Parents' experiences of being abused by their adolescent children: an Interpretative Phenomenological Analysis Study of Adolescent-to-Parent Violence and Abuse

Major Research Project

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List of Abbreviations[1]

ADHD:	Attention Deficit Hyperactivity Disorder
ASD:	Autistic Spectrum Disorder
APVA:	Adolescent to Parent Violence and Abuse
AMH:	Adult Mental Health
CAMHS:	Child and Adolescent Mental Health Service
CD:	Conduct Disorder
DA:	Domestic Abuse
DV:	Domestic Violence
IPA:	Interpretative Phenomenological Analysis
NHS:	National Health Service
ODD	Oppositional Defiant Disorder
PA:	Parent Abuse
SES:	Socio-Economic Status
UH:	University of Hertfordshire
UK:	United Kingdom
VAWG:	Violence against Women and Girls
YOS:	Youth Offending Service
YOT:	Youth Offending Team

[1] Abbreviations have been used throughout the manuscript to enable ease of reading. Full text is written in the first instance followed by the abbreviated text thereafter.

1.0 Abstract

Background: Adolescent-to-Parent Violence and Abuse (APVA) continues to be one of the most hidden forms of family-abuse, remaining unrecognised at a policy level and under-researched at a theoretical level, especially in the United Kingdom. Although research has started to emerge, much of this has focussed on mapping the nature and extent of the phenomena with limited attention given to parents' lived experiences of parenting in the context of the adolescent child-to-parent abuse dynamic, which this study attempts to address. Given the complexities of accessing parent-victims of APVA, qualitative researchers have employed somewhat innovative methods, though Interpretative Phenomenological Analysis (IPA) as used within the present study has been relatively overlooked having not been previously used in the UK, highlighting the need for additional research from wider perspectives into the area.

Aim: With this in mind, the current study aimed to explore the lived experience of parents who describe being violently and/or abused by their adolescent child to gather a richer understanding of how adolescent-to-parent violence and abuse impacts upon the parenting experience.

Method: This research employed a qualitative design using semi-structured interviews with 6 parents (5 mothers and 1 father); the majority of whom were in their early to late 40's. Interpretative Phenomenological Analysis (IPA) was used to develop a rich and multi-layered account of participants' experiences.

Results: The analysis produced four superordinate themes. These were: *'Not knowing and the search for answers': Needing to understand*, '"I love him but I don't like him": Facing and avoiding complex emotions', '"Like playing chess with the grand master": Parenting amidst abuse' and "I won't be defined by fear": Temporality and seeking change'. The superordinate themes and corresponding subordinate themes are discussed in relation to the relevant literature. Clinical implications, methodological considerations and directions for future research are also presented.

Implications: This research provided insight into the lived experience of being a parent within an APVA dynamic. The research highlighted the challenges faced by parents as they maintain parental responsibility for a child who is perceptibly abusing them and the ways that the current systems and absence of policy serve to maintain this dynamic. It also emphasised the importance of how parents seek to identify causation as a way of negating parental blame and the associated experience of shame which emerged as underpinning wider complex emotions, particularly fear. It also highlighted the need for timely and specific guidance, support and interventions to parents who experience this unique yet increasingly reported form of family-abuse from a Clinical Psychology and wider professional perspective.

2.0 Introduction

This research explores the experiences of parents whose child has behaved violently and/or abusively towards them; a phenomena described as A*dolescent-to-Parent Violence and Abuse*[2] *(APVA).* I will begin by outlining the background to the research followed by a comprehensive review of the existing literature[3] most relevant to the present research. Much of the literature up to now has focussed on describing and mapping the problem through quantifiable methods, with far less qualitative literature focussed on the experiences of parents, especially in the UK. There is however much literature available on practitioners' views and experiences of working with parents who report APVA and on current responses to APVA, though as the focus of this research is on parents' experiences of APVA; these studies will receive limited attention. For more information on these areas please see the following references (Boxer, Gullan, & Mahoney, 2009; Biehal, 2012; Calvete, et al., 2013; Calvete, Orue, & Gámez-Guadix, 2012; Coogan, 2014; Daly, 2008; Downey & Furnish, 2015; Holt & Retford, 2013; King County Step-Up Curriculum, 2015; Miles & Condry, 2014; Nixon, 2012; Selwyn, Wijedasa, & Meakings, 2014). Following the review, the rationale and aims of the present study will then be outlined.

APVA refers to abusive behavior directed towards a parent as perpetrated by a son or daughter who is legally recognised as a child[4] (Cottrell, 2001; Holt, 2013) and remains one of the most unacknowledged and under-researched forms of family-violence (Coogan, 2011; Condry & Miles, 2012; Hunter, Nixon & Parr, 2010). Parents remain reluctant to report their experiences to frontline services[5], resulting in potentially unreliable statistics from which to begin to guage and address the phenomena (Cottrell & Monk, 2004; Holt, 2011). Where parents have come forward, their accounts have consistently revealed the devastating short and long-term impacts of APVA including emotional distress, physical and mental health difficulties, employment and financial concerns, and problems socially and within the family (Cottrell, 2005; Holt, 2013). In recent years health professionals have been recognised as fundamental to identifying, researching and responding to APVA, given their access to parents and children at risk of abuse (Shipway, 2004; Holt, 2011). In particular, Holt (2011) has called upon psychologists across professions to

[2] The terms 'parent-abuse', 'parent-victim', and 'adolescent-perpetrator' will also be used to describe the phenomena and the individual being described. Though these terms are contested within the literature they have been selected for their descriptive function and in the absence of more suitable terms.
[3] See Appendix 9.1 for details of literature search strategy.
[4] "Child" refers to all persons under the age of 18 years, as defined by the United Nations' Convention on the Rights of a Child (UNCRC) (see NSPCC, 2015; Office of the High Commissioner for Human Rights, 1989). The context of childhood is relevant due to the parental responsibilities surrounding childhood and the widened focus of the developmental construct of "Adolescence".
[5] A service, such as the police or health or education system, that is run by the government to provide services directly to members of the public (Cambridge University Press, 2015).

advance the theoretical understandings of APVA; though as yet, this call has remained unanswered, at least in the UK, exposing a clear need for research in this area addressed by the present study.

2.1 The emergence of adolescent-to-parent violence and abuse

Harbin and Madden (1979) were the first to publish research on parent-abuse - then termed "*parent-battering*" - as an emerging form of family-abuse. Though the literature has continued to grow, the UK has remained slow to recognise the problem with the majority of research emanating from the USA (Kethineni, 2004; Walsh & Krienert, 2007, 2009), Canada, (Cottrell & Monk, 2004), Australia (Gallagher, 2004), and more recently from European countries including Spain (Estévez & Góngora, 2009; Ibabe, Arnoso, & Elgorriaga, 2014; Ibabe, Jaureguizar, & Diaz, 2009) and the Republic of Ireland (Coogan, 2011; Coogan, 2014). In the past decade, however, UK academics and practitioners have become more active within the parent-abuse arena (Holt, 2012; Hunter et al., 2010; Hunter & Nixon, 2012; Miles & Condry, 2014), with several practice-focussed texts being published on the subject (see Condry & Miles, *In Press*; Downey & Furnish, 2015; Holt, 2013; Routt & Anderson, 2014). Furthermore, several research initiatives have surfaced demonstrating interest in growing the evidence base for parent-abuse in the UK. Condry and Miles' (2013) three-year Economic Social and Research Council (ERSC) funded project has provided the first UK-based analysis of police recorded cases, mapping the prevalence of APVA and providing early guidance for policy makers. Most recently, the EU-funded Daphne project conference reported outcomes from their two-year Pan-European research venture investigating 'Responses to Child-to-Parent Violence' across five countries: Spain, Sweden, Bulgaria, England, and Ireland, demonstrating the highly contemporary and evolving nature of APVA research (Wilcox, Pooley, Ferrando, Coogan, Assenova, & Mortensen, 2015).

Evidently, the present research comes at a time where government and policy are in a state of flux. As recently as March 2015, the UK government published their first advisory document to inform practitioners working with children and families affected by APVA (Home Office, 2015) and to incorporate advice and legislation as per the updated Serious Crimes Act 2015 (Her Majesty's Stationery Office, 2015). This followed the March 2014 government publication of, 'A Call to End Violence against Women and Girls: Action Plan' wherein suggestions of action points for addressing the impact of APVA by gender were made (HM Government, March 2014), and the 2013 amendments to the definition of 'domestic violence and abuse', to include 'coercive control' and to recognise the actions undertaken by those in the '16 and 17 year old' age group (Home Office, 2013). Despite these developments, there continues to be no statutory guidance written for a parent-victim audience, nor any legislation to protect parents of children

below the age of criminal responsibility[6] exposing the need for continued attention at multiple societal levels including: governmental, legal, practitioner, academic and familial, to finally break the silence on APVA.

2.2 The problems with definition and terminology

Cottrell (2001) defines APVA as *"a harmful act by a teenage child intended to gain power and control over a parent…where the abuse is physical, psychological or financial"* (p.3) (see Table 1). Yet Cottrell's (2001) focus on so-called abusive *acts* expects the parent and professional to differentiate between developmentally *normal adolescent-parent conflict* and abusive behaviour (Gallagher, 2004; Jackson, 2003). Consequently, Holt (2013) has suggested that APVA is best viewed as a *pattern* of behaviour to capture the temporal nature of abuse (Holt, 2013. p.I). Both authors warn that neither definition adequately captures the multi-dimensional nature of parent-abuse and encourage caution when approaching the evidence base (Holt, 2011).

Table 1: Forms of abusive behaviour constituent of parent-abuse, adapted from Holt (2013)

Form of abuse	
Verbal abuse	Yelling, screaming, swearing, use of derision, criticising the parents' appearance, intelligence, and parenting ability.
Financial abuse	Theft, fraud, exploitation, coercion and pressure regarding transactions, incurring debts that parents are responsible for, demands for or damage to property, possessions, or money.
Physical abuse	Hitting, slapping, pushing, kicking, throwing things, spitting.
Emotional or Psychological abuse	Including verbal abuse, threats of harm or abandonment, blackmail and coercion, harassment, humiliation and intimidation, undermining of confidence and self-esteem.

[6] Age of criminal responsibility is set at 10-years on England and Wales.

The study of APVA is complicated by the absence of shared terminology; internationally or in the UK, and the tendency for authors to select terms based on their definitional preference and area of interest. A review of the most prominent articles reveals a lack of consistency, with an array of language being used to describe the *act, victim* and *identified perpetrator.* The term *"violence"* is the most commonly cited term in the literature with *"abuse"* and *"assault"* being frequently used as umbrella terms for multiply abusive behaviors (Gallagher, 2008). The action terms have been interchangeably associated with *"child"* (i.e. "child-to-parent violence"; Walsh & Krienert, 2007), *"adolescent"* (i.e. "adolescent-to-parent abuse"; Holt, 2012, 2013), *"teenager"* (i.e. Baker, 2012), *"parent"* (i.e. "parent-battering"; Harbin & Maddin, 1979; "parent-abuse"; Holt, 2009; Kennair & Mellor, 2007), *"mother"* (i.e. "child-to-mother violence"; Edenborough et al., 2008; Jackson 2003; Pagani et al., 2003) or *"father"* (i.e. "child-to-father violence"; Pagani et al., 2009) producing an evidence base which describes potentially diverse phenomena.

The term *adolescence* is also differentially defined, through according to Bobic (2004) the adolescent transition between childhood and adulthood occurs between the ages of 12 to 24 years, thus exceeding the statutorily defined age of childhood which in the UK[7] remains as under 18 years (Home Office, 2015). As such, the literature focused on 'child-to-parent' violence and abuse may offer insight into early adolescent behaviors yet fail to capture the full extent of the problem as it progresses beyond 18 years requiring that researchers are clear of the population studied (Bobic, 2004; Haw, 2010).

The breadth of terminology reflects the multidimensional nature of the problem and is therefore central to understanding how this phenomenon is conceptualized and approached at the point of research and intervention (Holt, 2013). This research preferences the term *"adolescent-to-parent violence and abuse"* (APVA) as: it encompasses a wide range of subjectively abusive behaviors including physical violence; it identifies the parent as the target of the behavior; it identifies the child as the person in a perceived positon of power and control; and, it focuses the construct of childhood to the period of adolescence (Bobic, 2004). Thus, the review and subsequent research will use the term *Adolescent-to-Parent Violence and Abuse* and the abbreviation *APVA.*

[7] The 'United Kingdom' of England, Scotland, Wales and Northern Ireland is often mistakenly cited by literature as collectively operating under one jurisdiction; however the 'United Kingdom' operates under devolved administrations with separate governmental bodies and legal systems guiding the understanding and management of risk, welfare, age of criminal responsibility and children's rights (Muncie, 2011). The 'United Kingdom' has three distinct systems of law: English Law, Northern Irish Law and Scots Law. English Law applies to both 'England and Wales'. As such the 'United Kingdom' is used to describe the data derived from the four geographical countries and 'England and Wales' is used to describe data derived from English Law.

2.3 Theoretical perspectives of APVA

As yet there are no definitive explanations of APVA (Holt, 2013). The following section provides a selective discussion of the most prominent theories emerging within APVA literature; specifically theories consistent with wider forms of family-abuse (i.e. rights and responsibility, gender, intergenerational-transmission of violence), parenting style, attachment style, family-systems, and intrapersonal explainations including mental health and substance misuse.

2.3.1 Parent-abuse as a form of family-abuse

Gelles and Strauss (1979) suggest that the *family* is the most violent of all institutions. Family-abuse can be directed towards any member of the family, by any member of the family, with problems arising when socially, culturally, and historically constructed powers and influences are used to the point of *harm* (Holt, 2013). There are clear parallels between parent-abuse and family-abuse (Wilcox, 2012; Miles & Condry, 2014). For both, violence and abuse occur within the *family home* (Holt, 2013), the identified victims are predominantly *female* (Dobash & Dobash, 1979; Edenborough et al., 2008; Hunter, Nixon, & Parr, 2010; Pagani *et al*., 2004), and there is a clear pattern of *repeat victimization* of the parent-victim (Holt, 2009b). Though this conceptual convergence suggests that parent-abuse may be understood through established domestic-violence frameworks, many studies have described the unique challenges posed by APVA especially in relation to children's rights, parental responsibility and how constructions of power and gender influence child-parent relations, as described accordingly (Downey, 1997; Holt, 2013; Hunter & Nixon, 2012; Miles & Condry, 2014; Routt & Anderson, 2015; Wilcox, 2012).

2.3.1.1 Childrens rights and parental responsibility

Over the past century, *'childhood'* has been socially reconstructed as a discrete stage of human development affording children their own set of 'rights'[8] (Hunter & Nixon, 2012; Holt, 2013; Holt & Retford, 2013). As such, the child finds themselves in a seemingly powerful position while remaining the *responsibility* of the parent (Holt, 2013; Hunter & Nixon, 2012). It is this responsibility that makes APVA so problematic for all involved. As such, increased parental responsibility has raised the accountability of parents to the state, which has bolstered the well-established discourse of *'parent-blaming'* producing

[8] Child welfare concerns in the mid to late 19th century brought about the 'child-saving movement' which resulted in substantial legislation serving to legalise, socialise, politicise and psychologise childhood (Holt, 2013) introducing specialist responses to juvenile offending (Youthful Offenders Act 1854) among others.

what Holt (2013) terms a *'double stigma'* of victimisation and judgement. Given the likelihood of the primary or sole carer being the mother, this stigma has frequently fallen to the '*mother'* contributing to the rise in the use of the term *'mother-blaming'* (Baker, 2012; Edenborough et al., 2008; Hunter, 2010; Weaver & Coleman, 2005).

Several studies have attended to *'adolescence'* as a transitional 'stage' fraught with complex power divides. Coleman (2010) suggests adolescence involves maturation within the physical, social and personality domains creating *'status ambiguity'* for both child and parent. This reflects the various opposing discourses used to construct adolescence; wherein the adolescent is assumed to be controlled by puberty and hormones, engage in deviant acts as a form of identity development (i.e truancy, substance use, risk-taking, defiant behavior and aggression; Erikson, 1963, 1968; Marcia, 1980), be vulnerable to abuse from the family and wider society (Hunter & Nixon, 2012), and have established a sense of agency in their own right (Holt, 2013). Several authors have suggested that recent economic and political climates have necessitated an artificially extended period of adolescence perpetuating dependence and creating an uncertainty of how to transition beyond the family adding to the likelihood of intra-familial conflict (Baker, 2012; Coleman, 1997; Erikson, 1963, 1968).

Though youth justice has become increasingly punitive in holding children and adolescents as criminally culpable, various studies describe how parent-abuse reports rarely succeed in prosecuting the child (Holt & Retford, 2013; Muncie, 2008). Holt and Retford's (2013) qualitative interviews with nine multi-agency practitioners revealed that the main complexity in responding to parent-abuse reports was the blurred constructions of '*victim'* and '*perpetrator'*; complicating decisions surrounding *blame* and *responsibility* and who should receive help, particularly where services are established to safeguard the child before the parent (Condry & Miles, 2013; Hunter & Nixon, 2012). As such, practitioners have felt unprepared and unsupported to provide effectual responses to reports of APVA (Holt & Retford, 2013)

2.3.1.2 Gender and power

As with wider domestic abuse, much of the literature suggests that APVA is a gendered phenomenon, with sons accounting for the majority of perpetrators and mothers as the majority of victims (Condry & Miles, 2013; Gallagher, 2008; Holt, 2013; Howard, 2011; Kethineni, 2004; Walsh & Krienert, 2007, 2009). In their quantitative study of UK police data Condry and Miles (2013) found son-to-mother dyad offences accounted for 66.7 percent of all reported cases, consistent with international trends which suggest that between 72-85 percent of offences are against mothers (Evans, Davies & DiLillo, 2008; Ibabe & Jaureguizar, 2010; Kethineni, 2004; Routt & Anderson, 2011). Son-to-father dyads accounted for 20.6

percent; daughter-to-mother 10.8 percent; and daughter-to-father just 1.9 percent (Condry and Miles, 2013). Father-victims and daughter-perpetrators, though statistically rarer, continue to be identified and thus their unique risk factors and the extent of gendered power influence should not be ignored (Andolphi, 2013; Condry & Miles, 2013; Holt, 2013; Pagani *et al*., 2009).

The socialisation of gender and power has been frequently noted within APVA research, especially feminist-discourse research which highlights the use of violence and abuse tactics by males to subordinate women and perpetuate male dominance and control (Downey, 1997; Edenborough, et al, 2008; Ulman and Straus, 2003). For males, stereotypes of masculinity as propogated through media and wider social streams are thought to influence the use of power within the family (Cottrel & Monk, 2004). For women, the cultural construction of maternal responsibility within the home, dependancy on paternal financial support, status-imbalance in the workplace, and the physical reality of size-difference compared to male counterparts, produces a range of ways through which gender-role socialisaion opperates within families and can be conveyed to children as accepted roles underpinning the APVA dynamic (Holt, 2013).

2.3.1.3 Repeat victimisation within a 'cycle of violence'

Several studies suggest that abuse behaviour can be *inter-generationally transmitted* in that witnessing domestic violence as an adult (i.e. through intimate partner violence; IPV) can be linked to perpetration of child-abuse, and being abused as a child can be linked to future sibling-abuse (Tidefors et al., 2010) and potential IPV (Simonelli et al., 2002), a phenomena which has become known as the *'cycle of violence'* (Baker, 2012; Walker, 1978). Most influentially, the model assumes that primary-victimisation will continue to secondary-victimisation, suggesting that abuses may be closely associated and have far reaching implications for the immediate family and those who enter into it (Holt, 2013). Cycle of violence theories have however been widely criticised for their deterministic view and willingness to prophesise the future of a child especially in light of the many witnesses and victims of abuse who do not progress to become victims or victimisers (Holt, 2013). When applied to APVA, several researchers describe how abuse-dynamics may develop through direct exposure to abuse (i.e. social learning through modelling; Bandura, 1978), or indirectly through the absence of an adult male within the family; whereby the child attempts to fill a masculine role or establish male dominance within the home (Kennair & Mellor, 2007).

Specific to APVA, Gallagher (2004b) states that parents are often perceived as inextricably implicated in childhood behavioural problems and therefore are prevented from occupying the victim-position. This is especially true for parents of children who are diagnosed with mental health or learning disabilities whose child may receive *sick-role* status over *perpetrator-status*. As such, several researchers have described this

as invalidating parents sense of victimisation, resulting in perceived powerlessness, depression and learned helplessness, wherein the parent ceases to seek help due to unsuccessful past experiences of support (Seligman, 1975; Walker, 1978).

2.3.2 Family Structure

Family structure and change in the marital sub-system (i.e. separation, divorce, new marriage, etc.) have been cited as a risk factor for APVA. Family restructure creates an environment of emotional distress and strain, with several authors suggesting that custody conflicts, financial difficulties or lack of social support, cause a deterioration of the relationship between parents and children which may influence child behaviour (Ibabe & Jaureguizar, 2010; Pagani et al., 2003). Several studies report greater prevalence of APVA among single-parent families, specifically lone-mothers (Agnew & Huguley, 1989; Cottrell, 2001; Cottrell, & Monk, 2004; Livingston, 1986), with suggestions that single-parenting depletes emotional and coping resources and reduces capacity to identify and react to emerging patterns of behaviour (Cottrell & Monk, 2004).

2.3.3 Parenting Style

Parenting style remains the most dominant explanation emerging from the literature; however research has produced mixed findings (Bobic, 2012; Holt, 2013). Many studies have reported that parenting behaviour characterised by *permissiveness*, whereby parents display unconditional acceptance for their children and encourage them towards autonomy with few rules or boundaries, may create what Harbin and Madden (1979) call '*parentified children'* (Agnew et al, 1989; Cottrell, 2001; Gallagher, 2004b; Kennair and Mellor 2007). Such families have been described as overly democratic and indulgent to the point where children may feel a sense of entitlement and inflated self-worth leading to perceived power-equality or dominance with increased attempts to gain control within the family (Gallagher, 2004a; Harbin & Madden, 1979). Moreover, children may become authoritarian against their parent which if positively reinforced by observed parental submission or compliance may develop into a pattern of behaviour (Cottrell & Monk, 2004). Several studies have found similar patterns emerging in neglectful families where adolescents are seen to develop autonomy and authority in the absence of adequate guidance or limit setting (Charles, 1986; Laurent ,1999; Pagani et al, 2004).

Conversely, inconsistency of limit-setting and consequences by single-parents or between two-parent partnerships have been associated with APVA. Children may become frustrated, lose respect, or perceive injustice when faced with inconsistent parenting (Evans, Heriot, & Friedman, 2002). In two-parent

families, a child may behave abusively towards the lenient parent (Kennair & Mellor, 2007). Authoritarian parenting comprised of overly punitive discipline or punishment has also been found to contribute to APVA (Agnew & Huguley, 1989; Robinson et al, 2004).

2.3.4 Attachment Style

The concept of 'attachment style' has great relevance to APVA (Holt, 2013). Early childhood attachment provides an internalised working model (IWM) of self, others and the world to enable the development of empathy, security and trust (Bowlby, 1969). Children who experience insecure attachments to parents or caregivers, due to unavailability, separations, family disruptions, neglect or traumatic abuse, may develop ambivalent, avoidant or disorganised attachment styles (see figure 1) resulting in reduced development of self-worth and emotion-regulation skills, and heightened anxiety surrounding loss and rejection (Ainsworth et al, 1978; Evans, 2015).

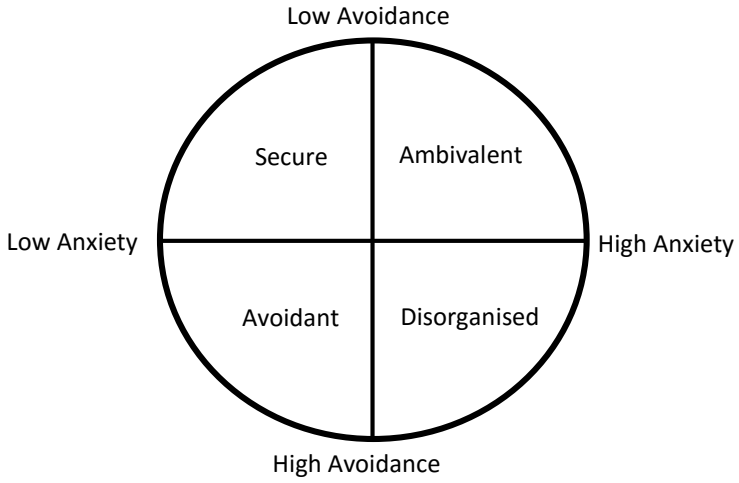

Figure 1*. Attachment Styles (Srivastava & Beer, 2005)*

Several large-scale quantitative surveys have attempted to identify relationships between '*quality of attachment*' and parent-abuse, focussing on the extent to which adolescents feel '*close and accepted*' (Agnew & Huguley, 1989), '*emotionally rewarded*' (Paulson et al., 1990), and '*in agreement*' with parents (Peek et al, 1985). However, in absence of agreed methods of quantifying attachment, each study employs its own quantitative scaling preventing findings from being mapped onto existing attachment models (Holt, 2013). More recently, research emerging from child-in-care/fostered or adopted populations has highlighted the neurodevelopmental impact of loss, inconsistency and insecurity in disrupting attachment and heightening distress in children (Evans, 2015; Perry, 2001; Selwyn et al, 2014). Clearly, attachment

theory has made inroads to understanding APVA, yet the potential for mediating factors, such as developmental disorders or child temperament, restricts the generalisability of attachment theory.

2.3.5 Family Systems

Micucci's (1995) family-systems model of APVA identifies repetitive and recursive family interactional sequences which illicit and maintain symptomatic cycles of behaviour (Brendler et al., 1991; Hoffman, 1981). Five patterns common to families experiencing APVA were highlighted: (i) families organised their relationships around the violence, neglecting other aspects of their identity; (ii) families neglect other aspects of their lives, increasing isolation and decreasing extra-familial support; (iii) families agreed that the adolescent was 'the problem' of the family needing to be fixed; (iv) families selectively attend to evidence that confirms their belief regarding who is and is not 'the problem', often constructing themselves as helpless against a powerful child; and, (iv) conditional acceptance of each other, without discussion of the conditions of acceptance. The implication that the whole family engage in 'dysfunctional' communication patterns (see Eckstein, 2002, 2004) allows causality to be shared, though acceptance of shared-blame may be challenging (Holt, 2013).

2.3.6 Mental health and illness

Almost all literature makes reference to psychopathology in some form, whether in clinical case studies (i.e. Laurent & Derry, 1999; Nock & Kadzin, 2002; Perera, 2006), forensic samples (eg. Evans & Warren-Sohlberg, 1988) and service-user samples (Parentline Plus, 2010), with some studies attempting to diagnostically quantify parents qualitative reports, potentially blurring the line between formalised and susspected diagnosis (Holt, 2013). Parents commonly draw on evidence of clincial diagnoses to explain abuse (Cottrell, 2001; Doran, 2007; Haw, 2010; Stewart et al, 2007). Specific clinical disorders, especially Attention Deficit Hyperactivity Disorder (ADHD) and Post-Traumatic Stress Disorder (PTSD), have been cited as common among child-perpetrators (i.e. Ghanizadeh & Jafari, 2010) however the incidence of pathologies is not yet identifiable through current methods (i.e. Condry & Miles, 2013; Walsh & Krienert, 2007, 2009).

2.3.7 Substance use

Substance use has been associated to parent-abuse in both criminal justice literature (Condry & Miles, 2013; Kethenini, 2004;) and community data (Pagani et al, 2004, 2009) with substance use being associated with reduced remorse and empathy (Cottrell and Monk, 2004) and increased risk of verbal

aggression, especially in son-mother dyads (Pagani et al., 2004). The literature suggests that substances may have both a *direct*, (i.e. in terms of brain, behaviour and the severity of abuse), and *indirect* role (i.e. 'asking patterns' of gaining money; Eckstein, 2002; Haw 2010; Jackson, 2003) in initiating conflict (Cottrell & Monk, 2004; Pelletier and Contu, 1992).

2.3.8 Summary of theoretical perspectives of APVA

This section described the main theories of APVA derived from literature findings or applied from previous models of family-violence. As evident, there are multiple ways to understand APVA, though these are likely to be further mediated by wider factors including culture, social influence and children's perceptions of parental treatment. In addition to the described perspectives, several studies have applied *ecological models* to their findings in attempt to collate the multiple-factors reportedly associated with APVA (i.e. Cottrell and Monk. 2004; *'nested ecological model', see figure 2*[9], and Hong et al, 2012; *'ecological systems theory'*) which assist to understand the diverse influences on the development and maintenance of APVA. Yet, given the range of situations and circumstances within which APVA may occur, Holt (2013) maintains that each factor should also be understood independently to consider its implication within the abuse-dynamic (Holt, 2013).

[9] Cottrell & Monk's (2004) 'nested ecology model' identifies nine primary themes common to practitioner, parent and young person accounts summarized as (a) socialization of male power, (b) youth response to victimization, (c) parenting styles and family dynamics, (d) poverty and related stressors, (e) mental health issues, (f) effects of substance misuse, (g) peer influence and the role of schools, (h) maintaining family secrecy, and (i) lack of information and community supports, as presented in *figure 3*, with the inner circle indicating themes which had most influence in parent abuse situations.

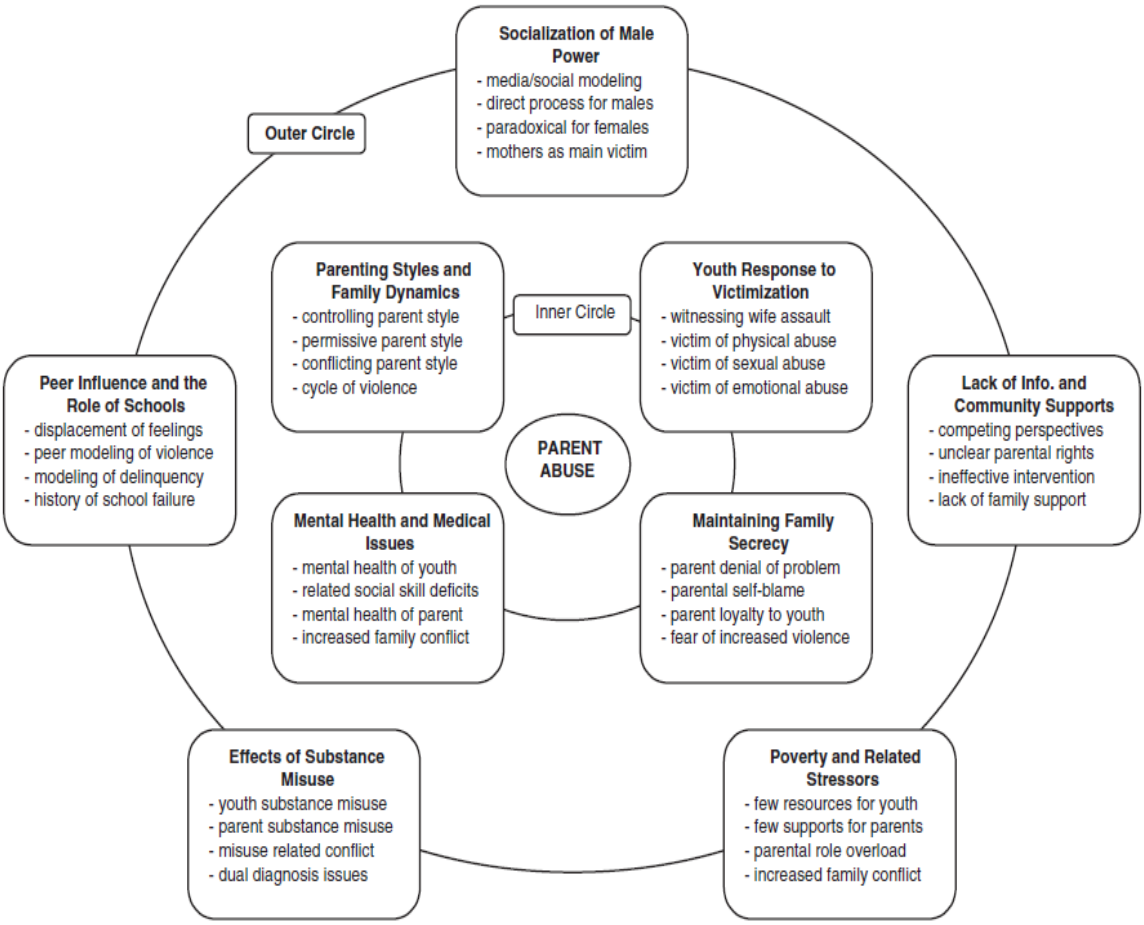

Figure 2: *Circles of Influence (reproduced from original article by Cottrell and Monk, 2004.*

2.4 The prevalence of parent-abuse: What does the quantitative literature tell us?

The following section will review the most relevant quantitative literature expanding upon previous sections to explore in greater detail what is known about adolescent-to-parent violence and abuse from the statistical data in relation to overall prevelance in particular populations and sub-populations (see Condry & Miles, 2013; Parentline Plus, 2008; Parentline Plus, 2010; Walsh & Krienert, 2007; Walsh & Krienert, 2009).

2.4.1 The overall prevelance of APVA

The measurement of parent-abuse prevalence is highly problematic limiting the extent that prevalence rates can be accurately derived (Holt, 2015). Notwithstanding the definitional problems and underreporting from parents, there remains no requirement for services to record parent reports as a discrete form of family violence, thus limiting the initial availability and reliability of the statistical data (Condry & Miles, 2013). In addition, much of the available data originates from analysis of forensic and clinical samples who are identified and involved through institutional responses to parent-abuse (i.e. probation, parenting programmes, or health etc.) having met the threshold for intervention as an at-risk 'case' or family, therefore representing only part of the potential overall prevalence. Consequently, quantitative studies of overall prevalence have remained limited to large-scale surveys of populations which provide either the proportion of self-reporting or convicted child-perpetrators or the proportion of parent-victims. As researchers have generally relied upon existing data sources, such as national epidemiological surveys, there have been limited questions and responses specific to child-to-parent aggression, abuse or violence, reducing the availability and strength of data from which to work with.

