Living in the red zone: the experience of child-to-mother violence

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ABSTRACT
Child-to-mother violence is an area of family violence that has received limited attention over the past 20 years but is a problem for many families. It is poorly understood in the community and this lack of understanding creates a basis for families and service providers to minimize the abused mothers’ experience. This paper is drawn from a larger study that aimed to explore child-to-mother violence in a high-risk geographical area and describes a qualitative theme developed from 185 participating women’s narratives, ‘Living in the red zone’: the experience of child-to-mother violence. The red zone refers to danger and was an element throughout women’s narratives. It is clear from the reflections of these women that child-to-mother violence is a significant and complex issue. Mothers were predominantly struggling in silence with their experiences of a child or children whose behaviour was threatening and/or abusive. Their experiences were most often minimized and/or devalued by family and community members, which may prevent affected women from seeking support. Mothers generally had limited concepts of the possibilities open to them to improve their situation, or limited access to appropriate and empathic individuals or services.

INTRODUCTION AND BACKGROUND
Understandings of family violence have broadened over the past 30 years and include violence directed towards mothers from their child or children (Jackson 2003; Stewart et al. 2004, 2006). Violence within families is a significant issue that permeates the experience of many women’s lives. However, this form of family violence remains poorly understood with very little research or discussion focused on child-to-mother violence in the literature. Harbin & Madden (1979) first described battered parents syndrome as a discrete form of family violence in the late 1970s and a number of researchers explored the issue in the early 1980s and 1990s using clinical samples or population data not specifically designed to measure this form of family pathology (see Cornell & Gelles 1982; Kratoski 1982, 1985; Peek et al. 1985; Charles 1986; Evans & Warren-Sohlberg 1988; Agnew & Huguley 1989; Paulson et al. 1990). Research interest to date has been on family dynamics, finding theories to explain the phenomenon, and identifying traits and circumstances related to child-to-mother violence before a lapse in interest occurred in the late 1990s and 2000s.

This lapse in attention to child-to-mother violence may be the result of a perception that it is not an extensive or problematic aspect of family violence (Cornell & Gelles 1982; Peek et al. 1985). In particular, it is a taboo subject for families, perhaps because mother blaming permeates the dominant culture (Jackson & Mannix 2004; Koniak-Griffin et al. 2006). Mothers assume blame for their own victimization or fearing others will blame them and therefore keep
silent or deny the seriousness of the violence they experience in order to maintain the semblance of a happy family (Harbin & Madden 1979; Charles 1986; Agnew & Huguley 1989; Cottrell 2001).

Another reason for the academic silence may be that it is not easy to define child-to-mother violence because it is not always clear when behaviours are acceptable and when they have become abusive. Cottrell & Finlayson (1996) make clear that child-to-mother violence is not part of normal adolescent behaviour, describing it as ‘any act of a child that is intended to cause physical, psychological or financial damage to gain power and control over a parent’ (p. 3). Furthermore, terms such as ‘parent abuse’, ‘adolescent violence’ and ‘child-to-parent violence’ have been utilized to describe this phenomenon. However, these terms convolute the direction of violence and the targets of abuse. For this reason, the term ‘child-to-mother violence’ is favoured because the young person is identified as the instigator of violence who has power over the parent, while the parent is acknowledged as the target and her gender is made visible. It signifies any behaviour used by an offspring, including property damage, intimidation, threats, sexual, verbal, financial, or social abuse, silent treatment where the child freezes the mother out, and/or physical violence and aggression, which is intended to cause psychological, emotional or physical harm in order to gain advantage, power and control over the mother (Edenborough 2007).

Although some aspects of child-to-mother violence are similar to other forms of family violence, like the gender of targets, where mothers are targeted more often and more severely than fathers (Cornell & Gelles 1982; Agnew & Huguley 1989), there are a number of discrepancies. Child-to-mother violence has been positioned as a reaction to family stress and a reversal of hierarchical power relations (Harbin & Madden 1979). Both males (sons) and females (daughters) perpetrate child-to-mother violence (Livingston 1986; Agnew & Huguley 1989; Stewart et al. 2007), and there are conflicting notions regarding parental power. In fact, assumptions of parental power ignore extenuating factors that may feature in child-parent relationships, such as the power of a child who behaves recklessly, the power associated with engendering fear, the balance of power in mother-headed households and/or reliving past roles of victimization (Edenborough 2007). These similarities and differences need to be explicated for a better understanding of the phenomenon.

