



DCPsych thesis

**The shattering of motherhood: an interpretative  
phenomenological exploration of child-to-parent violence**  
**Pintus, G.**

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# The Shattering of Motherhood: An Interpretative Phenomenological Exploration of Child-to-Parent Violence

*Submitted to the New School of Psychotherapy and Counselling and  
Middlesex University Psychology Department in partial fulfilment of the  
requirements for the Degree of DCPsych in Counselling Psychology and  
Psychotherapy*

*By Giulia Pintus*

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“Coming across your research made me very happy, I thought... ok this might be heaven for me... I feel like I am not only my own voice but that probably I am the voice of so many other mothers that don't have the platform of reaching out to people like yourself or reaching out to the people who would actually be able to help. A lot of people are uneducated, a lot of people they do not have the means of, you know, of speaking out aloud, I feel happy in a way, that one thing I had a burden in my heart, I took it off, someone is there listening to me, someone is there opposite to me understanding what I am going through. At the same time I feel happy that I am fortunate enough that I am probably voicing up for a lot of mothers who do not have the means” (Chessy, 425–441).

## Acknowledgement

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Finally I would like to thank most sincerely my Dad & my Mum, my Brothers and my Sister (and her family) – for their love, their infinite encouragement and for always been there for me, always close & never far [Sempre Vicini & Mai Lontani].

### **Statement of Authorship**

This thesis is written by Giulia Pintus and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Counselling Psychology and Psychotherapy.

The author is wholly responsible for the content and writing of the thesis and there are no conflicts of interest.

## **Abstract**

The phenomenon of child to parent violence (CPV) remains an underexplored area and presents many challenges to families and professionals. Specifically, the idea of children being aggressive toward their mothers remains hard to comprehend yet, has become a growing social phenomenon. Research has mainly focused on adolescent to parent violence (APVA); however, it has become evident that this phenomenon starts to show its presence earlier than adolescence. This study addresses that gap in research and adopts a uniquely existential phenomenological lens.

Using qualitative methods, this study explores the lived experience of mothers exposed to CPV by their neurotypical biological children, aged four to 12 years. Five mothers exposed to this phenomenon provided narratives through semi-structured interviews. The data was analysed using Interpretative Phenomenological Analysis. Three group experiential themes and nine sub-themes were found. The group experiential themes identified were: The unresolvable quest; Motherhood under siege; The burden in my heart.

The findings indicate that mothers were deeply affected by the presence of CPV in their lives and faced significant barriers to finding any solutions. In their quest to gain help they struggled with the non-intervention of both services and bystanders in their lives. The findings also highlight how these mothers experience severe physical, verbal, emotional and psychological violence by the hands of their children compounded by assault in the form of people's judgement and being let down by the services. These findings demonstrate not only an ambivalence and inner turmoil but also a clear, significant impact that CPV has on the whole family. These mothers were found to be exposed to an overtly existential crisis with the potential to shatter their and societal understanding of motherhood.

The study provides recommendations for trauma informed care and improved training along with suggestions for future research to enhance understanding.

## **Key Words**

CAPVA – CPV – Motherhood – Existential Crisis – Violence - IPA

## **Acronyms**

**CPV** – Child to parent violence

**APVA** – Adolescent to parent violence

**CAPVA** - Child and adolescent to parent violence and abuse

**SEND** – Special educational needs and disability

**ACEs** – Adverse childhood experiences

**AVITH** - Adolescent Violence in the Home

**CCVAB** - Childhood Challenging, Violent and Aggressive Behaviour

**DV** – Domestic violence

**IPA** – Interpretative Phenomenological Analysis

**PDA** – Pathological Demand Avoidance

**MPS** – Metropolitan Police Service

**VRU** – Violence Reduction Unit

**CAMHS** – Child and Adolescent Mental Health Service (CAMHS)

**NVR** – Non-Violence Resistance

**NSPC** – New School of Psychotherapy and Counselling

**BPS** – British Psychological Society

**UKCP** – UK Council for Psychotherapy

**EN** – Exploratory noting

**ES** – Experiential Statement

**PETs** - Personal Experiential Themes

**GETs** – Group Experiential Themes



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## **Chapter 1: Research Introduction**

Child and adolescent to parent violence and abuse (CAPVA) is a significant social problem (Holt, 2021) that in the past few years has started to receive more attention in terms of media, social policy and research. CAPVA is defined as a typology of family abuse where children and adolescents express aggression toward their parents, physical and psychological, in attempt to gain control over their environment, to hurt and/or to express struggles with complex emotions (Bonnick, 2019; Gallagher, 2018; Holt, 2015). In their review, Simmons et al. (2018) reported that in the international literature the incident rate of physical violence over a period of 12 months ranged between five to 21 per cent and the emotional, verbal and psychological aggression ranged from 33 to 93 per cent depending on the type of definition used to identify the problem.

Achieving clarity around the categorization of this abuse is still a work in progress due to the complexity of the phenomenon and the multitude of impacting variables, including but not limited to: the age of the child; neurodiversity, special educational needs and disability (SEND) considerations; and family circumstances, such as the presence of domestic violence, fostering, kinship, adoption, single parenting or adverse childhood experiences (ACEs) (Arias-Rivera et al., 2021; Baker & Bonnick, 2021; Holt, 2015; Holt & Lewis, 2021; Home Office, 2015). It is widely acknowledged that mothers are the most at-risk for this type of abuse (Coogan, 2011; Coogan, 2018; Ibabe & Jaureguizar, 2010; Ulman & Straus, 2003); in terms of the gender of the child, both boys and girls have been found to use this type of violence although girls appear to use more the emotional, verbal and emotional aggression rather than the physical one (Holt, 2012; Pagani et al., 2004; Simmons et al., 2018). Some studies have reported that this type of aggression can start as early as five years of age (Cottrell, 2001); however, it is more often reported during adolescence, with the

peak period between 14 and 16. In most cases, it declines after the age of 18 (Calvete et al., 2019; Simmons et al., 2018).

