Senior Safety Advice

When Your Aging Parent Is Abusive or Toxic

A Workbook for Adult Children



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When Your Aging Parent Is Abusive or Toxic

A Workbook for Adult Children

Name what is happening, protect your safety and health, set limits you can keep, and build a care plan that does not depend on you alone.

By Esther C. Kane, CAPS, C.D.S.
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Welcome

This workbook is for adult children who are helping, or being asked to help, a parent who treats them badly. Maybe your parent has always been harsh, controlling, or cruel. Maybe the behavior is new. Maybe you are not sure what to call it. You only know that contact leaves you drained, afraid, or ashamed.

You are not a bad person for struggling with this. Many adult children do. And you have more choices than "do everything" or "walk away."

What this workbook will help you do

- Take an honest look at where things stand today.
- Sort out whether the behavior is difficult, toxic, medical, or unsafe.
- Decide what role you are willing to play in your parent's care.
- Write boundaries in your own words and plan how to keep them.
- Bring in other people and services so your parent can be safe without you doing it all.
- Take care of your own health along the way.

How to use it

Work at your own pace. Write in pencil if you like. Your answers may change. Skip any page that does not fit your family. If a page stirs up strong feelings, stop and come back later, or work through it with a counselor or a trusted friend.

The scenarios in Section 8 are fictional examples. They are not about real people.

If you want a short list of action steps, see the companion checklist, *Caring for an Abusive or Toxic Aging Parent: A Safety and Boundaries Checklist*. This workbook stands on its own, so you do not need the checklist to use it.

If you need help right now

- **Call 911** if anyone is in immediate danger.
- **Call or text 988** (Suicide and Crisis Lifeline) if you have thoughts of harming yourself or someone else, or if you are in emotional crisis. It is free and open all day, every day.
- **Call 1-800-799-7233** (National Domestic Violence Hotline) if someone in your family is hurting or threatening you.

1. Where Things Stand Today

Start with a snapshot. There is no score and there are no right answers. The goal is to see your situation on paper.

Part A: A self-check

Think about the last few months. Check one box in each row.

In the last few months...	Often	Some-times	Never
I feel dread, fear, or shame before I see or call my parent.	☐	☐	☐
My parent insults me, calls me names, or screams at me.	☐	☐	☐
My parent threatens me. (Examples: cutting me out of the will, turning relatives against me.)	☐	☐	☐
My parent puts me down in front of family, doctors, or my children.	☐	☐	☐
I give in to demands just to avoid a blowup.	☐	☐	☐
My parent pressures me for money or takes money from me.	☐	☐	☐
My parent has hit, shoved, or grabbed me, or blocked me from leaving.	☐	☐	☐
After contact, I doubt my own memory or judgment.	☐	☐	☐
I feel trapped in this role.	☐	☐	☐
I have snapped, yelled, or been rough with my parent, or I worry that I might.	☐	☐	☐

Reading your answers. One bad day is not abuse. What matters is a pattern that keeps coming back, leaves you afraid or diminished, and does not stop when you ask. If you checked "Often" or "Sometimes" for hitting, shoving, threats, or your own urge to strike back, treat that as a safety issue. Go to Section 6 soon.

Part B: What you do now

List the help you give your parent in a typical week. In the last column, 1 means fine and 5 means very hard.

Task	How often	Hours per week	How hard it is (1 to 5)

Part C: Your concerns and priorities

What worries you most about your parent right now?

What worries you most about yourself right now? (Think about your health, family, work, and money.)

If one thing could be different three months from now, what would you want it to be?

2. Naming What Is Happening

Naming the problem is not about labeling your parent. It tells you what to try first. Most situations fit one or more of these four groups.