The study
This paper is drawn from a larger study that aimed to explore child-to-mother violence in a high-risk geographical area. In the study, the Child-to-Mother Violence Scale (CMVS; Edenborough, et al., under review) was developed to explore the prevalence, experience and nature of child-to-mother violence. This paper reports on a major theme that developed from the women’s narratives reported in the CMVS, ‘Living in the red zone’: the experience of child-to-mother violence.

METHOD

Philosophical underpinnings of the study
The study used a mixed methods approach based on priority and sequence of information, underpinned by a pragmatic approach (Tashakkori & Teddlie 2003; Johnson & Onwuegbuzie 2004; Andrew & Halcomb 2006). In the larger study, a sequential explanatory design was implemented whereby quantitative techniques were utilized to identify and measure the characteristics and nature of child-to-mother violence and qualitative methods provided data on the distinctive experiences of participating mothers.

Recruitment and procedure
Setting
The larger study was conducted in an area west of Sydney, Australia, encompassing the Local Government Areas (LGAs) of Penrith, Hawkesbury and the Blue Mountains. These LGAs comprise families with diverse backgrounds, Penrith has a dense urban residency, Hawkesbury, a dispersed rural population and the Blue Mountains combine residential and rural occupancy surrounded by National Parks. In addition, it represents an area where a high rate of family violence has been reported to police (NSWBCSR 2004) and a high proportion of children and young adults live (ABS 2001).

Sample
According to the Australian Census (ABS 2001), there were a total of 112 000 households in these LGAs in both urban and rural settings. The median age of the Penrith population was 30 years with 59% of households containing families with children, of whom 45% were two-parent families and 14% were
single-headed households (ABS 2001). Thirty-four per cent of the population over 15 years had an income of $300 a week or less, only 2.4% earned $1500 or more. Employment rates comprised 64% full-time, 27% part-time and 5.9% unemployed. In addition, 7% had university qualifications, 23% vocational qualifications and 58% had none (HSA 2003), with 21.2% of residents born overseas (ABS 2001).

In the Hawkesbury LGA, the median age was 32 years with 55% of households containing families with children, of whom 43% were two parent families and 12% were single parent families. Twenty per cent of households received less than $500 per week while 10% earned more than $2000 (HSA 2003). Full employment was 62.9%, part-time 29.4% and unemployed 4.7%. In 2001, 9% of residents were university qualified, 28% had vocational qualifications and 52% had no qualifications (HSA 2003). Further, 13% of residents had been born overseas.

The Blue Mountains population had a median age of 37 years. Forty-seven per cent of households contained families with children, of whom 36% contained two parent families and 11% were single parent families. In this area 45.2% of women and 29.2% of men over 15 years of age had an income of $300 a week or less and the number of women and men who earned $1500 or more was 1.2% and 7.1%, respectively. Employment was 57.9% full-time, 34.4% part-time and 5.5% unemployed. Education in the population ranged from no qualifications 44%, vocational qualifications 27%, and university qualifications 19% (HSA 2003). The percentage of residents born overseas was 17%. In the state average, New South Wales had a total of 2 454 700 households in 2001, the average age of residents was 35.9 years. Thirty-five per cent of households contained families with children, of whom 28% were two parent families and 7% single parent families (ABS 2006).

Ethical approval

Ethical approval was granted by the University of Western Sydney Human Research Ethics Committee. To ensure participant confidentiality names were numerically codified and represented as P1, P2 etc.

Participants

Qualitative responses to the CMVS

A total of 6000 questionnaire packages were distributed to households in the Penrith, Hawkesbury and Blue Mountains LGAs, and 1024 were returned, a response rate of 17%. Of these 521 (50.9% \( n = 1024 \)) mothers experienced child-to-mother violence and 185 (35.5% \( n = 521 \)) of these women chose to share, in their own words, their experiences, see Table 1 for a description of participant’s demographic details and Table 2 for details related to the particular child in focus.

ANALYSIS OF DATA

Thematic analysis

Thematic analysis was used to draw out themes and sub-themes (see Table 3) from women’s qualitative responses to the question:

Now that you have had time to think about these concerns is there anything you would like to share with us that we may not have already covered or you would like to let us know about in your own words?