Though somewhat dated, several studies conducted in the USA have estimated the overall prevalence of parent-abuse, as based on the Youth Transition Survey (1966-69) and the National Survey of Youth (1972), at between 6-10% of young people 'having hit' one parent at least once in the previous one to three years (Agnew & Huguley, 1989; Brezina 1999, 2000; Peek et al, 1985). Most recent surveys have found more variable rates, providing potentially misleading over and under representations of prevalence based on low response rate surveys and non-probability sampling. For instance, Edenborough et al (2008) claim that over half of Australian mothers (51%) have experienced APVA, yet such findings are based on low survey response (17% returned) within three separate geographic regions identified as having experienced high rates of family violence (Holt, 2014). This pattern mirrors Livingstons (1986) frequently cited paper whereby prevalence rates estimated that 29% of US mothers had experienced physical abuse based on only 23% returned questionnaires. Given that respondents tend to be motivated by wanting

their experience heard, it is likely that such figures represent only those who have named their experience as problematic overlooking those who may otherwise normalise or not report abusive childhood behaviour.

2.4.2 Prevalence of Parent-abuse in the United Kingdom

In the UK, measurement of parent-abuse has been particularly poor. To date, there have been no large-scale surveys; while 'assaults against parent's' has only featured once in the British Crime Survey in 1996 (Mirrlees-Black et al., 1996). This, as well as the absence of an agreed category for recording incidences of 'parent-abuse', has hindered progress in estimating prevalence.

Several studies have reported data to suggest that parent-abuse is experienced at an increasing rate in the UK. The UK parenting support helpline, ParentlinePlus, claims to have received a 20 percent rise in the number of calls from parents or carers experiencing abuse from their children over the two years surveyed with reports that 27% of 'long' telephone calls (i.e. over 20 minutes duration) concerning parents experiencing physical and verbal aggression (ParentlinePlus, 2008; ParentlinePlus, 2010). Perhaps most promisingly, however, is Condry and Miles (2013) large-scale systematic analysis of official Metropolitan Police data, providing the first UK analysis of cases of APVA reported to the police. Their study found that between 2009-2010 there were 1,892 incidents of adolescent-intiated violence and abuse reported to the police, most of which involved physical violence agains a parent or criminal damage in the home. Their study goes some way to support that parent abuse is a gendered phenomena, as discussed previously in *2.3.1.2*, with 87 percent of child-perpetrators being male and 77 percent of parent-victims being female, as well as initial estimates of how APVA presents in the UK.

2.4.3 Age

International literature consistently identifies adolescent-perpetrators as between 14-17 years[10] (Holt, 2013; Howard, 2011, Kethineni, 2004; Pagani et al., 2004; Snyder & McCurley, 2008; Walsh & Krienert, 2007), with UK police data finding the mean age as 16.4 years (Condry & Miles, 2013). Parents have however described noticing their childs' 'problematic' behaviour from as young as five years, though only constructed it as 'abusive' when they began to feel a shift in power, often during adolescence (Cotrell, 2001; Howard & Rottem, 2008; Parentline Plus, 2010). In terms of parent age, Walsh and Krienert's (2007) retrospective analysis of the US National Incident Based Reporting System (NIBRS) data found that the

[10] Statistics pertaining to age of perpetrator are particularly problematic as international age of criminal responsibility (CR) differs. In many European countries the age of CR is 18 years preventing the availability of data for child or adolescent-to-parent violence and abuse (Holt, 2013).

majority of parent-victims were aged 41-50 years which is in line with current UK estimates averaging at 43.6 years (Condry & Miles, 2013). Some studies have suggested that older parents struggle to locate instituational support services which may be conceputally useful when considering why abuse may perpetuate or desist (Stewart, Burns, & Leonard, 2007).

2.4.4 Ethnicity, culture and religiosity

Parent-abuse is seen to transcend cultural and ethnic boundaries, though as yet there are no consistent findings (i.e. Condry & Miles 2013; Fawzi, Fawzi, & Fauad, 2013; Holt, 2015; Kozu, 1999; Wilcox, 2012). In the UK, Miles and Condry (2013) found 59 percent of adolescent-perpetrators were White with 24.3 percent as African/Caribbean, though this may represent the multi-ethnically diverse nature of the area studied (i.e. London) rather than how the phenomena presents nationally. Walsh and Krienert (2009), using the aforementioned NIBRS dataset, found 78 percent of parent-victims identified as White Caucasian, though Snyder and McCurley (2008) found a lower prevalence of White-victims (54 percent) using the same dataset, demonstrating the difficulty in concluding prevalence or case-characteristics when studies are viewed conjunctionally. There is also evidence to suggest gender mediation, with a single study finding white females more likely to be violent towards a parent than black females (Kennedy et al, 2010).

Significant correlations have been identified between increased religiosity and reduced parent-abuse (Peek et al., 1985; Paulson et al., 1990) with Paulson et al (1990) finding that Hispanic adolescents were significantly less likely to assault parents with this being interpreted as related to religiously related parental authority beliefs. Widening this focus to culture, literature emanating from North America, Europe and the Antipodes suggests parent-abuse transcends cultures and continents. Asian literature has suggested parent-abuse may occur less readily, with Segal (1999) proposing that Indian cultures have a distinctive absence of discourse around APVA. This may however represent a cultural approach to describing and managing such events, highlighting the culturally constructed nature of family abuse.

2.4.5 Summary of quantitative literature

Though inconclusive, gender, age, ethnicity, religiosity and culture are considered important factors in the development and maintenance of APVA, particularly in terms of how families communicate and seek-help within or outside of the family sphere (Holt, 2013). While complex and somewhat premature to attempt to situate UK figures internationally (i.e. Edenborough et al, 2008; Livingston, 1986; Pagani er al, 2004, 2009) such data functions to estabish APVA as an emerging social problem in need of continued monitoring and theoretical understanding (Holt, 2013).

2.5 Research on parents' experiences of APVA

This section describes qualitative research specific to parents' experiences of APVA. To date, qualitative research has been limited due to the challenges of identifying and accessing parent-victims (see Holt, 2012). Existing studies, as summarised in *Table 2*, have drawn themes emerging from parents, predominantly mothers, accounts which provide a point of entry to understanding the parent experience. The main findings of the most relevant studies are described.

2.5.1 Emergence and escalation of abuse

Several studies found that parents notice a perceptible shift in the parent-child dynamic (Eckstein, 2002, 2004; Jackson, 2003). Eckstein's (2003) qualitative research asked parent-victims of APVA to narrate the perceived seriousness of one experienced episode of verbal, physical and emotional abuse to enable an exploration of the communication patterns involved in child–parent interactions. Parents rated verbal abuse as the least serious, though most frequently experienced form of abuse, highlighting the tendency for parents to minimise behaviour which may be excusable within the childhood developmental trajectory (Coleman, 1997; Eckstein, 2002, 2004; Erikson, 1963). Several studies have described a common verbal-emotional abuse tactic involving a child making threats to *"call the authorities"* to report child abuse (Cottrell, 2001; Cottrell & Monk, 2004; Price, 1996). Such threats are powerful as both parent and child are aware that family services will assume that the child, rather than the parent, is at risk of family-violence (Holt & Retford, 2012; Holt, 2013) thus acting as a strong deterrent to reporting parent-abuse (Cottrell & Monk, 2004).

Financial abuse is frequently reported as following verbal abuse (Holt, 2013). In Global-North cultures it is commonplace for parents to be held liable and responsible for costs incurred by their child, which is frequently expressed as a harmful feature of APVA (Holt, 2013). Parents often describe increasing pressure to provide materially for their child, especially where demands and a sense of entitlement are high (Cottrell & Monk, 2004; Gallagher, 2004a). This expectation to provide economically, especially when being exploited or accused of 'bad parenting', has been shown to evoke feelings of inadequacy and despair demonstrating the interconnectedness of the forms of abuse (Cottrell, 2001).

Physical abuse, often expressed as 'violence', is the most frequently cited abuse, perhaps as it is the least ambiguous or excusable of all behaviours, marking the point where the child-parent dynamic becomes most harmful (Edenborough et al., 2008; Jackson, 2003). The literature suggests that parents experience an escalation of physical abuse, describing their child as increasingly menacing, threatening, intimidating,

uncaring and rough, contributing to their sense of vulnerability and ineffectiveness to prevent altercations, especially where retalliation may lead to accusations of parent-to-child abuse (Jackson, 2003; Eckstein, 2004; Holt, 2009; Hunter et al, 2010; Tew & Nixon, 2013). As maturation in adolescence can be rapid, the shift in perceived power has been frequently experienced as sudden leading to a sense of '*shock*' and '*disbelief*', as described by much of the literature (Cottrell, 2001; Cottrell & Monk, 2004; Jackson, 2003).

2.5.2 Emotionality of parenting an abusive child

Emotional experiences of APVA have been described throughout the literature; with expressions of fear, concern and worry, self-blame, shame, resentment, loss and grief, hopelessness, and helplessness being described (Cottrell, 2001; Cottrell & Monk, 2004; Haw, 2010; Holt, 2013; Kennair & Mellor, 2007; Laing, 2014). Fear is frequently experienced as 'living in a state of self-surveillance' to avoid triggering abusive behaviour (Haw, 2010). Participants have described fearing for their personal safety with some requiring safe-spaces to escape to when abuse occurs (Jackson, 2003). Holt's (2011) discourse analysis of anonymous postings on two online parenting-support message-boards produced three discursive themes, of which *"the identification of the child as 'perpetrator'"* spoke to parents' experience of feeling victimised by their child. Holt (2011) found that parents described their child as a *'lit-fuse'*, conveying the inevitable and uncontrollable explosion of anger within their child and their constant sense of threat, as similarly themed by Jackson (2003) as *"It was only a matter of time: feeling intimidated and under threat"*, by Jackson and Mannix (2004) as "*living in the red zone",* and as consistently described by parents as *"walking on eggshells"* across the APVA and wider domestic violence literature (Cottrell & Monk, 2004; Holt, 2015; Edenborough et al., 2008). Parents also described their child as being calculated and unpredictable, constructing the child as 'morally divided' between 'good and bad' with comparisons to 'split-personality' and the child as *'Jeckyll-and-Hyde'* (Holt, 2011). Parents further experience their child as being able to 'turn on the charm' when needed, demonstrating the complexity of parents' gaining belief in their child's culpability.

Parents describe oscillating between *caring for* and feeling *rejecting* of their child (Edenborough et al., 2008; Laing, 2014). Laing's (2014) Interpretative Phenomenological Analysis (IPA) study of New Zealand mothers (six mothers, two grandmothers) identified the theme of '*unconditional love and protection*' versus '*disappointment and resentment'*, as is frequently reported within the literature (Edenborough et al., 2008; Howard and Rottem, 2008). Parents have described experiences of *guilt* in feeling unable to unconditionally love and care for their child or from feeling hateful emotions (Holt,

Table 2 Chronological empirical findings from qualitative methodology studies concerning parents experiences (adapted and updated from Hong, 2012)

Author/year/country	Qualitative methodology	Sample	Age	Variable(s)/measures	Findings
Paterson et al (2002) *Australia*	Thematic analysis	18 mothers (6 mothers interviewed)	Not reported	Group intervention evaluation Quantitative measures In-depth Interviews	Impact of group process, breaking the silence, increasing awareness of own behaviour; Reconstructing beliefs about mothering.
Jackson (2003) *Australia*	Feminist narrative analysis	6 mothers	18-24	Mothers' experiences of abuse Types of abuse	Fear of violence was a major feature in mothers lives Mothers were resistant to disclose abuse
Jackson and Mannix (2004) *Australia*	Feminist narrative analysis	18 mothers	30-50	Mothers' experiences of mother-blaming	Experiences of abuse attributed to and undermined by female status
Cottrell and Monk (2004) *Canada*	Coding strategy	45 parents (38 mothers, 3 fathers, 3 unspecified) 7 (6 mothers, 1 father)	Not reported	Socialisation of male power Youth response to victimisation Poverty/stressors Mental health Substance use Peer/school influence Family secrecy Lack of support	A number of factors contribute to adolescent-to-parent abuse, occurring across various domains
Eckstein (2004) *USA*	Constant comparative analysis	20 parents (13 mothers, 7 fathers)	35-55	Communicative patterns/themes/strategies Perceived conflict goals of adolescents	Two discrete communicative patterns used by adolescents Different types of abuse have different associated conflict goals.
Stewart (2007) *Australia*	In-depth life review interviews	60 mothers (majority single)	40-65	Acting out Psychological	Family dysfunction, child's personality and mental illness, social and cultural influences, and gender and power imbalance
Doran (2007) *Canada*	Reflective structural analysis	6 parents (5 mothers, 1 father)	Not reported	Restorative Justice focus	Power Struggles, Construction of their Children's Problems, Perceptions of Roles and Responsibilities, Positive and Negative Responses from the Systems

Table 2 *continued*

Author/year/country	Qualitative methodology	Sample	Age	Variable(s)/measures	Findings
Edenborough *et al.* (2008) *Australia*	Thematic analysis	185 mothers	20-59	Not reported	Mothers were silent about their experiences of abuse. Experiences minimised by family and community members. Limited access to services
Howard and Rottem (2008) *Australia*	Narrative analysis	10 mothers	41-51	Genograms Narrative interviews	Minimisation of son's abuse. Conflicting emotions about son's abuse. Experience of powerlessness against future abuse. Attribution of behaviour to diagnostic difficulties
Holt (2011) *United Kingdom*	Discourse analysis	33 parents (17 mothers, 1 father, 15 unspecified)	Not reported	'Opening' messages on parenting forum	Discursive themes of: the emotional terrain, the psychologisation of the child-perpetrator, and parental responses.
Haw (2012) *Australia*	Unspecified analysis	7 mothers 20 service providers	Not reported	Description of adolescents characteristics	Descriptions of adolescent characteristics, behaviours, perceived factors relating to APVA, shame and guilt, "walking on eggshells"" around adolescent-perpetrators
Routt and Anderson (2011) *USA*	Not reported	238 youth–parent dyads	Not reported	'Step-Up' intervention programme. Group suitability assessment interview.	Vulnerability of mothers, helplessness, lack of confidence, avoidance of future conflict.
Laing (2014) *New Zealand*	Interpretative Phenomenological Analysis	8 mothers	Not reported	IPA interviews	Nature of abuse and parents experiences of polarised emotions and love and protection; Judgement of 'self'; and, 'others' and the implication of the male

2011; Laing, 2014). Much of the literature has described this guilt as experienced alongside a sense of failure, self-judgement and blame where parents see themselves as responsible for their child's behavior (Cottrell & Monk, 2004; Howard & Rottem, 2008; Jackson, 2003; Laing, 2014; Paterson et al, 2002). Parents further describe feeling *ashamed* of their experience, which often results from the sense of *blame* and *negative judgement* by outsiders (Holt, 2011). Such experiences of shame and blame were often given as reasons for withdrawing from social networks increasing parents' sense of *isolation* and '*imprisonment*' within their home (Holt, 2011), as well as to avoid unwanted attention to their parent-child relationship so to maintain secrecy (Agnew & Huguley, 1989; Bobic, 2004; Howard & Rottem, 2008; Laing, 2014). Such isolation has been described as by parents as being exacerbated by loss or prevention of seeking employment, with parents expressing difficulty concentrating at work and taking time to attend professional appointments because of their child's behaviour (Cottrell 2001). Furthermore, parents frequently describe not being able to leave or remove their child from their family home, as is possible in most other forms of abuse, while not wanting to involve police or proffessionals who might rupture relations further (Baker, 2012; Condry & Miles, 2013; Cotrell & Monk, 2004; Holt, 2013; Holt & Retford, 2013), demonstrating an absence of escape routes for such individuals. Parents and siblings experience profound *grief* and a sense of *loss* surrounding abuse; including the sense of 'loss' of the pre-abusive child, loss of the adolescent if they leave home and as they lose relationships with family members and friends as a result of the violence (Cottrell 2001; Howard & Rottem, 2008).

In addition, parents have described the long-term health impacts of APVA, in exacerbating existing health problems or causing new problems, leading to reliance on prescribed medication or in some cases alcohol or drug dependency (Cottrell, 2001; Edenborough et al, 2008). Symptoms reported by parents included depression, sleep problems, feeling they could no longer cope, suicidal ideation and attempted suicide (Cottrell & Monk, 2004; Mckenna, 2006; Patterson, 2002).

2.5.3 Implication of gender

Several Australian-based narrative studies of son-to-mother abuse have adopted a feminist-focus, reporting mothers to experience frequent abuse perpetrated by their sons but also by their sons male friends and associates (see Edenborough et al., 2008; Jackson, 2003; Jackson and Mannix, 2004). Peers' engagement and contribution to the abuse experience has been widely found (Holt, 2011; Howard & Rottem, 2008). Jackson and Mannix (2004) found that mothers described their experience through narratives of *'mother-blaming'*, stating that their experiences had been attributed to or undermined by their female status (Jackson & Mannix, 2004). Moreover, Laing's (2014) IPA research found a common theme among mothers' was '*the implication of the male'.* Mothers frequently described experiencing the

presence or absence of a male role model, mentor or father figure as impacting on their abuse experience, with particular focus to the absence of the child's birth father, as is consistent with wider research (Cottrell & Monk, 2004; Downey, 1997; Edenborough, et al, 2008; Stewart et al, 2007). Parents also attributed blame towards the present or absent father in relation to the cause of the abuse (Laing, 2014).

2.5.4 Responsiveness and help-seeking behaviour

Literature has explored how parents respond to abuse from their child and their experience of seeking help. Holt's (2011) analysis found that parents employed physical retaliation, self-defence, verbal-reasoning with the child, use of sanctions (e.g. grounding or removing privileges) and to cope with the abuse, rather than attempting to change the situation. The most profound findings related to parents asking the child to leave home or the severing of contact, as instigated by either parent or child, perceived as the only way forward (Holt, 2011; Stewart et al. 2007).

Forms of external support were primarily professional or institutional (i.e. frontline services), with little mention of informal support of family, friends and neighbours, having experienced these as dismissive or disrespectful of the parents' wishes for the child (Holt, 2011). Parents often mention calling on the police, though invariably described holding back from such help-seeking in fear of rupturing their relationship further, their experience being minimised, or being held accountable for their child's behaviour (Cottrell & Monk, 2004; Holt, 2011). Parents have also perceived Youth Justice Support and Child and Adolescent Mental Health Services (CAMHS) as unaccommodating or ineffective, in setting too high-thresholds which require the behaviour to escalate before help is offered, increasing parents' sense of 'hopelessness' (Cottrell & Monk, 2004; Holt, 2011).

2.5.5 Summary and appraisal of the qualitative literature

The literature demonstrates that parent-abuse can take a number of forms and may be experienced as developing over time or suddenly dependent on the parents' construction of abuse (Cottrell & Monk, 2004; Eckstein, 2004). The socio-political landscape of child-parent relationships may shape the emergence of behaviours and the options parents have to respond to these. The literature also suggests that although parents may initially challenge or resist the abuse, failed attempts lead the parent to instead contain and avoid the abuse (Holt, 2013). Parents experience a multitude of complex and conflicting emotions with the abuse often impacting on the parents' physical and mental health, employment and finances.

The present review demonstrates a rise in qualitative APVA studies over the past decade, both internationally and within the UK. Yet much of the qualitative research has been small-scale, utilising interviews or observations with parents, many of which self-identified as parent-victims and had attended parenting intervention programmes (i.e. Step-Up, Break4Change; Routt & Anderson, 2011), potentially mediating the emotional intensity of the experiences described. Several studies have attempted to access non-clinical populations - those who do not seek help, through secondary analysis of parenting-focussed surveys (Jackson, 2003) or online message-boards (Holt, 2011), suggesting the application of nuanced methodological approaches in this area, as exemplified by use of narrative (Eckstein, 2004) and systemic approaches (Howard & Rottem, 2008). Given the gendered nature of APVA, several studies have selectively focused on son-mother dyads, limiting the view of fathers' unique experiences thus far (Jackson, 2003; Jackson & Mannix, 2004; Howard & Rottem, 2008). Laing's (2014) recent application of IPA to parent-abuse provides the first phenomenological study in the area, providing a basis from which to situate further research and a springboard for the current research.

3.0 Conclusions and rationale for research

Whilst attempts have been made to explore APVA, a significant proportion of the literature has favoured quantitative measurement and description over phenomenological methods. It is evident that much of the research conducted into APVA has been done so from a criminological or social research perspective; potentially due to the way that adolescents and their parents become involved with services. Holt (2011) argues that given the needs of parents and their adolescent children research should also be conducted from a mental health/developmental perspective to allow more broad discourses APVA to emerge. As yet, professionals from psychological and health backgrounds have given this area limited attention and there have been no known studies conduced by practicing psychologists within the UK. Given the impact of interfamilial abuse on mental health, and the frequency that adolescents and their parents present within clinical settings, qualitative research within this poputaltion is justified.

4.0 Aims of the research

The research aimed to explore parent' experiences of being violently and/or abused by their adolescent child. More specifically, however, the research aimed to explore parenting experiences in and around continuing to parent a subjectively abusive child to explore how parents experience their child's behaviour, their own responses to the behaviour, and the responses of others including services designed to help and support parents. However, given the relative absence of research in this field, the main aim of this research was to access the lived-experiences of parents who have experienced parent-abuse to contribute to the evidence-base.

4.1 Research Question

To achieve the above aims, the following broad research question was developed:

What are parents' experiences of violence and abuse from their adolescent child?

In the following chapter I will outline the rationale behind the methodological approach chosen.

5.0 Methodology

This chapter introduces and details the methodology employed in the current research; Interpretative Phenomenological Analysis (IPA). Within this chapter I will discuss the rationale for selecting IPA over alternative methodologies and describe the process of recruitment, sample demographics, ethical considerations, data collection and the process of data analysis. This is followed by an exploration of self-reflexivity and personal reflections of conducting research within this field.

5.1 Qualitative approach

APVA is a relatively neglected area of research (Holt, 2013). Therefore, a research methodology that focussed on the exploration of the phenomena, and 'gave a voice' to the research population, was considered most appropriate (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009). Selection of the most appropriate methodology is particularly important when considering complex phenomena, or mapping unknown psychological knowledge, as it allows for the generation of further hypothesis and the cultivation of a path that leads to possible explanation. (Smith, 1996; Smith et al, 2009). Through qualitative research, the notion of 'truth' is challenged by acknoledging how 'truths' are constructed in the contexts of researcher subjectivity and bias and cultural and historical infuluence. Given my epistemological position of co-constructivism[11] and the experiential and socially constructed nature of APVA, a qualitative methodology was considered to be the most appropriate approach.

5.2 Interpretive Phenomenological Analysis (IPA)

Though a range of qualitative methodologies were considered[12], given the experiential focus of the research question IPA was chosen as the most suitable method for this research. Alternative methodological approaches such as discourse analysis (i.e., considering subjects as agents of discourse and focusing on the role language plays in constructing a social reality) and grounded theory (i.e. attempting to provide theoretical explanation of psychological phenomenon in social process) are concerned with other aspects of language, social processes and social constructions (Starks & Trinidad, 2007) and although may advance the evidence base of APVA, the experiential nature of the research question required that a phenomenological approach such as IPA was used.

[11] Co-constructivism and the epistemological position of the researcher is further described within 5.7.2
[12] A full consideration of alternative qualitative research methods was conducted and is included in appendix 9.2

IPA is a relatively new qualitative methodology developed and embedded in psychological research with wide applications within health and social sciences (Eatough & Smith, 2008; Reid, Flowers, & Larkin, 2005). IPA is philosophically underpinned by *phenomenology, hermeneutics (interpretation) and ideography* (Smith, 1996). Phenomenology is concerned with subjectivity and individual experience and how we might come to understand the individual experiences of the world and expand this to understand shared experience (Ashworth, 2013; Hughes & Sharrock, 1997; Barker, Pistrang, & Elliot, 2011). The phenomenological aspect of IPA requires that experiences are not only described but interpreted to uncover the potential meanings behind these; thus incorporating a 'double hermeneutic' wherein:

> *"The researcher is trying to make sense of the participants trying to make sense of their world"* (Smith & Osborn, 2003 p.51).

This hermeneutic element acknowledges that phenomenological research depends on what is asked and what is told, and in order to make sense of such experiential accounts the researcher needs to actively interpret this. Since the researcher inherently brings their own beliefs, values and biases, the process of reflexivity is central to IPA methodology. As such, the researcher is encouraged to 'bracket' their own preconceptions or hypotheses by remaining aware and in-tune with these and how these may impact their relationship with the data (Smith et al., 2009).

IPA is also influenced by ideography which is concerned with understanding the specific experiences of particular people in the particular contexts in which those experiences occur (Eatough & Smith, 2008). IPA thus aims to focus on the specifics arising from each individual on a case-by-case basis to understand the 'essence' of human experience before stepping back to view the participants as a group (Smith, 1996). Working in this way enables individual and potentially unique themes to emerge for analysis prior to viewing the data from a wider phenomenological position.

In addition to these philosophies, IPA is described as an inductive process; allowing researchers to access unanticipated accounts of what is not immediately conscious to the participant (Smith et al., 2009). This approach is achieved through maintaining small sample sizes (i.e. 4-6 participants) purposively sampled to allow the research question to be answered (Smith & Osborn, 2013). The approach adopts a broad research question from the outset, as opposed to hypotheses to be proven or disproved and by allowing flexibility during the interview process to allow nuanced accounts to be heard (Eatough & Smith, 2008).

5.3 Study Design

5.3.1 Context

Participants for this research were recruited through three Youth Offending Teams (YOT's). YOT's are local authority led multidisciplinary agencies consisting of members of the police, social services, education authorities, probation services and parenting officers (Elliott, 2012). YOT's become involved with young people and their families when a young person is identified as 'at risk' of offending or following a criminal offence or during the period of an active youth offending order (i.e. Anti-Social Behaviour (ASBO); Drug Treatment (DTO); Parenting Order) (GOV.UK, 2014, 11 12).

The rationale for involving YOT's in recruitment was to ensure a homogenous baseline of participants on the basis that the identified abusive child was at least 'at risk' of offending. Also YOT professionals were best positioned as identifying primary (i.e. first disclosures of APVA) or secondary (i.e. police reports referred to the YOT) accounts of adolescent-to-parent abuse.

5.3.2 Inclusion and Exclusion Criteria

Purposive sampling was used to recruit parents who had subjectively experienced abuse from their adolescent child. Given the nature and rarity of the phenomena and the recommendations from past research, the term 'parent' allowed the inclusion of: biological parents (i.e. natural mother or father to the child), step-parents (i.e. mother or father to the child through legal agreement. i.e. marriage), and adoptive parents (mother or father to the child through legal adoption; Selwyn, Wijedasa, & Meakings, 2014).

The 'parent' must identify as having been 'abused' by their adolescent child in the last 12 months. The term 'abuse' includes: physical (e.g. punching, kicking), verbal (e.g. derogatory language, swearing, screaming), emotional or psychological (e.g. threats, manipulation, or humiliation), and/or economic (e.g. theft, damage of property). This study adopts a self-defined approach to determining the experience of parent-abuse in that the adolescent/children's behaviour should be considered violent or abusive:

> "…i*f others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence"* (Paterson *et al.*, 2002: 90).

The child who is identified as having behaved abusively towards the parent must be within the adolescence age range of 12-24[13]. This age frame was selected to allow a wider inclusion of parents and to acknowledge the nature of adolescents who remain in the home past 18 years. In addition to these criteria, participants were parents to a child who was currently under the supervision of a YOT and who were able to converse in fluent English. Parents would be excluded from the study if there were current substance use issues that may impact on their ability to concentrate or contribute fully in the interview process.

5.3.3 Recruitment

Initial contact details were obtained for YOT's within the East of England, South West of England and London region (GOV.UK, 2014, 07 11). Prospective recruitment emails were sent in June 2014 to the 55 YOT's within these 3 regions as selected for proximity to the research institution (Appendix 9.4). Copies of the Participant Information Sheet (Appendix 9.5), ethical approval certificate (Appendix 9.6) and the research proposal were attached to outgoing emails. Of the 55 messages sent there were 6 expressions of interest which were followed up with telephone calls to provide additional information and to discuss feasibility of the study. A further wave of recruitment emails was sent in October 2014 and prospective telephone calls were made; all of which returned no interest. Of the six respondents, two declined to be involved following telephone conversation while four YOT's stated continued interest and were visited to discuss the scope of the research and required participants (see Inclusion and Exclusion criteria; 5.3.2). The participating YOT's were located within the London Borough, Cambridgeshire, Wiltshire and Buckinghamshire regions.

5.3.4 Challenges of Recruitment to the Study

Cases of parent-abuse were identified by practitioners across four YOT's (N=19; see table 3). Initial discussions were held with the involved professional; most commonly a parenting worker or Clinical Psychologist, to determine the suitability of the participant. Although professionals were enthusiastic they were often cautious of the potential impact of the interview process on the parents' mental health or relationship with their child, leading to revoked offers of participants. Of the parents contacted by the

[13] Youth Offending Teams work with young people up to the age of 18-years. However, one parenting worker identified a parent who had been involved with the team for eight years and who had experienced violence and abuse from her adolescent son throughout this time. Although this parents' son was now 23-years old, the parent was still associated with the team as an advocate and showed interest in participating in the study. As the construct of adolescence is fluid and the parent had experienced extensive violence and abuse the decision was made to include her in the study.

YOT professionals (N=17) eleven declined to be interviewed stating that, *"they did not want to bring up the past"* and *"did not want to speak openly about their experience"* which may be interpreted as demonstrations of overcoming abuse and ongoing stigma and shame or avoidance of revisiting painful memories.

Table 3. Outcome of recruitment through YOT's

Youth Offending Team*	Parent Abuse cases identified**	Parents offered interview***	Interview offers accepted by parents
1 (London Borough)	7	7	2
2 (Cambridgeshire)	6	5	3
3 (Wiltshire)	2	1	1
4 (Buckinghamshire)	4	4	0

* Region only given to protect identity of YOT and participants
** Practitioners identified all cases where violence or abuse directed towards the parent had occurred as the main offence or had been reported during involvement with YOT.
***Interviews were offered to parents who were identified as not at risk of the interview process having a detrimental effect on their mental health or interpersonal relationship.

5.3.5 Sample Demographics

The sample consisted of 6 parents (5 mothers and 1 father) who had experienced parenting an adolescent child who had subjectively behaved abusively towards them (see Table 4).

The participant's ages ranged between 39-49 years; with the median age being 44 years. The ages of the identified children ranged between 14-23 years; with the median age being 17 years. Of the six participants all had become parents past the age of 23 years indicating that they were not young parents when they had their children (i.e. 16-23 years). One participant described themselves as having a disability. Three participants described themselves as experiencing depression as diagnosed by their GP and were taking antidepressant medication at the time of interview. All six participants identified themselves as White British. Participants 4 and 5 (Denise and Richard) were married and cohabiting and gave independent experiential accounts of their son's behaviour. Four participants were unmarried, separate or divorced.

5.3.6 Participants

Jenny and her husband have two children. Her husband recently left the family home following increased family strain and they are discussing whether to separate. Over the past year, Jenny's daughter has become verbally, physically and emotionally abusive to both parents and has recently left home to live with her boyfriend, though returns when she needs to collect possessions.

Tanya's son is 23 and has multiple diagnoses of ADHD, ODD, ASD among others. Tanya has always been a single parent and has worked within highly responsible positions. When her son's behaviour escalated, she needed to give up work due to stress-related health problems and ongoing financial abuse. Her son continues to live at home and frequently uses his mothers' credit-cards without permission, damages property, hits her and has *"drop-kicked"* her. She has a *"panic-door"* installed.

Helen separated from her husband when her son was 6. She fought for custody of her son during which her ex-husband portrayed her as a *"useless parent"*. Her son now lives with her and her second husband. In the past year her son has become intimidating, threatening, has pushed her over, insulted her and has stolen possessions, though has not targeted his step-father. Helen has phoned the police to assist her but has only recently been taken seriously.

Denise and her husband ***Richard*** have two children who both live independent from home. Her son has a diagnosis of ADHD and has been involved with CAMHS since childhood. Previously a motocross enthusiast, following a motorbike accident he became unable to ride and his behaviour became aggressive, sneaky, he has stolen and sold high value items to fund drugs, taken the car without permission, and thrown his motorbike through the windscreen of his mother's car. Denise asked him to leave and he now lives in a local hostel.

Richard is married to ***Denise***. He works from home and is passionate about sport. His son has been threatening to Richard, often inciting him into arguments and physical fights. His son has damaged his company car and stolen company property.

Tina is a single parent to two mixed-race sons who have different fathers. Her son has a diagnosis of mild ASD and ADHD, though attends mainstream school. She has experienced abusive behaviour for several years, often verbally abusive towards her or her friends and physically abusive when kicked, punched and locked out of her home. She describes her home having *"holes in the wall'*.

Table 4. Demographic Profile of Participants

***Participants**	**Age**	**Ethnicity**	**Marital Status**	**Employment Status**	**Number of Children**	**Age/ Gender/ Birth Order of identified child**
1. Jenny	39	White British	Separated	Employed; part time	2	16 Female Eldest
2. Tanya	46	White British	Divorced	Unemployed; registered disabled.	1	23 Male Only Child

3. Helen	49	White British	Married (Divorced from birth father)	Employed; full time	1	14 Male Only Child
4. Denise	45	White British	Married	Employed; full time	2	18 Male Youngest
5. Richard	47	White British	Married	Employed; full time	2	18 Male Youngest
6. Tina	44	White British	Single	Unemployed; full time carer	2	16 Male Youngest

* All identifying information has been changed in order to maintain anonymity

5.4 Ethical Considerations

Ethical approval was granted by the University of Hertfordshire Research Health and Human Sciences Ethics Committee ECDA in July 2014 (Appendix 9.6). Further local approval was required to conduct research under Cambridgeshire County Council Research Governance Framework and was granted in September 2014 (Appendix 9.7). In addition to this, the Youth Justice Board (YJB) was contacted to clarify their position on conducting research within YOT's.

The ethical considerations for the study are outlined below.

5.4.1 Informed Consent

All potential participants were given both written and verbal information about the study and had the opportunity to ask questions prior to interview either by telephone, via their YOT professional, or in person. The information sheet outlined the research aims, confidentiality, as well as the risks and benefits of taking part (See Appendix 9.5). Upon agreeing to participate, all participants were asked to sign a written consent form (See Appendix 9.9) and were reminded of their right to withdraw from the study at any time and without consequence; this was reiterated at time of debriefing.

5.4.2 Confidentiality

Information regarding confidentiality and its limits were provided to participants verbally and in writing (Appendix 9.5). Participants were informed of the need to communicate risk information to the YOT as per safeguarding policies. Based on my clinical judgement both during the interview and during the debriefing, it was not thought that any of the participants posed a risk to either themselves or others following the interviews.

All interviews were audio-recorded and transcribed with any identifying information such as names and places within transcripts changed for anonymity purposes. All recordings were transcribed by the researcher. Audio files were deleted from the Dictaphone once copied to the computer and password protected. Data was stored in line with the University of Hertfordshire's 'Guide to Good Practice in Research' (2004). Participant identifiers were kept separately from the audio recordings and transcripts. Participants agreed to their anonymised interview transcripts being made available to my supervisory team and members of the research peer support group, as well as by academic and professional assessment bodies.

