested in boys). On the other hand, children who become parentified around age 4 or 5, remain in that situation consistently throughout their teen years, have an extensive repertoire of adult responsibilities related to not only poverty but also to their parents' substance abuse, and receive no assistance from other siblings or clear guidance from adults, have the most difficult adultification experiences which often lead to extreme manifestations in developmental, behavioral, and health outcomes that are costly to children. For example, the child may become an efficient, effective hyper-caregiver but simultaneously perform quite poorly in school.

### **Assets and Liabilities: Developmental, Behavioral, and Health Outcomes of Childhood Adulthood**

What are the consequences of adultification for children and adolescents in low-income families? With respect to precocious knowledge, the answer lies in whether parents help children to appropriately interpret and make sense of the advanced knowledge they acquire or the difficult realities they witness. Children who go "unchecked" in how they process precocious information are more likely to imitate adult-like behaviors, as did 5-year-old Tiffany, with little understanding of their meanings or appropriateness across contexts. In addition, a child who demonstrates precocious knowledge is more likely to be recruited to higher forms of adultification, should the circumstances demand it. As one mother remarked about her 7-year-old daughter, "She's so

fast and grown. She can take care of the house while I work. Why not?" Yet another said of her now 23-year-old daughter: "Brenda always had wise eyes from the time she came into the world. Since she was 3-years-old she seemed to understand what was going on. That's why I talked about my problems with her. She understands."

In the more advanced forms of adultification—peerification/spousification and parentification—complex, often paradoxical sets of assets and liabilities frequently develop (see Figure 1). Quite often, glimmers of childhood prevail alongside capable adult-like behaviors. Parentified children, like Tameka, can handle taxing leadership positions at very young ages, take charge of situations, and outwardly display competent life skills, while at the same time their school attendance and performance are severely compromised by having to fulfill demanding family responsibilities. Adolescents and children who bear heavy responsibilities may also have a strong sense that they matter in their families and feel needed and appreciated by their parents, but simultaneously suffer from anxiety, depression, and "hyper" levels of worry as a consequence of their family roles.

Thus, adultification is both a matter of accumulating assets and liabilities, and the long-term consequences may not be fully apparent until these children reach adulthood. For example, Kendall, a participant in one of the earliest of the five ethnographies, was "peerified" since the age of seven and throughout her teenage years and bore extensive responsibility for rearing her younger siblings and managing her mother's finances and mental health. Both because of and in spite of her peerified childhood and adolescence, Kendall graduated with honors from high school and college, secured a high-paying job as an investment banker and now chairs several community-based committees to improve the lives of low-income families. She attributes her success to the skills and "spirit of perseverance" she acquired in managing her family of origin. However, she is quick to acknowledge the costs of her responsibilities noting that she worries about her family nonstop and that she had little time in her busy teen years to learn about dating and intimate relationships and, as such, believes that she will never marry or have children of her own.

From an intergenerational perspective, many of the parents, grandparents, and great-grandparents of the children who participated in the ethnographies commented on the assets and challenges of

adultification and reported that their own adultified experiences as children “really messed with their heads.” Serena, one of the mothers in the ethnographies said: “It was uncomfortable, almost unnatural being that way. I wanted it one way or the other. Either my mother should have been the boss, or she should have let me do it.”

Others who described themselves as having experienced mentored-adultification or parentification report beneficial effects of the experiences on their lives, indicating that it helped them develop self-confidence, inner “grit,” a high level of independence, and a strong sense of agency. In the most extreme cases, however, adultification may have caused major alterations in their lives, such as their dropping out of school or postponing and, in some instances, foregoing marriage. As one 68-year-old African American man proclaimed, “I’ve been taking care of my family members since I was five and my mother told me that’s what I should do. I go from one house to the other, taking care of new born babies and sick relatives. I go where I am needed. I’m not gay. I’m a caregiver. There was never any time to marry.”