This question was asked at the end of the survey, after women had time to reflect on their experiences of threatening and/or abusive behaviour from their child or children, and develop an understanding of what

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Variable</th>
<th>Number (%)</th>
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<tbody>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20–29 years</td>
<td>6 (3.2)</td>
<td></td>
</tr>
<tr>
<td>30–39 years</td>
<td>30 (16.2)</td>
<td></td>
</tr>
<tr>
<td>40–49 years</td>
<td>94 (50.8)</td>
<td></td>
</tr>
<tr>
<td>50–59 years</td>
<td>42 (22.7)</td>
<td></td>
</tr>
<tr>
<td>60+ years</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>13 (7.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two parent</td>
<td>101 (55)</td>
<td></td>
</tr>
<tr>
<td>Single parent</td>
<td>54 (29)</td>
<td></td>
</tr>
<tr>
<td>Foster or Step family</td>
<td>10 (5.4)</td>
<td></td>
</tr>
<tr>
<td>Extended family</td>
<td>5 (2.7)</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>15 (8.1)</td>
<td></td>
</tr>
</tbody>
</table>
these experiences meant to them. Data were transcribed into Word™ documents and entered into Nvivo™, version 2 (QSR 2002), a software programme designed to handle qualitative data. From transcribed material, patterns of experiences were coded. This came from direct quotes and paraphrasing common ideas. It was then a process of identifying all data that related to the classified patterns and developing themes that captured key elements of child-to-mother violence (Denzin & Lincoln 2005; Silverman 2006).

**FINDINGS**

Reported here is the first qualitative theme, ‘Living in the red zone’: the experience of child-to-mother violence, made up of two sub-themes that illustrate the experiences of participating mothers and the possibilities they considered in dealing with their child or children. Other detailed findings from the study are reported elsewhere in the literature.

‘Living in the red zone’: the experience of child-to-mother violence

The red zone refers to danger and was a key element throughout women’s narratives. The women consistently portrayed their parental experiences with a child whose behaviour is abusive as marred by a sense of danger and enormous difficulty. Women were desperate, fearful and overwhelmed by their experiences of child-to-mother violence. To explore women’s contextualized understandings of these experiences, this theme was organized into two distinct sub-themes.

First, Anticipation of violence: growing awareness of child-to-mother violence, revealed women’s anticipatory fear of intimidation and violence from their child or children. Second, Perceived possibilities: actions taken describes the scope of options women felt they were able to make in dealing with their child/ren’s behaviour.

**Table 2** Demographic details of child in focus and timeframe of CMV n = 185

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Variable</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s gender</td>
<td>Male</td>
<td>116 (62.7)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>54 (29.2)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>15 (8.1)</td>
</tr>
<tr>
<td>Time behaviour continued</td>
<td>One off incident</td>
<td>43 (23.2)</td>
</tr>
<tr>
<td></td>
<td>Less than one year</td>
<td>32 (17.3)</td>
</tr>
<tr>
<td></td>
<td>More than one year</td>
<td>34 (18.4)</td>
</tr>
<tr>
<td></td>
<td>Ongoing</td>
<td>67 (36.2)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>9 (4.9)</td>
</tr>
<tr>
<td>Age child’s behaviour commenced</td>
<td>Less than 9</td>
<td>32 (17.3)</td>
</tr>
<tr>
<td></td>
<td>10–12</td>
<td>42 (22.7)</td>
</tr>
<tr>
<td></td>
<td>13–15</td>
<td>58 (31.4)</td>
</tr>
<tr>
<td></td>
<td>16–18</td>
<td>28 (15.1)</td>
</tr>
<tr>
<td></td>
<td>19–21</td>
<td>12 (6.5)</td>
</tr>
<tr>
<td></td>
<td>22–24</td>
<td>3 (1.6)</td>
</tr>
<tr>
<td></td>
<td>Greater than 25</td>
<td>1 (0.5)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>9 (4.9)</td>
</tr>
<tr>
<td>Age child’s behaviour considered worst</td>
<td>Less than 9</td>
<td>24 (13)</td>
</tr>
<tr>
<td></td>
<td>10–12</td>
<td>36 (19.5)</td>
</tr>
<tr>
<td></td>
<td>13–15</td>
<td>37 (20)</td>
</tr>
<tr>
<td></td>
<td>16–18</td>
<td>51 (27.6)</td>
</tr>
<tr>
<td></td>
<td>19–21</td>
<td>14 (7.6)</td>
</tr>
<tr>
<td></td>
<td>22–24</td>
<td>9 (4.9)</td>
</tr>
<tr>
<td></td>
<td>Greater than 25</td>
<td>5 (2.7)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>9 (4.9)</td>
</tr>
</tbody>
</table>