The existing literature shows the multifaceted ways in which this phenomenon can negatively impact mothers. To offer a brief introductory insight, in terms of physical violence, studies show that mothers can experience mild bruises and cuts to more severe injuries (Clarke et al., 2017; Condry & Miles, 2014; Cottrell & Monk, 2004). From a mental health perspective, there can be prolonged periods of overwhelming emotion for the mother such as a sense of failure, fear, guilt, and shame and these can then develop into more complex mental health issues, such as chronic stress, depression, and anxiety (Edenborough et al., 2008; Gallagher, 2018; Kuay & Towl, 2021). Furthermore, research also highlights how these experiences often lead mothers to feel a keen sense of isolation, subsequently promoting a tendency to withdraw from social opportunities (Clarke et al., 2017; Thorley & Coates, 2017a). Another important implication for mothers is the negative impact that CAPVA can have not only in the dynamic with the child but also in their relationships with a partner, their other children and with the extended family (Baker & Bonnick, 2021).

Despite increased attention in some arenas, CAPVA remains a taboo topic and one that is under-researched (Condry & Miles, 2014; Ibabe, 2019; Hunter & Nixon, 2012; Simmons et al., 2018). Thorley & Cotes (2017a) suggest that it is not that this phenomenon is under-explored but rather it remains concealed within wider society; while Rutter (2023a) reasons that due to the close connection to the broader area of childhood aggression, a highly researched field, the use of different terminologies and conceptualisations makes it hard to identify the boundaries around the literature of this phenomenon.

In this topic, parenting gets a lot of attention. More broadly, the role of parents and how parenting impacts children have enduringly been topics of debate and scrutiny (Belsky & de Haan, 2011; Bunting, 2004; Glover & Capron, 2017; Karreman et. al, 2006; Masud et.

al, 2019; Nomaguchi & Milkie, 2020; Patel et. al, 2018; Taylor et. al, 2009). Intuitively, it stands to reason that parenting in a family with CAPVA present makes the task particularly complex and challenging. Furthermore, the wide-spread belief that parents should be capable of controlling their children and that it is their responsibility to do so has made recognising and classifying this form of violence particularly challenging (Condry & Miles, 2014).

It has already been established by existing research that CAPVA is a complex phenomenon that impacts significantly on the whole family and society in a multitude of negative ways (Baker & Bonnick, 2021; Holt & Lewis, 2021; Rutter, 2023a; Simmons et al., 2018; Thorley & Cotes, 2017a). However, further research is required to gain in-depth insight into the experiences of these families. Specifically, earlier identification of the problem in primary age children (four – 11), from here on in referred to as child to parent violence (CPV), is pivotal for promoting effective interventions and thus increasing the chance of better outcomes for affected parents and families (Bonnick, 2019; Thorley & Cotes, 2017a).

This study provides an insight into the lived experience of mothers exposed to CPV through use of a phenomenological/existential lens. The study supports an understanding, through looking at the subjective lived experience of these mothers while considering the socio-historical construction influencing how they make sense of what is happening to them, together with a consideration of the impact of existential givens such as freedom, isolation and meaninglessness (Yalom, 1980) will offer new insight into this phenomenon. In particular, this research is focused on biological mothers, an under explored group, who are experiencing this dynamic with their neurotypical children (i.e., not SEND) who are between the ages of four and 12.

### **Personal Interest**

I have been working with children and families in the field of mental health since 2001; due to this exposure, over the years I have developed a strong interest in the

complexities surrounding family dynamics and motherhood. Across multiple postgraduate and master's studies, I have focused on and researched different experiences impacting children and mothers. In 2014, as a fulfilment requirement of a Master in the Psychology of Education at the Institute of Education, University of London, I submitted my dissertation – qualitative research using thematic analysis – on the “Hopes, Fears and Aspirations of Mothers of Children with Complex Disorders”. This project cemented my passion for exploring complex family dynamics, the lived experience of mothers, and giving a voice to people through the process of research; it also inspired me to explore a specific phenomenon that I was witnessing.

Finishing that project, in 2014 I began to consider a research project on CAPVA, having worked for many years on psychoeducational interventions with families exposed to this problem. Furthermore, working in more recent years as psychotherapist in a complex trauma service, I also had the opportunity to treat patients presenting with trauma triggered by CAPVA; this further emphasised in my mind the urgency of immediate, compassionate and effective support for the families impacted by this problem – ideally before it escalates into more severe mental health conditions that demand more research and resources.

As I sought to understand the interventions offered, I realised that the social care system tends to blame the parents of the children presenting with aggressive behaviours. Williams et al. (2017) similarly report that the participants in their study felt subject to a culture of mother-blaming, reflected in their experiences with family friends, the general public, and professionals. Unfortunately, the more blame the parents felt, the more reluctant they were to talk about the problem and the less able they became to access help (Kuay & Towl, 2021; Williams et al., 2017). Stigma was clearly involved: the assumption seemed to be that this type of violence impacted parents who did not offer effective role modelling and/or were absent and/or did not know how to parent (Bonnick, 2019). Moreover,



when the CAPVA was from younger children, there seemed to be a higher level of parent-blaming (Bonnick, 2019).

The landscape that Williams et al. (2017) describes did not, however, align with my own clinical experience. The parents I saw were typically attentive, loving, and present in their children's lives; typically, they were educated and in stable relationships. In the population I was seeing, there was little or no evidence or history of domestic violence or intimate partner violence; also, in some of these families, other variables that could have been identified as possible reasons behind this issue – such as SEND or ACEs, or adoption – were missing. Therefore, I grew increasingly curious about the underlying cause of this type of violence. My interest was perhaps also piqued by the implicit societal narrative that this phenomenon was somehow “against nature”: a loving and present mother or father being abused by their child seemed culturally unthinkable.