Group	What it looks like	What usually helps first
Difficult	Hard to be around, but still cares about you and can sometimes hear you. Comes in waves, often tied to stress, bad days, or appointments.	Keep the relationship. Limit how long you stay and which topics you discuss. Leave before you are worn out.
Toxic or abusive	Uses guilt, fear, blame, or control to get their way. The pattern is steady and continues no matter how you respond.	Shorter visits, phone calls, or a third person present. Firm limits. Outside help with care. Counseling for you.
Medical	A change in behavior, often within the past year. New suspicion, confusion, or a sharp shift in personality.	A doctor's visit. Share your notes. Ask for a check of medications, pain, infection, mood, and memory.
Unsafe	Physical violence, threats, or fear of being alone with your parent. Thoughts of harming yourself or your parent.	Get help right away. Call 911 for danger. Call or text 988 for crisis support.

These groups can overlap. A parent who has always been harsh can also develop dementia. A medical cause explains behavior, but it does not take away your right to be safe.

Kinds of harmful behavior

Abuse is not only physical. Check any that you have experienced from your parent.

- ☐ **Verbal attacks:** name-calling, screaming, constant put-downs
- ☐ **Threats:** to disinherit you, to damage your reputation, or to hurt you or themselves
- ☐ **Humiliation:** shaming you in front of family, doctors, or your children
- ☐ **Control and guilt:** punishing you when you set a limit; the silent treatment
- ☐ **Isolation:** turning relatives against you or cutting you off from support
- ☐ **Financial pressure:** demanding money, taking money, or using money to control you

- [ ] **Physical aggression:** hitting, shoving, grabbing, throwing things, or blocking a doorway
- [ ] **Twisting the facts:** denying things that happened so that you doubt your own memory (sometimes called gaslighting)

Five questions to sort it out

Look at the last few months, not one bad afternoon.

1. Is this a steady pattern, or does it come in waves? What seems to set it off?

2. Does the behavior seem aimed at control? What does your parent get when it works?

3. How do you feel afterward? (Tired and sad? Or afraid, guilty, and doubting yourself?)

4. What happens when you push back gently?

5. How serious is it? Have there been threats, hitting, or control of money?

Two outside views

The neighbor test: If a neighbor described this exact behavior from their own parent, what would you call it? What would you tell them to do?

The trusted-friend test: Describe a recent incident to someone you trust. Write down what they said.

Based on this section, which group or groups fit best right now? Why?

3. Your Two-Week Log

Memory blurs under stress. A short written record helps you see the pattern. It also helps a doctor, counselor, care manager, or attorney understand what is going on.

Keep it simple. Write what happened, not what you think it means. Store the log somewhere private.

Date and time	What was said or done	What was going on just before	How I felt afterward

Date and time	What was said or done	What was going on just before	How I felt afterward

After two weeks

What patterns do you see? (Time of day, topics, who else was there, alcohol, pain, hunger, tiredness.)

Did anything surprise you?

4. Could There Be a Medical Cause?

Health problems can change how a person acts. Things that can affect behavior in older adults include dementia, a stroke, Parkinson's disease, untreated pain, infections such as a urinary tract infection, depression and loneliness, medication changes or interactions, alcohol, hearing or vision loss, and grief over lost independence.

You cannot diagnose your parent. What you can do is describe what you see and ask the doctor to look for a cause.

Call the doctor the same day if your parent's behavior changes suddenly or your parent is newly confused. Sudden changes can be a sign of a medical problem that needs prompt attention.

Lifelong or recent?

Signs the behavior is lifelong	Signs of a recent change
☐ The same themes have come up for years	☐ It started or got much worse in the past year
☐ I have always been a main target	☐ New suspicion, confusion, or memory trouble
☐ My parent treats other people this way too	☐ A sharp change from my parent's usual personality
☐ Relatives tell similar stories from the past	☐ It began after an illness, fall, or new medication

A recent change calls for a medical check. Both columns can be true at once.

Doctor visit planner

Doctor or clinic: _____

Appointment date and time: _____

Who will go with my parent: _____

Behaviors to report (with dates, from your log)

Questions to ask

- [ ] Could any of my parent's medications, or a mix of them, cause these changes?
- [ ] Can you check for pain, infection, and other physical causes?
- [ ] Should my parent be screened for depression or memory problems?
- [ ] Would a hearing or vision check help?
- [ ] If this is dementia, what should I expect, and who can teach me how to respond?
- [ ] What should I do if my parent becomes aggressive at home?