The inclusion of spousal participants (i.e. Richard and Denise) posed further considerations as to the extent that confidentiality between familiar participants could be retained. Considerations surrounding the spouses' ability to identify each other through shared experiential accounts or descriptions of their child were discussed as were the implications of gender in identifying Richard as the only father in the participant group. In light of this, Richard and Denise were provided further information prior to consenting to interview; including the nature of the interview processes and the future availability of their anonymised accounts (i.e. publically and to each other). The possibility of accessing unfavourable or previously unspoken relational accounts was discussed to highlight the potential for individual or spousal distress and to enable prior consideration of what could be shared (see 5.4.3).

5.4.3 Potential Distress

It was recognised that the interview explores sensitive areas and may elicit difficult emotional experiences for the participant as they reflect on their experience of abuse, their parenting approach, and their own adolescence. In order to minimise potential distress a number of safeguards were put in place. Participants were informed that the interview could be paused or terminated at any time as required. This included breaks to accommodate fatigue.

My professional role of trainee clinical psychologist means that I have experience of sitting with distress in a supportive and empathic manner. Participants were fully debriefed at the end of the interview both verbally and in writing (Appendix 9.12). Contact details for my supervisor and I were provided should the participant wish to discuss the interview following the meeting. The debrief sheet was modified per interview site to include information on the local YOT team manager as well as national support and information services.

5.5 Data Collection

5.5.1 Interview Design

A semi-structured interview schedule was constructed by the researcher in consultation with supervisors, and with reference to relevant literature and specialist IPA guidance (Smith et al, 2009). Consulting professionals working in the field of parent-abuse and youth offending provided access and insight and created partnership between services. The interview schedule (Appendix 9.10) covered the areas of parents' experiences of abuse; their experiences of being parented; their view of themselves as a parent; their help seeking behaviour and their hopes for the future. The final question explored the experience of talking about the abuse and aimed to further explore the barriers to talking about being abused by an adolescent child.

A mock interview was conducted with my supervisor, involved YOT's and with members of the University of Hertfordshire service-user group to obtain feedback on the interview schedule, process and the materials used. All involved felt that the interview questions were accessible and exploratory and enabled reflection on the part of the participant. Following consultation a number of changes were made:

- 'easing in' questions were added to the start of the schedule to allow the participant time to socialise into the interview process prior to discussing their abuse experience.
- The schedule was modified to reduce the number of individual questions and to make use of prompt questions.
- A final question was added to the interview schedule to ask participants to reflect on their experience of being interviewed.

5.5.2 Interviews

Participants were contacted to arrange a time and place to conduct the interview. Four participants were seen in YOT interview rooms as this ensured a quiet and confidential environment. Two participants requested to be seen at home as they lived a long distance from the YOT address. Adapting to meet participants in this way has been supported by Smith and Osborn (2003) who emphasise the role of the researcher in ensuring the participant is a comfortable as possible. Participants were advised to allow up to 90-minutes for the interview process; which included an introduction, completion of demographics sheet (see Appendix 9.8). Interviews lasted between 50 to 90 minutes with the average being 70 minutes. Following the interview, participants were debriefed and given a debrief sheet (see Appendix 9.12) to keep.

5.6 Data Analysis

Interviews were analysed using IPA following the procedure outlined by Smith et al (2009). Supervision, peer supervision and attending IPA discussion forums also informed the process.

5.6.1 Individual Case Analysis

Interviews were first analysed at an individual case level. Audio recordings were used to produce a transcript. Each transcript was transferred into a table format consisting of four columns (see Appendix 9.13). The first column contained the line numbers allowing for clear management of the data. The second contained the interview data. The third column provided a space for initial/exploratory comments and the fourth a space to record emergent themes. Once in this format the transcript was read and re-read. Initial notations and exploratory comments were made; including highlighting interesting and potentially significant elements and initial interpretations. The data was explored in such a way to take account of descriptive, linguistic and conceptual elements (Smith et al., 2009). Emerging and repeating themes were developed using the exploratory comments with the aim of reducing the detail and richness of the exploratory notes whilst maintaining and communicating the complexity of the data (Smith et al, 2009). The resulting emergent themes were reduced to reflect the 'convergence and divergence, commonality and nuance' (Smith et al, 2009; p. 79) within each case. At this point the researcher is in able to select and reject emerging themes and as such must remain acutely aware of their influence on the data and why they are taking particular decisions.

5.6.2 Multiple Case Analysis

Multiple-case analysis can be conducted in one of two methods (Smith & Osborn, 2013). The first is to treat each transcript as a separate entity to be analysed independently with the aim of reducing the influence that each has on each other. The second is to allow the themes of the first transcription to guide the analysis for the next. Both methods emphasise the importance of being open to new themes, therefore recognising similarities and differences between accounts. This research employed the former approach though commonalities between emerging themes were borne in mind as the analysis progressed.

5.6.3 Clustering Emergent Themes

The emergent themes for each transcript were clustered in order to show the connections between them and to draw together the most important and salient aspects of the participants account. An example of this is in Appendix 9.15. Smith et al (2009) emphasise that the analyst view this stage as an opportunity

to creatively draw together the data in a way that is interesting and representative of the participant. As such, this stage becomes less prescriptive though continues to follow the principles of IPA. They however suggest that the researcher is guided in clustering themes at the levels of abstraction, numeration, polarization, contextualisation and function[14]. Once multiple case clusters are available, superordinate themes are generated and entitled in line with the researchers' sense of the cluster should be best understood. Smith et al (2009) defines a super-ordinate theme as a construct which usually applies to each participant but can manifest itself in different ways for individual cases. This process was repeated for all interviews and involved continually moving back and forth between the transcripts to ensure the experiences of all parents were represented.

5.6.4 Cross-Case Analysis

A table of superordinate and subordinate themes was used to explore and evidence the reoccurrence of themes across interviews (Appendix 9.18). Where necessary themes were relabelled and reconfigured to reflect themes at a group level, whilst still attempting to capture the nuances of individual cases. The male participant and married participants were isolated from the analysis to observe the impact of these individuals to the sample data. Themes were re-checked against the transcripts themselves to ensure fidelity to the text. The final list of super-ordinate themes provides a framework within which to understand the experiences of parents whose children have behaved abusively towards them. A narrative account of the findings as evidenced by verbatim extracts is presented in the Findings chapter.

5.6.5 Quality in Qualitative Research

Guidelines for conducting qualitative research have been developed to encourage new researchers to maintain and improve the quality of research, to assist those required to review theses and manuscripts and to legitimise qualitative methodologies (Elliott, Fischer, & Rennie, 1999; Yardley, 2000). Elliot et al's (1999) main guidelines are included in Appendix 9.3 with specific reference to the attempts made to address these guidance's in research.

The researcher has been explicit to ground thematic findings in examples to make the process and logic visible. The researcher also used supervision throughout the analytic process to discuss and explore initial

[14] Abstraction is a process of deriving general concepts or categorical nouns to connect related concepts within a category or group. Numeration relates to an awareness of the frequency that concepts occur. Polarization refers to the division of concepts into two conflicting or contrasting groups; to produce concepts that are related but opposing or extreme to each other. Contextualisation refers to the social, grammatical or other contextual contexts from which concepts emerge. Function relates to the use and intended purpose of language.

exploratory findings, as well as the emergent themes and master themes. Early transcripts, together with exploratory comments and emergent themes, were appraised by peer researchers who were also using IPA. Included in the Appendix (9.13) of this research is a sample of the researcher's analysis which allows for an 'independent audit' (9.14) to take place (Smith et al, 2009).

5.7 Reflexivity

Qualitative researchers are encouraged to adopt a reflexive research position in order to be explicit and transparent of their values, beliefs, experiences and influences (Smith, 2013) The following section provides a first person account of my personal and professional interest in the subject matter and will act to situate myself as a clinical psychologist practitioner and researcher within the multiple contexts (Barker, Pistrang, & Elliot, 2011; Gilgun, 2005).

5.7.1 Positioning myself as a researcher

"…the study of family-violence is often governed more by the heart than by the head"
Gelles, 1995: 18

I am a 31-year old White British female born in West London. I grew up as a much loved only child and would describe my childhood and adolescence as typical and without major life events. I am in a heterosexual relationship and am unmarried with no children. I am employed as a Trainee Clinical Psychologist undertaking a professional doctorate in Clinical Psychology funded by the National Health Service (NHS) and overseen by the University of Hertfordshire (UH). As such, I approach this field as a practitioner and as a researcher.

My interest in APVA stems from my personal experience of parent-abuse. As an adolescent I recall having an explosive temper which I directed mainly towards my mother. Though never physically violent, I recall being emotionally abusive. I used to shout at my mother, insult her, tell her I hated her, swear at her, and at worst my behaviour would bring her to tears. Recounting this sounds so removed from the person I have become and leads me to question the nature of my behaviour, how it was perceived within my family, what is acceptable adolescent behaviour, what constitutes abuse and for whom and what leads families to seek help and support. It is complex to know if my family experience exceeds 'normal adolescent behaviour' or would meet the definition of abuse, which speaks to the challenges of retrospectively framing subjectively experienced abuse histories. I approach this research as a 'partial' researcher (Olson, 1977) with lived-experience of what it is to live in a fraught household from the position of the adolescent, requiring that I consider the impact of my own interests and potential biases on the research. Throughout this research I have been mindful to 'bracket' my own experiences and assumptions by keeping a reflective journal and maintaining supervisory contact remain mindful of such experiences during the research process.

5.7.2 Epistemological position

My research philosophy is aligned with a *co-constructivist* position. Co-constructivism attempts to unify multiple conceptual domains; realism, constructivism and social constructionism, as I will now discuss (Valisner, 1996). Realism posits that a discoverable reality exists and can be known through building a shared knowledge of this reality, thus reality determines what we know (Speed, 1991). Constructivism views reality as inherently subjective and formed within the independent mind of the knower, thus for constructivists our learned meanings determine what we know (Speed, 1991). Social constructionism takes constructivism one step further and views knowledge as culturally, socially and historically construed (Speed, 1991).

As Clinical Psychology training at UH preferences constructivist and social constructionist philosophies, I find myself ever more aligned with this viewpoint. I however remain aware of the need to acknowledge the objective, tangible realities in which we exist and how others may view the world. Viewing research and evidence-based psychology through a social constructionist lens has encouraged me to question my assumptions of what is known of the social and physical world and how best to understand the research process. I thus approach APVA from a critical position, believing that our constructions of terms, such as "family", "violence", "abuse" and "power", and diagnostic terms, such as psychiatric and disablement labels, are socially constructed and enmeshed in historical and cultural frameworks. As such each are subjectively and inter-subjectively experienced and complex to access. However, I believe that such constructs represent a real, or at least subjectively real, pain, fear and abuse of power that should be appreciated when embarking on domestic violence research (Gallagher, 2008).

5.7.3 Professional context

My professional interest in anti-social behavior developed during my degree studies of psychology and forensic psychology and through my practitioner experience in Adult Mental Health (AMH), Child and Adolescent Mental Health (CAMH) and forensic mental health (Young Offender and Adult secure services); drawing my attention to the potential mental health needs of such individuals. Through training and experience I have developed an understanding of the psychogenic and criminogenic factors associated with problematic behavior and explored the conceptual understandings of conduct disorder, personality disorder, psychopathy and how neurodevelopment and attachment can influence a person's empathic capacity and subsequent relationships. Professionally, I have come to view human behavior through a multitude of theoretical lenses, preferring models which acknowledge the role of systems outside of the individual and how these influence individual thought and behavior, specifically attachment,

psychodynamic and systemic theory. I tend to approach clinical work from an attachment-based framework and view inter-personal beliefs, attitudes, vulnerabilities and strengths as being critically influenced by early experience. I am further influenced by developmental theories which view emotion regulation and communication difficulties as central to many psychological problems and therefore approach the field from an attachment, psychodynamic and systemic perspective.

5.7.4 Self-reflection

Embarking into parent-abuse research, I have remained mindful of why I was initially drawn to this particular phenomenon. I have been driven by my curiosity of what constitutes parent-abuse and what childhood behaviours are tolerated by parents or explained away as part of adolescent development. Having previously worked with young offenders who have been constructed as aggressive and abusive I have gleaned some sense of the how these young people present; yet I came to the project with no experience of working with the parent-victims of these children and thus was naïve to their experiences and presentations. This naivety, though potentially distancing, helped me to approach each interview from an 'outsider' position of openness and interest and enabled me to ask questions from a genuine position of curiosity.

During the interview process I was surprised by the variance of emotional connectedness each parent held to their experience; some parents presented themselves as emotionally detached and contained in describing their experience as exhausting and numbing though others appeared to struggle to maintain their preferred facade of stoicism, togetherness and control which after easing into the interview broke like the 'opening of floodgates' to give way to nervous laughter, tears and sobbing. I felt my capacity to empathise with each parent shift with the degree of expressed emotion and found myself questioning the subjective and objective impact of the abuse when faced with an emotionally disconnected parent. This raised the question of whether parents can be emotionally disabled by the long-term impact of abuse and how this prevents them from advocating or displaying help seeking behaviour at a time when their emotions are devoid.

The process of transcribing functioned to reconnect with the interviews and I found myself becoming emotionally moved and at times distressed by the level of expressed isolation and abuse and hearing the sadness in the participants' voices. Hearing the words at a distance allowed me to feel connected and emotional in a way that is not possible during interviews and led me to reflect on the complexities of responding to disclosures in a researcher role. At times I felt frustrated by parents disconnecting or distancing themselves from the abuse and instead focussing on the functional and non-abusive aspects of

their lives. During the analytic process I came to understand that this may demonstrate coping through use of defence mechanisms by displaying a positive view of themselves and added insight into how parents continue to live in the context of abuse. This frustration continued on reading and analysing the transcripts as I wondered how I could have better put parents at ease to reduce their hesitancy and increase their access to their emotional experiences.

6.0 Findings

This chapter presents the findings of an Interpretative Phenomenological Analysis (IPA) of the six participants' accounts of parenting a child who they experience as behaving abusively towards them.

Four super-ordinate themes emerged from the analysis of interviews:

1. *'Not knowing and the search for answers': Needing to understand*
2. *"I love him but I don't like him"*: Facing and avoiding complex emotions
3. *"Like playing chess with the grand master"*: Parenting amidst abuse
4. *"I won't be defined by fear"*: Temporality and seeking change

The following account offers one possible construction of parents' experiences of parenting an abusive child. The influence of the researcher on the analytic process and the subsequent emergent themes is acknowledged; though I have striven to present a coherent and representative account of participants' experiences based on a systematic analysis and interpretation of the data. I will provide a clear and comprehensive narrative account of the emergent themes and how these express participant experiences.

The need for brevity restricts the extent that each participant's rich and multi-layered accounts can be represented. I have attempted to balance individual experiences and perspectives with more generalized conceptual understandings as per Smith et al (2009), and to represent the degrees of convergence and divergence within and across the participants' accounts. Verbatim quotations[15] from participants are used to illustrate themes. Additional data relating to the super-ordinate themes is available in Appendix 9.16 and an overview of the representation of the group level themes for each participant is available in Appendix 9.18. A summary of the super-ordinate and corresponding sub-ordinate themes are detailed in Table 3. The order in which themes are introduced reflects the emergence of themes during interviews,

[15] All participant data has been anonymised and pseudonyms have been used throughout. For reasons of readability repeated words and fillers have been removed unless pertinent to the level of interpretation of the data. Punctuation is used to denote pauses in speech. Square brackets are used to indicate where material has been added by the researcher. Where text has been omitted or continues beyond the quoted text the symbol "…" is given.

which mirrors the structure of the interview schedule and the sequence that parents were invited to speak about such areas:

Table 5. Superordinate and subordinate themes of IPA accounts

Superordinate Themes	Subordinate Themes
'Not knowing and the search for answers': Needing to understand	Belief that there is a problem
	Locating the root of the problem
	Parenting a complex child
	Using comparison to make sense
"I love him but I don't like him": Facing and avoiding complex emotions	Coping with unbearable emotions
	Facing abuse alone
	Stigma of having an abusive child
	If I can't be rescued, maybe I can escape
"Like playing chess with the grand master": Parenting amidst abuse	Dilemmas of parenting an abusive child
	Trying my best under difficult circumstances
	Expectation to provide financial support
"I won't be defined by fear": Temporality and seeking change	Looking back versus looking forward
	When it comes to support, the sooner the better

6.1 'Not knowing and the search for answers': Needing to understand

This superordinate theme represents how participants make sense of their child's behaviour. All participants talked about acknowledging and naming the child's behaviour as problematic and abusive. Participants' described attempts to understand the behaviour and identify a cause. Parents also described their child as having complex needs and used diagnostic language to understand and explain their child's behaviour. Many participants used social comparison against peers and siblings to affirm that their child was different.

6.1.1 Belief that there is a problem

Belief in the problematic nature of the behaviour was raised by all participants. Many participants described not knowing if the abusive behaviour was part of their child's diagnosis:

> *We've always had problems but it just escalated from there. (Richard)*

Helen spoke of the difficulty in determining what was "acceptable" adolescent behaviour related to individuation and maturity and what was abusive behaviour:

> *But he was always right on the edge of what was acceptable behaviour. (Helen)*

All participants described the problem of being believed by services. Jenny describes viewing her child's behaviour as problematic after repeated abusive incidents and how she struggled to be believed:

> *People wouldn't believe me. You know first incident you can say oh yeah whatever…fourth, fifth, sixth time you've got evidence… no one would believe me…because she's not displaying that problem there and then… (Jenny)*

Helen described her experience of calling the police who were unable to intervene believing the behaviour was a "domestic quarrel". After a second incident and a complaint the police returned to take a statement:

> *So he came back and re-interviewed me and took it seriously and they recorded it as an incident of domestic violence (Helen)*

There was disbelief around diagnoses, impacting on how parents and their children received support from families and services:

> *I was trying to get people to all work from the same system…other people didn't believe it was…my own mother didn't believe in ADHD (Tanya)*

This theme captures participants' difficulties in naming and accepting their child's behaviour as abusive and how this process continues to be complicated by the disbelief of systems of care and support.

6.1.2 Locating the root of the problem

This theme captures participants' experiences of trying to identify the cause of their child's behaviour, as prompted by the question "why do you think the abuse happened within your family"? Participants' accounts raised themes of knowing versus not knowing with some parents identifying a clear turning point for the behaviour. Jenny describes how her child's behaviour shockingly changed with little or no indication why:

> *She just turned over night…there was no rhyme or reason for it…Like a flip of a coin. (Jenny)*

Shock and not knowing were reoccurring themes for all parents, as described by Tanya:

> *I think that's what I found hardest…he went from being happy go lightly to thirteen fourteen where it was a dramatic turnaround... (Tanya)*

All parents attributed causality of their child's behaviour to substance use, as Richard describes:

> *He was smoking weed…and cannabis really has been really the root to all of his problems I think… that's what triggers everything… (Richard)*

Jenny described uncertainty and denial surrounding the possibility of her daughters' substance use behaviour. This may represent the process of searching for plausible answers:

> *Drugs have been brought up and I'm so in denial cos I don't know. I don't know if drugs are playing a part with her or…I don't know. (Jenny)*

Several participants described the causative role of hormones and being a "…typical teenager" (Jenny), though expressed a degree of doubt and uncertainty:

> *Obviously he's got all these hormones he can't cope. But he's getting older and he's on medication now as well. (Tina)*

Tanya provides an alternative account of her understanding of the behaviour, describing herself as an 'authoritative' parental figure:

Unfortunately I was always the 'no' person in his life… most of his animosity was directed at me cos I was the authoritative figure… (Tanya)

Helen's account describes her experience of not knowing the influences of her divorced spouse on her child, acknowledging the potential impact of her son witnessing controlling and bullying adult behaviour:

I don't know if he could have observed that there. But his dad wasn't ever violent to me. He was bullying and controlling but he wasn't violent… (Helen)

All participants questioned the influence of social peers on the child's behaviour, presenting 'black and white' distortions of how other children present, as Tanya describes:

…in his secondary school, you know you have good and bad there, you get sent to hoodie holding bay or pupil referral units…you just got one type of child in there… (Tanya)

The common theme however across all interviews was a sense of not knowing and being uncertain, as described by Tanya:

I'll be asking these questions for the rest of my life in search of answers. (Tanya)

This theme conveys the multiple views held by participants regarding the origin of their child's behaviour. All participants expressed shock at the change in their child's behaviour, describing a seemingly 'overnight' or 'sudden' change. Parents differed in their attributions of causality; some were unwilling to attribute cause preferring a position of uncertainty while others attributed causality to substance use or witnessing of domestic abuse.

6.1.3 Parenting a complex child

Complexity and difference permeated all of the participants' accounts. All but one of the six participants described their child as having a psychiatric diagnosis. Tanya describes how she suspected that her son's behaviour was disordered and complex from early childhood:

> *I'd gone to my doctor saying I was concerned about certain things probably between the age of 2 and 3... he was eventually diagnosed at 11 with ADHD and ASD…When you've got a child with specific learning difficulties normal parenting seems to go out of the window so I've had to accommodate him a lot in my life. (Tanya)*

The degree that parents' pathologised the behaviour varied. Parents described searching for an underlying cause, with accounts of attending 'medical appointments', 'CAMH appointments', and seeking advice from schools and youth offending services. Most parents saw the problem being located in the child with little consideration for the possibility of family, systemic, or socio-cultural causes. I wondered if this attribution functioned to ease emotional distress and confusion by offering a well-established discourse around childhood disorder but also providing a tangible way to signify the difference between their child and peers and siblings and to explain their struggles of parenting. Tanya described actively seeking a diagnosis for her son and the *"vindication"* and *"relief"* felt when professionals suggested a medical cause:

> *I spent most of his childhood trying to prove he…because to most people it's just bad parents…I was almost vindicated. To me it was a relief. To the rest of my family it was appalling… (Tanya)*

Many parents identified specific diagnoses, most commonly 'ADHD'; but also 'Autism', 'Specific Learning Disabilities', 'Bipolar depression', 'Oppositional Defiant Disorder', and 'Conduct Disorder'. For Tanya, whose child presented as the most complex in terms of pathology, there was a chronological and temporal change in the complexity of her sons' diagnoses and how she understood his behaviour:

> *…so that's when he got diagnosed with conduct disorder and oppositional defiant disorder. So they kept adding D's… just getting him statemented…if he'd have had one more diagnosis at an earlier age maybe he would have not been so let down later on... (Tanya)*

Her description demonstrates the weight given to diagnosis as equalling support, access to resources and absolution of blame. Jenny describes how her daughter's behaviour remained unexplained. Like other parents, she suspected an "underlying" disorder:

> *I maintain she's got ADHD. It's never been picked up though…or bipolar because of her highs and her immediate drops and then back up again. (Jenny)*

For Tina, there remained uncertainty and doubt around the usefulness of pathologising her child. She expressed doubt over the reality of diagnosis demonstrating her process of constructing multiple ways of understanding her experience:

> *I don't know where all this comes from really. When I was at school we didn't have ADHD and Autism. You just had bad behaviour… (Tina)*

All parents sought to understand their child's complexities to reduce their child's frustration. For Richard, whose son was diagnosed with ADHD and specific learning difficulties in early childhood, violent and abusive behaviour was viewed as symptomatic of ADHD as *"normal"*, expected aspects of the disorder:

> *I mean some of the ADHD symptoms are quite bad. Violence and breaking things…You know. The normal sort of ADHD symptoms… (Richard)*

Denise understood her son's complex behaviour as puberty complicated by the symptoms of ADHD. Like other participants, she defends her child by downplaying the abusive behaviour and acknowledging the impact on both child and family:

> *He's at a vulnerable age because the ADHD children, all their hormones are delayed… he was always behind at school in puberty so whereas the boys who'd turned into young men…he's still a kid…where parents would be going through all that hormonal stuff at 13, 14, we've gone through it at 17, 18…but obviously it's harder for him. (Denise)*

For Tanya, and for many parents, receiving a psychiatric diagnosis and becoming aware of the growing needs of their complex child increased the fear of their child behaving antisocially and criminally. As these fears became realised parents described their inability to parent using consequential threats and finding it increasingly difficult to parent their child:

They get a diagnosis and at some point they end up in prison. You know, he'd been to prison. Nothing can touch me now. There's nothing to be scared of now cos you know you'll end up in prison…It had happened. (Tanya)

Helen did not speak of her child as having a diagnostic disorder though described how his behaviour was *"alien to me…" (Helen).* This subordinate theme captures the participants' perception of their child as complex with such complexity appearing to enable an increased empathy and perceived insight into the child's behavioural difficulties.

6.1.4 Using comparison to make sense

This theme represents participants' discursive tendencies to use social comparison to understand and gauge the problematic nature of their child's behaviour. Participants compared against family of origin, the child's peer group and between siblings. Helen describes her child's behaviour as unlike anyone in her family using the profound metaphor *"cuckoo in the nest"*; linguistically derived from cuckoo behaviour to depict the notion of an outsider (i.e. the cuckoo) who doesn't belong, an illegitimate child, or a quick growing problem which consumes resources. This metaphor, however, may extend to include the darker and deviously instinctive act by which the cuckoo-chick kills and devours the host-family's offspring with the evolutionary function of increasing parental care, attention and resources. These words were expressed with intensity and tears which I felt demonstrated Helens' anger and frustration with her son's development. Though Helen's intended meaning is unknown, the wording can be interpreted as conveying her sense of her child's difference, especially from what it is to be part of her family:

He is very much a cuckoo in the nest in this respect…there isn't anyone else in our family who's like this. Nobody's violent and aggressive with people like he is… (Helen)

Richard describes finding his child's behaviour hard to accept. Though the specific difficulty in accepting behaviour conveyed by "especially for me" was not explored during interview, this suggests the individual resonance of experience and the potential implication of gender:

Nobody in either of our families has ever done anything like that so it was hard to accept for us really especially for me (Richard)

All parents described comparing their child against peers as a way of making sense. Tanya described noticing her child's challenging behaviours in comparison the expected behaviour of peers, though appears to minimise the extent of her child's difference as a way of protecting her son:

> *His school experiences were where I thought… he was a bit more of a handful than others… so I'd noticed stuff in comparison to friends and to his peers quite early on… (Tanya)*

Tina described how her child used social comparison to understand his own developmental difficulties, leading to frustration and potential behavioural difficulties:

> *I think he was trying to be the same as everybody else and it felt like he was going backwards so the frustration starts again there that he's not the same as his friends (Tina)*

In multiple-child families, there was often comparison between siblings. This may function to demonstrate difference but also exonerate the parent from blame in light of their non-abusive second child. Quite strikingly, several parents' accounts explicitly focussed on the absence of blame, with statements of confusion (i.e. "I just don't know" - Jenny) and self-absolution (i.e. "I haven't done anything wrong" – Richard) being juxtaposed with attempts to make sense, as per the use of comparison. Richard describes the bipolarity of his children's behaviour and his confusion and attempts to understand his child as different:

> *You've got two children. One's there and ones there [gestures to opposite ends]. They couldn't be any more different. I haven't done anything wrong. You can't bring one up right and one wrong. It just doesn't work like that… (Richard)*

Overall, the broad theme conveys multiple attempts to rationalise experience; through the initial belief that there is a problem, searching for causative factors behind the abuse, pathologising the child, and using comparison to make sense of the behaviour, alluding to ranges of discourses available to parents to understand abuse-behaviour. Importantly, it represents parents' need to identify difference but also

similarity in positioning their child among children with comparable problems to provide a basis for understanding their own child.

6.2 "I love him but I don't like him": Facing and avoiding complex emotions

This theme captures participants' emotional experiences of parent-abuse. All participants described experiencing upsetting and unbearable emotions including guilt, anxiety, trauma, shock, disbelief, hopelessness and shame relating to the abuse. Participants described the impact on intimate, familial and social relationships and the sense of having to face the abuse alone; where a spouse or partner was absent to provide support or where extended family were rejecting or avoidant of acknowledging the abuse. This was however not a theme for two participants who retained spousal and familial support. All parents found themselves trapped by the lack of support or legislation for parents and found and there was frequent use of the metaphorical language implying the need to escape from their abuser.

6.2.1 Coping with unbearable emotions

This theme conveys the intensity of the emotions emerging from participants accounts. Many participants spoke about how their emotional experiences had developed into complex mental health problems including depression, anxiety, post-traumatic stress disorder and stress related illnesses. All participants' described anticipating future abuse and the sense that the child was unpredictable and impulsive. Helen describes how living with her abusive son has led to heightened anxiety and vigilance of threat:

> *It's defiantly had its effect on my health and I am anxious you know I am never at ease in my own home. (Helen)*

Worry and fear were present within all participants' accounts. All participants described coping with this fear by avoiding inciting abuse and trying to appease their child by providing for their needs, as Jenny describes:

> *I have to give in, because I don't want it. I'm frightened. It seems like fuelling the fire all the time and I don't want to give in. I want to stick two fingers up and say "sod you". But I'm so frightened for myself… (Jenny)*

The notion of unconditional love was described by all participants who expressed deep affection and love for their child, especially during descriptions of their child in infancy and early childhood. In providing such descriptions, parents appeared to find space to reflect on their parenting experience prior to and after

the abuse onset and to notice the different emotional experiences encountered, inviting room to digest and make sense of these. These warm descriptions were juxtaposed with accounts of *"bitter love"* demonstrating participants' confusing and uncomfortable emotions:

> *As much as I love her dearly, with what we've been through that love has really turned bitter and I know she's my daughter but that love I had for her as a baby and as a child and even as in early teenage years is slowly dwindling. (Jenny)*

&

> *I love him but I don't like him a lot of the time (Tanya)*

All participants described experiences of low mood and all but one participant were receiving pharmacological treatment for at least depression plus other psychiatric disorders. Participants described how seeking help from their GP to cope with their emotions, as Denise describes:

> *I've been on antidepressants since last year because of it all so I'm quite numb to it all now…It takes a lot to get yourself low and I haven't been like that for a long time and you know that was regarding [son] and what he'd done… (Denise)*

Many participants described experiencing anticipatory-anxiety around triggering abuse which repeated across interviews as *"living on eggshells"* – a common metaphor to describe the need to tread carefully around their child to avoid aggression or violence:

> *I didn't want her home. I didn't want living on eggshells again. Cos that's all I ever do, live on eggshells. I give her the benefit of the doubt coming home. Within two days, back to normal again. (Jenny)*

&

> *It's like living on eggshells. You don't know when it's going to happen. (Tina)*

Tina's describes feeling confused by her son's rapidly changeable and unpredictable behaviour. Her use of the term *"psychopath"* may be interpreted as acting to compare her son to a diagnostic group who are often excluded and feared due to unpredictability and threat:

> *It's like he's two different people. It's quite confusing. He can be loving and the next he can be like a psychopath. For anything, if I pulled the wrong face …it's difficult to explain… (Tina)*

Tanya describes how her experiences led her to seek medical advice, through which she received diagnoses of Depression and Post-Traumatic Stress Disorder:

> *I got diagnosed with Depression and Post Traumatic Stress Disorder…I got it described to me by a counsellor by saying because you're in a heightened state of awareness all of the time and it's gone over a long period of time…and you know I jump at anything now and as it progressed… (Tanya)*

For Richard, who used the least emotionally descriptive language throughout his account, there was a sense of coping through emotional avoidance and minimising the seriousness of the abuse. Such stoic language may be interpreted as reflecting implicit gender differences in how mothers and fathers discuss experience but may also indicate a gendered approach to coping with parent-abuse. He appeared less open to discussing potentially shaming emotions:

> *I'm just upsetting myself so why bother going through that…I've got no motivation while I'm arguing with him or you know um worried about what he's doing. If he's safe even…I might as well just hope the best and sort of be a bit blinkered for a while. And it seems to work. I'm happier. (Richard)*

Parents oscillated between describing themselves as emotionally coping versus not coping. Becoming tearful at interview led participants to believe that they were not coping, inferring that emotional containment was a preferred state. Participants described coping by avoiding conflict and confrontation, seeking medical advice, taking psychiatric medication, and emotionally disconnecting to avoid difficult emotions. Of interest, participants who described themselves as coping also described themselves as socially supported.

6.2.2 Facing abuse alone

This theme represents the participants' sense of being on their own, without support, both prior to and during the onset of their child's abusive behaviour. This was a strong theme for the majority of participants. Participants felt that they were not supported practically or emotionally to prevent their child's behaviour escalating and were socially isolated and excluded to cope alone with the abuse. Jenny expressed her isolation and sense of parenting alone. Her hesitancy and nervous laughter suggests that it was difficult, and perhaps shameful, for her to talk about her circumstance:

> *So, um, it's just really me…me...me [nervous laughter]… (Jenny)*

Like Jenny, Tanya describes how she has become insular and isolated by the degree of care and attention required by her son:

> *My sons' condition took over a lot of my life. I've kind of forgotten about me along the way…So I've become very insular… (Tanya)*

Although the relationship status of each participant varied, all parents described feeling unsupported either by the long-term absence of a partner, necessitating that they parent alone, or by the lack of effective support from their current partner. In all cases where a partner was present there had been ruptures in the intimate relationship attributed to the stress in coping with the abusive child. In most cases, such ruptures had led to the rejection of the spouse and the resultant experience of feeling like the abuse was being faced alone. Jenny describes how her husband's efforts *"added fuel to the fire",* indicating that Jenny viewed her husband as part of the problem and their separation as part of the solution:

> *It was a big thing to say to him just go, I can't have you here. You make matters worse by being here. I've never had the backing. He's always been a shadow…Sitting there giving into every whim just to keep her quiet as much as I am trying. So basically, I knew he was just adding fuel to the fire. (Jenny)*

Denise describes finding herself isolated within her own family between the abusive relations of her husband and her son. She describes feeling like being in the middle and unable to take sides leading to a

sense of isolation. Thus, despite having a spousal partner with a shared experience and insight into the abuse one may still feel alone:

> *It got to the point that I said why don't you just fuck off. I can't be dealing with it. I've just had enough. I cannot handle this any longer. I can't deal with carrying on in life being the person in the middle. (Denise)*

Helen describes feeling that she was experiencing the abuse alone given her sons' selectively targeted abuse behaviour towards her and not her partner:

> *He never does this when Ian's around. He only does this when he and I are in the house on our own. (Helen)*

Social isolation and absent friendships were a strong theme, with participants feeling that they had gradually lost or been prevented from maintaining friendships by their child's abusive behaviour. Participants described instances of their child 'acting out' during social visits and attributed this to social jealousy, attention seeking behaviour and attempts to assert control over the parent. Participants also felt that they had found themselves distancing themselves from social connections in order to preserve their social identity prior to the abuse, as Jenny describes:

> *I keep myself to myself really. I'm not a very [pause] no wide knit of friends because of all of the stuff that's happened. I'd rather just keep everything contained. [nervous laughter]. It sounds really silly. You know, people know me as Jenny, they don't need to know what's going on. (Jenny)*

Tanya describes feeling a loss of social identity as an adult. Many of the parents felt like they had been isolated by the abuse and that they were protecting others from their experiences:

> *…because they don't want to hear it anymore I suppose. The futility. The groundhog day of it and the fact that they think that I sit back and just take all of it. I don't think they really know me that well in that case cos that's not the case at all... (Tanya)*

Participants appeared to find care and support from their extended families and spoke about their own parents in positive lights especially as alternative caregivers and providers of respite from their children. However, while many of the participants lived geographically close to their families, there continued to be a sense of isolation due to families apparent own responsibilities or exhaustion or due to family ruptures. Such accounts drew focus to the complexity of parents' situations in desperately wanting support and care from others, especially family and friends, but not being able to ask or receive care, with Jenny providing a stark description of caring for others without receiving reciprocal care:

> *Everyone comes to me for problems. Not anyone wants to listen to me when I need it. And, that, that's what I think sometimes is the problem [laughter]…I'd just like someone to just give me a big hug and say you'll be fine. You'll get through it Jen, and not one person done it. Not one. Not one person… (Jenny)*

Isolation and being alone was also raised as a theme for the child, with many parents describing their child as having few friends and social connections owing to their antisocial and abusive behaviour, acting to position the problem once again within the child: :

> *She has no friends. Nobody. No one bothers with her because of her. No one talks to her because of her (Jenny)*

This theme represents participants' experience of being alone throughout the development and continuation of their child's abusive behaviour. For all parents, there was a strong need for them to feel supported by their partner, family, or friends. The feeling of isolation for many led to experiences of shame and sadness especially where participants described previously full and active social lives.

