

was only marginally associated with higher depression. Although policies to limit physical contacts and shield older people reduced their risks of getting ill from Covid-19, our study shows the consequences of stopping childcare provision in terms of poorer mental health among grandparents.

CHILDHOOD ABUSE AND CAREGIVING FOR PERPETRATING PARENTS: IMPACTS ON ADULT CHILD WELL-BEING

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Combining the stress process model of caregiving and life course perspective, this study examined the long-term influences of childhood abuse on perpetrating parent-adult child relationships and adult child well-being in the context of caregiving. Using a sample of family caregivers from the Wisconsin Longitudinal Study (969 caregivers of mothers; 280 caregivers of fathers), we investigated whether contact frequency and emotional closeness with an abusive parent mediate the longitudinal effects of parental childhood abuse on adult child caregivers' depressive symptoms and the moderating effects of self-acceptance and mastery on this mediational association. Key findings indicate that maternal childhood abuse may negatively affect emotional closeness between an adult child caregiver and perpetrating mother ($b = -0.24, p < .001$). This could lead the adult child caregiver to experience increased depressive symptoms ($b = 0.02, p < .05$). Although the mediation paths for the effect of maternal childhood abuse on depressive symptoms via emotional closeness with mothers did not differ by caregivers' level of psychological resources, we found that psychological resources significantly moderated the association between maternal childhood abuse and depressive symptoms ($b = -0.08, p < .05$). Further research may explore this phenomenon in light of the heterogeneity of contemporary families. Practitioners working with adults with a history of parental childhood abuse who are caregiving for their perpetrator are encouraged to employ a trauma-informed approach to maximize the caregivers' health and well-being.

EARLY INTERGENERATIONAL RELATIONSHIPS AND LATER SUPPORT PROVIDED TO OLDER PARENTS: TIME-TO-DEATH AS A CONTINGENCY

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This paper focuses on whether stronger relationships with parents early in the family lifecycle results in adult children providing more support to them 45 years later, and whether this association is contingent on parents' remaining years of life. We test time-to-death of parents as an indicator of vulnerability, an easy to ascertain and potentially powerful predictor of support. Data derived from the Longitudinal Study of Generations, a panel of three-generation families, originally fielded in 1971 and continuing to 2016. Focusing on the youngest generation (mean age = 19 in 1971), the analytic sample consists of 356 child-father relationships 473 child-mother relationships. We examined trajectories of

instrumental support provided to parents over four waves between 1997 and 2016 as a function of each parent's remaining years of life (mortality data from the National Death Index). We also examined variation in those trajectories based on frequency of shared activities and intensity of emotional closeness in 1971. Ordinal multi-level growth curve analysis revealed that proximity to death was a significant predictor of instrumental support provided over time. Only in child-father relationships did greater emotional closeness, as expressed in 1971, produce stronger associations between remaining years of life and provision of instrumental support. Findings are discussed in terms of understanding intergenerational dynamics that unfold over many decades and the utility of time-to-death as an alternative metric for assessing vulnerability. This research is timely in light of growing uncertainty about the family as a reliable source of care in later life, particularly for older men.

EFFECTS OF INTERGENERATIONAL RELATIONSHIP AND SUPPORT ON MHEALTH APP ADOPTION AMONG OLDER ADULTS

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As a growing body of literature examining the effects of mHealth for older adults' diabetes self-management, how relational factors affect seniors adopting mHealth is still unclear. Guided by the transactional approach of intergenerational relations and the technology acceptance model, this study aims at investigating the perceived ease-of-use, perceived usefulness, and intention-to-use of a mHealth app among older adults with Type-2 diabetes in relation to familial (parent-child) relationship and to e-learning support from child/ren or from external youth volunteering tutors. Using data from the Intergenerational Mobile Technology Opportunities Program (IMTOP), 304 Taiwanese participants (an average age of 64.6 years, 43% female, and 62.5% received at least a high school degree) who had at least a child were included for analysis using structural equation modeling. Results showed that perceived ease-of-use ($\beta = .58, p < .001$) and perceived usefulness ($\beta = .27, p < .001$) are significant predictors of intention-to-use. Positive associations are found only between external intergenerational, but not familial, e-learning support and perceived ease-of-use ($\beta = .45, p < .001$) and perceived usefulness ($\beta = .42, p < .001$). Parent-child relationship is positively associated with both familial ($\beta = .73, p < .001$) and external intergenerational support for e-learning ($\beta = .36, p < .001$), as well as directly ($\beta = .12, p = .030$) and indirectly related to intention-to-use. Our findings suggest the importance of intergenerational relationship and appreciation of both familial and external support to facilitate and sustain older adults' adoption for mHealth programs.

INTERGENERATIONAL EXCHANGES IN AGING SOUTH ASIAN MUSLIM FAMILIES: AN INTERSECTIONAL LIFECOURSE PERSPECTIVE

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