What the doctor said, and next steps

Privacy rules may limit what the doctor can tell you without your parent's permission. Even so, you can share what you have seen, by letter, by patient portal message, or in person.

5. Deciding Your Role

Many adult children feel strong pressure to give hands-on care, no matter how they were treated. But helping is a choice. It is not a debt, and it does not have to cost you your health.

Caregiving also takes many forms. A person who schedules appointments, pays the bills, and hires an aide is helping, even from another state. A person who makes sure a parent is safe and then steps back is also making a valid choice.

A range of involvement

Check the level that feels closest to what you can live with right now.

- ☐ **Hands-on:** I provide regular personal care or live with my parent.
- ☐ **Shared:** I do some care, and paid helpers or relatives do the rest.
- ☐ **Manager:** I arrange and oversee care, but others provide it.
- ☐ **Limited contact:** I check in by phone or short visits. Someone else manages care.
- ☐ **No contact:** I step away. I may ask a professional or agency to make sure my parent is safe.

You can move between these levels as your parent's needs, behavior, and health change, and as your own life changes.

Sort the tasks

Check one box in each row. Add your own tasks in the blank rows.

Task	Willing	Not willing	Not sure
Bathing, dressing, or toileting help	☐	☐	☐
Having my parent live with me	☐	☐	☐
Driving to and attending appointments	☐	☐	☐
Managing medications	☐	☐	☐
Grocery shopping and meals	☐	☐	☐
Paying bills and handling paperwork	☐	☐	☐
Hiring and supervising paid helpers	☐	☐	☐

Task	Willing	Not willing	Not sure
Phone check-ins	☐	☐	☐
In-person visits	☐	☐	☐
Being the emergency contact	☐	☐	☐
Paying for some of my parent's care	☐	☐	☐
	☐	☐	☐

Honest questions

If you had other options, would you be providing this care? What does your answer tell you?

What does "doing my best" realistically mean for me, given my health, family, job, and history?

Whose expectations am I trying to meet? (My own? A sibling's? My community's?)

What would I need in order to feel that my parent is safe, even if I am not the one giving care?

A note on legal duty. Some states have laws about adult children supporting parents who cannot pay for their own care. The rules and exceptions differ from state to state. If this worries you, ask an elder law attorney how your state's rules apply to you.

6. Boundaries and Safety

A boundary is a decision about what **you** will do. It is not a rule your parent has to follow. You cannot make your parent stop yelling. You can decide that when the yelling starts, you will end the call.

What makes a boundary work

- **Small.** Start with one limit, not ten.
- **Clear.** Say what you will do, in one or two sentences.
- **Calm.** State it at a quiet time, not in the middle of a fight.
- **Consistent.** Follow through every time. Expect your parent to test it.
- **Neutral.** Do not take over your parent's problems, and do not lash out. Give only what you have chosen to give.

Some people call this **detaching with love**. You can care about your parent and still refuse to be moved by fear, obligation, or guilt. You accept that you cannot control or satisfy your parent, and you stop trying.

Sample wording

Change these to sound like you.

- "I want to talk with you. If you call me names, I will hang up and call back tomorrow."
- "I can stay for one hour today."
- "I will not discuss my marriage. If it comes up, I will change the subject or leave."
- "I am not able to give you money. I can help you look at your budget with someone from the senior center."
- "I cannot be your caregiver on weekdays. An aide will come on those days."

Boundary builder

Write up to three. Start with the one that would bring the most relief.