The more I talked to colleagues, the more I realised that there was a culturally endemic desire to work out who was to blame for CAPVA. In my view, this is not a healthy approach to a violence that is evidently multi-layered and complex. I support Bonnick's (2019) argument that, if we are looking for someone to blame, we are diminishing the possibility of seeing the real issues and this ultimately can obstruct adequate support provision. I have found that the most helpful approach is not to think of this type of violence as dependent on a sole factor or perpetrator but instead to approach it as the combined result of many factors, such as social contexts, personalities, traits, histories, life experiences, parenting styles, etc. (Bonnick, 2019). I also agree that the bi-directionality of the dyad needs taking into account; the damage of this violence impacts both parents and children (Rutter, 2023a). Furthermore, I also support the perspective that each situation needs to be considered individually, with a precise assessment of all the variables that impact the situation (Thorley & Cotes, 2018).

While working with families who were experiencing more severe types of violence at the hands of six, eight, nine and ten-year-olds (i.e. CPV), I also started to question the ‘non-intervention’ of services (i.e., the police). My second-hand experience was that services were very reluctant to intervene and place responsibility on the children—especially if they were under 16, but even more so if under the age of 12, as this is considered a parenting issue and services do not want to criminalise the child (Gallagher, 2004; Omer, 2004). Though well-intentioned, this can, in my experience, have the effect of leaving parents alone in their struggle with a type of violence that is highly stigmatised and for which parents are often shamed (Bonnick, 2019; Gallagher, 2018) and “sentenced” to attend parenting classes (Bonnick, 2012). Moreover, also un-helpful is the tendency to dismiss parents as “anxious” and/or to justify CPV as normative age-stage development because it further increases the confusion and isolation that these parents are already experiencing (Thorley & Coates, 2019). The existing research finds that no parent is prepared for this type of violence, regardless of gender, social class, or ethnicity (Gallagher, 2018); I would argue, moreover, that when this violence *predates* mid/late teens, the lived experience is likely to be even more complex.

In this project, I decided to focus on the experience of mothers of children between the age of four and twelve. This is the population that I have been most involved with but, crucially, as it seemed to me, when issued from this age group, parents find the phenomenon comparatively harder to explain, report and/or come to terms with. Compounding the urgency for the need to focus on this age group, most research has heretofore focused on teenagers over 12 (adolescent-to-parents violence and abuse – APVA) (Clarke et al., 2017; Condry & Miles, 2014; Papamichail & Bates, 2020; Ruiz-Fernandez et. al, 2021). Yet, I witnessed parents disclosing violence from a younger age group (escalating even to the point of ambulance intervention). I thus became interested in understanding what it might be like for a

mother to experience her “flesh and blood” turning against her, as the person who gave her child life. This paradox is striking and drove my interest in this study.

I also noted the lack of research on this topic from the existential perspective. Considering that motherhood can in itself produce an existential crisis (Arnold-Baker, 2020), and CAPVA seemed to me to add another layer of complexity, I decided to explore it through the phenomenological/existential lens. Witnessing these parents’ journeys made me wonder about their lived experience and how they were making sense of it; what freedom or agency, if any, they felt they had and how they managed to be with ‘the other’ in such predicament. I became increasingly interested not so much in the legislative aspects or the practicalities and formats of intervention, but in gaining insight into how mothers understood and experienced this phenomenon and the meaning-making that happened around it.

### **Research Question**

What is the lived experience of mothers exposed to child-to-parent violence?

### **Research Aims and Objectives**

*Research aim:* to make sense of the lived experience of mothers exposed to child to parent violence (CPV) by their neurotypical children, aged four to 12 years.

*The objectives:*

- To discover participants’ challenges during their experience of CPV
- To uncover how participants make sense of the received CPV phenomenon
- To explore participants’ understanding of how society perceives their experiences of CPV
- To raise awareness of CPV in wider clinical field
- To contribute to the existing knowledge-base of CPV

## **Clinical Relevance**

This study has significant clinical relevance for social workers, psychologists, counsellors, and the police. It will allow professionals to hear from mothers about their experiences and thus will help that group to understand what support mothers might most benefit from; perhaps offering insight too into how this might best be delivered. It may promote a more sensitive approach when dealing with impacted families. I believe this study will be relevant to research and clinical practice and contribute to the development and provision of more supportive early interventions. This study potentially will contribute to reducing the stigma associated with this type of violence and preventing parents from feeling so alone in these complex experiences. The aspiration is that my research will contribute to a change in culture, where parents will feel better supported in disclosing this problem, instead of suffering in silence; more broadly, it is hoped that this phenomenon, as presented from children of a younger age group than teenagers, will become better understood. Moreover, I believe professionals like me, working in the field of counselling psychology and psychotherapy, would benefit from gaining an in depth understanding of the complex lived experience of mothers experiencing this phenomenon and the impact this might have on motherhood and the dyad, in order to offer a more informed therapeutic intervention to mothers, children and families.

## **Reflexivity**

The reflexive voice is a significant part of any qualitative study (Willig, 2019). Thus, as part of the research the author will chart the research journey by ending each chapter with a reflective piece and quotes from the research diary.

## Introduction – Reflexive Considerations

### Extract from Research Journal

\*\*\*

*As the journey of research begins – so does this journal...*

*On selection & homogeneity – I attended a meeting this morning to reflect on the selection stage of the study. This proved to be a lot more challenging than I had expected. I was struggling to consider “choosing” – or what it felt to me like “leaving out” – which people to give a voice to. Truthfully, it was very difficult. I wanted to have all categories, biological parents, adoptive parents, parents of children with extra needs, single parents and all parents out there struggling with this!... I wanted to give a voice to everybody and when I was reminded that homogeneity was an important element in small samples studies... it suddenly hit me – who was I going to leave behind?*

*I am realising that I need to do a better work at “bracketing” – I need to pause. It seemed like there is a clash within me between the therapist I am and the researcher I also need to be (or technically the researcher I am, as this research has started). Boundaries within... how to create them? how to maintain them? perhaps this is also the point of this piece of writing. Noticing, wondering, considering the impact. What to do about it?*

*As a therapist that has worked on the very population that I want to explore for research purposes, I feel caught in the emotional attachment, in a different type of duty of care. There is a struggle to leave the therapist “out of the room” for this process and allow instead the researcher in me to do the work. This feels like a complex positioning.*