It is important to note that although all participants expressed feeling alone, from the interviews it felt that some participants, especially Denise, privileged the maintenance of their own identity and relationships over attending to and repairing their family ruptures (see 6.4.1) as a coping strategy, which may have led to the reduced feeling of isolation and less expressed sadness.

> *…just needed to get out to be me…I don't feel like me at all…It's just nice to get out. Nice just to be Denise and not mum… (Denise)*

6.2.3 Stigma of having an abusive child

Stigma and shame presented as repeating themes throughout all interviews. Participants often described the social stigma surrounding this form of abuse, especially during accounts of police involvement which had been publically visible and liable to social judgement. Like many of the participants, Richard describes feeling a sense of shock and shame when witnessing his child being returned home by the police:

> *I couldn't believe it. I was embarrassed. I was just embarrassed. I couldn't say anything to him. You know I thought I'd let them deal with it. You know it was embarrassing. (Richard)*

This description expresses many of the participants' sense of not being able to contain their child and requiring intervention to regain control. The experience of shame appears to lead Richard to abandon hope and relinquish control to the police. This perceived sense of inadequacy as a parent may offer an explanation as to why parents refrain from involving services until late into the abuse to reduce this sense of shame and requiring additional support. Jenny describes the stigma of having an abusive child:

> *I think it's feeling ashamed. It's, it is really degrading that you can't control your own child… (Jenny)*

For Helen, shame arose from comparing her hopes and aspirations for her family against her present parenting experience:

> *I find it very difficult. I'm so ashamed. You know I've had the benefit of a lovely home life and upbringing. A wonderful mum and dad. I've had an education. I have a beautiful comfortable home. I have a loving husband. We have plenty of money in the bank. You know we have every advantage and yet we're not a happy family and I feel so ashamed of that. (Helen)*

This account relates to participants strategy of making sense through comparison (see 6.3.3) and raises to question whether stigma is intensified where parents have less systemic and familial experience of anti-

social and disordered behaviour. Participants' described experiencing intense shame (see 6.4.1) which as Denise's account describes, is often unbearable and actively avoided through medication:

> *I used to find it really embarrassing when I was out but it doesn't bother me anymore…it's hard to bring feelings and emotions in it because that's what the tablets that I'm taking stops so it's harder to be…you know, and I don't want to come off of them cos I won't be able to cope with it. (Denise)*

Overall this theme appeared to permeate through all of the interviews both verbally, as per the above quotations, and non-verbally through hesitancy to speak about their experiences, incongruent expressed emotion in relation to the words spoken; especially nervous laughter, and by changing the direction of the conversation to cognitively avoid thinking about their experience.

6.2.4 If I can't be rescued, maybe I can escape

This theme represents the participants' sense of being trapped by an absence of statutory guidance to protect parents from future abuse and wanting to escape from their abusive relationship. All participants described the absence of legislative support around parent-abuse and how this restricted their options in seeking and receiving support. Helen describes her experience as being *"assaulted",* indicating that she had begun to frame her experiences as problematic. However, like many participants, Helen was told that there was little support that could be offered in the early stages of the abusive relationship:

> *At first the policewoman refused to take it seriously. Um. She said it was a domestic quarrel and there was absolutely nothing she could do about it. I felt that I'd been assaulted in my own home because I'd been pushed over. (Helen)*

Participants' experience of feeling trapped by the abuse emerged from all interviews, with a sense of manipulation and coercion presenting as seen in IPV experienced as strategies employed by the children to impose control, as described best by Tina:

> *…if you are attacked in your own home by a stranger you can defend yourself but obviously if I would have turned around and smacked him he would have called the police. He's done that before. He will twist things to make you look bad and make him look good. He's very clever… (Tina)*

Tanya's account continues the theme of not being able apply the rules of IPV to APVA, using the term *"dump"* to relate the language of adult relationships; where a partner is 'discarded', to the complexity of not being able to discard a child:

> *You can't do that with your son though. You can't dump them can you? (Tanya)*

Tina goes on to describe how her attempts to reprimand her child by excluding him temporarily from the family home were met with threats of parental prosecution and legal action by social services:

> *Well you can't win. You try to show your son that they can't behave like that and then the people who are meant to be helping you [social services] tell you that you aren't looking after them properly and are going to try to prosecute you if you don't take them home. It's horrendous. (Tina)*

Many participants described the interventions offered by support services including YOT's as helpful but emphasised how more was needed to change the behaviour and life of their child. Helens' description of the limited YOT contact offered to her son represents most parents' accounts that there should be more interventions and support for the child and parent alike to reduce the abusive behaviour:

> *But the youth referral order means that he sees [YOT worker] once a week and he sees a drug lady once a week…but I don't think that's enough to change Harry's behaviour… when you have a boy who goes out looking for trouble and he has five days a week time on his hands you are gonna get more trouble and you're not going to break that pattern and turn it round with one half an hour visit a week (Helen)*

All parents described the hope for the abuse to end and to be free from the abusive behaviour. This overlaps with 'Looking back versus looking forward' (see 6.4.1) which speaks to parents' sense of wanting to be free or to escape their parental responsibility in light of abuse. Jenny's description poignantly represents participants' sense of needing to escape from the abusive relationship. Her use of *"Lego"* as a metaphor for change brings the elements of imagination, play and childhood into the conversation and conveys the tendency for parents to escape through avoidance and imagined futures:

Jenny: *It's horrible…absolutely horrible. If I could just [nervous laughter] pick myself up and go I would. It's not that easy [pause].*

I: *Where would you go? What would you do?*

Jenny: *Anywhere, I really would. If someone could just pick me and my son [non-abusive child] up, literally like a little Lego house and move us…anywhere… I don't want to be near my family because of the rift we've had through the family cos of it. There all very pro [daughter]. "She's only young, she'll learn by her mistakes". And you give her the benefit of doubt once. A mistake is a mistake. Do it the second time. That's not a mistake [nervous laughter]*

This theme raises the question of how best to guide practitioners to respond to this form of abuse but also how to enable parents to feel safeguarded from such abuse. In summary, the superordinate theme of 'facing and avoiding complex emotions' captures participants accounts of feeling emotionally uncontained and unsupported by the institutions expected to provide a caring role, including the family, peer group, police and statutory services. The theme also captures the isolating impact that stigma and shame can have on the parents' willingness to speak out about their experience and to be seen as vulnerable.

6.3 "Like playing chess with the grand master": Parenting amidst abuse

This superordinate theme captures participants' experience of maintaining parental responsibility over their abusive child. All parents talked about the multiple dilemmas of continuing to parent a child who behaves abusively related to: help-seeking, reporting their child to the police, being seen to be neglectful if they walked away or excluded the child from the family, and wanting to improve relations. All participants conveyed a sense feeling at a loss of what more to do given the difficult circumstances.

6.3.1 Dilemmas of parenting an abusive child

This theme captures participants' experiences of needing to make difficult parenting decisions. The theme refers to the reflective process that most participants described in relation to not feeling able to trust their child in their own home, parenting from a distance, sacrificing themselves to protect others and waiting for the abuse to escalate to receive support. All participants described the impact on employment and how they faced the decision of going to work to provide for the family or, where children had been excluded from school or attended college infrequently, as per Jenny and Tina, to stay at home to supervise their abusive child. Participants described how being apart or being with the child presented different but equal problems:

> *I haven't worked over the course of this because I'm constantly up and down at the school…it was just more than having a job was worth. (Jenny)*

Jenny describes feeling unable to work in part due to her required presence at school. Of the three participants who were unable to work, all described a loss of self-esteem, lowered self-confidence and isolation from age-related peers, and described wanting to find work in the near future in order to reclaim a sense of self-worth. Participants described the difficulties of being at home with their abusive child for long periods and how this increased the likelihood of being abused:

> *It was happening every day. Oh my God it was all day. All day. (Tina)*

All parents described not being able to trust their child to be alone at home in fear of incurring property damage, financial abuse or the child using the home for illicit behaviour. Many participants described periods where their child lived away from the family home, either with extended family or in a YOT-

provided hostel, and how this had seemed the only option for the family at the time. Jenny describes asking her daughter to leave the family home after uncovering financially abusive behaviour:

> *I said "I want my keys back. I can't trust you in my house if I'm not here with you doing things like that"…I just saw red…so she doesn't live with me at the moment. (Jenny)*

This reoccurring theme of parenting from a distance expresses participants' need to emotionally and physically distance themselves from their child while trying to maintain parental responsibility and concern. Denise's account expressed her need to "wipe out" her child demonstrating the intensity of emotion and desire to return to sense of control:

> *When he moved out the first time I didn't want to talk to him for two weeks cos I was infuriated with him….we redecorated when he moved out the other week… It just feels like I've got to wipe him out. I can't have him at home anymore. (Denise)*

Participants described parenting from a distance and the uneasy emotions of living apart from their child; describing success in removing "the problem" while wanting to maintain a sense of family, as Richard describes:

> *I mean now obviously he's not here it's great for us because we're not having to bolt everything down but then in the other sense it's not great because obviously we would rather he was here and normal, whatever normal is. (Richard)*

Containing the abuse in the home versus setting free an emotionally uncontained child was a common theme across participants who described feeling responsible for their child's actions. Jenny describes allowing her child to direct her abusive behaviour at her as justified when viewed as a preventative step in avoiding harm to others and possible prosecution for the child:

> *You do it don't you, you protect your loved ones, and that's how it all stemmed off, because [her husband] was protecting her from going out to do something a lot worse than just biting and smacking him cos she just saw red… (Jenny)*

Jenny's recurrent metaphor of *"seeing red"* suggests a sense of sudden and intense emotion and a loss of control, as mirrored by both parent and child in different situations. The colour metaphor may also allude to the anger and rage experienced during periods of high emotion.

Participants described having to wait for the abuse to escalate to receive attention and intervention from services. Tina describes being told that she could not receive help from the police or services until there was clear evidence of abuse, demonstrating the bind of not wanting but needing the abuse to escalate:

> *When I knew it was going to escalate I would call the police. Then they'd come out they'd say well we can't really do anything because he hasn't done anything yet. But then I know if they don't arrest him or do something it's going to escalate and then it did… (Tina)*

Helen also alluded to parenting amidst escalating abuse describing how her case was not considered serious enough to qualify for intervention:

> *We weren't considered a serious enough case to qualify for help. It's only when you are in deep distress that they finally say well we better help you then (Helen)*

Participants described divergent accounts of their approach to involving services. For some, as child mental health services had been involved from the outset, it was regarded less stigmatising to raise concerns of escalating behaviours. For others, such as Richard, there was hesitation and fear of being seen to report one's own child to the police:

> *We never rang the police and you know we should have done I think at that stage…We thought we'd deal with it. We didn't want to get him you know in the system… (Richard)*

For others, such as Tanya, previous unsuccessful police responses or outcomes had established a sense of hopelessness in involving the police:

> *I have to decide whether I have him arrested for fraud again…I've taken my son to court four times. Pretty much unsuccessfully every single time I might point out… (Tanya)*

This theme captures participants' experience of making parenting decisions in the context of escalating abuse and/or being separated from their child whilst continuing to provide care. The theme highlights parents vulnerabilities and need to preserve their own interests though recognises the responsibility to the equally vulnerable child, raising the question of how parents can be expected to negotiate such dilemmas without appropriate guidance and support.

6.3.2 Trying my best under difficult circumstances

This theme refers to participants' sense of trying their best and presenting themselves as a good parent. All participants described having tried various approaches and methods to understand, change and cope with their child's behaviour. Throughout the interviews there was an overwhelming sense of parental guilt, with all participants questioning their efforts and if they could do more for their child. Importantly, this theme intertwines with the previously described theme of 'parenting a complex child' (see 6.1.3) in that the participants' accounts express that their efforts as parents had been hindered by the complexity and challenging behaviour of their child. Richard's account representatively describes how his efforts to instil discipline and reduce abusive behaviour felt to be making the situation worse:

> *I'm now of the opinion that maybe by me trying to help…thinking I'm trying to help it's just making things ten times worse because I'm trying to discipline him but that's not working. But then I just can't make myself just give him everything he wants and just to keep everything peaceful and quiet… (Richard)*

Tanya's description is a striking account of the efforts of parents to identify and adapt to the needs of their complex children and the frustration and exhaustion when best efforts failed to change their child's abusive behaviour. Her sense of *"playing chess"* expresses the game-like quality of abuse and how she felt like she was losing. Her sense of feeling undermined by her son raises questions to how useful parenting courses can be and how the parents' attempts to increase their parenting resources and power is perceived and used by the child:

> *He'd know when I'd done a parenting course. He'd know when I'd read a book. I mean he was so 'you done another course mum'. So it's like playing chess with a*

grand master. It's like having the enemy within. It sounds really dramatic but you know at some points it bloody well was. (Tanya)

All participants described wanting to stand up for the rights of the child, not wanting the child to be failed by the systems around them, viewing the child as vulnerable, and continuing to parent despite the child's challenging behaviour. Like many parents, Jenny describes her sense of responsibility to protect her children. Her use of the term *"babies"* can be seen to infantilise her adolescent children highlighting the struggle between providing care and allowing the child to mature and make mistakes:

I just want to be there for my babies. That's all I do. You know. And if your mum and dad can't be for you who else would be there for you that's gonna have your back. No one. (Jenny)

Tanya's account also describes the sense of trying to help the child to succeed and overcome difficulties; recognising that the child required extra input and effort from services but especially from the parent:

I've only ever wanted to help him. Whatever his difficulties were to work with them and the schools to make his life easier and actually get into the same levels as his peers whatever means. (Tanya)

Many participants described how their best efforts were being thwarted by external influences on the child; including the second parent, peers and media influences. Participants described feeling that time spent with a secondary caregiver (i.e. birth father, spouse) contradicted the behavioural work that they had tried with their child and felt that their best efforts were jeopardised. Richard's sense of being *"50 percent of the parent"* may reduce his self-efficacy as a parent but may also act to reduce his sense of responsibility and overall blame.

Participants all described their fear of being viewed as a bad parent. Such accounts raised the possibility that parents may have held back from disclosing potentially incriminating aspects of their parenting approach or experience, though most seemed able to describe at least some dilemmatic experiences. Parents described struggling to contain their emotions and feared that they may react or respond aggressively towards their child, as Jenny describes:

I'm going to be brutally honest now, I'm frightened that I'm actually going to lose it…just beat the shit out of her really. I think I would just go over that mark as a parent…and, er, um, and see her as an object or as a threat. I don't think I could. But I just think that someone pushes your buttons so much in life and you just snap, don't you? (Jenny)

In summary, two opposing views emerged; *success and failure as a parent*. All participants positioned themselves as feeling *successful* in the sense of being a good parent; describing instances of their efforts and attempts to manage their child's behaviour. Such efforts were often juxtaposed against their sense of *failure* as a parent and sense of guilt.

6.3.3 Expectation to provide financial support

This theme conveys the participants' experience of financial abuse and the financial costs of parent abuse. All participants described viewing the provision of financial support as part of the parenting role, though the shared experience of wanting to launch the child to be independent was frequently raised. Tina's describes experiencing verbal and physical abuse when encouraging her son towards independence reflects the conflict of interests of parents wanting to launch the child and the child wanting to remain dependant:

He just doesn't know how to look after himself so he's still reliant on me to do it for him and he goes mad if I don't. It's like a push and pull where he expects me to do it all. (Tina)

All parents' accounts expressed the sense of parental responsibility to continue to provide financially, as described by Jenny:

The only time she will ring is if she's after money. "I need…I need…". Well obviously, you have to provide it. (Jenny)

Jenny's account points out the *"obviousness"* of providing financial support, assuming that this is a view held by other parents and by the interviewer, highlighting the sense of pressure to materially provide as

a parent. Tanya describes the dilemma of needing to work yet needing to remain at home to prevent property damage and financial abuse:

> *Loss of earnings has the biggest effect because if you're not earning what you need. I'm a one parent so if you're not earning you're screwed basically… (Tanya)*

All parents described feeling unvalued and unappreciated by their children; despite their best, and often excessive, efforts to provide. Denise experienced her child's behaviour as "always expecting more" and "jealousy" of siblings:

> *If you give him a penny he'll want two pence. You know. So there was never enough and it's quite draining because it makes you feel that as a parent you've not fulfilled… He's admitted that he's jealous of his sister…but it always used to just turn into 'want more' and it's still like it now… (Denise)*

Denise described demonstrating the families' investment in their child, which extended to showing him invoices and expenditure. This may be interpreted as demonstrating parental love through 'money spent' rather than 'time spent' and the need to justify family behaviour. She alludes to there being an emotional and attention-seeking basis to her child's behaviour describing this as the *"bottom line*":

> *[He] had the best…and when Roger got all the invoices out to show him how much he'd spent on him… I think it's more to do with that his sister got me. My attention…and I think that was the bottom line of it (Denise)*

Both Helen and Richard experienced their child's financially abusive behaviour as reinforced by their need to afford substances and not being able or willing to earn independently. Across the interviews there was a shared understanding that the child believed that parents should provide unconditionally, irrespective of the purchase:

> *…because much of his need for money and his bullying me for money is linked to his drug taking. (Helen)*

&

> *[drugs]…but we wouldn't fund it, we wouldn't give him any money so then things would go missing and then you know and then it just escalated from there (Richard)*

Richard goes on to describe that his experience of abuse has been mostly financial, with property theft and damage as the main forms of behaviour. Richard's experience of 'financial abuse' being less serious than other forms of abuse may be interpreted as relief that abuse has not escalated beyond material possessions, (i.e. into physical violence) for which Richard may not be overly emotionally attached. Alternatively, this may demonstrate coping through minimising the seriousness of abuse, though this was not objectively accessible:

> *Most of its been financial. He breaks things and sells things and steals things so yeah I've been disappointed and angry but it's just material goods isn't it it's not you know. He's hurt us like that…he hasn't hurt us physically so we just get on with it and hope that nothing else goes (Richard)*

Helen provides a poignant account of what it is to be threatened and verbally abused by her child who used intimidation, physical and verbal abuse; including derogatory and degrading language, to overpower her and take money from her purse:

> *He snatched my handbag and was threatening to go in the handbag and help himself to the money. He ended up pushing me over and he was standing over me shouting, "is this what you want you fucking stupid cow" and "why don't you just give me the £10. It's only £10. You've got the money". (Helen)*

This theme captures all participants' experience of financially abusive behaviours. The accounts demonstrate how parents experience their child's use of threat and fear to control and manipulate them into providing care and financial support.

This superordinate theme encapsulates the various strategies that participants use to maintain a parenting role while being the subject of their child's abusive behaviour. The alternative to projection of blame unto the child (*see 6.1.3*) appeared to be justification (i.e. lack of support, trying their best). This strategy may act to provide a sense of control and agency in a situation which may otherwise feel hopeless and uncontained.

6.4 "I won't be defined by fear": Temporality and seeking change

This superordinate theme captures the participants' experience of coping over time and the emerging discursive narratives of hope and seeking support. All participants described anticipating future abusive behaviour contributing to their experience fear and not feeling able to move on from the abuse. Participants all reflected on the past and possible futures and described finding ways to cope through looking forward to a life without abuse. All parents, though to different degrees, described the value of early confidential support and being able to talk to people without their child's awareness.

6.4.1 Looking back versus looking forward

'Looking back versus looking forward' represents the participants' attempts to cope with their experiences by shifting the focus of their discursive narrative. Participants' accounts contained physical and psychological shifts in space (i.e. geographically moving on) and time (i.e. movement of descriptions from past, present and future) demonstrating the importance of understanding the timeframe of abuse. This theme was most apparent where participants juxtaposed an example of their child's abusive behaviour with a statement of an imagined positive future or a change in a desired direction, as described by Jenny:

> *I've still got a long way to go. But I'm nowhere where I was…and that's what matters…and all I have to do is look to the future and that's the only way I'm dealing with it at the moment. (Jenny)*

All participants experienced a sense of waiting for the abuse to pass and believing that once over their previous life would return. This sense of waiting captures many of the participants' experience of their child maturing and developing into another person which felt outside of their parental control. For Tanya, there was a sense that her ability to cope fluctuated but that she held on to a sense of hope that she would be able to cope again in the future:

> *Sometimes I haven't coped…and you just wait for the day that you do cope again (Tanya)*

Across participants accounts there was a sense of parents feeling progressively able to cope with the child's behaviour and developing ways of reinstating traditional parent to child roles. Like other parents, Tina describes how her confidence has grown over the course of living with her child's behaviour enabling her to respond in the moment:

He realises now that I won't tolerate it. Like if he pushes me now I will push him back…so I'm starting to retaliate and he backs off… (Tina)

On overriding sense of pride was present in all accounts in comparing where they had been in previous months to where they were now. This could be interpreted as an important part of coping in identifying change and difference across their experience of abuse, as described by Jenny:

I just have a focus. Just think maybe two, three years this will all be underneath the carpet. I'm proud of where I am now…learnt to drive and the worlds my oyster. So that how I've got to look at it, positive… (Jenny)

Many participants described coping by holding on to a sense of what is *"normal".* Several participants expressed a sense of exhaustion over continued failed attempts to compromise or understand the child's behaviour. Like many participants, wanting to move on as a family without fully understanding or confronting the underlying problem, which may be interpreted as coping through avoidance or denial of the more complex, systemic nature of the problem:

I just tried to carry on as normal really …in the end it got to the stage where we're at now still where I just said that there is no discussion about this. You'll never agree with me and I'm certainly not gonna agree with you so I'm not gonna talk about it. It's history… (Richard)

For many participants the importance of maintaining identity outside of the family, either through employment or self-interests, emerged as central to their ability to see a future and to cope with the abuse. For Helen, it was important that she retained her own identity outside of the story of abuse:

I don't want my life to be defined as the woman who's living in fear of her son (Helen)

Helen continues to describe how her employment enabled her to cope with family life by providing a comparative view of herself as coping and instilling a sense of self-worth and esteem:

Work is very important to me because it feels like the only part of my life that I know how to do right at the moment… (Helen)

For Denise, who expressed commitment to her full-time employment and to her self-interests, there was a sense that she found ways of coping by taking back the time previously afforded to her children and highlighting her need for self-care, however this could be interpreted as emotional avoidance and reluctance to address problems within the family:

> *I'm not going to revolve around him. I won't revolve around everybody anymore because I do not get any me time and in this last year or so it's been a case of I need to do…I need to have some me time cos if not all I do is something for everybody else but I don't actually get anything for me… (Denise)*

As not all participants identified as being employed or having self-interests outside of their family, a question is raised as to how participants who identify as full-time parents maintain the self-esteem and positive outlooks demonstrated in their accounts.

Across the six interviews there was a clear difference between participants' perceived stage of abuse. Some participants described feeling like they were in the "thick of the abuse" and that the abuse was very much current and ongoing while others described feeling a sense of beginning to "overcome the abuse" or feeling that the abuse was starting to move into their past narrative. The diverse emotional, physical and psychological positions of participants strengthen this research as we are enabled to view the journeys of parents within their abuse contexts highlighting the importance of time.

6.4.2 When it comes to support, the sooner the better

This theme captures the participants' experience of not knowing who to turn to for help and the importance of early support. This theme overlaps with participants' experiences of being 'If I can't be rescued, maybe I can be saved' *(see 6.2.4)*. Many participants described a sense of waiting for help and feeling hopeless. There was a shared sense of not knowing what help would be available to them if they were to speak out:

> *There still aren't many people I speak to cos I just don't you know. It's…there's nothing anyone can do. It is what it is. (Richard)*

All female participants described seeking help early from their general practitioner (GP), as gatekeeper to providing confidential specialist advice about their child's behaviour. Several participants described the challenges of receiving clear advice due to the absence of their child in the GP surgery and the unknown nature of the behaviour:

> *Obviously had the doctors. So that's normally the first port of call if you think there's a problem. Behaviour or mental. Whatever the problem is….doctors are the key point I think. (Jenny)*

Female participants also described seeking medical advice from their GP to alleviate and help them cope with the emotional symptoms arising since the onset of their child's abusive behaviour:

> *That's why I ended up going to the doctors cos I couldn't handle it anymore… (Denise)*

Denise's account describes her struggle to seek and accept emotional support. Her description adds potential insight in why Richard, as the only father and male participant in this study, did not describe seeking help from his GP:

> *We're bought up in a world of you fall over you get up get on with it. You know. People are on antidepressants. That's for other people. I could have probably done with going on them years ago to be quite honest… (Denise)*

Of importance, as Denise and Richard were a married couple living with their abusive child one interpretation may be that Richard felt adequately emotionally supported within his spousal and friendship systems thus negating the need for further help. Alternatively, his decision to cope without speaking to professional staff may reflect the stigma surrounding men expressing emotional distress and the shame surrounding being perceived as a vulnerable adult. Given that Denise describes the need for additional support outside of the relationship it may be that she was inadvertently holding the emotions for both partners leading her to seek medical intervention.

All participants were recruited through a YOT, and as such they had prior access to support from a parenting worker. All participants described finding the information and support from the YOT important in helping to normalise their experience and providing confidential support:

We've had the people obviously from youth offenders who come out and see us so yeah and they've been quite helpful and giving us tips and ideas about safe places and you know things like that which we've all taken on board. Erm. That's it really… (Richard)

Denise's account provides further evidence for the importance of confidential and empathic support though highlights the absence of support prior to their child meeting the threshold to be seen within the YOT:

Having a third party has been great and having all the help from youth offenders has been great but before youth offenders there's nothing out there. (Denise)

Many participants described their interactions with YOT as helpful in introducing them to other parents who also experienced and could empathise with parent-abuse:

Meeting mums with not your average kids…these were extreme parenting kids'…the support from other parents going through similar things was probably the best thing that came cos you feel very alone. (Tanya)

For Tina, having support outside of her family provided an additional tool for coping with her child's behaviour, with the act of speaking about the abuse mediating the child's behaviour:

But now he knows that I will tell people what he does he's sort of backing off a bit more. (Tina)

Many participants described the importance and value of additional professional services, which across the interviews included counsellors, psychologists and multi-systemic therapists:

I have more tactics to work things through. You know, I've different strategies, to have a different way of thinking if someone's in your face. That's through counselling. I've had CBT therapy. Doctors…you know…been helping me. So I've had two lots of CBT therapy...um…but it's going to take time. (Jenny)

Though most participants described the benefits of supportive services, Helen's account of the support

received from the multi-systemic therapist questions the suitability of family-based interventions where not all family members engage, especially the identified abusive child:

> *You know ideally we as a family should all meet with [multi systemic therapist] but [son] won't meet with her and she says try this and try that and we try it and then we have to come back and tell her what's happened…so you know we're struggling to make that work really to try and get something out of that. (Helen)*

Several parents described the importance of being able to confide in friends and work colleagues and how this provided an additional source of support:

> *I've got people I can talk to so I've got people around me I can talk to about it and even my boss is really good actually. (Denise)*

This theme highlights how participants cope through seeking confidential professional support which appeared to provide an outlet to normalise and receive empathic care during a time of uncertainty. The theme also raises the importance of *time* with participants making reference to past; "*last year", "years ago",* "*but before;* present *"But now…"*, and the future *"going to take time"* indicating how abuse may be constructed as such by parent-victims.

The superordinate theme of coping with abusive relationships represents the various levels at which parents are required to cope in order to maintain their parental responsibility within an abusive child-parent relationship. The overarching theme across the interviews of isolation, absent support and the importance of empathic support highlights the need for improved detection and legislation for parents to reduce their experience of coping alone within the abusive dynamic and increase their sense of being valued rather than judged.

6.5 Final Thoughts:

During the analysis of the interviews I felt drawn to a particular quote which I felt embodied the complexity of parents' experiences:

> *…he's not a boy and he's not a man. He's in this funny in-between area and he doesn't know what he's bloody doing. He hasn't got a clue but he likes to act the big hard man but that's just a front but he needs somebody who he likes and respects who can guide him through the next couple of years. (Helen)*

These words focus attention upon of the intricate nature of childhood, adolescence, attachment to others, the construction of boyhood into manhood, and the temporality of the abuse dynamic. The quote further captures the resounding hope that parents interviewed during this study held that the current research may help future parents find the understanding and support that they have not.

7.0 Discussion

This chapter will discuss the findings of the current study in the context of the research question, existing theory and literature. I will also refer to new theory and literature where this is felt to be relevant to themes which emerged during the study. Following this, I will consider the implications for clinical psychology and wider institutions, methodological limitations of the study and suggestions for further research.

I would like to remind the reader that by giving voice to the experiences of parent-victims, it is not my intention to justify or to minimise the impact of the actions, or inactions, of the parents within their parent-child relationships. It is however my intention to further the understanding of one side of a dyad which involves both the parents and their adolescent children, in order to contribute to a fuller picture of the complex issues surrounding APVA.

7.1 Experiences of parents who have been abused by their adolescent children

The data provided four superordinate themes representative of participants' psychological experiences within the rational, emotional, functional and temporal domains of trying to understand their child's behaviour, the parents complex and often unbearable emotional experiences, their experience of maintaining parental responsibility amidst an abusive child-parent relationship, and the experience of using the passage of time to understand the abuse-dynamic. Though qualitative research can only ever provide singular constructions of experiences, the present themes go some way to inform and answer the research question of: *what are parents' experiences of violence and abuse from their adolescent child*, as discussed in relation to past findings and how this may inform clinical practice. The findings will be discussed within the following sections:

- 'Not knowing and the search for answers': Needing to understand
- "I love him but I don't like him": Facing and avoiding complex emotions
- "Like playing chess with the grand master": Parenting amidst abuse
- "I won't be defined by fear": Temporality and seeking change
- Viewing the parents' experience through the lenses of family structure, parenting and attachment style

7.1.1 'Not knowing and the search for answers': Needing to understand

The theme of *'not knowing and the search for answers'* speaks to parents' need to make sense of the abuse experience amidst multiple social discourses available to them; finding that parents may rationalise their experience by moving towards a belief that their child's behaviour is beyond that expected of adolescence, gaining comparative belief from others, searching for causative factors, drawing connections between the child's pathology and the abuse behaviour, and using social-comparison to make sense. These findings are consistent with research that views family-abuse through lenses of *children's-rights* (Holt, 2013; Hunter & Nixon, 2012) and *family relations* (Micucci, 1995) and will be discussed within these conceptual frameworks. The *'Drama Triangle'* will also be introduced as an alternative way of viewing the parent-abuse dynamic, providing a possible way to conceptualise parents' descriptions or references to experiencing *'parent-blaming'* and positioning themselves within a *parent-victim* role (Baker, 2012; Edenborough et al., 2008).

All parents described *disbelief* that their child's behaviour was problematic. This was especially true for parents who held established discourses around their child's complexity and the abusive behaviours as symptomatic of their child's diagnosis (see 6.1.3). Several parents describe constructing their child's behaviour as problematic following repeated and overt incidents of abuse, as is consistent with Eckstein's (2003) qualitative research pertaining to the emergence of parent-abuse within families. All participants described experiencing *disbelief* from services and the dilemma of needing the abuse to escalate to meet the threshold for frontline-service intervention (see 6.3.1). Viewed through a *children's-rights* lens, this experience may speak to parents frustration at the level of rights afforded to children (i.e. *the child-saving movement*; Holt, 2013), whereby the child is constructed as vulnerable and dependent requiring protection, rather than prosecution. Of course, the reality remains that many vulnerable children find themselves victims of child-abuse and for these children it is clear that children's rights serve a vitally important role within society. Yet for many children, such rights may inadvertently allow a degree of power and control over the family and wider institutions (i.e. school, frontline-services) viewing previously punishable behaviours as permissible, especially in the absence of policy or legislation. In this sense, the *self-* and *professional-disbelief* described by parents may reflect the requirement for both parents and professionals' to overlook behaviours which do not meet the required thresholds to delay their requests or provision of support until the abuse is deemed harmful, demonstrating the bind experienced by all involved.

Parents understood their experience as related to their child's perceived complexity; describing their child as having suspected or diagnosed mental health condition(s), most commonly ADHD; but also Autism

Spectrum Disorder (ASD), Specific Learning Disabilities, Bipolar Depression, Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD) (NICE CG158; 2013). The reported child psychopathologies correspond with existing literature which reference the existence of childhood mental health disorder in some form (i.e. Evans & Warren-Sohlberg, 1988; Laurent & Derry, 1999; Nock & Kadzin, 2002; Parentline Plus, 2010; Perera, 2006) especially those which found parents to use clincial diagnoses to understand and explain abuse (Cottrell & Monk, 2004; Doran, 2007; Stewart et al, 2007; Haw, 2010). Viewed through a *family systems lens*, the present finding may provide support for Micucci's (1995) interactional sequence model of APVA which suggests that the dynamic is perpetuated by the '*families' agreement that the adolescent is 'the problem' that requires fixing'* blinkering parents from alternative areas of family strain. By positioning the *'root of the problem'* within the child, parents may also reduce the extent that they experience the well documented phenomena of *'parent-blame'* thus freeing them from the associated experiences of shame and guilt.