Boundary 1

The situation: _____

_____

What I will do: _____

_____

The words I will use: _____

_____

_____

If my parent pushes back, I will: _____

_____

Boundary 2

The situation: _____

_____

What I will do: _____

_____

The words I will use: _____

_____

_____

If my parent pushes back, I will: _____

_____

Boundary 3

The situation: _____

_____

What I will do: _____

_____

The words I will use: _____

_____

_____

If my parent pushes back, I will: _____

_____

When there is dementia

Memory loss and poor judgment mean your parent may not understand or remember your limits. Explaining and reasoning often do not work. These approaches may help more:

- Stay calm and lower your voice. Do not argue or correct.
- Redirect. Ask for help with a familiar task, or look at a photo album together.
- If things keep building, end the conversation and leave the room for a few minutes, as long as your parent is safe.
- Change the care plan instead of expecting your parent to change: shorter visits, a second person present, or paid help.
- Ask the doctor or the Alzheimer's Association 24/7 Helpline (1-800-272-3900) for guidance on aggressive behavior.

My plan for heated moments

Early signs that a visit or call is turning bad:

_____

_____

What I will say to end it (one sentence):

_____

_____

Where I will go, and who I can call afterward:

_____

_____

What helps me calm down (for example: slow belly breathing, a walk, music):

_____

_____

Safety steps for visits

- ☐ I keep my phone and keys within reach.
- ☐ I sit or stand where I can get to the door.
- ☐ I visit when another person is present, if I feel unsafe alone.
- ☐ Someone knows when I am visiting and when I expect to leave.
- ☐ I have backup care arranged, so I can leave without putting my parent at risk.
- ☐ My parent's home has basic safety features, such as good lighting, grab bars, and a way to call for help.

If you are the one close to the edge. Burnout can push a caring person toward yelling, rough handling, or skipping care. This does not make you a bad person. It is a sign that the plan is not working and you need more help. Never return abuse. Step away, call someone, and hand off care for the day. If you have thoughts of harming your parent or yourself, call or text 988.

7. Sharing the Load

No one should have to manage this alone. This section covers two kinds of help: family and paid or community services.

Talking with siblings and relatives

Caregiving often falls on one child. Siblings may also remember a different parent than you do. You do not need them to agree with your view of the past. You need them to share the work in front of you.

- Ask for a set time to talk, by phone, video, or in person.
- Describe what you have seen, using your log. Stick to facts.
- Say what you can and cannot do. You do not have to defend it.
- Ask for specific help: a task, a day of the week, or a share of the cost.
- If talks keep breaking down, a geriatric care manager or family counselor can lead the conversation.

Conversation planner

Who needs to be part of this conversation?

_____

_____

The two or three facts I most want them to know:

_____

_____

_____

What I am asking for:

_____

_____

_____

What I will do if they say no:

_____

_____

Who does what

Task	Who will do it	How often	Cost and who pays

Care options to know about

Handing care to someone else, for a while or for good, is not a failure. It can be safer and healthier for both of you. You can still visit or call as much or as little as you choose.

Option	What it is
In-home care	Paid aides who come to the home to help with personal care, meals, or company.
Adult day program	A supervised place where older adults spend the day, with activities and meals.
Respite care	Short-term care, at home or in a facility, that gives the family caregiver a break.
Geriatric care manager	Also called an Aging Life Care Professional. Usually a nurse or social worker who assesses needs, coordinates services, and can act as a buffer between you and your parent.

Option	What it is
Assisted living, memory care, or nursing home	Places to live that provide different levels of daily help, supervision, and medical care.
PACE	Program of All-Inclusive Care for the Elderly. A Medicare and Medicaid program, offered in some areas, that provides care in the community for people who qualify.
Guardian	A person appointed by a court to make decisions for an adult who can no longer make them. When no family member can serve, a professional or public guardian may be appointed. Rules vary by state.

Compare your options

Call two or three providers near your parent. Costs and services vary widely, so ask each one directly.

	Option 1	Option 2	Option 3
Name and phone			
Services offered			
Cost and what is included			
Experience with aggressive or difficult behavior			
How soon they could start			
My impression			

Your parent's right to choose. In most cases, you cannot force a parent to accept care they do not want. If you hold a health care proxy or power of attorney that is in effect, your decisions should reflect your parent's needs and known wishes. An elder law attorney can explain what your role allows.