*I need to remain open to allow new learning and new knowledge and I need to honour this ‘hat’ as a researcher. This project is about the mothers I am going to meet, their interviews and meaning-making of their experiences.... This project is not about me offering ‘containment’ to all the participants, as if selecting who to give therapy to. The work is about*

*giving a voice to a very defined group of people, ensuring better decisions for the research design and subsequent research rigour.*

*For a moment a sense of overwhelm prevailed – a sense of failure as a therapist and a sense of failure as a researcher and with that the realisation that I cannot be both to do this stage effectively. I tried to reassure myself – I am not leaving anyone behind...*

*I then started brainstorming... working on what population to select and why. Where is the research? Where is it that research is needed the most? ...*

*In the end, I know the selection is the right step to take and the group I am identifying as a target population feels right for this study... but, Gosh...I had not seen this heartache coming...*

\*\*\*

## **Chapter 2: Literature Review**

This literature review foregrounds experiences of motherhood in relation to child and adolescent to parent violence and abuse by considering literature in relation to child and adolescent to parent violence and aggression (CAPVA), parenting, motherhood, the experience of mothers exposed to this issue and the support currently available. In addition, an insight into some notions of the existential lens and its applicability to the phenomenon of child to parent violence (CPV) based on topics illustrated in previous research, is also offered.

To inform understanding of this subject area, a comprehensive literature review was undertaken. A systematic database search was carried out using the following databases: PsychINFO, PsychARTICLES, MEDLINE, and CINAHL. The search strategy was ((child AND parent AND violence) OR (adolescent-to-parent violence) OR (child-to-parent violence) OR (child to parent violence) OR (APVA) OR (CAPVA) OR (child AND adolescent AND parent AND violence AND aggression)). The search was limited to peer reviewed academic journals in English language only, with FULL TEXT available and to the period 2000–2023 to ensure that findings were contemporary. This resulted in 5275 articles. After screening titles and abstracts, 62 papers were read in full.

### **Eligibility**

The inclusion criteria had articles that focused on violence against parents in the home settings, articles that included violence to parents from young people between the age of four and 18 and articles that focused specifically on the experience of the parents (rather than the young people) exposed to this type of violence. Articles that highlighted general violence of teenagers and children's aggression in general were excluded along with research focusing on harm inflicted by adult children over 18. Moreover, articles discussing parricide (killing of a parent or step-parent), suicide, and cyber violence were also excluded. Articles focusing

specifically on adoptive, kinship and foster families were excluded along with articles that focused on correlations with drug and substances, addiction, and domestic violence. This study uses a qualitative design, for this reason the literature review focuses on the qualitative studies therefore articles solely quantitative in nature were excluded.

In addition to search engines, key references were hand searched, and searches were carried out on British Psychological Society journals, Academia.edu and Google Scholar using “child-to-parent violence”, “adolescent to parent violence”, “children violence against mothers”, “lived experience of mothers and child aggression”, “motherhood and aggression”, “existential perspectives on child violence”, “IPA and child to parent violence”. Conversations with experts led to additional suggestions. Key texts that are well known in the field, such as Gallagher’s *Who’s In Charge? Why Children Abuse Parents, and What Can You Do About It* (2018) and Bonnick’s *Child to Parent Violence and Abuse – A Practitioner’s Guide to Working with Families* (2019) were consulted for initial guidance and were referred to throughout.

It was important to understand aspects of the population (neurodiversity, domestic violence, drug use), relationship status, age and parent category (biological, adoptive etc). A synthesis of the papers, drawing on key aspects is presented here.

### **Child to Parent Violence – Terminology**

As a researcher, I understand the importance of clear and consistent terminology. The concept of child-to-parent violence and abuse will reoccur throughout this study; therefore, it is important to offer a clear definition at the outset.

The Child to Parent Violence (CPV) phenomenon has been referred to by over 30 names (Bonnick, 2019). One of the first groups of researchers to give a label to this phenomenon was Harbin and Madden (1979), who described it as “battered parent syndrome”. Many alternative names followed this, such as “parent abuse”, “filial violence”



and Adolescent Violence in the Home (AVITH) which is mostly used in Australia (Gallagher, 2018). In 2018, Thorley & Cotes proposed the use of Childhood Challenging, Violent and Aggressive Behaviour (CCVAB) as an umbrella term to describe children who are aggressive within home settings. They coined this term to include not only the categories of CPV and CAPVA, where violence was intentional against the parents, but also other categories where intentionality might not have been present such as in the case of children with SEND or where severe trauma or ACEs were present like in the case of some adopted children or children in foster care.

Subsequently, in 2021, the term CAPVA, standing for Child and Adolescent to Parent Violence and Abuse, was adopted by Bonnick & Baker to incorporate both CPV and APVA.

However, the latest literature finds disagreement in terms of definition and classification of this phenomenon (Bonnick & Baker, 2021; Rutter, 2023a). The use of wording such as “abuse” or “a type of domestic violence” is rejected by many and the age at which the child’s behaviour can be classified as CAPVA is also still debated (Rutter, 2020).

For clarity, CAPVA and APVA will be used when referring to studies that used these specific acronyms and CPV will be used more specifically when discussing this research to emphasis the specific younger age group of children between the age of four and 12. It will be important here to make a distinction between CPV (Bonnick, 2019) and APVA, as most research uses APVA (adolescent-to-parent violence and abuse) and focuses on parents with adolescents. This study will focus on biological mothers of neurotypical children between the age of four and 12 and therefore the term CPV will be favoured over APVA. However, crucially, as the literature on CPV is relatively scarce, for the review of the existing literature the term CAPVA will be adopted with the important caveat that the literature often refers to the mid- to late-adolescence period.