The parents' experience of *'needing to understand'* also speaks to their sense of renegotiating their parenting role within a *'parent-victim'* versus *'child-perpetrator'* dynamic (Holt, 2011). Though domestic-violence literature appears to be moving away from using such terminology, due to the stigmatising and undesirable nature of each position, the location of APVA within legal and justice frameworks, among others, requires that the application of these constructs is understood in relation to apportioning blame and support. Karpman's (1968) Drama Triangle (DT) may provide a novel and previously overlooked approach within the APVA field. The DT is a psycho-social model of human interaction situated within the wider theory of Transactional Analysis (TA). The triangle constitutes three intrinsically connected roles - *Victim, Perpetrator,* and *Rescuer* (see figure 4), with Karpman (1968) suggesting that individuals unconsciously enact each role interchangeably and may occupy simultaneously different roles dependent on their perception of the abuse-dynamic. For instance, while a parent may perceive themselves as the *Victim*, they may be perceived by the child as the *Perpetrator*, with both parties looking to a third member, possibly a second parent or external agent, as the *Rescuer*. Given the DT's choice of labels, this triangle has particular application to legal services who systemically position themselves interchangeably as *Rescuers of Victims and Perpetrators* of blame to both *Victims* and *Perpetrators* of parent-abuse (L'Abate, 2009) with several authors highlighting the application of DT in working with domestic violence (Gard, 1993; Hawker, 2000). Though the triangle clearly has relevance in understanding APVA, the fluidity of the roles and perceiver biases have prevented empirical testing and wider applications, hence the absence of coverage within APVA and wider afield.

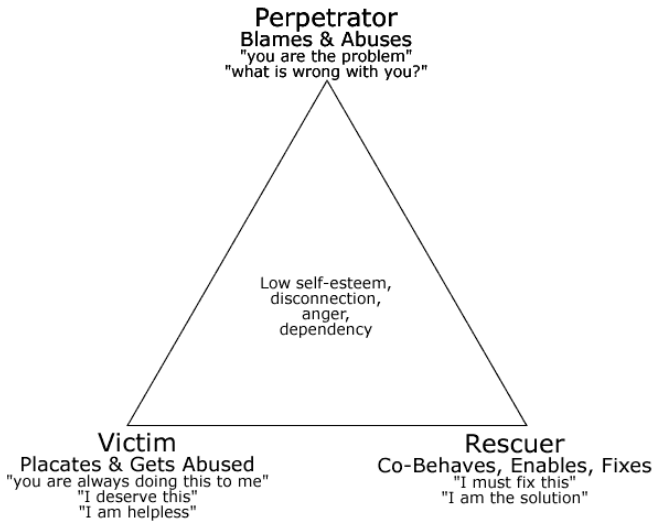

Figure 3. *The Karpman Drama Triangle (1968)*

The theme '*trying my best under difficult circumstances'* (see 6.3.2) speaks to parents' experience of feeling judged by people outside of the parent-abuse dynamic. Such judgement may contribute to the sense of parent-blame adding support to the literature around parent- and mother-blaming in APVA (Baker, 2012; Edenborough et al., 2008; Hunter, 2010; Jackson & Mannix, 2004). Blame was frequently described as related to perceived parental failure as reinforced by friends and family; rupturing relationships and intensifying the parents' sense of shame and isolation. Conversely, parents' expression of perceived parenting success offers a development within the literature. All parents of multiple-children used the non-abusive sibling as evidence of good parenting (see 6.1.4). As such, the finding suggests that parents of siblings may continue to construct themselves as effective parents and thus hold onto the *Rescuer* position in seeking to rectify the situation with their identified abusive-child, indicating a development within the literature.

All parents sought to position blame outside of the 'self'. Viewed through a DT lens, experiencing the abuse as symptomatic of childhood pathology may act to reposition the parent from a blame-position to one of *Victim*, where the *disorder* occupies the *Perpetrator* position. In this sense, the parent may also act to remove responsibility and malice away from their child who they may view as a further *Victim* of diagnosis, as alluded to within parents' accounts of advocating for their vulnerable and complex child. As Laing (2014) suggests, by externalising blame to the disorder parents may feel supported in their continued care and protection over a '*sick'* child more so than if their child were framed only as *'abusive'*. Thus, parents expressed need to attribute causality may represent their desire to identify difference between their child and others but also similarity to other children who demonstrate equally complex behaviour, thus reducing the seemingly unique nature of their experience (see 6.1.4).

Several parents positioned themselves as vulnerable Victims of their childs' abuse, expecially during descriprions of isolation and needing to be rescued (see 6.2.4). This experience may be viewed as the parent shifting from a position of *Rescuer*, wherein they believe that they have parental agency to resolve family disruptions, to one of a *Victim*, wherein they adopt a sense of helplessness and need to be *Rescued* (see 6.2.4). This adds to the view that parents feel unsupported and overlooked by professional services who they expect to occupy the *Rescuer* position, requiring the parent to oscillate between the positions of *Victim* and *Rescuer*. As such, though the DT may be a novel approach to understanding APVA, it may provide a nuanced way of viewing blame, externalisation, help-seeking behaviour and the perpetuation of the APVA dynamic.

In summary, parents may experience disbelief that their child's behaviour is problematic, intra-psychically and later when behaviour is not problematised by professionals and support services. Parents may also experience their child's behaviour as symptomatic of mental health problems which may extend the period that parents tolerate and overlook the seriousness of behaviour. As such, parents commonly experience blame surrounding their child's behaviour, which may influence their preference for the non-blaming *Victim* position over the *Rescuer* position which may implicate them in the maintenance and repair of their relationship. As such, it is important for practitioners to understand these processes in order to provide the most appropriate clinical interventions.

7.1.2 "I love him but I don't like him": Facing and avoiding complex emotions

The theme of *'facing and avoiding complex emotions'* speaks to parents' experiences of upsetting and unbearable emotions including shock, fear, guilt, anxiety, trauma, hopelessness, stigma and shame, isolation and feeling trapped within a complex family-dynamic. These findings are consistent with much of the previous literature and will be briefly discussed from a psychodynamic perspective and in relation to the wider research. Parents described feeling '*shocked'* by the abuse onset, metaphorically describing the change in their child's behaviour as *"a flip of a coin"*, *"turning overnight"* or emerging *"out of nowhere"*. Such accounts are consistent with the literature where parents have described the suddenness of change in the child's behaviour having previously overlooked or excused ambiguous forms of verbal, psychological or financial abuse (Cottrell, 2001; Eckstein, 2002; Jackson, 2003). From a psychodynamic perspective, which considers underlying ego-defence processes, parents could be seen to have previously employed various coping strategies (i.e. minimisation, justification) to unconsciously manipulate, distort, or deny their reality which may explain their experience of initial disbelief and subsequent shock (Kwon & Lemon, 2000). Such defences may act to reduce feelings of anxiety, shame and unacceptable impulses

(i.e. retaliation against the child) as somewhat unconscious psychological responses to cope with the otherwise unbearable emotions (Holt, 2011).

Parents also described fear of triggering abusive behaviour, with several parents using the metaphor *"living on eggshells"* to convey their sense of self-surveillance, as has been previously described by parents within the literature (Cottrell & Monk, 2005; Edenborough, 2012; Holt, 2015). This dialectic points to parents' use of language common to wider domestic-violence literature, raising support for APVA to be theoretically and statutorily aligned within the domestic-violence sphere. Some parents also described the unpredictability and polarised nature of their child, with one parent describing her son as being *"like two different people"*. This is consistent with Holt's (2011) findings whereby parents described their adolescent children as *"lit-fuses"* or as *"Jekyll and Hyde",* conveying the shared experiences of parents across the literature.

Several parents described feeling *"bitter love"* towards their abusive-child, which is consistent with previous findings (Holt, 2011; Laing, 2014). Parents however described '*trying their best'* for their child, which speaks to the parents' experience of wanting to continue to protect and improve relations with their child. Though this partially supports Laing's (2014) recent findings, parents within the present research did not experience their child as 'loving and remorseful' but instead shared the belief that their child often behaved 'intentionally and maliciously'. Given the constructive nature of IPA research this difference may demonstrate the discursive paths followed by researchers rather than a phenomenological difference in parents' experiences overall, yet should be noted as a disparate finding. As such, the current finding suggests that parents may experience exhaustion, internal-conflict and depletion of psychological resources to the extent that they have difficulty displaying love and nurturance (see Attachment and Parenting Styles; 7.1.6). This finding proposes that parents are supported to understand and address the emotional impact of parent-abuse to ensure that such ruptures do not widen improving the chances of repair and reconciliation within the family.

Parents described *shame* relating to their perceived parental control and ability, especially where this was seen to be scrutinised or negatively evaluated by family, friends or professionals, building on existing literature (Cottrell & Monk, 2004; Howard & Rottem, 2008; Jackson, 2003). Through this, parents described their self-sacrifice to keep the abuse contained and hidden within the family and the mixed shame and relief when children were removed or decided to leave the family home requiring that they parent from a distance, as is consistence with Holt's (2011) findings. Equally, parents described despair to convey the sense of hopelessness and sense of being trapped within the abuse-dynamic.

Isolation was expressed by all parents, as captured within the theme *'facing abuse alone'*. Isolation is consistently reported within the literature, with Agnew and Hugley (1989) reporting the lengths that parents go to conceal abuse and Cottrell's (2001) findings that parents feel unable to seek or maintain employment owing to their complicated parenting responsibilities and fear of financial abuse in their absence. This finding further corresponds to Micucci's (1995) family-systems theory whereby families are seen to *'neglect other aspects of their lives, increasing isolation and decreasing extra-familiar support'*. The research however found that not all parents were isolated, with one parent expressing that maintaining friendships and interests outside of the family allowed her to distance herself from the abuse and feel more able to cope when she returned home. This was also true for spousal participants who described the importance of family in maintaining identity and support. Also, several parents described that as they began to open up to services about their experiences their sense of isolation decreased and they felt more supported, despite services not always being able to offer practical support. Thus, the present research suggests that although isolation remains a major aspect of parents' experience of APVA, access to services, social support and extra-familiar interests may help to mediate the isolation experienced.

Many participants experienced mental health problems including depression, anxiety, post-traumatic stress disorder and stress related illnesses following the APVA-dynamic onset, as described in much of the literature (Cottrell & Monk, 2004; Mckenna, 2006; Patterson, 2002). Though some experienced the *"numbing"* effects of depression as reducing the impact of abuse, others described their ill-health as limiting their parental efficacy and weakening their ability to respond and cope with their child's behaviour. While most parents described accessing support through their GP or psychiatrist, the only father of the group described coping through confiding in friends, family, and within his spousal relationship using his wife as his main source of support. This may speak to the shame associated with male help-seeking behaviour, especially in the context of domestic abuse, though given that this finding came from one participant it is difficult to infer meaning. As such, the present findings suggest that parents require support to acknowledge and improve their psychological and emotional health well-being.

In summary, the findings suggest that parents' experience a range of upsetting and unbearable emotions. For many it seemed that services, especially CAMHS and YOT, had been involved for some time, but that appropriate support for parents had not been put in place. Where parent support was offered, several parents described the normalising and social benefits, reducing the isolation and providing parents with practical skills to apply within the home. There appeared to be a disconnect between the help that parents felt they needed, and the help that services offered, with many requesting additional help for their

children to provide guidance and support into early adulthood, some in the form of *"mentorship"*. Clinical implication regarding these findings will be discussed later in this chapter.

7.1.3 "Like playing chess with the grand master": Parenting amidst abuse

The theme *'parenting amidst abuse'* speaks to parents' experience of maintaining parental responsibility over their abusive child. All parents described the multiple dilemmas of continuing to parent a child who behaves abusively as related to: help-seeking, reporting their child to the police, being seen to be neglectful if they walked away or excluded the child from the family, and wanting to improve relations. Such dilemmas are consistently described in the literature, especially from a *children's rights and parental responsibility* lens, as previously discussed, with the current findings affirming the unique challenges posed by APVA for both parents and practitioners alike (Downey, 1997; Holt, 2014; Hunter & Nixon, 2012; Miles & Condry, 2014; Routt & Anderson, 2015; Wilcox, 2012).

A strong finding within this theme relates to the experience of financial abuse. Financial abuse manifested in many forms, with accounts of children asking for money, theft of property to afford substances, destruction of property, or prevention of the parent from accessing employment, as consistent with the wider literature (Cottrell & Monk, 2004; Holt, 2013), leading parents to feel unvalued and unappreciated. The prominence of this form of abuse speaks to participants' experience of parenting an *'overentitled child'*, who expects unconditional financial provision, as frequently raised within the literature (Gallagher, 2004; Harbin & Maddin, 1979). Many parents minimised the impact of financial abuse, especially were financial abuse mitigated physical abuse (Eckstein, 2002). This was true for parents who described their family-system as affluent, who further described confusion as to why abuse occurred given the families seemingly comfortable position. Participants '*affluent'* self-characterisation supports research that APVA transcends socio-economic boundaries (Condry & Miles, 2013; Hong, 2012) and provides an alternate finding to Cottrell and Monk's (2004) ecological-model which suggests that poverty and absence of resources can increase the APVA risk.

In summary, the findings of the present study suggest that parents face multiple dilemmas around parenting decisions and responsibilities to their child. This was amplified for parents who had multiple children living at home and needed to make difficult decisions to protect their other children. Thus, the impact of parent-abuse may extend more widely requiring that clinicians consider how abuse impacts upon the parents' capacity to care for siblings. The finding that APVA occurs across socio-economic contexts has implications for how parents are identified, especially where financial abuse occurs and is

overlooked as a lesser form of abuse. Thus, clinicians should be mindful to ask about all forms of abuse and how these impact on the parents' quality of life, as will be discussed further.

7.1.4 "I won't be defined by fear": Temporality and seeking change

The theme of 'temporality and seeking change' speaks to parents' experience of coping through comparing their parenting at different time points. Though temporality, defined as the experience and construction of time, has been described by Eckstein (2003) to understand the development of the abuse-dynamic, existing research has not yet commented on how parents use time to perceive their experience of abuse; marking this finding as a development to the literature. In addition, this finding adds weight to Holt's (2013) view that parent-abuse should be viewed as a temporal pattern rather than a series of acts. Parents' dialectal accounts describing actual or imagined geographical or temporal shifts demonstrates the importance of being able to hold in mind an ideal state to which they are striving towards. This appeared to provide a sense of hope and mastery especially where parents were able to notice perceptible shifts in their status over time and provide examples of coping. As such, this may imply that parents may not develop the sense of 'learned helplessness' as alluded to in the literature (Seligman, 1975), at least not to the extent that they are prevented from considering alternative futures and ways of changing their circumstances. Though temporality has not knowingly been applied to APVA, organisational researchers have considered the relationship between the concepts of 'time' and 'power' to understand how people perceive their identity and capacity to evoke change (Costas & Grey, 2014), suggesting that identity and perceived power may be areas of insight within the family-violence arena.

The finding of temporality may relate to the inclusive nature of the research method which allowed a range of parents' experiences to be heard; some of whom had experienced parent-abuse for many years and as such may have held pre-established discourses, while others had only recently been referred to the YOT and were yet to formalise their understanding of their experience, appearing to use the interview as a means of self-exploration. This finding, therefore, demonstrates that the forms of abuse described or neglected during interview, and the detail and depth of understanding provided, may depend upon the parents' temporal experience of abuse and perceived level of coping relative to the length of time within the dynamic.

This theme further spoke to parents' experience of seeking and receiving support, which overlapped with the theme *'if I can't be rescued, maybe I can escape'* (see 6.2.4). Parents consistently described not knowing which service to take their problem to, with most *"ending up"* finding support from GP's and mental health services, though this was late into their experience following the development of mental

health concerns. Others described being offered support from networks linked to their children (i.e. CAMHS, YOT), with these being described as valuable and integral to finding a name and way out of their experience. The overriding experience for parents was that these supports were offered too late, often after the parent-abuse had escalated and the child was involved in the Youth Justice System. Clearly, this has implications for practice in how 'at-risk' families are identified and offered support.

In summary, the findings suggest that parents use temporal comparison to understand the development of the abuse-dynamic which has implications for how parents are supported therapeutically. Parents who held examples of successful parenting appeared to have higher self-esteem and could imagine a future without abuse. It is important to consider that many parents sought emotional support, highlighting the role of GP's in identifying family-violence and signposting parents towards appropriate support services (Holt, 2011).

7.1.5 Viewing the parents' experience through the lenses of family structure, parenting style and attachment style

Family structure, parenting style and attachment style have been frequntly cited as indicators of childhood trajectory and have been used to explain adolescent violence and agression within the wider literature (Routt & Anderson, 2015). The following section considers how parents' experiences of APVA within the current research may be understood through such lenses.

Family structure, though not a theoretical perspective per se, is considered a risk factor for APVA (Ibabe & Jaureguizar, 2010; Pagani et al., 2003). Family restrucuring has been cited as creating an environment of emotional distress and strain, which dependent on the age of the child(ren) may impact on the formation or maintainance of secure-attachments and style of parenting provided. Though this research was small-scale by design, parents' descriptions of their family structures found that three of the mothers had been unmarried, separated or divorced from their childs' father soon after the childs birth (though one had since remarried), one mother had separated from her partner during the escalation of the abuse, and one mother and one father were married and cohabiting. As such, the present reserch found that parents who expeiencce APVA, or at least those who engage with YOT's, represent a diverse range of family structures. Of note, the gendered nature of respondents, especially single-parent mothers, corresponds with the view that mothers' are more frequently the target of parent-abuse, though this may also suggest that mothers are more likely to report abuse. The inclusion of a married couple including a father-victim highlights the potential for fathers to identify within the victim role, countering the gendered nature of parent-abuse.

Parenting styles have been conceptually framed by McCoby and Martin (1983) and Baumrind (1991a) around the axes of Demandingness and Responsiveness/Supportiveness[16]. Within these axes, the derived parenting styles of *authoritarian, authoritative, permissive* and *neglectful* (see figure 5) suggest different typologies from which parents may approach parenting. Many studies suggest a link between *permissive parenting*, where children are encouraged to develop independence early (Harbin & Madden, 1979), and *authoritarian parenting* which discourages two-way child-parent communication (Agnew & Huguley, 1989; Robinson et al, 2004) and the development of APVA dynamics. Though parenting style was not the main area of research focus, several parents alluded to their parenting styles and how these had changed over the course of their abusive-child's behaviour. Several parents described permissive parenting styles, whereby they had *"just wanted their child to be happy"* and would provide space and investment for the child to develop into their own person. Other parents described that due to their child's pathology it was not possible to assert control and therefore they needed to be more permissive than they had been with siblings. For these parents, there was a tendency to use infantilising language which may suggest *'authoritarian parenting'* with some parents describing *"always being the 'no' person"*. Though such statements of parenting do not allow direct access to the *style* of parenting used by each participant, there is some early evidence for how the pathology or temperament of the child may contribute to the child's development through the parenting style elicited (Baumrind, 1967, in Darling & Steinberg, 1993).

	Supportive Parent is accepting and child-centred	**Unsupportive** Parent is rejecting and parent-centred
Demanding Parent expects much of child	**Authoritative Parenting** Relationship is reciprocal, responsive; high in bi-directional communication	**Authoritarian Parenting** Relationship is controlling, power assertive; high in unidirectional communication
Undemanding Parent expects little of child	**Permissive Parenting** Relationship is indulgent; low in control attempts	**Neglectful Parenting** Relationship is rejecting or neglecting; uninvolved

Figure 4. *Two-dimensional framework of parenting typologies (McCoby and Martin, 1983)*

[16] Demandingness refers to the claims parents make on the child to become integrated into the family whole by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys. Responsiveness refers to the actions which intentionally foster individuality, self-regulation and self-assertion by being attuned, supportive and acquiescent to the child's special needs and demands. (Baumrind, 1991a, p748)

Parents' experienced their parenting style as altered by APVA, especially in relation to how they approached and avoided potential conflict. Several parents describe fear of retaliation as creating a sense of *"living on eggshells"* to avoid confrontation to metaphorically convey the experience of unpredictability, inevitability, and perceived sides of 'good' and 'bad'. As such, what appears to be *'permissiveness'* may be the parents attempt to cope within a frightening and confusing relationship and may go some way to understand the development and maintenance of the APVA dynamic (Agnew & Huguley, 1989; Cottrell, 2001).

An alternative and less cited aspect of parenting relates to parenting practices. Darling and Steinberg (1993) propose that parenting style and adolescent outcomes are moderated by the specific parenting practices through which the child is socialised to attain family valued goals (i.e. academic achievement, independence or cooperation) and characteristics (i.e. values, opportunities to gain self-esteem). The present study found that many parents framed their child as having complex needs (i.e. intellectually, attentionally) which prevented them from accessing education or reaching independence as per typical adolecent trajectories, suggesting that parents may be required to adjust how they socialise their child compared to neurotypical children. Further research is required to understand the interaction of the various aspects of parenting.

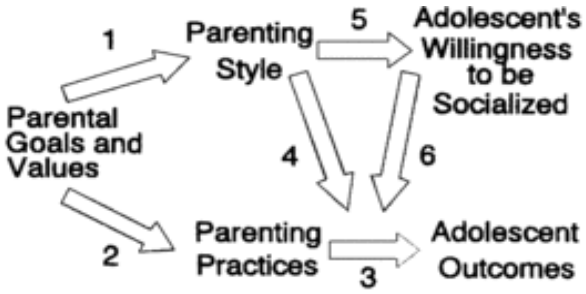

Figure 5. *Contextual model of parenting style (Darling and Steinberg, 1993)*[17]

The most common explanation in academic and lay discourse is that violence stems from early childhood. Attachment theorists have described infants' predisposition to form biological attachment relationships from which they can experience security and comfort (Bowlby, 1988; Andolfi, 2013). Where an early-attachment relationship has been insensitive, neglecting or rejecting, or where the child has been born

[17] Parenting goals for socialization influence both parenting style (Arrow 1) and parenting practices (Arrow 2). Parenting practices have a direct effect on specific child developmental outcomes (Arrow 3). In contrast, parenting style influences child development primarily through its moderating influence on the relationship between parenting practices and developmental outcomes (Arrow 4) and through its influence on the child's openness to parental socialization (Arrow 5). The child's openness to socialization also moderates the influence of parenting practice on the child's development (Arrow 6) (Darling & Steinberg, 1993)

into an adverse or anxiety provoking environment, an insecure attachment may develop (i.e. avoidant, ambivalent, and disorganised; Ainsworth et al., 1978) requiring the child to maximise or minimise their attachment behaviour to elicit care. Such attachment styles may lead to problematic or *'disordered'* relational templates through which children learn to attract closeness and care through demanding and controlling behaviour (i.e. ambivalent-attachment) or through seeking control by taking charge of relationships (i.e. disorganised-attachment). Such patterns of relating are often characterised by high levels of hyperactivity, impulsivity, aggression, and attention-difficulties – which recent authors have compared to those behaviours seen in children diagnosed with ADHD (Golding, 2006).

The current findings suggest that parents' suspected or sought diagnosis for their child's behaviour, with ADHD, ASD, CD, and ODD, raised as labels to describe the multiple and progressive behaviours. Though limited studies have focussed on how attachment style relates to parent-abuse, mainly due to the complexities of quantifying attachment (Agnew and Huguley, 1989; Holt, 2013), the present findings of multiple childhood pathologies requires that the differential diagnosis of *'attachment disorder'* is considered (Crittenden, 2002). When the aforementioned behaviour patterns are viewed through an attachment lens, it becomes possible that the behavioural tactics seen in APVA may be demonstrative of biologically adaptive patterns of communication to gain attention and care (Clarke et al., 2002). In the present study, all single-mothers' described a degree of strain or conflict in the early years of their child's life (i.e. breakdown of relationships, custody hearings or adjustment to single-parenting). Though not the focus of the present study, it is possible that early adverse experiences may have interrupted the formation of a secure-attachment, which may have led to insecure-attachment patterns emerging. This hypothesis may go some way to explain difference in sibling behaviour, where attachment had been adequate with the first, often elder child, and compromised with the second, which offers a new perspective within the research. However, the dyadic nature of attachment formation should be considered to reflect how individual infant differences (i.e. complications or birth difficulties, learning disabilities, temperament) can impact upon the attachment and subsequent care-seeking behaviours of the child.

Given that ADHD was identified by all parents in some form, it is pertinent to consider how this diagnosis may fit within the wider picture of APVA. Though the relationship between APVA and ADHD is unknown, an ADHD diagnosis, among others, may be functionally preferable over no diagnosis. Firstly, ADHD acts to medicalise the child's behaviour, providing a plausible biological explanation, and thus reducing parental blame, guilt, and need to consider past and current parenting style. Second, ADHD is firmly established in wider discourse, opening up access to resources (i.e. education support, medication) and positioning the child within a wider set of affected children (Brown, 2004; Coogan, 2014). Thus, the differential diagnostic

suggestion of attachment disorder may not sit well with parents or practitioners as such complexities may seem less comprehensible.

In summary, despite the application and relevance of family systems, parenting and attachment styles to the present findings, the contribution of mediating factors including developmental disorders and childhood temperament restricts the extent that such theories can be generalised. Furthermore, such theoretical approaches should be understood within the wide range of historical, political, socio-economical, cultural and psycho-biological factors which interact to form the APVA dynamic, as previously reviewed.

The above findings have been discussed in the context of the wider literature and in the context of specific theoretical perspectives relevant to APVA. I will now go on to explore the clinical implications of these considerations.

7.2 Clinical implications

Some important implications emerged from this research which will now be discussed.

7.2.1 Raising awareness of adolescent-to-parent violence and abuse

The research supports the need to raise awareness of APVA at all levels; including the parenting community (i.e. mothers, fathers, carers) and services directly established to work with parent abuse, but also those who may encounter parents or children involved in a parent-abuse dynamic but not recognise it as such (i.e. medical staff, housing officers, substance misuse workers, benefits agencies, faith groups, youth workers, but also non-professionals including employers, family, friends and neighbours) (Holt, 2013). This research consistently found that parents do not know where to go for help and support, creating a sense of isolation and helplessness. Thus, to effectively raise awareness, any initiatives and campaigns should consider how parent-abuse might be framed, with particular attention paid to how parents and children are accessed and positioned in relation to discourses of responsibility and blame (Holt, 2013).

The current findings suggest that the temporality of the abuse-dynamic should be considered to recognise and understand where individual parents and families sit within the *'stages of change'* (Prochaska & DiClimente, 1983). The 'Trans-Theoretical Model' (TTM) or 'Stages of Change' model of behaviour change provides a way of understanding how ready a person is to act on a new form of behaviour ranging from pre-contemplation (i.e. ignorant to the need to change) through to action (i.e. practicing a new way of

responding). Though parents may present to services to seek help for their child or family, they may not yet be contemplating their 'parent-child' relationship but instead be seeking help individually. As such, clinicians and wider services may need to be mindful not to prematurely name the relationship as 'abusive' or the child as the 'abuser' prior to the parent contemplating the relationship as such to prevent the risk of parent-blaming and disengagement. However, sensitively suggesting that their experience might be perceived as such may enable the parent to contemplate the nature of their relationship, thus providing a sense of agency to change their relationship if desired.

As such, any awareness raising campaigns should be targeted at a number of levels to firstly allow parents to become aware and to contemplate their parent-child relationship and to secondly provide professionals with the information and guidance to respond to parents disclosures. Raising trans-professional awareness may be achieved through the provision of training and education directed at levels where APVA is most prevalently encountered (i.e. school, youth justice services, and probation); and more widely by developing informative publications to be disseminated to professionals and the wider non-professional community with the aim of reaching a wider audience of current and potential parent-victims. Parent-focussed campaigns could be targeted through locations accessed by parents (i.e. schools, community centres, GP surgeries, public toilets) with consideration of further reaching campaigns online and via media services (i.e. Mumsnet, Holes in the Wall, radio broadcasts) (Bonnick, 2014; McKenna, 2010).

Given the finding that many parents of APVA are isolated, awareness-raising may also focus on reaching parents within their own homes. Holt (2013) warns that 'proffessional parenting' resources (i.e. television programmes such as Supernanny and parenting websites) may promote the view that children are becoming more 'complex' contributing to parents' sense of reduced parental ability and agency. As such, media coverage should aim to balance this view with campaigns that promote parents abilities in the context of emerging abuse-dynamics. Recent media coverage (i.e. BBC Radio 4, 2013; Channel 5's 'My Violent Child', 2014) has provided an outlet for discussing parent-abuse in the context of 'normal UK families' helping to raise awareness and discussion around parent-abuse and providing a point of reference and a language for parents to name and describe their experiences. However, such exposure may risk sensationailsing or overdramtising the family experience, especially where behaviour is exaccerbated by the pressence of a film crew. Nevertheless, media coverage appears to be a reliable way of reaching parents who may otherwise not seek support outside of the family. In addition, Holt's (2011) finding that parents utilise online messaging boards during times of parental uncertainty and stress to reserarch child behaviour, share their experiences, and to seek advice from parents experiencing similar concerns may open up the online arena to proffessionals and clinicians as a point of access to parents

who wish to remain annonomous. As such, clinicians may consider how the psychological needs of parents' experiencing APVA can be highlighted, promoted and resourced using multi-media and online platforms (Bonnick, 2010).

7.2.2 Training and development for professionals

A strong finding of the current research is that parents experience self- and professional disbelief around the existence of APVA as a discrete form of family-violence. This finding reflects the absence of agreement among policy-makers and professionals as to how APVA should be understood and responded to, leaving parents in a vulnerable and uncertain position (Holt & Retford, 2012; Nixon, 2012). As such, the present finding recommends that professionals who encounter families in distress (i.e. psychologists, mental health workers, social workers, youth justice workers, police) are provided with timely and appropriate continued professional development and training to instil and maintain awareness of the political context in which APVA is situated and the ongoing developments being made.

The findings hold specific training implications for Clinical Psychology and the wider profession. To my knowledge, domestic-abuse and family-violence receives limited attention within Clinical Psychology Doctoral training programmes with coverage dependent on the course requirements and trainee preferences when selecting special-interest lectures. Over the course of my training, there has been one lecture concerning family and domestic-abuse which provided a broad focus and overlooked parent-abuse or abuses initiated by children. As such, Clinical Psychologist's entering the workforce may be unversed and unprepared to detect and respond to children's and parents' disclosures of family violence, despite being well positioned and well versed in more widely understood forms of domestic abuse. As such, an implication of the current research is that parent-abuse is incorporated into Clinical Psychology training programmes to provide awareness of such phenomena and to increase clinician preparedness for future encounters. Such training might extend to further psychological settings where pre- and post-qualified psychologists are already established, including the Improving Access to Psychological Therapies (IAPT), Forensic, Health, Educational, CAMHS, and Adult Mental Health (AMH) settings.

Given that many of the participants described feeling ashamed of disclosing their experienced to services, a further implication of the research is that practitioners across disciplines are supported to develop a shared discourse around parent-abuse to enable trans-disciplinary agreement as to how parent-abuse might be constructed and responded to. Practitioner attention may also be drawn to the continued culture of parental-blame inherent in professional services to consider how services might develop more systemic balanced discourses aimed at supporting the whole family and repositioning blame from singular

members, namely the parent(s) or the child to the enable responsibility for change to be shared amongst the system (i.e. Andolfi, 2013; Coogan, 2014).

7.2.3 Provision of effective accessible support for families

The findings support the need for early and accessible support for families. The present study found that support provision differed depending on who was the identified client; the child (i.e. support accessed through CAMHS or YOT which extended to the parent) or the parent (i.e. support accessed through the GP with local symptom management or referral to mental health services). Though consistently cited as helpful, parents described that support came too late, too infrequently or did not appreciate the unique challenges of APVA. Given that parents are often isolated or do not readily disclose APVA, novel approaches to detect the emerging forms of APVA (i.e. verbal abuse, financial abuse) in families 'at-risk' of parent-abuse should be sought.

Given the perceived complexity of the adolescent-children, it is likely that a number of families may self-refer to predominantly NHS based family-support services including CAMHS, or charitable or private-community based services, if not already involved. Thus, Clinical Psychologists and allied professionals working within CAMHS and family settings may encounter incidences of APVA, though may not recognise these as such. Such recognition may be hindered by 'mixed referrals' which focus on the broad behaviour of the child and downplay the behaviours directed towards the parent, or where referrers or clinicians hold the 'child' and not the 'family' as the client. As such, clinicians and practitioners should be encouraged to include APVA as an explicit area of their assessment and formulation process, engendering a space where parent-directed violence and abuse can be discussed in a non-judgemental or 'finger-pointing' way using a stance of curiosity and neutrality (Minuchin, 1974). Given the complexity of the parent experience, it seems vital that clinicians are aware of and sensitive to the issues and dilemmas that they face. The inclusion of the whole family (i.e. mother, father, siblings, grandparents) in Clinical Psychology sessions, or provision of family-therapists within CAMH and family-services, might also be considered given the potential implication of the wider system (Andolfi, 2013; Micucci, 1995). Clinicians may also become involved in assisting families and wider professionals to understand the complex nature of dual-diagnosis (i.e. mental health and substance misuse) and of differential diagnosis (i.e. ADHD versus attachment disorder) (Coogan, 2014).

The findings also suggest that Clinical Psychologists might have a role within youth justice and offending services. During recruitment of participants I encountered one Clinical Psychologist, though the presence of psychology in services did not appear to be commonplace with therapeutic skills and responsibilities

shared among parenting and family workers within the services. As such, given the wide ranging skills held by Clinical Psychologists in assessment, formulation, intervention, training, consultation, and leadership, a possible implication of the findings might be to consider how clinicians may become closer aligned to YOT services to allow ease of referral and understanding of the needs of parents and children involved in APVA dynamics.

Equally, the findings imply that parents' mental health needs should be assessed and signposted early to prevent against the development of severe and enduring mental health conditions. The present findings suggest that parents perceived their GP the first "point-of-call" to accessing help. Thus, GP's should be supported to detect signs of family-abuse and help parents to name their experience in order to reduce their sense of confusion, isolation and hopelessness. Clinical Psychologists, who are often situated within GP surgeries (i.e. IAPT practitioners), may therefore be well positioned provide consultation or training to GP's around the potential needs of parents experiencing family-violence and to provide guidance as to when to refer to psychology services. The findings may further imply that parents seen in AMH Psychology services should be supported to disclose and work towards understanding their family-relationships in circumstances of suspected APVA, using compassionate and systemic intervention approaches. Given the potentially traumatic nature of APVA, Psychologists with experience of working with post- (PTSD) and ongoing trauma might be invited to train and become involved with research, development and intervention into APVA.