8. What Would You Do If...?

These six scenarios are **fictional examples**. Read each one, write your answers, and then read the notes. There is rarely one right answer. The goal is to practice thinking it through before you are in the moment.

Scenario 1: The Sunday call

> **Fictional example.** Dana calls her mother every Sunday. Within ten minutes, her mother is shouting that Dana is selfish and a disappointment. Dana usually stays on the line for an hour, crying, and then cannot sleep that night.

What would you do if you were Dana? What boundary could she set about her own actions?

What exact words could she use? What should she expect the first few times?

Things to consider

- Dana cannot stop the shouting. She can decide how long she stays on the line.
- A short, calm sentence works better than a long explanation. For example: "I will not stay on the phone when I am being yelled at. I will call you Wednesday."
- Her mother may get louder at first. That is common when a limit is new. Following through each time is what makes it stick.
- Shorter, more frequent calls or calls at a different time of day may also help.

Scenario 2: A sudden change

Fictional example. Marcus's father was always gruff but fair. Over the past two months he has accused Marcus of stealing his tools, sworn at the mail carrier, and seemed lost in his own kitchen.

What group or groups from Section 2 does this fit? Why?

What should Marcus do this week? What should he bring with him?

Things to consider

- A sharp change over a short time points toward a medical cause. This calls for a doctor's visit, not a talk about respect.
- A dated list of what Marcus has seen will help the doctor.
- New confusion, or any sudden change, is a reason to call the doctor the same day.
- Arguing with the accusations is unlikely to help. Staying calm and changing the subject may.

Scenario 3: "You're overreacting"

Fictional example. Priya tells her brother that their mother insults her daily and threw a cup at her last week. He says, "Mom's just old. She's never like that with me. You're too sensitive."

How would you respond if you were Priya?

What could she ask her brother to do, even if he never agrees with her?

Things to consider

- Siblings often see a different parent. Priya does not need her brother's agreement to protect herself.
- Her log gives her facts to share instead of opinions to argue about.
- A specific request is harder to brush off. For example: "I need you to take Tuesdays and Thursdays" or "I need you to pay half the cost of an aide."
- A thrown object is physical aggression. It belongs in her safety plan, whatever her brother thinks.

Scenario 4: The moment you scare yourself

Fictional example. Luis moved in to care for his father after a stroke. His father curses at him all day. One night Luis grabs his father's arm too hard while helping him to bed and shouts in his face. Afterward he sits in the car, shaking.

What does this moment tell Luis about his care plan?

What should he do tonight? What should change this month?

Things to consider

- This is a warning sign for both of them. It means Luis needs more help, right away.
- Tonight: step away, call someone he trusts, and ask for relief. If he fears he may hurt his father or himself, he can call or text 988.
- This month: respite care, in-home help, or a move to a care setting. A counselor can help him with the anger and the guilt.
- His father's doctor should know about the behavior since the stroke.

Scenario 5: The threat

Fictional example. Renee has hired an aide so she can cut back to two visits a week. Her mother refuses to let the aide in and says, "If you bring a stranger in here, I'm cutting you out of the will and telling the whole family what kind of daughter you are."

What is her mother trying to achieve with this threat?

What could Renee say? What could she do if her mother keeps refusing help?

Things to consider

- Threats about money or reputation are a way to control. Renee can name her limit without arguing about the will.
- She might say: "I can come on Tuesdays and Saturdays. On other days, the choice is the aide or no visitor."
- A competent adult may refuse help. Renee is not required to fill the gap herself.
- A geriatric care manager can sometimes introduce help in a way a parent accepts. If her mother becomes unsafe, Renee can ask the Area Agency on Aging or Adult Protective Services for guidance.

Scenario 6: Stepping all the way back

Fictional example. Tom's father beat him throughout childhood and has never admitted it. Now 84 and frail, his father needs daily help. A hospital social worker calls Tom, the only child, to ask when he will take his father home.