Having clarified the distinction between CPV and CAPVA, it is important to briefly define what CAPVA encompasses. Following Bonnick's (2019), I too use Holt's (2015) definition of this type of violence:

A pattern of behaviour, instigated by a child or a young person, which involves using verbal, financial, physical and/or emotional means to practise power and exert control over a parent [...]. The power that is practised is, to some extent, intentional, and the control that is exerted over a parent is achieved through fear, such that a parent unhealthily adapts his/her behaviour to accommodate the child. (p.19)

While, in comparison to the past, it is easier to define this category of violence, capturing the feelings and the experiences of families who live through this type of violence remains complex. As CAPVA is a phenomenon that impacts on families and parents, it is important to gain an understanding of the journey of parenting and motherhood in order to then have a better insight into the complexity of this phenomenon. In the next section we will consider theories of parenting.

### **The Journey of Parenting**

Hannush (2002) presents a meta-psychological perspective of parental theory, grounded in the existential perspective. He argues that parenting should be understood as an existential life project, where parents need to acknowledge that being human presents an ongoing conflict between being good and being bad: an ongoing confrontation with all polarities of existence. This existential human endeavour, Hannush further argues, presents parents with the opportunity for growth, while confronting them with their vulnerabilities. It provides opportunity to learn and establish who they wish to be, and thus it enables them to become their authentic selves and make their lives existentially meaningful. Hannush (2002)

emphasises that the concept of “caring” is pivotal to being “good” parents and this requires positive parental attributes such as affection, fairness, firmness, and flexibility.

Another realm discussed in Hannush’s meta-psychological perspective is the moral dimension of parenting. Hannush utilised concepts from Iris Murdoch, a moral philosopher whose perspective is characterised by an understanding that the opposite of good is not evil but instead the lack of goodness; love represents the supreme virtue of morality (Hannush, 2002). His moral dimension of parenting through the Murdochian lens focuses on love and identifies attributes of attention, imagination, compassionate detachment, humility, selflessness, justice, truthfulness, cheerfulness, courage and wisdom as the key ingredients for being loving, and therefore moral, parents. Furthermore, following Rollo May’s preferred translation of the word power as “to be able”, Hannush (2002) argues how important it is that parents feel empowered and empower their children’s existential worth. He perceives this empowerment to be a demonstration of good parenting. He connects this to the concept of courage, with particular focus on Gelven’s ideas, where courage is interpreted as possessing the ability to endure the tensions that occur in life between the opposing forces (Hannush, 2002).

Hannush (2002) places strong emphasis on many existential attributes from which parenting would benefit (such as authenticity, courage, responsibility etc.); however, I would argue that some of his assumptions, in particular the strong emphasis he places on the idea that being “good enough” (Winnicott, 1971) is not sufficient, is problematic. Such stipulation could incur the risk of an undesired, negative effect because it increases the very pressure that parents are already experiencing, while engendering self-criticism and the often already present lack of self-compassion. In most Western societies, supportive allo-parenting communities mostly exist as a distant memory. Instead modern parents find themselves isolated and lonely, in competitive settings where they are exposed to shame-vulnerable

parenting (Kirby et al., 2019). Many parents report struggles with failure, self-criticism, guilt and shame associated with their perceived parenting faults (Haslam et al., 2015; Kuay & Towl, 2021).

In the journey of the parent-child relationship, shared identity and interdependence anticipate the extent to which people feel shame or guilt as a result of another's misconduct (Lickel et al., 2005). Thus, parents often find themselves being judged for the actions of their children as people attribute a sense of shared-identity to family's members. Shared identity refers to the fact that groups carry a basic inter-connection and if one individual is wrong-doing, the other with whom s/he has a shared sense of identity can perceive that behaviour as an imitation of their own; which could consequently lead to shame (Lickel et al., 2005; Kirby et al., 2019). Studies show that parents are more likely to feel shame if a child's problematic behaviours are publicly exposing (Smith et al., 2002; Scarnier et al. 2009). Furthermore, these studies show that shame is associated with the avoidance of the people present or offended during the specific problematic episodes.

Scarnier et al. (2009), look at the concept of interdependence which refers to the extent to which two people control each other's behaviour, and they find that the lack of control when not able to modify a child's behaviour leads to the feeling of guilt. Scarnier et al.'s study supports the theory that shame and guilt have important implications for the quality of parenting and parenting style. Moreover, it found that mothers' feelings of shame anticipated their preference for harsh punishment and the removal of emotional warmth in response to the perceived negative behaviour. Deonna and Teroni (2008) argue that shame involves the failure to meet one's expectations and hopes, instead of linking it to an action that is considered prohibited. Furthermore, Liss and colleagues (2013) question whether mothers that do not feel able to live up to their aspired parenting standards might experience shame rather than guilt, which could lead to comparatively worse psychological

consequences. As illustrated by these studies, the experience of complex emotions such as guilt and shame add substantially to the difficulty of how mothers have to navigate their roles as parents.

Gilbert et al. (1994) discusses how guilt results from the idea of having let people down or having done something against others which then leads to a sense of failure. He further argues that guilt (unlike shame that leads to a sense of powerlessness), tends to drive people toward attempted reparation. Karlsson and Sjoberg (2009) argue that guilt is usually connected to an action or the lack of action and can be connected to a sense of negligence; as parenting often requires “intervening” in different ways on the children’s life, it is not difficult to see how mothers would often find themselves encountering this feeling. Indeed, Eyer (1996) identified guilt as inevitable for mothers due to the unreasonable expectations and responsibilities society places on them.

From an existential perspective, existential guilt is an unescapable dimension of being human (Iacovou & Weixel-Dixon, 2015). Heidegger (2010) argues that existential guilt is an ever-present feature of human existence and is a prerequisite for living life authentically and being able to have a meaningful relationship with the world around us. Thus, Heidegger interpreted existential guilt as an opportunity; individuals can see themselves as responsible for their own actions through “the call of conscience” (p. 267), where “conscience reveals itself as the call of care” (p. 267). By this definition, where guilt allows for connection to conscience, which consequently refers to a demand for care, it is not surprising that the ideas of mothering and guilt are often presented as intertwined. Gaining an understanding of that call implies embracing accountability to ourselves, for ourselves. Furthermore, while guilt is often referred to when discussing motherhood, the emotion of shame is also a prevailing one in this experience due to internalized societal expectations and demands.