**Table 3** Organization of sub-themes

<table>
<thead>
<tr>
<th>Qualitative theme</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Living in the red zone’: the experience of child-to-mother violence</td>
<td>1. Anticipation of violence: growing awareness of child-to-mother violence</td>
</tr>
<tr>
<td></td>
<td>2. Perceived possibilities: actions taken</td>
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included stealing money or property, verbal abuse, emotional and/or psychological torment and/or physical assault. These women described their experiences as ‘difficult’, ‘stressful’ and ‘isolating’. There was a sense that they were walking on eggshells, living in fear, not knowing when their child or children might become threatening and/or violent. One participant was worried, she wrote ‘[whenever her son would] “punch the wall or door [she would be left] wondering when he might snap and hit me instead” ’ (P1). Her son’s use of overt violence sent a message that the violence she witnessed could also be directed towards her at anytime. Another participant reflected back on her daughter’s behaviour during adolescence, ‘We really struggled as a family. It is something I never dreamed my daughter would do to us; unbelievable abuse. These were awful years’ (P2). For this participant, the daughter’s abusive behaviour was extreme but did not continue past adolescence. P3 explained her son’s attempts at trying to control her, ‘He would often try to intimidate me, threatening to break my things’. Yet another participant noted how hard it was to be a parent to a child whose behaviour is abusive with the analogy of ‘coping in the “red zone” ’ (P5). P6 wrote about the escalation of violence from her son, ‘There has only been one incident where I was physically threatened but child [sic] is constantly angry or upset and disrespectful and his behaviour is getting worse and extreme’.

Women’s experiences were not necessarily dependent on whether or not they had a partner. P6 wrote, ‘When his behaviour was at its worst, I was ready to take my daughter and move out. That told my husband how bad it was, as my son didn’t behave that badly in front of him’. This comment makes visible the specific gender disparity in child-to-mother violence whereby it is mothers who are targeted for abusive behaviour particularly at times when a woman’s partner was not present. Similarly, in four other two parent families women mentioned threatening behaviour from their sons was less likely to occur in the presence of their partner. Seven women who were raising their child or children alone considered they were at increased risk because they did not have the physical support of a man and three women noted the absence of emotional support from a partner that might be helpful in coping with the situation. As P7 suggested, ‘Parents don’t have a very easy time these days, especially single parents when in the end you find your own health is affected and no one cares. It’s lonely without support’.

In addition, women highlighted the complexity of emotions that surfaced when they tried to make sense of their experiences. One participant stated, ‘When we were having trouble with my son it was the worst time of both our lives. There was so much stress. I felt a mixture of emotions, upset, hurt, resentful, worried and sympathy for him’ (P8). P9 identified her son’s welfare as her priority when she stated, ‘In my situation my greatest concern was my son’s leaning towards self-harm through violent actions e.g. hitting walls, throwing things’.

The sub-theme, Anticipation of violence: growing awareness of child-to-mother violence emphasized the concern women had for their child or children’s behaviour and the difficulty and stress involved in managing the situation with women describing these years of mothering as ‘awful’. Women were torn between nurturing and caring for their child or children and resentment of the offending child or children because of the abusive treatment they had received.

Perceived possibilities: actions taken

The second sub-theme, Perceived possibilities: actions taken illustrates actions women thought were possible to manage the situation. Some women (n = 14) arranged for their child or children to attend counselling: general, school, or drug and alcohol. Mothers were hopeful that counselling would benefit their child or children, but a few, whose child or children had already been through a counselling programme, were unsatisfied. P8 noted, ‘Anger management counselling helped a bit, but didn’t really get to the base of the problem, and really pitted him against me/us’. Mothers’ expectations were that the problems would be fixed, however, some women were disappointed at not finding a solution in counselling. P10 stated:

Drug counselling is a crock! How can someone be helped when the experts are so easily conned and lied to? And they [counsellors] pander and tell the offender it’s never their fault. It does not matter that they are putting every one else through hell! They treat them like they have taken one too many cookies from the jar, big deal!