What are Tom's options? Which could you live with if you were Tom?

What could Tom say to the social worker?

Things to consider

- Tom can say no. He can tell the social worker plainly that he is not able to provide care or take his father home.
- He can choose a middle path, such as helping with paperwork or paying for a care manager, without hands-on care or contact.
- If his father cannot make decisions and no one else can serve, the hospital can begin the process for a guardian.
- Whatever he chooses, old pain is likely to surface. A therapist who understands family trauma can help.
- He can change his mind later, in either direction.

9. Caring for Yourself

Caring for a parent who hurt you, or who is hurting you now, is heavier than ordinary caregiving. Old wounds can reopen. Guilt, anger, grief, and even hope can all show up in the same afternoon. These feelings are normal. They are not proof that you are doing something wrong.

Stress or burnout?

Stress comes and goes. Burnout is feeling emptied out, in body or in mind, most of the time. Check any signs you have noticed in the past month.

- ☐ I dread most days.
- ☐ I am exhausted even after sleeping.
- ☐ I feel resentment toward my parent much of the time.
- ☐ I have pulled away from friends or activities I used to enjoy.
- ☐ I am sick more often, or I have skipped my own medical care.
- ☐ I am eating, drinking, or using medication differently to cope.
- ☐ I feel hopeless, or I think about harming myself or my parent.

If you checked several boxes, treat it as a signal to get more help now. If you checked the last box, call or text 988 today.

My support map

Kind of support	Who or what	My next step
Someone who listens without judging		
A counselor or therapist		
A caregiver support group		
Someone who can cover care for a few hours		
My own doctor		

Counseling can be especially useful here. A therapist can help you work through the past, handle today's conflicts, and step back safely. If cost is a concern, ask about sliding-scale fees, or ask your Area Agency on Aging about caregiver counseling programs.

Small breaks count

Three things I can do in five minutes that help me reset:

My respite plan: who will cover, and when?

Working with guilt

Guilt often fades more slowly than stress. It can linger even when you have made a sound choice. Setting limits is not selfish. You are not responsible for your parent's happiness.

What do I feel most guilty about?

What would I say to a friend who felt this way?

About forgiveness and repair

Some adult children hope caregiving will heal the relationship. Sometimes it does, especially when a parent can admit the harm they caused. Sometimes it does not. Forgiveness is yours to give or not give, and it does not require you to provide care. If you want to try for repair, it is wise to do it with a counselor's support.

What, if anything, do I hope for in this relationship? What is realistic?

10. My Action Plan

Pull it together. Look back at your answers and choose what matters most. Keep the plan small enough that you will actually do it.

My top three priorities

1. _____

2. _____

3. _____

This week

Step	Who is responsible	Target date	Done
			☐
			☐
			☐

In the next 30 days

Step	Who is responsible	Target date	Done
			☐
			☐
			☐

In the next 90 days

Step	Who is responsible	Target date	Done
			☐
			☐
			☐

My written commitments

The one boundary I will start with:

_____

_____

The level of involvement I am choosing for now:

_____

_____

My backup plan if my parent's behavior or health gets worse:

_____

_____

How I will know it is time to change the plan:

_____

_____

I will review this plan on (date): _____

Key contacts

Role	Name	Phone
Parent's doctor		
Area Agency on Aging		
Adult Protective Services (parent's state)		
Backup care		
Care manager		
Elder law attorney		
My counselor		
Person I call after a hard day		

Notes for my next review

What worked? What did not? What needs to change?

11. Resources and Next Steps

These national services can point you to local help. Hours and services can change, so confirm details when you call or visit the website.