Regarding shame, Rizzuto (1991) argued that this emotion is constitutive of human existence, an ever-present and imposing theme in circumstances such as socialization and parenting. It is: “eternally present in the tuning of love relations and human communications” (p. 297). Leon Wurmser (in Karlsson & Sjoberg, 2009) points out that “shame is the result of a striving for being loved that is rejected” (p. 337). Thus, this approach emphasises how shame is a re-occurring feeling in people’s lives, generated by the ever-present sense of scrutiny of “the other” and the desire to belong. The sociological approach supports the theory that affects, such as fear, shame, joy, etc., serve the purpose of socialization. The eye of the other (i.e. the community) is the social trigger of shame. This acts as an external moral authority, while conscience functions as an internal moral authority. One can feel shame only in relation to somebody else; the exposure to society and its rules promotes internalization of social judgement, which consequently triggers the feeling of shame not just in public but also while in isolation (Heller, 2003). Considering the scrutiny and constant monitoring of parenting in modern society, it is not surprising that to avoid feeling judged, parents feel under pressure to do things “by the book” (Simmons, 2020).

The individual carries an awareness of the rules of society and, if those rules are respected, the individual has the eye’s approval. If, however, those rules are breached, the eye’s disapproval triggers an overwhelming sense of shame that creates a painful sense of social annihilation. This perspective argues that it is not just breaching the rules that will trigger shame but even being different. Furthermore, shame refers to being judged as a member of society; the individual is a representation of the larger group. For mothers, if a child performs an undesired behaviour (i.e. aggression), it is not only the child that will be judged but also the parent (Heller, 2003).

Cooley (1922, in Scheff, 2000) identified shame as a social emotion and argues that, together with pride, derives from the act of self-monitoring. He developed the concept of “the

looking-glass self’, which refers to the individual’s tendency to evaluate himself based on how the other people see him. Cooley described this self-monitoring as divided into three elements: “the imagination of our appearance to the other person; the imagination of his judgement of that appearance and some sort of self-feeling, such as pride or mortification” (p. 88).

Scheff (2000) asks an important question as to whether “acknowledged shame could be the glue that holds relationships and societies together and unacknowledged shame the “force that tears them apart” (p. 98). This is certainly a powerful point in relation to the constant monitoring of parenting.

Philosophers of the existential-phenomenological tradition consider shame as pivotal to the construction of human existence and they argue that its structure permits consciousness and intersubjectivity (Dolezal, 2017). One of the philosophers most associated with theorising shame is Jean-Paul Sartre (2003). In a similar way to the sociological stance of Cooley’s, in the concept of “the looking glass-self”, Sartre emphasised the link between shame and visibility, arguing that the individual feels shame because s/he can see himself through the look of the other and it is this realization that brings self-reflective awareness, together with the opportunity to become a relational subject. Through his famous example of himself immersed in peeping through the keyhole, he argued that hearing the other person’s footsteps made him suddenly aware and alarmed by the fact that the object of his attention becomes the other’s gaze. He is the centre of scrutiny, discovering himself as the shameful object of the other’s attention: “It is shame [...] which reveals to me the Other’s look and myself at the end of that look” (Sartre, 2003, p. 284–285).

There are three main dimensions to Sartre’s account of shame. In the first, shame is the moral emotion that allows the individual to learn from the judgment of other people that rules have been breached. Secondly, Sartre looks at shame as a means for self-appraisal, as it

is through the experience of shame that the individual can monitor him or herself (embodied affect). In the third dimension, which differs the most from Cooley's sociological stance, shame is represented as the existential structure of subjectivity and intersubjectivity where, due to the experience of "the original shame", the individual is capable of self-reflective, self-evaluative, and relational skills (Dolezal, 2017). Dolezal argues that the important implication of Sartre's account lies in his identification of the vulnerability at the core of the individual and their need for social belonging as a key feature of human existence.

Contrary to Sartre, Stolorow (2011) attributes to shame the quality of an 'inauthentic existence'. In shame, the individual is held captive by the gaze of the other therefore cannot belong to himself. Additionally, he argues that to be authentic, the individual needs to commit to moving away from feeling controlled by shame, opening up instead into the experience of existential anxiety and guilt. These explorations around shame feel pertinent to the complex positioning of parenting and motherhood due to the fact that this emotion is often described as embedded in the lived experience of these roles (Scarnier et al., 2009).

## **Motherhood**

The journey of parenting can be challenging and can trigger difficult emotions; within it, motherhood also carries multiple levels of complexity. The theme of motherhood has been explored from many perspectives including feminist, anthropological, psychological and medical. From each of these lenses, it is generally agreed that becoming a mother represents a life-changing experience.

In the feminist movement, motherhood has represented a central focus for debate. One of the most notorious critical positions was adopted by the existential philosopher Simone de Beauvoir (1953), for whom the rejection of motherhood was a necessary step to overcome women's subordination and to reach equality. The focus of much of her work was around empowering women to overcome oppression and determine their own identity and



destiny (Deurzen, 2010). De Beauvoir (1953) argued that the cultural assumption of a patriarchal society led women to see motherhood as their ‘biological destiny’ and the essence of their lives, therefore pushing an ideal that took the freedom to choose their life projects away from women. As the feminist movement evolved, postmodernists and poststructuralists rejected some of de Beauvoir’s theories, in particular the assumption of a universal fixed category of woman that is suppressed by the patriarchal structure and ideology (Neyer & Bernardi, 2011). Contemporary feminist discourse is more likely to view the mother as having agency; motherhood is approached as a fluid phenomenon that offers another layer to a woman’s identity rather than an erosion of her autonomy (Neyer & Bernardi, 2011).

Influential anthropologist Sarah Hrdy has written extensively on human motherhood from an evolutionary perspective. Hrdy (1999) uncovers the expectations placed on mothers and how, historically, as argued by de Beauvoir, theories and studies exploring the “proper” role of women were strongly influenced by the patriarchal dominant discourses. Hrdy argues that it is time to move away from those cultural assumptions; mothers, she argues, should not be considered sole carers of their children. She advocates for “allo-parenting”, where more people are involved in the care of the children. In this way, women will be less likely to feel isolation and will be better able to parent whilst also nurturing other aspects of their lives (Hrdy, 1999).