Though outside of the scope of this research, it is understood that multiple therapeutically underpinned response programmes now exist across England and Wales to specifically address the needs of parents and children embroiled in an parent-abuse dynamic (i.e. Break4Change, Respect Young Peoples Project) with many of these providing positive outcomes for parents and adolescents alike (Coogan, 2014; Daly, 2008; Patuleia, Alberto, & Pereira, 2013; Robinson, 2010; Webster-Stratton, Reid, & Hammond, 2001). This research found that only one of the six parents had accessed parenting support outside of the YOT, suggesting a need for improved awareness and access to such programmes to allow the most isolated and in need parents to attend. For psychologists, the findings also suggests the potential to incorporate or adapt such programmes into current CAMH and AMH settings where multiple APVA referrals emerge or to consider how elements of such programmes might be delivered on an individual basis.

7.3 Implications of the research within the wider literature

The findings of the present research, and of others, suggest that parents' experiences of APVA are complex. This research provides the first IPA study of parents' experiences of APVA within the UK, including both mothers and one father's voices, offering early insight into how this phenomenon may be experienced locally. Thus, this research adds support and insight to the APVA literature base which may help practitioners, especially psychologists, to shape the way that APVA is conceived and responded to in the UK.

7.4 Methodological Considerations

The use of IPA in this study was considered to be the most appropriate since experiences of parents abused by their adolescent children have been under researched and because it fits with the open and exploratory nature of the research question. As a research method, IPA constantly required me to remain close to the participants' experience by focussing on the parents' perspective and reflecting on the potential influences of existing social discourses or preconceptions of the field. This was particularly valuable, for example, in understanding possible constructions of the theme 'locating the root of the problem'. The use of IPA also enabled rich descriptions of the participants' experiences to emerge and invited me to pay attention to unexpected and interesting aspects of each account. As the interactional nature of interviews has been highlighted as potentially significant in qualitative research, this may have been a useful area of study (Potter & Hepburn, 2005). Given the methodological rigour and requirement to maintain integrity to the participants account there was limited room to account for the influence of dominant social, political and professional discourses on the data.

The participants for this study were recruited through three different YOT's. In the early stages, after discussion with parenting officers, psychologists and research associates regarding the inclusion and exclusion criteria, it was agreed that due to the known complexities of recruiting self-identifying victims of domestic-abuse that any parent of a child fitting the age range recruited through a YOT could participate. As such, the final six participants volunteered to take part, indicating that they were ethically recruited on the understanding that they were under no obligation to do so and that it would not impact on their YOT provision. As this research adopted a voluntary recruitment approach, it is useful to consider the variety of reasons for self-selection in those who came forward and opted-in. For example, they may have been motivated by anger or retribution to tell their story and to have their voice heard. It is also possible that these participants were more verbose and familiar with talking about their experiences

which may mean that less confident or non-native English speaking parents were not accessed. There may have been additional selection preferences introduced by the YOT teams who aided in recruitment. As the YOT worker acted as the point of contact and was responsible for providing participant information it is possible that they may have preferentially selected or omitted parents from the pool offered to me in pre-selecting parents who were likely to be willing and adept at talking and reflecting upon their experience of their abuse. However, as participants were drawn from a range of services, it is hoped that a range of voices were heard in this study.

Given the findings that there was often difficulty in 'believing there was a problem' it is likely that there are a large number of parents who were yet to report their abuse to the YOT and remained 'hidden' from the research. Also, the decision to include one parent whose child was aged over 18-years led this dynamic to fall under the construct of adult-to-adult domestic violence and abuse; though given that the construct of 'adolescence' extends to 24, that the mother had experienced abusive behaviour from her son since his early adolescence, that she continued to define her experience as child-to-parent abuse, and that the child was still *'his mothers' child',* it was deemed suitable to include her voice within this research. Though this research has made inroads to accessing a hard-to-reach group, using 'snowball sampling' wherein existing participants recruit other parent-victims may be an alternative to reaching otherwise inaccessible voices (Barker, Pistrang, & Elliot, 2011) .

It was my hope and intention to ensure a homogenous sample, however as the research progressed it became clear that to select participants based on rigid criteria would exclude potentially valuable participants and risk recruiting too few parents to the study. Given the rarity of exposure to parent-abuse, researchers are advised to be inclusive (Holt, 2012). As such all participants who showed interest and met the minimum criteria were interviewed, including one father and one spousal-pair of parents who described their subjective experience of the same child. The variance of the participants' experiences contributed to the richness of the data and the insights available.

7.5 Scope for future research

A number of important areas for future research emerged from the research. Firstly, it would be interesting to further explore the current finding which suggests that parents may understand and cope with their experience through comparing their parenting at different time points. To my knowledge, few studies have considered the temporality of parent-abuse having done so through studying single incidents of abuse (Eckstein, 2004). This may move the study of APVA into the area of identity-formation and change. Though Narrative Analysis has been used within the study of APVA (Howard & Rottem, 2008),

such an approach focused around the question of temporality may capture the progression of the abuse-dynamic and how parents' narratives of perceived success and failure develop and evolve.

To date, Clinical Psychology has remained largely silent with regards to parents' experiences of APVA (Gallagher, 2004; Gallagher, 2008; Laing, 2014). Given the implication that clinical psychologists are likely to encounter parent-victims or perpetrator-children over the course of their work, it seems pertinent that as a profession we develop an awareness of the complex issues and psychological dilemmas that such parents face in order to guide therapeutic interventions. Thus, further research should be conducted from a psychological, particularly clinical, perspective.

The focus of the current study was upon the experience of both parents but an equally important and under researched area relates to the experiences of father-victims. To date, only a few studies have included fathers' voices (Cottrell & Monk, 2004; Doran, 2007; Holt, 2011). Though this is largely due to the gendered nature of APVA and the difficulties in recruiting fathers, further research which allowed more father voices to be heard would undoubtedly enrich the literature base.

The inclusion of one mother-father dyad enabled insight into the similarities and differences of single- and two-parent families' experiences of APVA. This is the first IPA study of APVA to include a spousal-parent dyad. Thus, future research may wish to consider how mother-father dyads are included in APVA research to broaden the understanding of how differently structured families experience and cope with APVA.

7.6 Final Reflections

Reflexivity is a vital part of qualitative research (Elliott et al., 1999). As such, I have spent time throughout this process reflecting on the nature of qualitative research; using a reflective journal, discussions with supervisors and peer supervision to facilitate the reflexive process. Such reflections have guided how I view the literature base, the application of the methodology, how I approached and presented the findings, and how I have placed these in context in the present chapter, emphasising the contribution of *'the researcher'* in shaping the literature within a given field.

From the outset my epistemological stance which acknowledges the co-construction of experiences led me to question the notion of *abuse* and how this could be studied from one pole of the abuse-dyad. My decision to study the 'parent' experience over the 'adolescent child' experience was based on a number of considerations. Firstly, I acknowledged the complexity of accessing children's accounts and how

focussing on the child may require parental supervision, involvement and input into the research process thus potentially restricting, altering or diluting the child's account and associated findings. Second, I have viewed the phenomenology of the parent experience as equally important to the child's in developing an understanding of how abuse-dynamics and behaviours emerge and are maintained, allowing me to feel justified in my decision of where to focus attention. I have since reflected that my decision to consider parents' experiences may speak to my own experience of being parented, my guilt over my aggressive adolescent behaviour which may have been construed by my mother as abusive, but also to my chronological progression towards parenthood and my fear of encountering an abuse-dynamic in my own family. This too, has allowed me to reflect on the role of the researcher in the how findings are interpreted and presented.

On reflection, the notions of "child", "adolescent", "parent", and "abuse" have presented an ongoing challenge given their differential construction and somewhat fluid nature within the literature and among the various minds involved in this study. Conducting research using contested and socially and individually constructed terms has raised my appreciation of the pitfalls of phenomenological enquiry and the need to be explicit of how terms are constructed and used by the researcher, but also how these can be easily misconstrued by the researcher, participant, and subsequently by you, the reader.

Giving voice to one side of a relational dyad at times felt like listening to one side of a telephone conversation. I often wanted to ask what the other person, i.e. the child, had to say to enable a more complete picture to form in my mind. This was most present when hearing the accounts emerging from Denise and Richard who differentially spoke about their son but also each other allowing me to interpret and vicariously imagine what living within their family might be like. Though not the focus of this study, the inclusion of mother-father dyads proved to be an interesting development though as suggested there is scope to progress this further.

As a novice qualitative researcher I have learned much about the IPA process and my approach. Most noticeably, I have developed a deeper appreciation of the scientist-practitioner role in recognising the need to occupy both therapist and researcher positions; and how this can raise uncomfortable dilemmas (Lillrank, 2002). At times I felt that my researcher position restricted my capacity to respond with care and empathy, especially where participants asked explicit questions or sought to normalise their experience mid-interview, which I felt unable to satisfy without stepping out of role. This sense of power and responsibility to give voice to participants' accounts made the initial analytical process difficult as I attempted to represent and do justice to each story and example. Throughout the process, however, my understanding and application of IPA philosophies, especially the need to interpret another's experiences,

has developed enabling me to feel confident that the current research offers a useful construction of parents' experiences of parent-abuse.

7.7 Conclusions

This study aimed to understand the experiences of parents who had been violently and/or abused by their adolescent child. An in-depth qualitative analysis of six participants' experiences using IPA methodology (Smith et al., 2009) was undertaken and in doing so has provided an original contribution to the research literature. In particular, the rational, emotional, functional and temporal nature of the experience has been noted.

To summarise, four super-ordinate themes were found. The first was 'Needing to understand' which represents participants' accounts of acknowledging their experience as abusive and looking to make sense of the problem. 'Facing and avoiding complex emotions' captured the experience of unbearable emotions, including disbelief, fear, shame and despair, and sense of isolation and being trapped within an unescapable situation. 'Parenting amidst abuse' speaks to the dilemmas faced by participants' in maintaining parental responsibility in the absence of parental control. Finally, the theme 'Temporality and seeking change' represents how participants' use temporal comparison to gauge their relative successes and failures and speaks to the need for earlier support.

The themes have been discussed in the context of a range of psychological theory, which reflects both the complexity of the parents' experiences and my epistemological position of co-constructionism, which purports to the existence of multiple ways of constructing experiences. The findings of the study support the need for awareness-raising in order to promote the status of APVA within parent and professional domains and to ensure that it finds a place within the wider domestic violence framework. In particular, awareness as to the psychological needs of parents and their adolescent children is paramount to provide timely and specialised interventions. The study highlights the need for clinical psychology to recognise, understand and respond to the complex needs of parents of Young Offenders and to be making key contributions to the Youth Justice process. Further research into therapeutic interventions to help these parents is needed not only for their well-being but also to prevent further experiences of isolation and distress.

8.0 References

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9.1 Literature search strategy

Overview of the procedure for conducting the systematic literature search:

Initial interest in the field of Adolescent to Parent Violence and Abuse (APVA) led to discussions of preliminary ideas with supervisors and colleagues. Background information and contemporary research were sought from multiple sources including psychological publications, journals, text books and web resources resulting in a provisional list of key authors and research studies in the area of APVA and parental experience. Governmental documents were also reviewed to gain insight and information on current guidelines and recommendations for working with adolescents who are abusive towards their parents and families and how to work directly with parents.

As the research area developed the area of interest became more focused enabling a more detailed search of the literature. Electronic databases (see below) were systematically searched and the most relevant articles, books and theses identified. These sources were read and précised. The main aim of the literature search was to gain an up to date understanding of the current literature and to identify any gaps in the current knowledge base.

Following identification of potential research questions and gaps in the knowledge base further searching was conducted to clarify that the gaps existed. This involved further electronic searching, citation searching, searching the reference sections of obtained articles, searching the internet and contacting experts in the field to access in print or unpublished articles.

Electronic database search:

Multiple databases were searched in order to identify relevant literature for this research. Literature published and accessible up to the 1st June 2015 was include in the search, as follows:

ISI Web of Science, PsycINFO, InformaWorld and MEDLINE, Cochrane Database of systematic reviews, and NHS National Research Register (acts as a register of ongoing and completed research funded by or of interest to the National Health Service). Wider sources including the Ministry of Justice, Holes in the Wall, Centre for Criminology at the University of Oxford were also consulted.

Grey literature was searched using the HMIC (Health Management Information Consortium) and SIGLE (System for Information on Grey Literature) databases.

Editing and expansion procedures:

a) *Boolean operators*. The Boolean operators (AND, OR, NOT) enable the researcher to instruct search engines which keywords to include and exclude.
b) *Truncation*: An asterisk is placed at the end of a term to search for all terms that begin with that word; for instance parent* will elicit results for all terms that begin with the root parent, e.g., parented, parental, parenting, etc.
c) MESH terminology: This technique allows retrieval of conceptual information that may be named or termed differently by different researchers.
d) The key terms/words/concepts and major descriptors identified by the authors of the most relevant articles were used as the main search terms.

Search and MESH terms:

The following categories of search terms were used, including the associated keywords:

1. Abuse; abus* AND emotional, physical, psychological, sexual, financial, neglect, violen*, aggression AND behaviour OR act OR assault OR attack.

2. Adolescents; adolescen* OR teen* OR "young people" OR "young person" OR youth OR teenager OR juvenile OR delinquent.

3. Parent; parent* OR caregiver* OR mother OR mum OR father OR dad OR grandparent OR adopt* OR fost* OR family (sibling AND brother AND sister).

4. Parent Abuse OR Adolescent to Parent Violence OR Adolescent to Parent Abuse

5. Domestic; domestic AND home.

6. Justice; crim* AND youth justice AND "Youth Justice Board (YJB)" AND "Youth Offending Service (YOS)" AND "Youth Offending Team" OR deviance OR

7. Disorder; conduct* AND Attention Deficit Hyperactivity Disorder (ADHD) AND Autism* AND Asperg* AND Oppositional Defiant Disorder (ODD) AND empathy AND anger AND aggression AND anti-social behaviour

8. Substance; drug AND alcohol* OR misuse OR abuse OR

9. Interview: Interview* OR semi-structured interview OR qualitative OR interpretative phenomenological analysis.

10. Experience; report* OR beliefs* OR understanding* OR knowledge*.

11. UK; England, Wales, Northern Ireland.

The names of the most relevant authors were searched.

The search terms for the first category were searched for alone and combined with the remaining three categories. The following limits were set for the third category results in order to reduce the number of sources:

Age groups. (i.e. Adolescence (13 – 24)).

Articles were generally excluded if they were not reported in English.

Citation Searches:

In addition, the references of retrieved articles were hand searched in order to identify any additional publications by the author or journals cited by the author.

9.2 Considering alternative qualitative methods

Qualitative methods encompass a heterogeneous frame of approaches; each with overlapping yet distinct theoretical and methodological emphases (Barker, Pistrang, & Elliot, 2011). Whilst each approach shares a common value; to maintain focus on the individual experience (Elliott et al., 1999; Starks & Brown, 2007), they differ significantly on the basis of their philosophical origins. Such differences shape the research from start to finish; influencing the phrasing of the research question, focus of analysis, interpretation of results and how the findings are presented. In deciding on a methodology, it was important to fully consider all methods in order to decide which one would be most suitable for answering the research question. The main methods considered were:

Discourse analysis

Discourse analysis is concerned with the use of language and in constructing meaning and identities. As such, this approach seeks to identify the discourses that individuals draw on to make sense of their world (Potter, 1996; Starks & Brown, 2007). Discourse analysis is best suited for exploring how language use shapes an individual's knowledge, meaning and identity. While language and the influences of social discourses were of interest in this study it was not the main focus of the research question, but rather the focus was on the lived experiences of the parents. As this approach seeks to probe identity and perceived social positioning it was thought that this may distance the researcher from the participant given the already stigmatising and shaming nature of the topic of enquiry.

Grounded theory

Grounded theory has an underlying positivist approach and is interested in examining social processes and patterns to develop explanatory accounts of phenomena with the aim of developing a theoretical understanding of behaviour (Willig, 2003). Grounded theory therefore can be useful in suggesting new approaches to emerging phenomena. Due to the large samples required by GT to generate theories and the focus on experience over theory this methodology was discounted.

Narrative analysis

Narrative analysis was considered as a possible alternative method for the current study. It approaches data from the perspective of how people construct and present themselves and their lives linearly over time, making and using biographical stories to interpret the world. However, rather than focusing on emergent themes relating to participants' experiences and meaning-making in the moment, it focuses upon the sequential occurrences of an individual's experience (Barker, Pistrang, & Elliot, 2011). Narrative

analysis would undoubtedly be an interesting and valuable way to explore parents' experiences, and may capture the temporality and change of abuse over time. However, given the scarcity of literature in this area, IPA was deemed to be the methodological approach most suited to a more fundamental question relating to an individual's lived experiences.

9.3 Guidelines for Publication of Qualitative Research (Elliott et al, 1999)

Owning One's Own Perspective: Researchers are required to be explicit about their professional and theoretical orientations and to name any preconceptions prior to the research, being mindful of how their values, interests and assumptions might influence their understanding. I have therefore included a reflective summary (see section 5.7.4 and 7.6).

Situating the Sample: Elliott et al. (1999) suggest that researchers describe their participants by including characteristics that might be relevant to the research question. For the purposes of this research the participants have been described in Section 5.3.5

Grounding in Examples: Elliott et al. (1999) encourage researchers to provide examples to illustrate themes and to demonstrate the analytic process. This is also a suggested requirement in IPA (Smith et al., 1999; Smith & Osborn, 2003) and has therefore been applied in this research (see Findings section for more detail).

Providing Credibility Checks: Elliott et al. (1999) describe a range of methodologies suitable for checking the credibility of themes or accounts, dependent on the qualitative methodology employed. In IPA Smith (2004) emphasises the role of the double hermeneutic, which implies that the researcher's interpretation is as important as the participant's account; making the resulting analysis partially subjective. Though the analysis is not considered to be *right*, it is important to check that the analysis can be followed through the use of an audit trail. For the purposes of this research transcripts were reviewed by my researcher supervisor who has expertise in IPA and by my field supervisor who has expertise in parent-abuse. Both reviewers were able to follow my analysis and agreed that the themes could be justified within the transcripts.

Coherence: Qualitative researchers are encouraged to present their analysis in a coherent manner which allows for readers to develop an integrated understanding off all the findings, whilst acknowledging nuances. Within this research the analysis and findings are presented in a narrative account, with excerpts used to illustrate each theme.

Accomplishing General vs Specific Research Tasks: Researchers are advised to be specific about the degree of understanding that has been developed, e.g. general or specific. As IPA research is idiographic (Smith, 2004), the findings for this research will be specific to the research participants, however it is also interrogative and so findings will be considered in relation to the wider literature.

Resonating with Readers: The final guideline states that the reader should feel that the researcher has done a good job in capturing the experience of the participants; and that she/he has managed to express, coherently, a difficult or complex phenomenon.

9.4 Initial YOT recruitment correspondence

Dear *(Name of YOT Manager as per YJB Contact Details)* (GOV.UK, 2014)

Re: Adolescent to Parent Abuse Research Recruitment.

My name is Kerry Clarke and I am a Clinical Psychologist in Training (Doctorate in Clinical Psychology, DClinPsy) at the University of Hertfordshire supervised by Dr Clare Norris (Clinical Psychologist) and Dr Amanda Holt (Reader in Criminology, University of Roehampton).

I am currently conducting research looking at the experiences of parents who have been abused by their adolescent children. Adolescent-to-Parent abuse is becoming more prominent in the UK and is now receiving increasing attention from media and support groups. Despite this, there remains limited research into the personal experiences of parents who have experienced this form of abuse. Research has suggested that YOS teams are a good point to access this group of parents.

I am keen with speak with you about how your service may be able to become involved with recruitment to this study. The study has been approved by the University of Hertfordshire's Research Ethics Committee, Health and Human Sciences ECDA, ethics protocol number: **cLMS/PC/UH/00265.** It is also registered with the YJB. This means that the research is ready to proceed.

For this research to be successful, I hope to recruit a small sample of parents who will be willing to discuss their experiences during a semi-structured interview. By sharing their experiences, which will remain confidential and anonymous, they will be helping to raise the profile of this form of abuse and will also allow other parents and professionals a way of learning more about these experiences.

I have attached the participant information sheet and ethical confirmation for your information. Please let me know how and when would be best to contact you. My number is ***. Please do not hesitate to contact me with any questions.

I look forward to hearing from you in due course,

Best wishes,

Kerry Clarke
Clinical Psychologist in Training
University of Hertfordshire
Tel:
Email:

9.5 Participant Information Sheet

UNIVERSITY OF HERTFORDSHIRE

PARTICIPANT INFORMATION SHEET

Who is completing this research?
My name is Kerry Clarke and I am a Clinical Psychologist in Training employed by Cambridgeshire and Peterborough NHS Trust, training at The University of Hertfordshire in Hatfield. I am inviting you to take part in a research study exploring the experiences of parents who report to have been abused by their children

This research is being supervised by Dr Clare Norris from the University of Hertfordshire.

The study has been approved by the University of Hertfordshire's Research Ethics Committee, Health and Human Sciences ECDA, **Ethics protocol number: cLMS/PC/UH/00265.**

What is the purpose of the research?
The purpose of this study is to explore the experiences of parents who have experienced abuse (i.e. emotional, physical, psychological, financial) from their adolescent children. The aim is to understand how you have experienced parenting a child who has behaved abusively towards you and to gain a better understanding of this phenomenon.

This research is being carried out as part of the Doctorate in Clinical Psychology (D.Clin.Psy.) training.

What will I be required to do?
If you choose to take part in this study, you will be asked to take part in an individual interview at a place and time convenient to you. The interview will take up to 2 hours to complete. The interview will be audio recorded. The interview will involve questions relating to your experience of parenting and your relationship with your child.

The audio recording will then be anonymously transcribed (written out from the recording, removing identifiable information) and analysed. The recording and information will be kept securely and confidentially. An external transcription service may be used, which will also be bound by a confidentiality agreement. Only anonymised information will be available to supervisors and examiners. Anonymised quotes will be used in the report of this research. The audio recording will be destroyed after conferment of the Doctorate.

You may be contacted to comment on the accuracy of the analysis of your interview, i.e. whether the themes drawn from the interview are representative of your experience.

Will other people be able to identify me in the research?
All efforts will be taken to anonymised any information given during the study. However, given the individual experiences of parents who report abuse, it is possible that people reading the results of the research may be able to identify you through details of your experience. This identification should be limited to people who know you well or have been previously privileged you hearing your experiences.

Will the information be confidential?
The information will be anonymised. However, if you were to say anything during the interview that made be concerned that you, or another person were at risk of harm I would be required by law to pass this information on for safeguarding purposes. I would always try to discuss this with you at the time if it were appropriate.

Can I choose whether to participate in this research?
You can choose whether to participate in this research, and will need to complete a consent form if you choose to participate. You can withdraw your consent at any time during this study, and do not need to provide a reason for withdrawal.

If you have already completed the interview and choose to withdraw your consent for the information to be used, the audio recording and transcription will be destroyed and your information will not be used.

If you have any questions about the study, or feel that you have suffered any adverse effects from taking part in the study you can contact the researcher and supervisors on the contact details below.

What happens to the results of the study?
This study is being undertaken in partial fulfillment of Kerry Clarke's Doctoral training in Clinical Psychology, and a Major Research Project Report will be submitted to the University of Hertfordshire. The results of the study will also be submitted for publication in a relevant psychological journal.

You can request to receive feedback on the results of this study by contacting the researcher or supervisors on the contact details below.

How can I contact the researcher?
If you have any questions or concerns regarding the above you can contact me on the following details:

Kerry Clarke
Clinical Psychologist in Training
Department of Clinical Psychology, University of Hertfordshire, College Lane, Hatfield, AL10 9AB.
Tel: 07702-729354
E-Mail: k.clarke4@herts.ac.uk

If you have any comments or complaints to make about your involvement in this research, please contact my supervisor, Dr. Clare Norris, or the Ethics and Research Chair, whose details are below.

Name of supervisor:
Dr Clare Norris
Department of Clinical Psychology; University of Hertfordshire, College Lane, Hatfield, AL10 9AB
Tel: 01707-284767
Email: c.norris@herts.ac.uk

Dr Richard Southern
Chair: HHS ECDA Committee
Faculty of Health and Human Sciences, University of Hertfordshire. AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

9.6 Ethical Approval Notification

UNIVERSITY OF HERTFORDSHIRE
HEALTH & HUMAN SCIENCES

ETHICS APPROVAL NOTIFICATION

TO	Kerry Clarke
CC	Dr Clare Norris
FROM	Dr Richard Southern, Health and Human Sciences ECDA Chairman
DATE	30/07/14

Protocol number: **cLMS/PG/UH/00265**

Title of study: Parents experiences of being abused by their adolescent children: An IPA study of Adolescent to Parent Abuse

Your application for ethical approval has been accepted and approved with the following conditions by the ECDA for your school.

Approval Conditions:

The applicant must complete an EC5 (Risk Assessment), which the supervisor must see and approve, prior to recruitment and data collection.

This approval is valid:

From: 30/07/14

To: 31/07/15

Please note:

Your application has been conditionally approved. You must ensure that you comply with the conditions noted above as you undertake your research.
Failure to comply with the conditions will be considered a breach of protocol and may result in disciplinary action which could include academic penalties. Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1. Should you amend any aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval and must complete and submit form EC2. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1 may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

9.7 Cambridge County Council Research Governance Approval Letter

My ref: RD / KC
Your ref: RD / KC

Date: 18th of September 2014

Contact: Ricky D'Arcy
Direct dial: 01353 612744
E Mail: Ricky.D'Arcy@cambridgeshire.gov.uk

Cambridgeshire County Council

Directorate of Children, Families and Adult Services
Executive Director: Adrian Loades

Children's Social Care

Box No: CC1010
Castle Court
Shire Hall
Castle Hill
Cambridgeshire
CB3 0AP

Dear Miss Clarke.

Re: "Parents Experiences of Being Abused by their Adolescent Children: An IPA Study of Adolescent to Parent Abuse".

I am pleased to confirm that your PhD research proposal meets the requirements of Cambridgeshire County Council Research Governance Framework and that you have been given approval to conduct the above-mentioned research project. You will also receive signed authorisation from the Head of Safeguarding and Standards, Sarah-Jane Smedmor.

I would like to take this opportunity to wish you well in your research. Please send a copy of your research once ratified for inclusion on the Cambridgeshire County Council internal website.

Please feel free to contact me should the need arise.

Yours sincerely

Ricky D'Arcy

Quality Assurance Officer for Children's Social Care

Social Work: Working for Families *- Children's Social Care are changing the way we work. For more information please feel free to contact us (details above), follow us on Twitter (@CambsCC) or visit http://www.cambridgeshire.gov.uk/childrenyoungpeople/socialcare/workingforfamilies/*

9.8 Pre-interview information about participant

UNIVERSITY OF HERTFORDSHIRE

PRE-INTERVIEW INFORMATION ABOUT PARTICIPANT

Parents' experiences of being abused by their children: An IPA study of Adolescent to Parent Abuse.

Participant number: .....(Assigned by researcher)

Participant age:

Participant occupation:

Information about participant's child .

Age:

Gender: (m/f)

Other members of household:

Spouse/ partner? Yes/No Occupation:.....

Siblings:

1. Age: Gender: Living at home: Yes/No
2. Age: Gender: Living at home: Yes/No
3. Age: Gender: Living at home: Yes/No
4. Age: Gender: Living at home: Yes/No
5. Age: Gender: Living at home: Yes/No

9.9 Participant Consent Form

UNIVERSITY OF HERTFORDSHIRE

PARTICIPANT CONSENT FORM

Parents' experiences of being abused by their children: An IPA study of Adolescent to Parent Abuse.

The purpose and process of the study has been explained to me:	☐
I understand the purpose of the study:	☐
I am willing to participate in the study:	☐
I understand that I can withdraw from the study at any time, and do not have to give a reason for my withdrawal:	☐
I have been provided with contact details for the researcher and supervisor, should I have any questions or want to withdraw:	☐
I understand that the information I provide will be kept secure and confidential and viewed by authorised persons only:	☐
I understand that I am able to request to view the findings of the study after completion:	☐
I understand that my interview will be audio recorded:	☐
I understand that the research is being completed as part of Kerry Clarke's Doctorate in Clinical Psychology and will be submitted and assessed as part of the training qualification:	☐

Name .....

Signature .....

Date .....

9.10 Semi-structured interview schedule

UNIVERSITY OF HERTFORDSHIRE

SEMI STRUCTURED INTERVIEW SCHEDULE

Parents' experiences of being abused by their children: An IPA study of Adolescent to Parent Abuse.

Pre interview: ☑ Pre-questionnaire ☑ Consent to interview ☑ Consent to audio recording

A. Family

1. Can you tell me about yourself and your family (Prompts: family composition, occupation, marital status, ethnicity, religion etc)
2. Can you tell me a little bit about your (son/daughter) who you are here to talk about?

B. The abuse

3. Can you tell me about your experience of abuse within your family or relationships?
   (Prompt: Who from, how often, what form does the abuse take, has child witnessed, siblings, when became a 'problem')
4. Why do you think the abuse has happened within your family?
5. What effect have your experiences had for you?
   (Prompt: employment, mental health, medications, relationships, siblings, other, how coped)

C. Self as a parent

6. What were your experiences of being parented when growing up? (Prompt: Mother, Father, Supportive Families, influence on own parenting style)
7. What were your expectations, hopes and fears of becoming a parent? (Prompt: were these realised)
8. In what way have your experienes of abuse from your (son/daughter) impacted on you? (Prompt: general identity, parental identity, relating to others)

D. Help seeking behaviour

9. What led you to decide to seek help? (Prompts: who has been most helpful friends, psychology, youth offending, GP, police)

E. The Future

10. What are your hopes for the future? (prompt: what are your hopes for your child's future? Future? Employment? Other children?)

F. Talking about personal experiences

11. How have you found talking about your experiences with me today? (Prompt: What would make things easier, likelihood of being more open in future)
12. Having had time to think about your experiences is there anything that you would like to tell me that you have not already discussed?

Post interview: ☑ Participant Debrief form

9.11 Interview prompt questions

Interview prompts:

- I am interested in hearing from you about your experiences. There are no right or wrong answers. I am keen to hear as much detail as you are able to give.
- Can you tell me more about that?
- How did that make you feel?
- Can I check I have understood correctly – do tell me if I am wrong
- What does that mean for you?
- I am very interested/curious about what you've just said.....
- Can you tell me a bit more about that?
- What was that like you?
- Everyone is different, so can you tell me what X means to you

9.12 Participant debrief form (generic; YOT details entered for each site)

UNIVERSITY OF HERTFORDSHIRE

PARTICIPANT DEBRIEF SHEET

Parents' experiences of being abused by their children: An IPA study of Adolescent to Parent Abuse.

Thank you for being involved in this research study. Your participation will be helpful in gaining an understanding of the experiences of parents who report being abused by their adolescent children.

The information provided by you in your interview will now be anonymously transcribed and written up to be included in the research findings. If you would like to receive a copy of the overall research findings please contact us.

If you have any further queries and wish to contact the researcher, you can do so by using the following details:

Kerry Clarke (Trainee Clinical Psychologist)
Department of Clinical Psychology, University of Hertfordshire
College Lane, Hatfield, AL10 9AB.
Tel: 07702-729354
E-Mail: k.clarke4@herts.ac.uk

If you have any further need of support, please contact:

[INSERT REFERRING YOS CONTACT DETAILS]

Or

Family Lives – Parentline
3rd Floor Culpitt House
74-78 Town Centre, Hatfield
Herts AL10 0JW

Telephone number: 01707 630100
Web link for contact: http://www.familylives.org.uk/

Or

'Holes in the Wall' - Parent Abuse Blog - http://holesinthewall.co.uk/
Helen Bonnick is a Social Worker who writes a successful blog about the current research, understanding and interventions being offered around parent abuse. Her blog links to many useful resources and forums for parents to feel connected to others who had had similar experiences.

The research is being supervised by Dr Clare Norris, Clinical Psychologist and he can also be contacted on the following e-mail address: c.norris@herts.ac.uk.