P10 directed her frustration towards the counselling service involved with her son. She felt that the impact her son’s behaviour had on her and her family was not acknowledged and the seriousness of her child’s actions were not emphasized. This was also indicated by women who discontinued counselling sessions for parents experiencing difficulty with their child or children after an initial meeting, reflecting the women’s dissatisfaction with the service.
Another action taken by women to resolve or improve their situation was to either ask the child or children to move out or to threaten to move out themselves. P1 thought that once her child had stepped over the line and resorted to abusive and threatening behaviour to get his own way, she no longer had the ability to control him, short of asking him to leave. Two of the mothers asked their child or children to move out as soon as threatening behaviour appeared and both of these women stated that this was successful for them. One child ceased the behaviour and remained at home; the other child moved out but was more respectful when he interacted with his parents.

Seven women experienced police intervention as a result of their child or children’s behaviour, with mixed reactions. A couple of women reported police involvement when their child was at an early age to be somewhat of a deterrent. However, another participant described her experience when police responded to a report of domestic violence, she wrote, ‘The police were very unsupportive and told us we were exaggerating, and we were all hysterical and just needed to have a “good nights sleep”. Comments like these were not appreciated and were demeaning to our complaints’ (P11).

Some women accessed medical interventions to deal with their child or children’s behaviour. Six women saw their general practitioner or paediatrician. Eight mothers said their child or children had received medication to calm them down. Mothers with children diagnosed with conduct disorders or mental health issues, appeared to be more proactive in seeking help and support. P12 wrote:

We are able to talk to our family doctor and paediatrician at any time if we need any guidance or advice, and have a fantastic family that helps us out if we need time out. I have attended parenting courses for parents with children who have ADHD and other difficulties and found these courses extremely helpful for both myself and the way I respond to my child’s behaviour.

It might be the case that women whose children were diagnosed with mental health issues or disruptive behaviour disorders, many of which are premised on the notion that the child’s behaviour is the result of a combination of metabolic dysfunction and environmental factors (Ponsford 2004; Clemens et al. 2007), do not carry the burden of blame for their child or children’s behaviour, and therefore have confidence in seeking assistance. Furthermore, children who have been diagnosed might also have ongoing treatment plans, with mothers able to gain access to professional guidance in meeting the needs of their child or children.

A few women appreciated talking to other parents. P8’s son had a rapport with someone outside their immediate family:

The best help came from other families who showed him how to handle ordinary situations before he blew them out of proportion. We just needed some help during that time. It didn’t need to be professional, just someone to talk to and who was genuinely interested in him and not just a couple of one hour sessions in a clinic.

Similarly, mothers appeared more positive if they had someone they could debrief with, who could take some of the pressure off managing the situation alone by engaging and connecting with the adolescent. The mentor relationship P8’s son had with a positive role model was perceived to be more valuable than short-term counselling.

In this sub-theme, women perceived few possibilities for resolving their child or children’s behaviour. Mothers were interested in securing professional services like counselling, but those who had been through the system were less optimistic about their situation improving. Mothers with children who were medically diagnosed saw treatment from healthcare professionals as an essential element in managing the child or children. In addition, talking to other parents who were able to offer advice or positive role modelling was greatly appreciated. For those women who did not see any other possibilities moving out or asking the offending young person to leave were seen as the only options available.

The overarching theme of Living in the red zone: the experience of child-to-mother violence describes the concern and fear women had of their child or children’s behaviour and the difficulty and stress involved in managing the situation. Women were both concerned for and resentful of, the offending child or children adding to the complexity that they faced as mothers of the perpetrators. Subsequently, women cited few possibilities for resolving the situation; most strategies involved only short-term success rather than achieving long-term solutions.

DISCUSSION

Uncovering factors related to children threatening and abusing their mothers has been largely ignored in research on violence against women. While this phenomenon has been reported in the literature, research
to date has generally been positioned within the field of juvenile delinquency or medical models, rather than as a distinct form of family violence (Downey 1997; Jackson 2003; Stewart et al. 2004). Effectively this narrow focus means that child-to-mother violence is less likely to be scrutinized by feminist, health or community welfare researchers, and further positions interventions within the legal or justice system and/or on an over reliance on medication, rather than, avail- ing health and social services to offer holistic, family-based support (Jackson 2003).