Psychoanalyst Daniel Stern has also emphasised the importance of a supporting matrix around the mother. In his renowned book *Motherhood Constellation* (1995), Stern identifies four main themes that evolve in the mother’s psyche from pregnancy through to motherhood: preoccupations around the life’s growth and development of her baby; the sense of relatedness and connection to her baby; the supporting matrix around her and the baby; and, in the final theme, the mother’s reorganisation of her sense of identity. Stern describes how a woman becoming a mother may experience a significant transformation in her

mindset. This transformation dictates a shift from focusing on her relationship with her partner to focusing on herself, her baby, and her new journey of motherhood. Stern describes how this new way of thinking is impacted by different variables, including the cultural, social and personal realm. Stern's book stresses the value of a nurturing and containing environment where the mother can feel safe, empowered, and validated. He believes that in order for a mother to cope with her new role, these transformations need to take place—including the shift from previous roles such as daughter or wife toward an embrace of her new role of mother and parent (Stern, 1995).

Some of Stern's ideas are also explored by Alison Stone in her book *Feminism, Psychoanalysis and Maternal Subjectivity* (2012) but Stone shifts focus by emphasising that more change is still needed in order for maternal subjectivity to be supported rather than criticized and suppressed. Stone argues against implicit contemporary ideas that the mother is “the figure whom one must leave behind, and hence she is assumed to be the background to the selfhood of others but not herself a sense or (in modernity) a subject” (p.11). Stone's understanding of the mother as perceived to be a “mere background” (p. 7) feels particularly poignant and relevant. Stone touches on how the modern parenting industry inflicts ongoing pressures on mothers, by implementing a multitude of monitoring procedures, guidelines and assessments and by offering an abundance of resources and training led by professionals to “train” mothers. Stone further argues that it was Winnicott (1971) who perhaps inadvertently started this trend; whilst he meant to describe the mothers in their everyday attitude, his concept of “good enough” became a sort of tool for judgement and comparison. The truth behind children being assessed is that, indirectly it is parents that are assessed and mothers, as the predominant caregivers, are more subject to the monitoring, assessing and judgement by professionals. This mechanism often leaves mothers feeling more insecure and drained, while professional assessors gain the status of “expert” (Stone, 2012). Stone's concern is that “this

body of expert knowledge about mothers is inattentive (if not indifferent) to mother's feelings" (p. 18); the only thing that appears to matter is the mother in relation to the child – not the mother as a subjective entity. Supporting Eyer's (1996) views, Stone goes on to accuse modern society of blaming mothers first for any issue related to the children, without considering the possibility of other influences and factors.

In her book *Motherguilt*, Diane Eyer (1996) takes "no prisoners" in the way she makes direct and strong accusations against professionals, magazines, "baby gurus", politicians and society in general for the way they use mothers as scapegoats for their shortcomings and to their benefit. Eyer (1996) discusses the way mothers are manipulated into guilt by "a culture of incompetence" caused by the "pathology" and "immorality of the powerful" (p. 24). Eyer, (1996) argues that mothers have been assigned impossible ideals that really should be carried by whole society rather than mothers alone. Powerful quotes from her book include "Mothers, I began to realize, are encumbered with the burdens of a society unwilling to carry its own weight" (p. xii) and "any study that presumes the mother as the sole architect of "her" children's character must be seen as suspect" (p. 230). Eyer (1996) does not shy away from putting the spotlight on "a nasty reality" (p. 175) where no one in society is really caring for children the way they should and then projects these inadequacies onto mothers. Furthermore, she insists all professionals involved with mothers – psychologists, scientists and parent advisors – must be re-trained and/or undergo in-depth training to work on their own biases prior to engaging with this population. Eyer also points out how fathers are not anywhere as involved as mothers and yet "there are no studies lamenting damage to attachment caused by father's employment, and there is certainly no guilt culture for men" (p. xvi). This is a strong statement, but it is perhaps worth acknowledging that while Eyer's book was published in 1996, published research on this topic remains still very scarce in particular in comparison to the research published on

mothers and attachment. Eyer concludes her intrepid book by reminding all of the importance of developing a fairer more positive attitude, where mothers are valued and supported and where we all act more selflessly like mothers are expected to. Eyer (1996) also misses no opportunity to remind us that “blaming mothers for the ills of a changing society is like blaming the village goat for the adultery, thieving, and lying of the villagers – it is scapegoating of the most superstitious kind” (p. 247).

Similarly, in her 2010 work, Sutherland explores some of these issues around how mothers are treated and perceived. She argues that mothers manage their role under the scrutiny of a society that has adopted the ideal characteristics of a “good mother” who is expected to show a “moral self” and “moral behaviour”. The ideologies around ‘good mothering’ require mothers to give themselves fully and at all times. Sunderland also argues that this creates an impossible standard, which in turn generates anxiety and stress and leads to shame (Edenborough et al., 2008).

Stone (2012) emphasises how sole responsibility placed on the mother is burdensome and unhelpful, as one person should not carry that amount of pressure. The author supports a different approach; she promotes a perspective of mother figure as different and differentiated from her child rather than merged. Importantly, among other interesting points, Stone (2012) highlights the idea that loss is intrinsic to mothering but, paradoxically, mothers are not supported in openly sharing or even feeling these natural emotions such as sadness. Instead, society meets those expressions of grief and sorrow with disapproval and dismissiveness, in particular in connection to the pressure imposed by the parental industry which dictates children’s exposure to those difficult emotions as damaging (Stone, 2012). In other words, modern society reinforces an ideal of “happy mothers” that appears to be remote from the reality of the constellation of emotions that this very complex human role triggers. The implications of this promoted ideal are concerning, as the outcome is the suppression of

difficult feelings and an increase in emotionally vulnerability and isolation (Oakley, 1980; Nicolson, 1998; Stone, 2012). While Stone agrees that mothering also involves positive and joyful moments, a key point she wishes to establish is that the pressure of sole responsibility needs to change. Recognising the relationship of mother-child as a relation of “connection and differentiations” (p. 164), based on the fact that the child has exposure to multiple influences and carries different traits could be a first step – especially when viewed through a positive lens rather than a threatening one. Furthermore, the open validation and acceptance that motherhood carries complexities and struggles could aid women to feel more supported and less pressurised in this role (Stone, 2012).