### **Understanding Childhood Adultification: Implications for Family Practitioners and Service Providers**

This article presents an emergent conceptual model that depicts the adultification experiences of children and adolescents growing up in urban and rural low-income families and communities. While economic disadvantage was featured as a context in which childhood adultification can develop, the discussion *explicitly* underscores the impact of covarying factors such as families’ immigrant statuses, parental divorce, parental disability and chronic illness, and parental drug addiction and alcoholism on childhood adultification. Moreover, it is important to note that with the right combination of covariates, childhood adultification (not to be confused with the “hurried child”) can and does occur for children in middle-income and affluent families particularly in the context of parental divorce (Arditti, 1999; Hetherington, 1999; Luther, 2003; Wallerstein, 1983).

Given the vast number of active programs designed to meet the needs of the poor, it seems

prudent to consider the importance of knowledge about adultification in improving the lives of children and their families. For instance, understanding a child’s *level of adultification* can provide critical insights when assessing the impact of programs on children and families and inform action plans developed by practitioners in school, health care, and social service settings to optimize services for these children and their parents. The ethnographic data, upon which the conceptual model is based, indicated that adultified children’s most frequent points of contact with health, social, and education service providers were in doctor’s offices, hospital emergency rooms, in welfare, housing, and social service agencies, food banks, community centers, and school programs. Yet, observations by ethnographers and comments from the children indicated that few frontline service providers in these venues took notice of the children’s skills, ascribed family roles, or the effects adultification was having on them. On the basis of these circumstances, I offer several recommendations for frontline service provision to low-income families, emphasizing attentiveness to issues concerning childhood adultification. Recommendations focus on sensitizing practitioners to: (a) develop accurate interpretations of adultified children’s behavior, (b) shape children’s socioemotional development, (c) optimize children’s assets, and (d) create respite and “developmental compensation” opportunities for adultified children and adults who were adultified as children.

#### *Accurate Interpretations of Children’s Behaviors*

Although traditional family counseling and clinical programs are most likely to incorporate an understanding of childhood adultification in services they provide, the ethnographic data suggested that, for many adultified children and adolescents, frontline school-based family service providers, teachers, and administrators have limited understanding of the issues these children are navigating. In fact, the data indicated that adultified children are often penalized for their behaviors in school settings because school personnel do not usually understand the source of the behaviors. Thus, schools may need to be particularly mindful of issues concerning adultified children. A critical first step in accomplishing this goal is for schools to develop programs to educate teachers, school authorities, and family practitioners in these settings about identifying and appropriately contextualizing children’s adultification behaviors.

As noted earlier, adultified children's behaviors do not necessarily conform to normative expectations of "appropriate" behaviors for children of similar ages. According to Ferguson (2001), professionals who are not sensitized to adultification issues may misinterpret an adultified child's behavior. For example, an adultified child's aggressive leadership style could be viewed by an undiscerning eye as disrespectful to adults. A child's excessive worry and anxiety about his/her siblings' well-being and safety might be labeled peculiar. And, a child who is consistently late for or absent from school could be considered irresponsible. Indeed, these children need much less in the way of acontextual evaluations of their behavior, but rather they may require well-informed, constructive assistance in shaping their adultification experiences within the school context.

Necessary assistance for children may extend to their parents, particularly in cases in which the children are peerified, spousified, or parentified. Two of the more difficult issues that these children face are the sense of ambiguity they feel because of the mixed messages they receive about being in an equal relationship with their parents, and their parents' ambivalence about their circumstances. For instance, Dodson (1999) commented that an adolescent girl who, because of economic reasons assumes an equitable role to her mother's in the household, finds herself increasingly in conflict with her mother, who needs her daughter's mature help but resents her daughter's growing authority. These types of parental behaviors keep children unsettled and anxious. When these behaviors are identified by practitioners and teachers who work directly with children, recommendations for parental and child counseling may be warranted.

### *Shaping Socioemotional Development*

Many adultified children, much like Melissa, become hyper and compulsive life course caregivers (West & Keller, 1991). Through various programs, practices, and activities in schools, teachers and practitioners may be able to assist these children in fine-tuning their competencies by teaching them social and emotional tempering techniques. Appropriate mentorship, instruction, and activities could provide adultified children necessary checks and balances strategies to shape and refine their social and emotional skills in ways that are appropriate to the actual demands of the context or circumstance.