Thank you for your participation

Ethical approval protocol number: cLMS/PC/UH/00265. Page 1 of 1

9.13 Exemplar Transcript for participant 4 (Richard)

Line	Original Transcript	Exploratory comments	Emergent themes
1	I: [Demographic information and introduction until 00:02:32]	*Male, 56, identifies as business man, works from home.	
2	I: So just to start off I wonder if you could tell me a bit about yourself and a bit about your		
3	family and who is next door as you mentioned you had family living next door and just	PROMPT: Family identity	
4	give me a sense of what it's like to be in your family.		
5	P4: Yeah. Um. There's myself. My wife Denise. Two children James and Natalie. We're been	Built this bungalow – sense of hard work, striving to provide for family.	
6	living here for about 17 18 years maybe. We built this bungalow on the back of my in-	Established in community	Importance and connectedness of family
7	laws bungalow. Yeah. 18 years ago. Maybe 16 years ago. Whenever it was.	"On the back of my in-laws" – proximal connectedness to family of origin	
8	I: And you said that they live next door.	PROMPT: Clarification	
9	P4: There's a link that joins the two properties but I mean we can go days really without		
10	either of us going in either house so it's not like we're living in each other's houses or	Handy – connectedness provides convenience of support.	
11	anything like that. It's handy when you want sugar or something.	Clarification that not dependant on family.	
12	I: So how often would you see them.	PROMPT: Frequency of contact	
13	P4: I see them well I mean we see them during the day but not only to say good morning		
14	or just to pass the time of day really. Um. Yeah.	Seeing family on daily basis	
15	I: So they're well and next door. And how about the other side of parents.	Closeness of family	
16	P4: My parents. They live in [name of town].		
17	I: Not quite so close then.		
18	P4: No we see them probably once a month something like that. You know they're both	Importance of connections with extended family – seeing at least monthly. Importance of being together.	
19	still alive. Together.		
20	I: Ok. And. And we'll talk generally about how everyone is and how everyone is. I wonder	PROMPT: Invitation to talk about son	
21	if you can tell me more about your son and give me a sense of who he is.		
22	P4: Um. Well. He's um. He's suffered from ADHD since the age of well since he was born	Child as suffering - Suffered from ADHD.	Family as victim of diagnosis
23	really but we managed to get um get him into the system when he was about 5 I think	Diagnosis/pathologising the child from birth.	
24	so um he's struggled obviously with that. The symptoms that he's had or has are that	Managing to get him 'into the system'; viewing diagnosis and response as key to managing	
25	he's just on the go all the time. Doesn't sleep. Um. He's never been…he was never	behaviour. 'He's struggled' – ignoring parents struggle	Costs and benefits of involving 'the system'

violent or anything like that. I mean some of the ADHD symptoms are quite bad. Violence and breaking things. Um. He's never been violent like that up until you know the last couple of years but um. He takes things apart. Doesn't put them back together. You know. The normal sort of ADHD symptoms. He was on medication. First of all he was on Ritalin for a few months. That just didn't have any impact whatsoever and then he was on Straterra. So we used to visit them is it CAM-H about once every three six months something like that. And I mean really from our point of view I don't think we got the help we needed but um basically I mean they just used to say "how are you James" and then they'd up his dosage. Every time we went in there they upped his dosage. The problem was he wasn't taking the tablets. He had to take them every day otherwise it didn't work. He wasn't taking them. We thought he was taking them. He was hiding them in his mouth and not taking them so really I mean from the age of probably 10 or 11 we're got no idea whether it was actually whether the drugs were actually doing anything or not because he wouldn't take them. I think he had to take them something like three months continually for them to work so by not taking one it could mess the whole everything up. So I think that was a bit of a problem. He was behind at school because obviously easily distracted and everything else and once he was behind it was just a vicious circle. He was never gonna get caught up. So um so then he would lose interest and um it just you know things just escalate from there really. Once you get behind you seem to be able to go further behind quite easily but not get caught up. So…(pause).	"On the go all the time" Protectiveness of child by presenting a favourable light. 'Quite bad' – minimising past violence Violence in the past couple of years – previously ADHD was manageable. *Contradictory – never violent v violence part of ADHD *tolerable levels of violence *Normal* – behaviour can be explained through diagnosis. Minimises/makes acceptable Medication not having an impact – looking to medication for behaviour management. Upping dosage, otherwise wouldn't work. *Immediate focus on medication and treating diagnosable disorder. Child as disordered. Involvement with CAMH. "Don't think we got the help we needed". He wasn't taking the tablets – child making decisions for self – outside or parents control We thought he was taking them – versus we had no idea – limits of parenting. Was medication having no effect or was child not taking? Not knowing. By not taking could mess everything up - child as responsible for managing own behaviour through medication. Vicious circle – once behind at school. Feeling defeated – not able to catch up/be as able as other children. Things just escalating	Focus on child's struggle over parents struggle Minimising Family as victim of diagnosis Feeling let down by the systems Knowing versus not knowing
I: So you spoke a bit about the ADHD. I wonder how else you would describe James. What does he like. What does he do.	PROMPT: Parents characterisation of child	
P4: Well he was a fun happy child you know. He done motocross. He done race motorbikes from the age of six. Um. About the highest level you possibly could in this country. He's raced in Europe. Um. He's you know he was doing motocross and he's done super-moto which is sorta half motocross and half-tarmac. And then he did full	Happy child Motorcross, highest level - child as successful and gifted and talented.	

53		tarmac racing. Up until the age of 14 and he had a bicycle accident funnily enough and	'funnily enough' – irony of situation	
54		he ended up being in hospital for about six weeks. Um. And it ruined the you know. It	The thing he loved changed his dreams – motorbike accident.	
55		finished his racing really because hospital wouldn't sign him off because of the injuries	Ruined things for him	
56		that he sustained on the bike. So therefore he hasn't really done anything since and	Change in circumstances – ADHD plus injury	
57		that is a big you know that's been a big problem for him to accept you know that we	Problem for him – family not sharing problem/members as independent	Childs identity shaped by shared family interests
58		couldn't do that and that you know it cost hundreds of thousands of pounds while he	Cost of child's interests/parents interests –	
59		was doing it and obviously to do to carry on doing that is virtually impossible financially.	Pursuit of family interests – investment in child – financial bind.	
60		You just can't do it. So that was all really he feels that it was all taken away from him	Financial burden on parents to satisfy child's interest.	
61		so.	Child feels that parents have taken dream away.	
62	I:	When he wasn't…when his identity wasn't motorcross how else would you describe		
63		James.		
64	P4:	He was fine. You know it was computer games and um just normal boyish things really.	Normal boyish – identifying son as normal	
65		Um because we live so far out of the village it's about a mile to the village so they never	Including sibling in concept of children	Sibling as basis for comparison
66		really went out until they…neither of them did until they were older. They didn't really	Children socialising with parents/potential for overinvolved parenting.	
67		go out on their own until they was sort of 14-15. So maybe they missed out a bit with		
68		their friends. You know. But you know here they've got 15 acres you know which they	Absence of age related peers	
69		were either on horses of motorbikes or doing something. They've missed out maybe on		
70		one thing and then had everything else and then you know it could be really that you	*Outdoor lifestyle – parent viewing lifestyle as ideal.	Diagnostically acceptable behaviours escalating
71		know once that was taken away from him you know. That's (pause) we always had	Missing out – providing opportunities versus missing out on the basics.	
72		problems anyway but I mean that just escalated from there anyway. Um. We went to	Instilling the basics in case the other areas are taken away.	
73		America I think was it just before his bicycle accident and um we realised that he was		Drugs as the root to all his problems
74		sniffing aerosols. We found that out while we were in America. You know. So you know	Small problems escalating	
75		it's just difficult then because you're trying you're trying to do your best for them and	Risk taking/drug related behaviour	
76		you know and things are going on like that that you know no one in either of our families	Realisation/finding out/not knowing what child is doing.	Doing the best as a parent
77		has ever done anything like that so it was hard to accept for us really especially for me.	Trying to do your best for them	
78		I mean I just you think that you're doing everything for them and then you're being paid	No one in our families has ever done that	Difficulty accepting behaviour
79		back by doing things like that. So yeah. I mean we spoke to someone at the time who	Hard for us to accept/Especially for me – why? As a father?	Wanting positive returns from investment in child

80	came out and spoke to him about it and really put the frighteners up him and hoped	Being paid back – financial metaphor? Investment in child – expecting specific results	
81	well we think that that stopped but then it just led to other things really.		Failing to deter behaviour
82	I: What sort of other things.	"Put the frighteners up him" – using consequences as a deterrent.	
83	P4: Well he just he was smoking by the time he was 15. He was smoking weed probably at		
84	the same time and weed cannabis really has been really the root to all of his problems	"his problems" – projection of blame/pathologising	
85	I think. Since you know since then once he started smoking that you know they do do	Root to all his problems – cannabis/drug use	
86	other things. Tablets or whatever they were doing. But we wouldn't fund it so we	Whatever they are doing – not knowing	
87	wouldn't give him any money so then things would go missing and then you know and	"We wouldn't fund it" – parental power over how 'pocket money' is spent/ holding resources	Knowing versus not knowing
88	then it just escalated from there. Then we got the he smashed the car up. Kicked my	Things going missing – theft of possessions	
89	car in because of an argument. He just lost his temper and kicked the door in on his way	Escalation	
90	out. We didn't report it or anything but then soon after that he stole Denise's car. Went	Minimising – "Just lost his temper". – not viewing severity of problem	
91	off driving round in that at the age of 17. No licence. No nothing. So we thought the car	Didn't report – minimising / not viewing as abuse	Threshold of expected violent behaviour
92	had been stolen so we reported it to the police. I mean he could have hit someone or	Reported theft to police – dilemma of reporting your own child.	
93	anything. We didn't have any choice I don't think at the time. I mean looking back I still	Protecting the public – "on our conscience"/.	
94	think we done the right thing. It didn't help us as a family but we done the right thing.	"We didn't have a choice" – feeling obligation to tell.	
95	On our conscious he could have had an accident. But then obviously then it got him	"But then involved with police" – wanting to protect	Dilemma of reporting your own child to police
96	involved with the police. So then he went to court and um he's what did he do. He got	from criminal justice/do best for child.	
97	six points I think and a fine and then he was involved obviously in the thing and then	Done the right thing – judgment of response.	
98	after that he then broke into the house. Stole some stuff and then went back to court	"He" – focus on the actions of the child – blame	Out of our control
99	and then touch wood since then he hasn't done anything too…well he has but not. He	Touch wood – out of our control/up to luck.	
100	moved away at that…he was moved…he wasn't allowed here at that point.	"Well he has but not" – minimising	Minimising
101	I: So where is he living now.	Choice of child versus enforced choice	
102	P4: Right at this moment he's living in [name of local town].	Ultimate control lies with parents	Excluding child from family system
103	I: Ok so not too far.		
104	P4: No. I mean he went he was living in a hostel in [town] from January to well he was there	Not allowed to live at home with parents – turning backs on child.	
105	for a few months but he was moving around with friends and stuff and he ended up in	Impact on both partners/spouse.	
106	a hostel because he ran out of friends to stay at which was in [town] and I think he was		

107		there two or three months. Maybe two months. That was particularly hard on Denise	*Spouse working in shop – son able to visit during the day.	
108		because Denise works in [town] so you know it's too far from here for him to have any	"Moved back in" – child undermining parents' wishes – "home" – right to live at home?	
109		effect on us here but when he was going into the shop and (pause). So um he then we		
110		went on holiday and whilst we were on holiday he moved back in.	Wider family supports child against parents' wishes	
111	I:	Did he have the keys.	Doing the best that we can.	
112	P4:	No. Unfortunately he was given the keys by next door. So we came back and we sorta	Giving him a chance	
113		tried to deal with it in the best way we could really. By trying to give him a chance to	Try to help himself	Doing the best as a parent
114		um stop smoking cannabis and you know and do try to help himself. He's never worked	"We've got him" – parents taking responsibility – entitlement? Overprotective?	
115		really. He's had a couple of jobs that we've got him. They all last three weeks and then	Child not being able to commit - attention?	
116		he's back out. Um. He's been to college. That lasted three weeks. At the moment he's		
117		at NACRO we think.	Not knowing what child is doing since away from home – unable to parent from afar	Needing to parent from a distance
118	I:	And what does he do there.		
119	P4:	Maths and English and he's doing some car repairs sort of stuff. If he's going. It's only		
120		three days a week.		
121	I:	It sounds like you're not in contact.		
122	P4:	I'm not in contact at all at the moment. My…our only contact really is through Facebook		
123		or you know through…because he keeps every time he has an argument he smashes		Complex communication and loss of contact
124		his phone up so he hasn't got a phone. I think he's got a phone now. He can log onto		
125		the internet. But just recently I picked him up. He wanted a lift. I gave him a lift and I	Out of contact	
126		picked him up in the evening. Then the following evening I just happened to be coming	Not knowing – parenting from a distance	
127		past so I called in to pick him up and he just started an argument so I just said you know		Complex communication and loss of contact
128		I pick you up I'll just take you back. Just don't talk to me. And we didn't speak at all all	Broken lines of communication – not able to talk	
129		the way back from (name of town). And then I got in and then he'd whipped me off		
130		Facebook and that was the only contact that you know privately I mean we never had	Continuing to honour parental responsibilities	
131		contact openly so that everyone could see. It was all privately. And that was the only		
132		contact we had (pause)	Child blocking out parent.	
133	I:	And is that still how it is.	Private contact – talking behind each other's backs	

134	P4: Yeah. Oh yeah. No. I haven't spoke to him at all. And Denise is through messaging and	Channels of communication	
135	stuff like that and she's met him and given him money. She done some sort of deal with	Not speaking	Child distancing self from parents
136	him that she'd pay him £20 a week if he carried on you know if he kept going to NACRO.		
137	Not sure that'll work because you know she'll find out that he isn't going and then she'll	Fathers versus mothers approach to maintaining relations	
138	say well I'm not giving you the money and then it'll just flare up. So. But I in my opinion		
139	we've done everything. You know took him to anger management. I took him on a six-	Deal – managing power through compromise	
140	week course again that was over [town]. I was taking him and for two-months we had	Potential for deal to backfire	
141	a different person. We had the old James. He was…we stopped him going out so that	Stubborn – parent and child standing ground.	Not letting the child win
142	he wasn't seeing anyone. He was completely off the drugs. Completely. And he was	We've done everything – exhausted options/ absolving selves of blame and responsibility – passing responsibility to next person/service	
143	coming out biking with us and we were like a family. And then he started going out and	Flaring up = avoiding difficult conversations	
144	then he was going out more and more and more because we cant you know it was like		
145	it wasn't like keeping him in prison but it was he wasn't allowed he wasn't going out.	Burden of care to help with behaviour	
146	You know it would have been easier obviously if he'd got a job or something to keep	"Different person" – impact and benefits of anger management – Old versus new child	Avoidance of conflict conversations
147	himself busy but he's just not. For some reason we don't know why cos we've always.	Prevented from seeing peers – parental control/attempts to manage	
148	The whole family. Brothers. Sisters. Our brothers and sisters. No one's ever been out of	"Completely" – sense of achievement	Peer influence
149	work. Ever. You know. His sister works she'd work 24- hours a day if she could. You	"Like a family" – sense of normalcy – image of what family should look like	
150	know. So they're like chalk and cheese. And we just cant understand why he's got this	"Like keeping him in prison" – needing to keep him out of trouble/burden	
151	he's just not bothered. You know so the two problems really. The main problem really	Parenting is hard	Sibling as basis for comparison
152	is the cannabis and that's what triggers everything. He can't see there's anything wrong	*Not knowing – difference from others in family	
153	with it. It's part I mean obviously it's illegal. He see's it obviously the same as all of them	Importance of routine/work	Drugs as root of behaviour
154	do. It doesn't do you any damage. It's no worse that alcohol. You know I mean alcohol	"They're like chalk and cheese" - Negative comparison to sibling	
155	just as bad you know with the wrong people. He's got a point but he can't he doesn't		
156	realise what effect it's having on him.	Comparison to sibling – sibling as basis for comparison	
157	I: And why do you think that this sort of abuse…this sort of behaviour has happened in	Minimising abuse; focus on drug taking as underlying cause	
158	your family.		
159	P4: I mean we don't know. This…we really don't know apart from the (pause). He ended up	Child not realising impact on life	
160	leaving school in the March instead of the erm May or June whenever because they put		
		PROMPT: Why in family?	

161		him on study leave. They didn't give him anything to study. They knew that he wasn't		
162		going to do any exams anyway I think. And they put him on study leave and I said well	Not knowing	Feeling let down by the systems
163		you've gotta work. You know you cant just be here. Now you're not at school you've	School giving up on child – not entering for exams	
164		got to do something. And I put quite a lot of pressure on him trying to get him to work	Self-fulfilling prophesy – school out of options/recourses	
165		and trying to get him to do something. I got him a job and literally…well it wasn't the	Giving advice versus coercive parenting – putting pressure on child – direction of power	
166		greatest job in the world. It was cleaning for a cleaning company but it was an income		
167		and it lasted three weeks and then we got him another job as an apprentice painter and	Trying – parents as active role models	
168		decorator and the guy that took him on…another friend of ours…he's the nicest person	Actions in parents interest; not child's	
169		you'd ever meet. I mean you really really have to go a long way to upset him and in the	Acting in child's best interest.	
170		end he just said I've just got to get rid of him. I can't handle it.	Parents making all the effort – not enabling child but doing for child.	
171	I:	And what couldn't he handle.	Generalised view of child – confirmation of problem – being believed.	
172	P4:	He wanted to know why he got all the rubbish jobs. He wanted to leave early all time.		Advantage of remaining dependent versus independent of parents
173		He never had any money even though he was getting paid. I erm bought him a scooter	Sense of entitlement	
174		so that he could get to work and back and erm you know again this you look back and		
175		you think *why did I bother*. You know why did I do it. I mean I done it for him to get him	Unmotivated by responsibility – Child not wanting to gain independence from parents – Security of being dependent	
176		to work and back. And I said you're paying me back. You can pay me back monthly. You	Looking back – in hindsight I would.	Doing my best
177		know we agreed how much it would be so that he could afford to and he never paid		Security in being dependent
178		any money back. He started to pay a little bit back and then he didn't. He never had any	Why did I bother – Effort is in vain/Effort is wasted	
179		money for petrol so than he was taking petrol out of the lawn mower and all sorts of	I done it for him – Trying my best for the child Wanting returns for investment	Wanting returns from investment in child
180		things. So you know that was a disaster but within literally I paid for his bike test his	Seems like it's all about money	
181		licence and a moped and within three weeks he's then got a moped and no work again.		
182		Nothing. No money. No money. No income. He'd never ever sign on or anything like		
183		that although he couldn't at that age. So he was just you know that was another vicious	He never had any money – complexity of entrusting child with financial responsibility.	Not feeling valued
184		circle and then he just and what he does…he then starts messing about and taking them	Financial abuse	
185		to bits and stuff. It ended up it was scrap. He then bought…he borrowed money off his	Needs of the child going unmet – child not willing to earn/work for money – entitlement.	
186		nan to buy this…he had to have this moped. He said that it had MOT'd and everything.	Conflict in parent – child work ethic.	
187		Basically what he'd done he'd swapped the number plates over on them so the one	Childs preparedness for adult world/adult responsibilities Imposing adult responsibilities	

188	that was MOT'd…so then he's riding round with a moped with it had no front light on it	Vicious cycle – Un-resolving problems	
189	even with the wrong number plate. So you know I found out. I'm normally pretty good.	Patologising destructive behaviour	Feeling deceived and abused
190	I'm normally one step ahead of him and I did find out straight away. And everything		
191	he's done really I've found out straight away which again is probably frustrating for him	Deceiving parents to attain finances	
192	but if we don't know what's going on you can't help maybe you know I'm thinking that		
193	only very recently that I'm now of the opinion that maybe by me trying to help…thinking	I'm normally pretty good/one step ahead – Feeling cheated/feeling deceived	By helping I'm just making things worse
194	I'm trying to help it's just making things ten times worse because I'm trying to discipline		
195	him but that's not working. He just switches off. You know so. But then I just can't make	Parents monitoring child – wary of future deceit and theft.	
196	myself just give him everything he wants and just to keep everything peaceful and quiet.	Not knowing what's going on – can't help	Failure as a parent
197	I can't do that because he's his input is zero. You know even when he was living here	By helping I'm just making things worse	
198	for two months he done nothing. You say…if you said can you empty the dishwasher	Discipline	
199	he'd do it without an argument but he'd never do anything without being asked. And	"Child switching off" – parent not feeling listened to. Not able to parent – instil discipline.	
200	he was getting up at lunchtime and you know. And we're working full time so you know		Expectation for child to contribute to family being unmet
201	it was just asking for what we thought was right really. You know he wasn't paying	"Can't make myself give in" – Parent roused to fight – rising to the challenge, knowing not right.	
202	anything towards being here. So um. Being helpful we thought would be you know		
203	enough to help. So yeah and then he just started going out more and more and more	Child as lazy – not contributing to family. Parent trying to separate – expectation for changing role	
204	and then it came to a head and realised that he was…well I mean we knew anyway and	Frustration at child – arguments around home	
205	we kept asking him if he's smoking cannabis. Again he kept lying. He kept saying no.	Child as having no self-motivation	
206	And then obviously it then came to a head when he then decided that yeah he would	What we thought was right	
207	tell us but it's only a couple of times. And you can smell it on the clothes. It's…so um.	Contributing – helping – feeling taken advantage of/used/unappreciated?	
208	Yeah so that all blew up so we said you know you cannot live here if you're taking drugs		Deceived by the child
209	and he said I'm not taking drugs. I'm just smoking weed. We'll you can't live here if	Contributing to family. Expectation for family to work together.	
210	you're smoking weed. It's up to you you know. That's our rule. We're not gonna bend	Child smoking drugs – not knowing / needing to know	
211	that rule. We're not gonna move the goalpost. You're either not smoking it or you are.		
212	If you are you're not staying here. You know because that's the root. He admitted it	Blew up – use of metaphor – explosive emotions	
213	was. When he was doing the anger management he admitted everything. He said that	Parenting as excluding from family.	
214		Child not viewing drugs as a problem – viewing weed as a low level drug.	

215	that was the problem. That was what was causing all the problems but then obviously	Drugs as the root of the problem	Mixed messages about flexible versus authoritarian parenting
216	as soon as he's smoking it again no it wasn't. It never was a problem.	Not going to bend the rules	
217	I: So it sounds like you and your wife have been trying to set down some rules and it		
218	doesn't always go that way.	Admission of causes – listening to child's experience and why behaviour occurs.	Drugs as root of the problem
219	P4: No. It hasn't. No.		
220	I: Ok. Um. One of the main things I'm hoping to speak about today is the general		
221	experience of abuse and experiences that you wouldn't expect from a teenage son. So		
222	I wonder if you could tell me a little bit about when things first started.	PROMPT: Parents as rule-makers	
223	[Interruption – dogs came in and participant distracted by dogs].		
224	I: Ok. So I wonder if you can tell me when you noticed that things were not so great or		
225	things had changed in your family.		
226	P4: Really after once he'd finished at school. You know we couldn't get him to work and	PROMPT: Inviting discussion of abuse.	
227	then the arguments were getting verbal. You know the language was foul and then he'd		
228	be threatening and um you know just kept threatening me more you know me		
229	obviously I suppose *cos of the male thing.* You know. And he thought that I couldn't or		
230	wouldn't do anything about it and then um you know that just carried on really and		
231	then there was one day we were out there and he threatened me with an iron bar or		
232	something I think it was. I can't remember what it was exactly. So I went and grabbed	After finished school → change of routine	Fear of becoming the abuser
233	it off of him and he started pushing me around and that was it. We ended up rolling	Verbal abuse – threatening language	
234	about on the grass out there and you know and I never hit him because I just can't. The	Feeling targeted as a male authority figure.	
235	only person that's gonna get upset about that is me. My…he might at the time. So I um	Child abusing parents fear of being seen to be abusing their child – not able to retaliate or assert power.	Fear of actual harm from child
236	in the end he was kneeling down…I was stood up and he was kneeling down still giving		
237	me verbal abuse and everything and I said you haven't even hit me. You know if you're	Feeling threatened – fear of actual harm from child	
238	gonna hit me hit me. You haven't done anything yet you're on the floor. You know what	Description of physical abuse	
239	is all this about. You know and I tried to reason with him and he just started swearing	Self as failure or abusive parent if seen to hit child – upset by thought of needing to physically control or restrain child.	
240	even more and. Its really really sad. But that just carried on you know and then he was		Struggle to retain power
241	threatening me more and more and then it got to well that obviously want having the		

242	effect that he thought it was gonna have. Um. I don't think he wanted an eff…you know	Adult towering over child – show of strength and power – re-establishing power	
243	to. I don't really know what he wanted but. When he realised I think that that wasn't		
244	going anywhere he then kicked the car in you know. I mean my car's it a company car		
245	you know and he just launched himself and smashed the whole…the whole door was	"It's really sad" – emotional impact on parent.	Knowing versus not knowing
246	just well it was a write off. It was about £700. But I never…we never rang the police and		
247	you know we should have done I think at that stage. We should have done but we		Feeling un-respected
248	didn't. We thought we'd deal with it. We didn't want to get him you know in the system.	Not really knowing what he wanted.	
249	I've got friends that are in the police and I spoke to a couple of them. They said just		
250	don't. Don't involve us because you know. Try and deal with it and that's what we done.		Costs and benefits of involving 'the system'
251	And within you know. His attitude didn't change and mine obviously wasn't great	Destruction of property – financial impact on family/parents. Attacking parents assets	
252	because I was then having to pay for a car or lie to my company about how it's		
253	happened and so my opinion didn't help you know it didn't help but then I just don't	"We never rang the police" – protecting child Should have but didn't – regretting responses	Costs and benefits of involving 'the system'
254	understand how he could have ever thought that everything would be right after that.	Didn't want to get him in system – protecting child	
255	There's no amount of apologising. So he didn't apologise anyway and then…(pause).	Seeking advice from friends and professionals	
256	I: I suppose this takes us back to why you think this has happened. So when those		
257	incidents happened I wonder if you had any thoughts afterwards….of what he wanted.	Trying to deal with it within the family	Knowing versus not knowing
258	P4: No. No idea. What he wanted at the time was probably money or something. You know.	Police deterring family from involving police	
259	It's just he if he asked me for something and I said no that would be the end of it. He		
260	might moan and whinge but he knew if I said no he wasn't gonna get it. You know if he	Lying to others about visible impact of abuse – covering up the abuse	Protecting child
261	asked Denise for it and moaned then maybe he might get it still you know. Not very		
262	often mind but that's the difference between me and Denise. If I said no I meant no.	Not understanding child's motivation/mind-set for behaving abusively to express needs – "how could things be right after that".	
263	You know and if I said you know can you go and do that I would check up to make sure		
264	he'd done it. Denise wouldn't. She'd say can you do it and he wouldn't do it. He'd get	PROMPT: Attributing cause/why abuse happens? No idea.	
265	away with it and he was getting away with things like that whereas with me he wouldn't		
266	you see and maybe it's because I was harder on him maybe he just thought you're my	Abuse as wanting money	
267	problem so he tried to deal with it that way you know.		Inconsistent parenting approaches
268		Difference between parents responses – inconsistent parenting – boundary testing.	

I:	And if you had to sort of give a name to type of behaviour or type of abuse that was happening what would you call it. Would you say it was emotional, verbal, physical (interrupted).		Child as resourseful
P4:	It was emotional. It was emotional and verbal. It wasn't physical. It wasn't physical. It was…it was. No. I mean it was verbal and it was emotional cos I mean he was saying at this point he was then saying things like because obviously he'd cos of his accident he'd come out of hospital and he hadn't got his motorbike. He couldn't ride them anyway cos the hospital wouldn't let him. So then in his opinion I've sold everything that's his even though it wasn't his. It was his to use and everything. I mean we're talking like hundreds of thousands of pounds that I've spent on him and like he said you know that I hadn't…I didn't…erm…I've never done anything for him and I've sold everything that he's ever had. You know and then I'm like (exhale). You know (cough). Now you could say obviously that the racing and everything was was he was six years old when he started. He didn't want…he didn't say let's go race so that was me providing that. I was providing that for him. So he…you couldn't say well he wanted…he did enjoy he loved it. It wasn't that he wanted and that he was asking for more and more and more. I was buying more and more and more.	"You're my problem" – child aggressing towards parent who is denying needs – being seen as the problem parent/the bad parent PROMPT: Naming abuse Emotional and verbal Denial of physical violence – despite property damage – minimising Financial abuse seen as emotional Rules from multiple authorities How child sees it versus how I see it Idea of possessions – child as dependent on adult for material possessions, ultimate ownership by parent. Hesitation – newness of speaking about problem Exhaling – despair, wanting to be understood Child not recognising financial burden and investment	minimising Emotional impact of financial abuse Hesitation; unconsidered areas of thought
	[Interruption – Wife comes home]		
P4:	So yeah. So I mean he did you know he did have everything and that like bicycles. I brought him bicycles brand new bicycles. Expensive bicycles and then he'd like within you know six months you'd notice things had been swapped or sold or so.		Raising an unappreciative and expectant child
I:	And what effect do you think that had on you as yourself really.	*Raising an unappreciative and expectant child Recognition of providing comfortable and expectant lifestyle for child. *Instilling sense of entitlement that is difficult to maintain. "Having everything" – entitlement	
P4:	Well I suppose I just dealt with it in my way. I just tried to carry on as normal really. I argued about it and in the end it got to the stage where we're at now still where I just said that there is no discussion about this. You'll never agree with me and I'm certainly not gonna agree with you so I'm not gonna talk about it. It's history. You're not gonna resolve anything by arguing about it because we don't agree on it. So you know that is		Unappreciated financial investment and sacrifices

296	what's happened. I got a wad of receipts out and said have a look through them. You	Child not valuing material possessions – selling/destroying.	
297	know and he saw…he saw that I'd you know how much things were costing so there		
298	was no argument about it and that actually kept him quiet for a little bit you know for	Child aware of emotional impact of property damage	
299	a while and then it just rears up every…every now and again like when things went bad		
300	obviously with the police and the car and everything else. It was all brought up again	Individual response – implying that others may not agree	
301	then and now this time again it's been brought up again so. It's just something that he's		
302	got his opinion which is just…it's just so far…so far from reality that you know but it	Coping through carrying on as normal	Wanting returns from investment in child
303	suits him to think that because he's then blaming me for something maybe. I don't	Shutting down discussions – futility of situation	
304	know. I don't know. I can't…if I knew what was going on in his head I'd be…I'd be great	Avoidance of difficult conversations	
305	wouldn't I.	Emphasising financial investment in son –trying to show love through financial investment.	
306	I: And what other effects have the experiences had on you in terms of your ability to work		
307	(interrupted)		
308	P4: Well I mean me personally it's had a I mean I run and cycle and I do you know lot of		
309	exercise and races and stuff like that. This last what year…18-months I've hardly I mean	Bringing up the past – avoidance of difficult conversations.	
310	I've been injured as well but this last year I've hardly been able to do anything because		
311	I just can't. I've got no motivation while I'm arguing with him or while we're struggling	Disbelief – hesitation of speaking about reality	
312	because he's not here or you know um worried about what he's doing. If he's safe even.	Feeling blamed by child – abuse as anger	
313	And I just you know I have no motivation whatsoever. I don't have a great deal of	Not knowing how the child thinks	
314	motivation for work at the same time but obviously with that I have to carry on but I		
315	work from home you see so it's hard. I'm at home probably three four days a week so		Exhaustion
316	it's hard to get motivation anyway. I mean I…fortunately I am good and I do work you	Self as active and self-motivated. Self-identity	
317	know stupid hours really um. Because I work from home I feel bad. I don't…I wouldn't		Minimising
318	go out you know down the shed and do something if I'm at work you know so but you	Loss of motivation during abuse period - Worried about son - Exhausted by arguing	
319	know that changes. You then don't know what you know you're finding it hard to get		
320	motivated really. So…but that was really the worst you know the main thing it's had on	*not pathologising self; may be depression but not able to think about full impact on self.	
321	me and I don't sleep particularly well. I don't know if that's because of all this or not. It		
322		Searching for other reasons for loss of motivation – minimising abuse/reducing impact of abuse.	

	probably is but that's just my way. I don't show a lot of (pause) externally I don't really show a lot.	Self as good	Self as good parent
I:	And who do you speak to about these sort of things.	Impact on employment – self-employed; loss of motivation. Working from home; home may have negative associations and distractions/linked to abuse.	
P4:	Just Denise really. And you know I speak to my sister but not no one really. I mean to start with I was embarrassed about it all you know and then…but then you know the more I think about it and the more I'm told everyone say's the same things. You've got two children. One's there and ones there [gestures to opposite ends]. You know. They couldn't be any more. You haven't done anything wrong. I haven't done anything wrong. You know in bringing them up. You can't bring one up right and one wrong. It just doesn't work like that. So um you know there's probably things that I would change if I had to do it all again which will never happen after this experience but if you know maybe I don't know. I don't know.	Motivation + sleep – signs of depression? Self as contained, keeping effect hidden. Keeping story in the family. Embarrassment – shift from embarrassment to understanding	Self as contained; hiding the impact of the abuse Embarrassment and shame
I:	And how have you coped up till now with the things that have been happening.	Absolving self-blame – nature of child – comparison to sibling.	
P4:	Most of it's been sort of financial so (pause) you're angry about it. Things broke you know he breaks things and sells things and steals things so yeah I've been disappointed and angry about it but it's just material goods isn't it it's not you know. He's hurt us like that…he hasn't hurt us physically so we just get on with it and hope that nothing else goes. I mean we do lock everything away. We have to. Um. Now he's not here again we've changed the locks not that he had a key anyway so we've all got a key so we keep the door locked now. Anything that's of any value we keep away anyway and we've had to do that for the last four years I should think. So we're just used to doing that. I mean now obviously he's not here it's great for us because it is in one sense it's great for us because we're not having to bolt everything down but then in the other sense it's not great because obviously we would rather he was here and normal whatever normal is.	Doing things differently in future- learning from the past Not knowing – confusion	Comparison to sibling as proof of parenting ability Minimising financial abuse as 'just material goods'
I:	And I wonder when you realised that things were problematic maybe rather than a developmental thing or something that was part of a teenagers behaviour.	PROMPT: Coping? Financial abuse – angry Disappointed and angry Just material goods – minimising impact	

350	P4:	Umm. I think really after the…well maybe even during the time that he was in hospital	Degree of hurt – acceptability of forms of abuse Just get on with it – Coping through ignoring	
351		maybe. Well before that cos he was sniffing the aerosol before that but then he wasn't		
352		very friendly shall we say while he was in hospital. I mean obviously he was bored and		
353		um there was nothing apart from physically there was nothing mentally apart from his	Not being able to trust child.	
354		ADHD there was nothing wrong with him. So he wasn't ill. He wasn't a sick child in	Abusive behaviour becomes the norm – adjusting to accommodate abusive behaviour.	
355		hospital. There wasn't a great deal wrong with him but he couldn't get out of bed		
356		because his leg was in traction so he was bored but and he was giving us all sorts of	Mixed emotions over absence of child – return to normalcy – escape from parenting	
357		abuse the first week and we said look we don't have to come and visit and we're		
358		certainly not getting up early working so we can finish work early to come in and visit	Whatever normal is – lost sense of normal	
359		you every day and we were in there every single day and apart from the financial side	PROMPT: When became a problem?	
360		of it which cost us a fortune we weren't going to be abused while we were there so we		
361		knocked that on the head and I mean we bought him a laptop while he was in there cos	Trigger event but not certain about onset of abuse.	
362		that kept him occupied. Um (pause). I think an iPod cos that kept him occupied. Yeah. I		
363		mean and these things as soon as he was out they were broken so (pause).	Justifying child's abusive behaviour – boredom	Standing up to the abuse
364	I:	I'm just going to shift the conversation slightly to something slightly different which is		
365		thinking about what it was like when you were about his age. So when you were James's	Pathologising – his ADHD	
366		age and you were growing up what were your experiences of being parented.		
367	P4:	They were fine. I mean we didn't have a lot. You know they were just…it was normal. If	Boredom – abuse as breaking the boredom – getting a reaction	
368		I can say normal. Whatever normal is. You know it's just normal really. I mean I wasn't		
369		great at school but I had a job for when I left school. I went off and worked in London	"We weren't going to be abused"	
370		so you know and I've done alright for myself but I've you know I've worked hard so I	Ability to give and remove care – exchanging love for good behaviour.	
371		think you know that I've got that probably from my parents. You know.		
372	I:	And the way that you were parented by your parents has that influenced the style that	Financially providing for son.	
373		you wanted to be as a father.		
374	P4:	Not really. No. I just…I don't think. Probably haven't done things that different but I		
375		never thought. No. No. I think we just got on with it really. Um…cos obviously you're		Wanting returns from investment in child
376				