Findings from this study confirm that child-to- mother violence is a serious and significant issue. Mothers were the primary targets of violence with fathers experiencing only a minimal amount of abuse; mothers also reported feeling fearful of the child or children whose behaviour was abusive. However, when mothers in the present study discussed their experiences of child-to-mother violence, they often minimized the occurrence of violence, either reframing their child’s behaviour in a positive light or dismissing the seriousness of the violence in contradiction to their self-reports. Pagani et al. (2003) study noted when the mother and adolescent disagreed about being aggressive towards the mother, 57% of the girls reported more aggression towards mothers than their mothers reported, while 39% of the boys reported more aggression towards mothers than their mothers had stated.

There are a number of factors underpinning this anomaly, not unlike the experiences of women who are battered by their partners. Previous studies of child-to-parent violence reported families concealing the knowledge that a child was threatening or abusive towards their mother from the scrutiny of those outside the immediate family (Harbin & Madden 1979; Cornell & Gelles 1982; Charles 1986; Hastie 1998; Jackson 2003; Cottrell & Monk 2004). According to Hastie (1998), mothers were reluctant to disclose because they were ashamed, they believed society did not recognize the existence of child-to-mother violence, and if they did report it, they would most likely be blamed and/or held responsible for the actions of their child or children.

Paterson et al. (2002) identified a ‘good mothering’, ‘bad mothering’ dichotomy whereby women who were experiencing child-to-mother violence believed if they were good mothers they would be able to fix the situation, or they would not have let the situation get to the stage where violence had occurred and this perception was reinforced by the young person’s belief that it was the mothers fault. In the present study, mothers’ disclosures of child-to-mother violence were often met with disbelief, damaging their confidence. In Jackson & Mannix’s (2004) study, mothers experienced blame as a burden placed on them through community attitudes and in which some of the mothers internalized the mother-blaming stance, seeing themselves as responsible for the actions or omissions of their child or children.

In addition, mothers took on the role of peacemaker in the family not wanting to make unnecessary demands on a child whose behaviour is abusive. Gallagher (2004a,b) concurs that mothers generally have been socialized to take on familial responsibilities, particularly chores for their children and do not often consider withdrawing this labour if their child or children becomes abusive. In particular, mothers identify themselves as nurturers and do not want to be seen as a bad mother or their child or children labelled as batterers (Hastie 1998; Jackson 2003). The ideal- ized concept of a ‘good mother’ remains the prevailing discourse by which mothers’ real life experiences are compared (Koniak-Griffin et al. 2006). Therefore, mothers who feel they do not measure up to this standard may feel shamed or fear being stigmatized. For these reasons, it seems more likely that women did not wish to fully acknowledge threatening and/or abusive behaviour from their child or children in order to maintain an outward impression of a ‘good’ or ‘happy’ family.

In fact, mothers felt devalued by the young person who was perpetrating threatening or violent behaviour and perceived their child or children no longer had any empathy for them. Of interest, a majority of women in this study depicted feeling ambiguous towards the perpetrator perhaps stemming from complex feelings of resentment combined with empathy. Mothers indicated they were resentful that their child had targeted them with abusive behaviour but at the same time they were concerned about the implications of their child or children’s actions on their child or children’s future and took into consideration the particular circumstances of their child or children. Paterson et al. (2002) also found mothers were worried about making the behaviour public in case it was damaging to the child’s self-esteem. This helps to clarify the complexity for women who are virtually operating within dual positionings, as victim and protector.

It is clear from results in the broader study that mothers were better placed to cope with the situation if they had some form of support (Edenborough, et al., under review). Thus, remaining silent appears to
be a drawback to maximizing opportunities for seeking support. An important factor in overcoming situations of family violence is utilizing support networks such as family, friends, community services, legal and government aide (PETFV 1994; Indermaur 2001). However, participants in this study, who were able to look for external support to deal with the issue, generally reported being unsatisfied with the responses they received when they met with attitudes that minimized their experiences, giving these women a sense of hopelessness that might discourage them from seeking assistance in the future. These women noted a few general practitioners, schoolteachers and/or school counsellors were unhelpful or blamed them when they approached them to discuss the issue. Similarly, mothers reported scepticism from a few police officers when they arrived to help in the situation, dismissing their concerns as exaggerated or a problem with them rather than their child.