For example, adultified children who are overly concerned about the well-being of others or who exhibit personally harmful levels of self-sacrificing behaviors might learn more about setting appropriate social and emotional boundaries around their efforts. These lessons may keep these children from being taken advantage of, or may lessen their propensity for engaging in potentially harmful codependent caregiving relationships.

As part of shaping socioemotional development, it is also important to recognize the role of "mattering" in adultification. Many adultified children develop a sense that they "matter" in the context of what they do for their families. School programs, working together with families, can be particularly instrumental in helping these children develop a sense that what they do matters beyond the immediate needs of their families and that they have much to offer their school and community environments as well.

### *Optimizing Assets*

Adultified children usually acquire a significant number of developmental assets because of the responsibilities and duties they take on in their families. Most notable among these assets are leadership skills, which frequently require "some polishing" under the mentorship of an adult. Practitioners and teachers can help adultified children refine, diversify, and optimize their leadership skills by creating activities that allow them to effectively use their abilities in peer team efforts and in activities that are distinct from those expected in daily family tasks.

Children who grow up in economically hard-pressed families and who assume adultified roles within them also often have a greater sense of social awareness and execute more responsible behaviors than their non-adultified peers. With the proper guidance, adultified children can serve as effective "coaches," helping their nonadultified peers to develop efficacious, caring, and responsible behaviors toward others.

In creating programs that optimize adultified children's assets and shape their socioemotional development, practitioners, teachers, and school authorities must always consider how children's family responsibilities impact abilities to participate fully in activities. Any activities or programs developed for adultified children may only be successful to the point that children can balance the time

commitment with family obligations and without compromising their academic performance in school.

### *Respite and "Developmental" Compensation Programs*

The final recommendation stems from having directly observed, through the ethnographic studies, the important and extensive work that some adultified children do in families to the detriment of their own personal development. Typically, children who assume tremendous responsibilities in their families for lengthy periods of time forego the simple pleasures of childhood, such as engaging in recreational activities with their peers. They also experience notable stress from burning the candle at both ends. More importantly, these children frequently sacrifice school performance to meet family needs, which is ultimately quite costly to them if they wish to attend college. Given these circumstances, I suggest considering the special needs of adultified children in the context of respite and or developmental compensation programs. For example, adult caregivers' of ailing relatives often have access to respite programs. Surely components of these programs could be adopted for children who assume extensive caregiving responsibilities in their families. In addition, colleges and universities typically have academic assistance programs for returning adult students. Perhaps, these programs can provide support to adults, who as children gave considerable help to their families at the expense of doing well academically.

### *Further Applications*

The recommendations offered here also apply to health care and social service agencies. Given that children may navigate these institutions for themselves, their siblings, or their parents, awareness of the telltale signs of adultification on the part of service providers and practitioners may be helpful to children and their families in securing needed assistance. Children in the ethnographies often reported that frontline health care and social service program providers were insensitive to their responsibilities in families. Children, like Mercedes, for example, bear enormous responsibility as interpreters of health information and administrative guidelines for their families and as advocates in securing services. These children understand that if they "get the information wrong" the costs to their families could be great. Yet their queries to program providers were

often met with impatience, disregard, and admonitions about their parents.

In considering the implications of adultification knowledge on programs for the poor, it also is important to acknowledge the growing number of children in developing countries, as well as in the poorest communities in America, who are heading households because they do not have parents or other adults to care for them. The dramatic increase in the number of children orphaned by AIDS and the consequent rise in child-headed households in some developing countries are a stark testimony to how health crises in families coupled with limited formal and informal social support have increased the rank-and-file of adultified children globally (Kartell & Chabilall, 2005). Children whose parents are incarcerated represent another potentially growing population of adultified children (Arditti, Lambert-Shute, & Joest, 2003). The unique experiences and needs of these children are not well documented or understood. Clearly, research and programs designed to identify and meet the needs of these special populations of children are warranted.

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