377		only 50 percent of it. You know as a parent I'm only 50 percent of the parent. So you	PROMPT: Self as a teenager.	
378		know we do we sorta do things together really.		
379	I:	And when you were a new parent when James was young did you have any		Flexible view of typical adolescent behaviour
380		expectations or hopes and fears for what it would be like to raise a son.		
381	P4:	No. Not really.	Self as having less than now – normal to have to struggle/to have few possessions.	
382	I:	No.		Importance of independence; providing for yourself
383	P4:	No. It's just normal. Erm. No. It's just raising them as they were really.	Flexible view of what normal is – or disbelief in possibility of normal	
384	I:	Ok. And you mentioned this word normal (interrupted).		
385	P4:	Yeah I don't. Just yea I don't think we done anything different to what anyone else does	Importance of work – work-ethic. Providing for yourself – working hard.	Hesitation; not thought of self as parent before.
386		really. Erm.	Parents' role to teach child to survive in world – instilling work ethic	
387	I:	I mean I ask about hopes and fears and it sounds like you have this idea of normal and		Only fifty-percent of the parent
388		I wonder what your hopes were to have a normal… (interrupted)	Not having thought about parent approach before – new area of thought. "I never thought"	
389	P4:	All I ever wanted them to do was you know grow up and do what they can at school.	Getting on with it – learning through experience.	
390		Do a bit better than me maybe. Get a job and be happy. The way that we've been. That's		
391		all I've ever…you know that's all…I think…I don't know what other people think but	Shared responsibility of parenting – Shared responsibility of outcome of child?	Avoiding invitations to consider the abuse
392		that's. I've never…you know we've never thought well it'll be nice for them to go to		
393		university. It's up to them.	PROMPT: Hopes and expectations of child?	
394	I:	Ok. So quite…		
395	P4:	Quite relaxed really about it. It's um but yeah I think they're different because Natalie	No – definite answers. Not wanting to think deeply about responses. Possible avoidance of area/anxiety	
396		had the horses and James had the motorbikes so it was slightly different to most other	*Denial – "raising them as they were" –ignoring steering child towards parents interests – not recognising own role.	
397		families in that sense really. Um. Cos they were going in different directions anyway.	*Wanting to be seen as normal parents/ like anyone else.	Importance of independence; providing for yourself
398		They had their own sort of thing in their private time. You know they had that going on		
399		as well.		
400	I:	And did you ever worry before you became a parent what if my children turn out in a		
401		way I hadn't planned or what if it's difficult.	Importance of child having prospects/being employable/being self sufficient	
402			Wanting own dreams for children	
403			Hesitation – not knowing	

P4:	No. No. I mean I don't think until it became difficult I hadn't even considered it being difficult fortunately. Otherwise I'd have put myself through all this hell even before I'd got the hell. But no. No. No.	Denial – "it's up to them" – not recognising own hopes for child and disappointment of child's life choices.	
I:	It sounds like it hadn't crossed your mind.	It's up to them versus steering in parents direction	
P4:	No. Not really. I mean you look at…no. I mean I don't even look at other parents the way that they do things really. You know you bring up your children the best way that you can really I think. Try to encourage them to do the right things and make the right choices. I mean I don't um (pause) there's things that they know that I don't agree with. Language you know foul language and stuff like that.	Relaxed parenting approach Different to other families in respect of hobbies Never considering possibility of being difficult – hopes for straightforward parenting.	Avoiding invitations to consider the abuse Avoiding invitations to consider the abuse
I:	And I wonder in what ways your experiences of James behaving abusively to you has that impacted on how you are with other like your friends who have teenagers or other parents.	Abuse as hell No – giving 'absolute' answers, certainty of response – dismissive or clear of response?	Being the best parent you can
P4:	No not really. I mean I teach…I teach children on the Wednesday night athletics so you know I coach them so I've had while all this is going on I'm also coaching anything up to 30-40 children on a Wednesday night. I mean I have a group of six normally and mine are all the older…the faster ones if you like. The older ones who really aren't that much younger than James. I mean they're between the ages of sort of 12 and 16 really. 13 and 16. And I don't treat them really and different to the way that I've treat my children. You know just encourage them to do the best that they can. You know make sure they're happy doing what they're doing because if they're not happy doing it then they're not going to be coming back every Wednesday.	Not comparing self to other parents "Best that you can" Encourage them to make the right choices – limits of parental responsibility and control – reducing blame and guilt. PROMPT: Impact on parent peer relationships?	Avoiding invitations to consider the abuse Maintaining focus outside of family
I:	And how about…have the experiences that you're had impacted on your identity as a man just thinking as a father interacting. Have you ever thought about anything in that way.	No – sense that parent not willing to think about impact or aware. Wider responsibilities and commitments – needing to stay focussed and strong to manage other commitments	
P4:	What as in…		
I:	I suppose it may make some people think as a man I should be doing something in a particular way. I just wonder if you've ever had any thoughts like that.	Treat all children the same; same rules for all – externalising blame. Exonerating self as parent	Exonerating self-blame as parent

431	P4:	No. Not really.	Fair parenting –	
432	I:	That's ok. Just putting it out there.	Ensuring happiness – vying for happiness	
433	P4:	Yeah. No. I don't think so.		
434	I:	So you said a little while ago that the first time you phoned the police was (interrupted).		
435	P4:	Yeah. It's all been in the last year. It's all been quick.	PROMPT: Gender identity?	
436	I:	In the last year. So what led you to want to phone the police at that point.	Confusion – not clear	Avoiding invitations to consider the abuse
437	P4:	Well we didn't want to. I mean what I think because he'd kicked the car in and I hadn't		
438		done anything and at that time I was very very really close to ringing the police and I		
439		spoke to I say I spoke to a couple of mates and they sort of advised against it rightly or		
440		wrongly. I mean there isn't a right or wrong way of doing that I don't think. You know	PROMPT: Assumptions of male parent role?	Escalation of abuse
441		it's easy to say in hindsight I think I should have rang them but then it probably wouldn't		
442		have made any difference anyway. So anyway I didn't ring them and then within…it		
443		escalated because I think he in his mind he thought we'll I've got away with that. He	No – absolute answer – avoidance of thinking about gender role.	
444		hadn't because obviously verbal. He hadn't because although I didn't bring it up. I didn't	*line 261 "cos of the male thing". Already raised gender ideas but not willing to explore.	
445		bring it up. We weren't even. We were hardly talking by this stage anyway so I mean it		Dilemma of reporting your own child to police
446		wasn't brought up every time cos you knew it was an absolute waste of time. You know	Quick – rapid escalation and response to behaviour	
447		the question was asked why did you do it. You know and it was you know well. F off and		
448		that sort of thing. But then within erm within a few weeks he'd taken Denise's car and	Not wanting to be seen as deliberately involving police. – otherwise seen as doing nothing – no consequence for abusive behaviour	
449		I said this had gotta stop now. This can't go on. But basically he was living he'd left home	Feeling forced – no other options but to involve higher powers	
450		but he hadn't actually left home. He'd left home. He was living in the horse lorry. Um.		
451		He was in there for about three days without us even knowing. He lived in it for about	Seeking advice from others	
452		two or three weeks and then um so what we had to do because he'd left home…(pause).	Not a right or wrong way of doing it – novelty and inexperience of situation.	
453		It's a really weird situation. He was living in there. He didn't come down the drive. He		
454		went out into the field next door so that we never saw him. He was only in there at	Probably wouldn't have made difference – doubting usefulness of police.	
455		night. He plugged everything in so he had electricity in there. So with him he'd left home	Escalation – child thinking he'd got away with abuse.	
456		but he hadn't actually left home.		
457	I:	Yeah.	Not bringing up –avoidance of difficult conversations.	

P4: So we kept the doors locked and everything because he'd decided to leave home. So we kept the doors locked and what he done he came in through the back door one night and er he came in through there. I think we were sat in here and came into the kitchen. Took the keys off the key rack. Went off and took the car and my daughter went out and came back in and said where's your car and that was the only reason we knew and I said this isn't on and we knew it was him. The keys had gone you know so it had to be him. So we just rang the police and they came out and they were really quite good about it and they how they never caught him I don't know. I mean they sat around here for hours and they were following him they tracking him through all the cameras through all the cameras in [name of town] and everything and they still never caught him. He actually dropped the car…he came back the following morning about half seven in the morning and left the car we've got a field over the road he left the car over there with the keys in it with no diesel whatsoever. He'd done a full tank of diesel overnight in.	Not talking - "Waste of time" Looking for reasons why. This has gotta stop – threshold of acceptable behaviour. Not knowing- living together but living apart Tolerance of independence – Hesitation – trying to construct plausible story Disconnection and avoidance of family Remaining dependent though growing apart Permissive of independence – trying out being an adult. Sending the message of not being wanted or trusted. Child as untrustworthy. Child as retaliating against rejection. Rejecting family – calling each other's bluff	Threshold of acceptable violence Remaining dependent though disconnected Child as untrustworthy
I: Quite impressive.		
P4: It was like 5 or 600 miles overnight. And um the police were looking for him and he knew the police were looking for him. I sor…I mean I was out. I actually went out looking for him myself and I as I was coming back I saw him walking down the road so I turned round and I said you know what's going on and he said I'm going to college and I said what do you mean you're going to college. I said the police are looking for you. Well I'm going to college as if nothing…you know no sorry about the car. Nothing. So I said oh. I just…lost for words. I drove off. I came back in and I rang the police and said he's gone to college. And they went in. They rang the college. He hadn't been at college more than…he'd only been at college about a week. He was at [name of town] regional college and the police rang them and said look we need to come in. They were really good. They spoke to the college and said can you know bring him out and we'll meet him and stuff	Child taking parents possessions – theft within the family complex but permissible. Impressed by child's evasion of police. This isn't on – minimising severity of situation. Surprise at positive police response. Child as tricky/evasive Hesitation – making sense of story Shock at childs behaviour *childs obliviousness at impact on family	Minimisation Child oblivious to impact on family and systems

485		like that so that no one else knew about it and they done that and they took him to	Shock at child's blasé attitude to behaviour – child not acknowledging stress on parents, responsibility to keep child safe.	
486		[name of police station] and they questioned him and everything. He just said yeah		
487		yeah that's what I've done. You know as if no remorse as such and they brought him	Not apologetic – parent shock at lack of remorse	
488		back here and said you know you need to sort this out with your parents and he just		
489		stood by the door and he said I'm going for a fag. And the policeman said not you're	Lost for words	
490		not. He said well I am. He said no you're not. I've just driven you back here. I didn't have		
491		to bring you back here. You've just come back. You've been fine while you've been in		Embarrassment and shame
492		the police station. You know. Can you sit down. Well I will do when I've had a fag and I	Police and College seen as supportive	
493		thought…(inhales). So you know that wasn't a very good start and then that went to		
494		court.	Shame – keeping behaviour hidden / protecting the child.	Child oblivious to impact on family and systems
495	I:	What did you think when he was all blasé like that.		
496	P4:	I just oooer I couldn't believe it. I was embarrassed. I was just embarrassed. I	Child as having no remorse	
497		cant…you..I couldn't say anything to him. There was no point in me speaking to him		
498		because it was *just it would just make things worse* so I just didn't say anything. You	Police supporting parents	
499		know I thought I'd let them deal with it. You know it was embarrassing.		
500	I:	What do you think would have happened if you'd have said something.	Inconsistent behaviour confusing Difference of behaviour with authority figures than with parents	Exhastion
501	P4:	We'll he'd have probably have just walked through the gate and gone.		
502	I:	Ok. So he wouldn't have engaged in conversation.	Disbelief/exhaustion/shame of behaviour in front of police. Escalation	Embarrassment
503	P4:	No. No. Well I would have got a load of verbal and then he would have gone.		
504	I:	Ok. Yeah.		
505	P4:	You know. So and the problem is because of my car being smashed up and everything	Embarrassed	Avoidance of difficult conversations
506		else I was trying to keep any any any…I didn't speak to him really because I didn't want	Not able to say anything to him - Not wanting problems to escalate - Hopeless of any outcome from efforts	
507		him to go out there and smash something else up cos I couldn't afford I can't afford to		
508		lose my job cos of something that he was doing. So I so in the end I was just all I was	Letting the police deal with it. *Passing the buck to the police	
509		trying to was just pass the time of day without any arguments which was very hard for		
510		me cos it's not what I wanted to do. I wanted to pull his head off. You know. But you	Fear of child disappearing – Rather live with than without – *akin to battered housewife	Hesitation; trying to construct a story
511		know that was all I could do really. Um. And then it went to court and then he come he	Avoidance of difficult conversations	

had an argument with his mum. With Denise. And um he went off and she followed him to the gate and he was mouthing and shouting at her and his last she just said just go. Just go. I don't want you here. Just go. And then he said um don't say another word and Denise being Denise said well I wasn't having him have the last word so she said just go. So with that he turned round. Picked his bike up and launched his bike at Denise's car at the windscreen. Smashed all the windscreen. Hit the roof. Dented the roof. He got his bike off. Didn't realise how much damage he'd done so turned round and kicked the wing in then. So Denise ran after him. She was not very amused. She ran after him and um ended up arguing with him out on the road there and I just can't be doing with this and then Denise came in and rang the police. She said I'm not you know. And then he thought it was me. He thought I'd rang the police. What happened the police came out. We both gave statements and everything. He was blaming everything on me. We were seeing all this on Facebook and stuff. He was blaming it all on me. But fortunately they took him in over it and then I don't know what happened then whether he's going to court again or something but they told him that he wasn't allowed her and then he broke in and took my…he broke in through his bedroom window. Broke all the wood and he took an iPad. My iPad um which was next to my bed. And um while he was here he'd been in the kitchen and the erm statements were on the kitchen thing and it had Denise's name on them all. So then he thought ah it wasn't him then. So then it was now you've grassed me up so then he turned his anger to his mum and she said no I'm not having it im not putting up with this. So then once he'd been in…once he'd broke into the house…once he'd taken the iPad that all went to court. The judge gave him the opportunity to bring the iPad back. He'd sold it. Um so he adjourned it. He was going to put him inside and just before his case my sister…we couldn't go to court. We just wouldn't go. We refused to go. He wasn't allowed anywhere near us anyway and we refused to go. My sister offered and she went and she said he was an absolute…she said he's just not him. He's not the person that he was at all. You know the way that he

Hesitation – trying to construct a story

Silenced by fear of problem escalating

Trapped by not wanting further financial costs

Frustration

Pass the time of day without arguments

Feeling aggression towards child – Not being able to physically retaliate – restrained

Exhaustion of constant battles

Difference in parenting approaches

Description of property damage in front of parents to parents property-

- Child as retaliating
- Expression frustration
- Wanting to attack parents but not harm parents

"Not very amused" – minimising

Spouse ringing police – shared responsibility for parenting decisions.

Wanting to stay on side with child

*Role of social media

Feeling blamed for child's actions – not wanting to be seen as the enemy

"Broke in through his bedroom window" – irony of ownership

Wanting to stay on side with child

Silenced by fear of problem escalating

Trapped by not wanting further financial costs

Trying to make sense of abuse

Only fifty-percent of the parent

Dilemma of reporting your own child to police

539		was speaking to even her and she was helping him out. She said he's just not right. And	"You've grassed me up" – anger at asking for help, child's shame? Loyalty – bulling	
540		the judge got called away just before he was going to sentence him so someone else		Embarrassment and shame
541		sentenced him so he got another 6 months on his youth thing and that was it. Oh and	Once he'd done it…	
542		another fine which we'd paid for the first fine for damaging you know.		
543	I:	Strange isn't it. And you mentioned your sister and I wonder if you were able to speak	Shame – not going to court Wouldn't go – not wanting to give child the satisfaction	Parenting from a distance
544		to her to talk things through.		
545	P4:	Well what happened we I mean I have spoken to her but we've tried to keep it so that	Restraining order – parenting from a distance	Hesitation
546		he's got someone that he can speak to and trust so she doesn't tell us. She doesn't	Hesitation – not wanting to defame child	
547		come back. We do. She does tell us but we don't act upon it. Anything she does tell us	"just not him" – change in child.	
548		you know. At that time I mean that's all finished now she won't have a lot to do with		
549		him either but at that time if she told us anything we wouldn't act upon it. It was private	"Youth thing" – unfamiliar with legal aspects	
550		and confidential and he'd told her. Because we were trying to give him someone that	Paying child's fines – continuation of financial burden.	Respecting and nourishing child's independence
551		he could actually turn to. They wouldn't have him in. They wouldn't let him live there		
552		or anything but they were trying to help him. Trying to help him get back to some sort	Respecting and nourishing child's independence	
553		of reality…real life instead of the life that he thought was right.		
554	I:	I suppose what I'm thinking is for you around that time and now maybe do you find that	Providing child with safe person within family.	
555		people like your sister or your friends are helpful for just speaking with and saying we're	Not being able to act to protect child.	
556		having a tough time at the moment.		
557	P4:	Yeah. We do. I mean occasionally. There aren't many people I speak to cos I just don't	Wider family as means of support	
558		you know. It's…there's nothing anyone can do. It is what it is. You know. It is what it is.	Real life versus child's reality	
559		We've had the people obviously from youth offenders who come out and see us so		
560		yeah and they've been quite helpful and giving us tips and ideas about safe places and	PROMPT: Help from others in family?	Nothing can be done; it is what it is.
561		you know things like that which we've all taken on board. Erm. And that's it really.		
562	I:	And do you feel comfortable talking to the youth offending team about things.	Not telling others – there's nothing anyone can do "It is what it is"	
563	P4:	Yeah. They're fine.		Lack of support
564				
565			Finding YOT helpful	

I: Ok. And it sounds like at the moment you're quite in the thick of it and things are going on. If we had to think about the future so your future and James's future what are your hopes.		Perceived lack of support *Brevity of answers – not wanting to expand.*	
P4: Well I mean at the moment I just hope that he realises what he's doing is wrong and erm you know and treats us with respect that we deserve and he can come back and live here and everyone will be happy living. You know even when he came back before he was here two months and we had ups and downs and everything and we knew we knew there were going to be problems but as soon as we had the problem that was the problem and that was it he was gone. So we didn't have little problems. We had a major problem. And there was no resolve in that. He didn't want to resolve it. He just…he made I mean basically the decision that he was given is you either smoke cannabis and go and live somewhere else or you don't smoke it and you carry on living here and we'll deal with…we'll try and help you. You know we've already put you in touch with people and you know we'll try and help you but that's your decision you've got to make. He you know in my opinion he's made a disastrous decision because he's made himself homeless just for you know and he'll maintain he's not addicted to it. Erm.		PROMPT: Future Childs behaviour as wrong Parents should be treated with respect Hope for happiness Major problems versus little problems Child making his own decisions	
I: And I wonder if you've got any hope for yourself. Is there any way you would like your life to be different than how it is at the moment.		Power to change lies with child Respecting independence and decisions of child	Respecting and nourishing child's independence
P4: I'm starting to get my life back to normal now. I mean I'm starting to do my stuff again. I'm forcing myself to do it to be fair. Work's going alright. And you know I'm forcing myself to get back into what I do. Erm…and I'm really trying…it's difficult to sort of. I don't want to…I'm not disowning him by any means you know and like I said all along and he knows I think that he's welcome to come back if he just sorts himself out and stops you know. He's welcome to live here but there are rules and if he lives here those are the rules and if he can't stand by those rules then there's no point in coming back. So I hope one day that he does that. But at the moment I'm trying not to worry myself too much about what he's doing because I can't impact on it. I mean		Disastrous decisions of child He's made himself homeless Drugs as the root cause of problem Starting to regain normal adult life Shame of being seen to be disowning child Justifying actions to negate blame	Conditional love; enforcing rules within a family dynamic Drugs root cause of problem

593		he's stopped all communication with me. I haven't stopped it with him. He's stopped it		
594		with me so therefore I know you know in two or three months time he'll say you made	Conditional parenting	
595		no attempt to contact me. We'll I can't because A even though I've got his phone	Living by the rules	
596		number on there he doesn't know I've got his phone number. I've got that because if		
597		there is an emergency I know that I can get hold of him. He doesn't know I've got that.		
598		Denise doesn't know I've got that.	Cant impact – feeling hopeless to change sons behaviour	
599	I:	So how did you get that.	Feeling cut off from child/ disconnected/ unable to reach or get through to child	
600	P4:	I can still access his Facebook. But he doesn't know that I can. You know I mean I've		
601		even stopped going on there cos I just…I've got to the stage where I can't change		
602		anything because I can't speak to him anyway so then if I know what he's doing and I	Hiding the truth from others to protect child	
603		don't agree with it then I'm just upsetting myself so why bother going through that. I		
604		might as well just hope the best and sort of be a bit blinkered for a while. And it seems		
605		to work. I'm happier. Seems to work. Seems to be working a bit more for me. I think I	Role of social media in retaining contact with disconnected child	
606		mean it's a bit of a strange one why…I don't know why he's done this but it just seems		
607		a bit of a strange one because it just seemed before his main aim in life was to wind me	Distance from child/disconnected	
608		up and get a reaction from me whereas now he can't even do that so we're all a bit sort	Feeling unable to influence situation	
609		of you know. Can't really work out why he's done it because he didn't wind me up by	I'm just upsetting myself	
610		taking me off. He upset me because it's to me it's a family thing. Whether he likes it or	Hoping for the best	
611		not I am still his father. Erm. And by him doing that he probably wouldn't see it in the	Blinkering self from situation Avoidance of child - happier	
612		way I see it. I see it that he's basically saying well I don't want anything to do with you		
613		which is disappointing and upsetting but there's nothing I can do about that. Before six	Feeling lured into a trap – child wanting a reaction, excitement of parent reaction/ power over parent	
614		months ago I would probably be up in arms and trying to speak to him and but now I		
615		just think I can't change his opinion of me anymore. You know and I can't change the		Wanting to do best for child
616		decisions that he's making anymore. So yeah I mean we have tried speaking to one or	Still his father	
617		two of his better friends but the problem is they're all pretty much the same. There are		
618		friends that have come through the other side if you like. They cant get through to him.	Feeling rejected by child	
619		I mean no one seems to be able to. Yeah.	Nothing I can do	

620	I:	Alright. Well we're coming to the end of the interview. I just wondered how you found	Hopelessness and reduced action	
621		talking about these experiences today. Is it the first time you've really spoken about		Waiting for him to come through
622		them in the way you have.	Peers same problems	the other side
623	P4:	Yeah I mean I have spoken about them but I'm ok about it now. Before I would have		
624		thought it's discussing the same old things. Going over the same old things and not		
625		really changing anything. I mean it won't change anything by me you know. There isn't	Waiting for him to come through the other side	
626		anything hidden. I haven't hidden anything so there's nothing that I could have said		
627		that I haven't said. It's just unfortunate everything that has happened and you know.	No one can get through to him	
628	I:	Ok. And in terms of it taking you and your wife a long time to contact the police in terms		
629		of wanting to talk about what was happening is there anything that would make it		
630		easier for yourself or people like yourself to talk about things.	Talking about the past cant change it.	
631	P4:	Well we didn't really have any help. That was the problem. I mean CAM-H weren't very		Out of everyone's control
632		helpful at all. There isn't any help for the parents and there isn't a great deal of help for	Feeling of being transparent	
633		the child unless they do something wrong. With the youth offending thing had we never	*however seems that not thought about why – continues to be a puzzle.	
634		been involved with them he wouldn't have had half the help that he had. Alright he's		
635		not taking the help right at this moment but he was. He was seeing a drug councillor	Unfortunate events – fortune; implies luck, chance, not in control	Lack of support
636		and he was fine. That was funnily enough the person he got on well with. Erm. He had		
637		none of that help before. That help wasn't available. And even to get him in CAM-H	PROMPT: Support services?	
638		originally we had to push for that so I don't think the help's out there. I don't know		
639		maybe we didn't. But we've been to the doctors with him numerous times and CAM-H		
640		and school and everything and you know no one's pointed us in the right direction so	Absence of help as a problem	
641		maybe there is help out there but we didn't find it and you know it wasn't necessarily	CAMH not helpful	
642		for us though we could have done with help at times but the help we wanted really was	Absence of help for parent and child - Unless they do something wrong	
643		for him. It was him. But without him wanting it there's nothing anyone can do anyway.		
644		So er but maybe if we'd have caught him a lot younger he'd have been more open to		
645		ideas and things with the right people but like I say there wasn't it just appeared to us	The help's not out there	
646		you know. I mean even while it was happening. Not just now looking back. But the help	Having to push for help – help is not offered; needing to prove need	

647		we've had since then since he's been in trouble you know which is obviously too late		
648		but it isn't too late in a way because he was a youth still and he's got no record as such.	Wanting help for him – externalising blame – pathologising	
649		He's got points on a licence but he's got no criminal record. Maybe we'll look back and		
650		say yeah there was a help and obviously no harm was done.	Child not wanting to be helped	
651	I:	Ok.		
652	P4:	No harm was done. It's a bit of an odd one. But no serious harm was done. He's not in		
653		prison. He's not you know.		
654	I:	And having had the time to speak over the past hour is there anything else that would		
655		be uselful to tell me that you were expecting to discuss or that you think is important.	Relief of this happening in childhood - Prior to criminal responsibility - While parents can still support	Tolerating violence
656	P4:	I don't think there is anything that I was expecting to discuss. No. Unless you've got a		
657		magic wand or something that you can leave with us.		
658	I:	If I did have a magic wand what would you want that to do.		
659	P4:	I'd just want him to be happy. We're unhappy obviously because he's made us unhappy	Too late – after he's got a criminal history.	
660		but he's the one who ultimately…this is all around him. He's unhappy. He's not happy		
661		at all.	Disbelief No serious harm – relief	
662	I:	Ok. Is there anything else you want to ask or want to say.		Wanting best for child
663			Wanting a magic wand	
664				
665		[End of interview]	Wanting best for child	
666		**[END OF AUDIO - 01:07:33]**	He's made us unhappy He's the one who's ultimately unhappy – child's mood	
667				
668				
669				
670				
671				
672				
673				

9.14 Audit Trail for Interview 4 (Richard)

Chronological list of emergent themes for Participant Four (Richard) with line number location of emerging theme

Emerging theme	Line location in transcript
Importance and connectedness of family	6, 665
Family as victim of diagnosis	24, 29, 36
Costs and benefits of involving 'the system'	23, 251, 254, 468, 491, 565, 643, 646
Focus on child's struggle over parents struggle	33
Minimising	26, 29, 41, 90, 101, 342, 608
Feeling let down by the systems	33, 164, 330, 529,643, 646
Knowing versus not knowing	39, 126, 162, 247, 309, 338
Childs identity shaped by shared family interests	49, 56
Sibling as basis for comparison	66, 151, 333, 335, 401
Diagnostically acceptable behaviours escalating	72, 358
Drugs as the root to all his problems	74, 154, 210, 217, 264
Doing the best as a parent	78, 79, 115, 254
Wanting positive returns from investment in child	79, 115, 254
Threshold of violent behaviour	89
Dilemma of reporting your own child to police	91, 96, 442, 487, 526
Child as out of our control	90, 342, 582
Excluding child from family system	102, 214, 348
Needing to parent from a distance	102, 214, 348, 453, 457
Complex communication and loss of contact	124, 130, 136, 438, 448
Child distancing self from parents	107, 132, 457, 592, 616
Peer influence	108, 543, 592
Advantage of remaining dependent versus independent of parents	129, 186
Doing my best	115, 141, 309, 335, 375, 412, 424
Not feeling valued	177, 183, 250, 264, 284, 292
Feeling deceived and abused	162, 164, 189, 210, 231, 612
By helping I'm just making things worse	168, 199, 213, 502
Failure as a parent	194, 309, 514
Expectation for child to contribute to family being unmet	182, 189
Inconsistent parenting approaches	136, 268, 692
Fear of becoming the abuser	238, 514, 591
Fear of actual harm from child	241, 242, 273
Child as resourceful	193, 259, 264, 294, 342
Emotional impact of abuse	110, 239, 224, 277, 316, 325, 342, 483, 607
Hesitation; unconsidered areas of thought	285
Raising an unappreciative and expectant child	136, 201, 292, 365
Self as good parent	117, 197, 321, 424, 591

Exhaustion	179, 285, 307, 296, 316, 326, 563
Self as contained; hiding the impact of the abuse	239, 328
Embarrassment and shame	328, 331, 500, 608
Flexible view of typical adolescent behaviour	33, 351, 372
Only fifty-percent of the parent	381, 519, 602
Avoiding invitations to consider the abuse	387, 410
Exonerating self-blame as parent	321, 334, 337, 389, 441, 529, 630
Remaining dependent though disconnected	491
Child oblivious to impact on family and systems	307, 441, 446, 491, 513, 649
Child as untrustworthy	346, 349, 465, 511, 551
Silenced by fear of problem escalating	299, 446, 442, 502, 511
Trapped by not wanting further financial costs	340, 502, 511, 547
Nothing can be done; it is what it is.	296, 442, 502, 563, 620
Waiting for him to come through the other side	438, 656
Lack of support	330, 643, 646
Wanting best for child	197, 342, 412, 665

9.15 Clustered themes for analysis example (Interview Four - Richard)

Clustered Emergent Themes

Dilemmas of parenting an abusive child

1. Silenced by fear of problem escalating
2. Avoidance of difficult conversations
3. Dilemma of reporting your own child to police
4. Costs and benefits of involving 'the system'
5. Feeling let down by the systems
6. Nothing can be done; it is what it is.
7. Focus on child's struggle over parents struggle
8. Wanting to do best for child

Locating the root of the problem

9. Drugs as root of the problem
10. Knowing versus not knowing
11. Parenting from a distance
12. Inconsistent parenting; flexible versus authoritarian
13. Child as dependent but disconnected
14. Escalation of abuse; past threshold of 'acceptable' behaviour

Coping with changes in the family

15. Shared blame; 'only fifty-percent of the parent'
16. Sibling as proof of ability to parent
17. Family as victim of diagnosis; pathologising child
18. Self as contained; hiding the impact of the abuse
19. Hesitation; avoiding invitations to consider the abuse
20. Minimising
21. Importance of maintaining identity outside of family

Hiding the emotional impact of abuse

22. Emotional impact of financial abuse
23. Exhaustion
24. Embarrassment and shame

All about the money

25. Wanting positive returns from investment in child
26. Making sacrifices for an unappreciative and expectant child
27. Conditional love; enforcing rules within a family dynamic
28. Importance of independence; providing for yourself

9.16 Superordinate themes for all interviews

Interview 1: Jenny

- Emotional rollercoaster of living with the abuse
- Continuing to parent in the context of abuse
- Facing abuse alone
- Searching for meaning behind the abusive behaviour
- Moving on while still living with the abuser

Interview 2: Tanya

- Recognition that there is a problem
- Trying my best under difficult circumstances
- Responsibility to the child
- Parenting a complex child
- Development of abuse over time
- Dilemmas of parenting

Interview 3: Helen

- The abusive child as “the cuckoo in the nest”
- Doing what is best for the child
- Facing abuse alone
- Searching for why he is like this
- Continuing to live with abuse

Interview 4: Richard

- Dilemmas of parenting an abusive child
- Locating the root of the problem
- Coping with changes in the family
- Hiding the emotional impact of abuse
- All about the money

Interview 5: Denise

- Trapped by lack of support for parents
- Dysfunctional attempts to reduce abusive behaviour
- Living in the context of abuse
- Family rules for living
- Coping with abuse
- Locating the cause of the problem

Interview 6: Tina

- Attributing cause to abuse
- Impact of abuse
- View of child
- What helps to cope with abuse
- Dilemmas of being abused by your child

9.17 Clustered superordinate themes for the group

Impact on the ability to parent

Continuing to parent in the context of abuse ***(Jenny)***
Trying my best under difficult circumstances ***(Tanya)***
Parenting a complex child ***(Tanya)***
Dilemmas of parenting ***(Tanya)***
Dilemmas of parenting an abusive child ***(Richard)***
Dilemmas of being abused by your child ***(Tina)***
Doing what is best for the child ***(Helen)***
Responsibility to the child ***(Tanya)***
Family rules for living ***(Denise)***
Dysfunctional attempts to reduce abusive behaviour ***(Denise)***

Isolation and emotional impact on social relationships

Trapped by lack of support for parents ***(Denise)***
Facing abuse alone ***(Jenny)***
Facing abuse alone ***(Helen)***
Responsibility to the child ***(Tanya)***
Moving on while still living with the abuser ***(Jenny)***
Living in the context of abuse ***(Denise)***
Continuing to live with abuse ***(Helen)***
Hiding the emotional impact of abuse ***(Richard)***
Impact of abuse ***(Tina)***

Making sense of the abusive behaviour

Searching for why he is like this ***(Helen)***
Searching for meaning behind the abusive behaviour ***(Jenny)***
Recognition that there is a problem ***(Tanya)***
Locating the root of the problem ***(Richard)***
Locating the cause of the problem ***(Denise)***
Attributing cause to abuse ***(Tina)***
The abusive child as "the cuckoo in the nest" ***(Helen)***
Development of abuse over time ***(Tanya)***
View of child ***(Tina)***
All about the money ***(Richard)***

Learning to cope with changes/ life after abusive behaviour

What helps to cope with abuse ***(Tina)***
Coping with abuse ***(Denise)***
Coping with changes in the family ***(Richard)***
Emotional rollercoaster of living with the abuse ***(Jenny)***
Trying my best under difficult circumstances ***(Tanya)***
Continuing to live with abuse ***(Helen)***

9.18 Audit of superordinate themes for all interviews

Superordinate Themes	Subordinate Themes	Jenny	Tanya	Helen	Richard	Denise	Tina
'Not knowing and the search for answers': Needing to understand	Belief that there is a problem	✓	✓	✓	✓	✓	✓
	Locating the root of the problem	✓	✓	✓	✓	✓	✓
	Parenting a complex child	✓	✓	✓	✓	✓	✓
	Using comparison to make sense		✓	✓	✓	✓	✓
"I love him but I don't like him": Facing and avoiding complex emotions	Coping with unbearable emotions	✓	✓	✓			✓
	Facing abuse alone	✓	✓	✓	✓	✓	✓
	Stigma of having an abusive child	✓	✓	✓	✓	✓	✓
	If I can't be rescued, maybe I can escape	✓	✓	✓			✓
"Like playing chess with the grand master": Parenting amidst abuse	Dilemmas of parenting an abusive child	✓	✓	✓	✓	✓	✓
	Trying my best under difficult circumstances	✓	✓	✓	✓	✓	✓
	Expectation to provide financial support	✓	✓	✓	✓	✓	✓
"I won't be defined by fear": Temporality and seeking change	Looking back versus looking forward	✓	✓	✓	✓	✓	✓
	When it comes to support, the sooner the better	✓	✓	✓	✓	✓	✓