In a crisis

- **911** for immediate danger.
- **988 Suicide and Crisis Lifeline.** Call or text 988. 988lifeline.org
- **National Domestic Violence Hotline.** 1-800-799-7233. www.thehotline.org

Finding local care and services

- **Eldercare Locator.** Connects you to the Area Agency on Aging and other services where your parent lives. 1-800-677-1116. eldercare.acl.gov
- **Family Caregiver Alliance.** Information, support groups, and a state-by-state list of caregiver services. 1-800-445-8106. www.caregiver.org
- **Aging Life Care Association.** Search for a geriatric care manager near your parent. www.aginglifecare.org
- **Alzheimer's Association 24/7 Helpline.** Help with dementia-related behavior. 1-800-272-3900. www.alz.org

Reporting concerns and legal questions

- **Adult Protective Services (APS).** Contact APS in the state where your parent lives if you suspect your parent is being abused, neglected, or exploited by anyone. Find your state's program through the National Adult Protective Services Association: napsa-now.org/help-in-your-area
- **Elder law attorney.** For questions about powers of attorney, health care proxy, guardianship, and your state's rules. Your state or local bar association can provide referrals.

Support for you

- **Mental Health America.** Caregiver mental health information and screening tools. mhanational.org/caregiving
- **A licensed counselor or therapist,** ideally with experience in family trauma. Your doctor, your health plan, or your employee assistance program can help you find one.
- **Caregiver support groups.** Ask your Area Agency on Aging, a local hospital, or the Family Caregiver Alliance.

Your next steps

- [ ] Finish your two-week log (Section 3).
- [ ] Start the first step in your action plan (Section 10).
- [ ] Make one phone call from this page.
- [ ] Tell one trusted person what you are working on.
- [ ] Set a date to review your plan.

You can care about your parent and still protect yourself. Both can be true.

Please note: *This workbook is for general education. It is not medical, legal, financial, or mental health advice, and it does not replace care from a qualified professional. Laws and services vary by state. Completing this workbook does not guarantee safety or any particular result. In an emergency, call 911.*

LOOKING FOR MORE PRACTICAL RESOURCES?

Explore our collections of checklists and workbooks for aging in place, senior safety, and caregiving.

SeniorSafetyAdvice.com/products/
AgingInPlaceDirectory.com/products/

Senior Safety Advice
Practical help for families caring for older adults

Caring for an Abusive or Toxic Aging Parent: A Safety and Boundaries Checklist

For adult children. Concrete steps to stay safe, understand what is happening, set limits, and get outside help for your parent and for yourself.

How to use this checklist

You do not have to do everything here, and you do not have to do it in order. Start with Section 1. Then check off the steps that fit your situation. Some steps depend on your parent's health, your state's rules, or advice from a professional. Those steps say so.

1. Safety first

Do these before anything else.

- [ ] If anyone is in immediate danger, call 911.
- [ ] Save these numbers in your phone: 988 (Suicide and Crisis Lifeline, call or text) and 1-800-799-7233 (National Domestic Violence Hotline).
- [ ] Decide what you will do if a visit turns threatening. For example: end the conversation, leave the room, or leave the house.
- [ ] Keep your phone and car keys where you can reach them during visits.
- [ ] If you are afraid to be alone with your parent, arrange for a second person to be present or switch to phone calls for now.
- [ ] If you feel an urge to yell back, handle your parent roughly, or get even, step away. Call someone you trust and ask for help with care that day.
- [ ] If you have thoughts of harming yourself or your parent, call or text 988 right away.

2. Name what is happening

A clear picture helps you choose the right next step.

- [ ] Write down the behaviors that worry you. Examples: name-calling, screaming, threats, put-downs in front of others, guilt, demands for money, hitting, shoving, or blocking a doorway.
- [ ] Keep a simple log for two weeks. Write the date, what was said or done, and how you felt afterward.
- [ ] Ask yourself: Is this a steady pattern, or does it come in waves tied to bad days or stress?
- [ ] Ask yourself: Does the behavior seem aimed at controlling me through guilt, fear, or blame?
- [ ] Notice how you feel after contact. Tired and sad is different from afraid, ashamed, or doubting yourself.
- [ ] Notice what happens when you push back gently. Does your parent hear you at least some of the time?
- [ ] Describe a recent incident to a trusted friend and ask how it looks from the outside.