The effect of poor recognition of such a widespread issue has resulted in criticism being levelled at service providers, and law enforcement agencies that are ill equipped to respond effectively to calls for assistance from women experiencing child-to-mother violence (Downey 1997; Sheehan 1997; Patterson et al. 2002; Cottrell & Monk 2004; McMurray 2005). Wilson et al. (2004) note that when mothers are supported and have resources, there is a reduction in the violence and abuse both the mother and children experience in family violence situations. Therefore, it is surprising with the advances gained in the family violence sector over the last two decades that few women’s services have effectively dealt with this issue.

Participants of this study identified problems they had encountered in services; particularly the narrow paradigms under which most community services operate (tied in with funding policies) that effectively limit what a particular service can address. Thus, child protection services must provide advocacy for young people. However, a focus on single issues is not effective when dealing with families who have multiple needs. Further, family support services often focused on the relationship between conflicting family members and without compliance from the young person as the perpetrator of violence, mothers perceived they had no alternative avenues of support. Gallagher (2004b) advocates the importance of working with both the child and parent. He suggests working with mothers’ is essential as youth on their own evade the issue and are difficult to engage in intervention programmes but gain benefits if their parent remains involved in the process.

Markedly, mothers did not perceive the benefits of seeking services that focused on their needs but were specifically concerned with their child or children receiving adequate and effective support. In fact, women often felt they were working in opposition with service providers or battling them to try and gain access to services that had long waiting lists and strict criteria for gaining entry, with services often not meeting the expectations of the mother once they did gain a place for their child. Cottrell & Monk (2004) identified difficulty with support services, finding participants unsatisfied with the level of support. Taylor et al. (2004) suggest a holistic model to address family violence, which integrates physical, spiritual, mental and emotional aspects of the person.

Other factors that limited the perceptions of mothers for possible solutions were the length of time the child’s behaviour was threatening and abusive, the young persons age and gender. In this study, women were more likely to experience ongoing threatening and violent behaviour from their son that commenced between the age of 13 and 15 years, was worst between 16 and 18 years. Perhaps strategies that had been effective when the child was 10 or 12 years were no longer useful in dealing with a 17- or 18-year-old who will be physically more intimidating, savvy and demanding than a younger child. In addition, strategies utilized were dependant on the age of the young person, so that asking a young person to move out was reserved for older children, with mothers of younger children not considering it a viable option. Consequently, it is essential that service providers are thoroughly informed about the typologies, characteristics and specific impact of child-to-mother violence on women and their families in order to meet growing demands for action and support.

Implications for practice

Family violence specific interventions for mothers affected by child-to-mother violence have not been comprehensively developed or assessed. Therefore, the development of appropriate services must be a priority for healthcare professionals and researchers alike. A first step would be increasing public awareness of child-to-mother violence and facilitating key stakeholders to draw on their own particular areas of strength allowing greater inter-agency co-operation and the benefits of holistic client-driven approaches to service provision. Services addressing child-to-mother violence would benefit from consideration to disseminating information and advice, non-judgemental
advocacy for mothers and their families, support groups for mothers, peer mentoring and affordable counselling. In particular, early intervention programmes would greatly enhance the likelihood of preventing long-term negative behaviour patterns from developing while the young person involved is still relatively manageable. Of equal importance are crisis intervention services that are immediately accessible and long-term guidance and counselling services that may facilitate maintaining positive gains made within the family. Mothers reported currently available services were either expensive or did not meet their existing needs as these services did not have a family focus, rather the focus was on correcting the individual child’s behaviour. Therefore, tailored intervention programmes are required to meet the needs of these women and their families in order to address this gap in service provision.

CONCLUSION

It is clear from the reflections of women in the present study that child-to-mother violence is a significant and complex issue. Mothers were predominantly struggling in silence with their experiences of children whose behaviour was threatening and/or abusive with limited concepts of the possibilities open to them or access to appropriate and empathic individuals or services. Their experiences were most often minimized and/or devalued by family and community members, which resulted in mothers being isolated from support. It is imperative that understandings of child-to-mother violence are broadened in the community and women are encouraged to disclose their experiences in a safe, non-judgemental environment.

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REFERENCE