3. Check for a medical cause

Illness can change behavior. You cannot diagnose your parent, but you can report what you see.

- [ ] Note whether the behavior has been lifelong or is new within the past year.
- [ ] Schedule a doctor's visit for your parent if the behavior is new or getting worse.
- [ ] Bring your dated list of behaviors to the appointment.
- [ ] Ask the doctor to review all medications, including recent changes.
- [ ] Ask the doctor to check for pain, infection (such as a urinary tract infection), depression, memory changes, and hearing or vision loss.
- [ ] Tell the doctor if alcohol may be part of the problem.
- [ ] Call the doctor the same day for a sudden change in behavior or new confusion.

4. Decide what your role will be

Helping is a choice. Caregiving does not have to mean hands-on care.

- [ ] List the tasks you are willing to do.
- [ ] List the tasks you are not willing to do.
- [ ] List tasks you could do from a distance, such as scheduling appointments, paying bills, or coordinating paid help.
- [ ] Decide how much contact works for you right now: in-person visits, phone calls only, limited contact, or no contact.
- [ ] Remind yourself that you can change this decision later.
- [ ] Talk with siblings or other relatives about sharing tasks and costs. Be specific about what you need.

5. Set and keep boundaries

A boundary is about what you will do. It is not a rule your parent must follow.

- [ ] Choose one small boundary to start. Example: "If you yell at me, I will end the call and try again tomorrow."
- [ ] Write down the exact words you will use, and practice them.
- [ ] State the boundary once, calmly, at a quiet time.
- [ ] Plan for pushback. Decide now that you will repeat the limit calmly and then follow through.
- [ ] Follow through every time. A limit that changes from day to day is hard for anyone to respect.
- [ ] Arrange backup care before you need it, so stepping away does not leave your parent unsafe.
- [ ] During a blowup, do not argue. Lower your voice, end the conversation, and leave the room if needed.

6. Bring in outside help

Other people can provide care, give advice, or act as a buffer between you and your parent.

- [ ] Call the Eldercare Locator at 1-800-677-1116 to find the Area Agency on Aging that serves your parent.
- [ ] Ask about in-home care, adult day programs, and respite care (short-term care that gives you a break).
- [ ] Consider hiring a geriatric care manager, also called an Aging Life Care Professional, to assess your parent's needs and coordinate care.
- [ ] Research the cost of care options near your parent and keep the list in one place.
- [ ] Ask an elder law attorney about powers of attorney, health care proxy, guardianship, and how your state's rules apply to you.
- [ ] If your parent can no longer make decisions and no family member can serve, ask the attorney or a social worker about a professional or public guardian.
- [ ] If you suspect your parent is being abused or neglected by anyone, contact Adult Protective Services in the state where your parent lives.

7. Protect your own health

Your health matters as much as your parent's.

- [ ] Find a counselor or therapist, ideally one with experience in family trauma.
- [ ] Join a caregiver support group, in person or online.
- [ ] Schedule respite care ahead of time instead of waiting for a crisis.
- [ ] Keep at least one activity each week that has nothing to do with caregiving.
- [ ] Keep your own medical appointments.
- [ ] Watch for signs of burnout: dreading each day, constant exhaustion, or growing resentment. If you see them, ask for more help now.

My key contacts

Fill these in as you find them, so the numbers are in one place when you need them.

Parent's doctor: _____

Area Agency on Aging: _____

Adult Protective Services (parent's state): _____

Backup care (agency or person): _____

Elder law attorney: _____

My counselor or support group: _____

Person I can call after a hard visit: _____

Notes and follow-up

_____

_____

_____

_____

_____

Please note: *This checklist is for general education. It is not medical, legal, financial, or mental health advice. Every family is different, and laws vary by state. Completing this checklist does not guarantee safety or any particular result. Talk with qualified professionals about your own situation. In an emergency, call 911.*

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SeniorSafetyAdvice.com/products/

AgingInPlaceDirectory.com/products/