More recently, psychotherapist and counselling psychologist Claire Arnold-Baker (2020) has offered an existential perspective on motherhood. She argues that mothers go through important life adjustments and are faced with complex emotions and paradoxes, as a result of which they are often catapulted into an existential crisis. Deurzen (2021) elsewhere describes crisis as being “plunged into an existential reality that is stark and undeniable and usually completely outside our control” (p. xi). Furthermore, she argues that facing an existential crisis implies that our whole existence is impacted: we are faced with a period of uncertainty, where the precarity of life becomes apparent and the solid meanings and values that we held are suddenly put into question. In other words, a shattering of our framework strikes our existence (Deurzen, 2021).

Arnold-Baker (2015; 2020) places emphasis on key existential challenges – freedom, responsibility, choice, identity, uncertainty etc. – in an exploration of how these impact on a mother’s way of being and consequently on the way in which she navigates her existence. Furthermore, her work highlights the ambiguity of motherhood, and she emphasises how this needs to be looked at in its wholeness in order to gain a more in depth understanding of its real complexity. Through use of the model of the four worlds, or dimensions, of human

existence (Binswanger, 1946; Deurzen, 2012), she facilitates insight into motherhood's rich entirety. These dimensions are the physical, or *Unwelt*; the social, or *Mitwelt*; the personal, or *Eigenwelt*; and the last dimension, as contributed by Deurzen (2012), the spiritual dimension, or *Uberwelt*. A mother can be presented with challenges from each of these dimensions. However, in reality, they are connected and intertwined, and each person will have a unique experience of these worlds and their challenges (Deurzen & Adams, 2011).

When looking at the aggression displayed within CAPVA, we can look at how this can impact on these different dimensions. As we know, in the physical world, there can be challenges around navigating our own physicality and relating safely to our environment, or dealing with polarities such as, for example, life and death or pleasure and pain. In the social world, the concern is around "being in the world with others" and the main dilemma of this dimension is dealing with our individuality while also mastering being part of the whole (Deurzen & Adams, 2011); this is why polarities such as belonging and isolation, or acceptance and rejection are key in the scenario of living with violence. In the personal world, we are dealing with the relationship with oneself and our experience of our identity, feelings and emotions; this is the realm where the sense of freedom, choice and responsibility can prove challenging. In the spiritual world, we are confronted with the unknown, and it is through this dimension that values and meaning are animated (Deurzen & Adams, 2011). This, the existential lens, could be key to our understanding of this phenomenon.

### **The Experience of Mothers Exposed to CAPVA**

In the first part of this literature review, the terminology used for this phenomenon has been explored and the difficulties surrounding this. Thereafter the journey of parenting was considered, unpacking its different aspects such as perceptions around good parenting, shared-identity, identification and the emotions of guilt and shame frequently linked to this role. The review also looked at motherhood more specifically, discussing different

perspectives such as the feminist positioning, touching on the psychoanalytic views and presenting discussion on motherhood from the existential lens.

In this second part of the literature review, the aim is to discuss CAPVA in more detail. Firstly, it will address how CAPVA presents in terms of the nature of the abuse then going on to highlight the complex implications of this phenomenon. Following on from this it will explore some existential perspectives that could be applicable to this phenomenon based on the literature review discussed. Drawing on qualitative research, I will then discuss in more detail some of the studies that have used Interpretative Phenomenological Analysis to look into this phenomenon. The final part of the chapter will consider examples of interventions on CAPVA and by offering a conclusion will propose the premise of the study carried out by the author.

### **The Type of Abuse in CAPVA**

Existing research has shown that during CAPVA, mothers suffer physical, verbal, emotional/psychological and financial abuse (Baker & Bonnick, 2021; Bonnick, 2019; Cottrell, 2001; Gallagher, 2018; Holt, 2013; Kuay & Towl, 2021) and the abuse suffered can have significant short-term and long-term implications (Holt, 2015).

Among others, Baker & Bonnick (2021) offer a description of the categories of abuse according to type. They identify physical abuse, presenting in the form of biting, pushing, kicking, hitting, pulling hair, throwing objects, spitting etc., while verbal abuse refers to shouting, swearing, intimidation, bullying and any use of language to undermine, humiliate and shame etc. Emotional and psychological abuse refers to coercion to gain control over the household, intimidation, withholding affection, social/obstructive tactics etc.

Economic/material abuse is described as destruction of property, or demands of money or goods, etc. Holt (2015) argues that “polyvictimization” (a combination of types of abuse of multiple nature) makes coping with this relational, social issue distinctively difficult.

## **CAPVA as a Rollercoaster Experience with Complex Implications**

Existing research shows that CAPVA is an emotional and psychological rollercoaster (Bonnick; 2019; Gallagher, 2018; Williams et al., 2017) which can affect any family, regardless of parenting style (Bonnick, 2019). This type of violence creeps up slowly and is often received with disbelief by both the parents and those that witness it. It leaves many scars, including important mental health repercussions such as anxiety and depression, physical injuries, financial loss and at times carries legal implications (Baker & Bonnick, 2021).

Thorley & Coates (2017a) emphasises how the impact of this form of violence is not only on the families exposed to this lived experience but on the whole society. With their exploratory exercise (2017b), and looking at the impact on parent/carers when living with CPV (2017a), they identified five, intrinsically intertwined areas of impact that these families experience (while in their exercise nearly 85% of respondents were from the adoptive population and smaller percentages from other family unit typologies, there was also a 5.7% response from birth parents). From their exercise, the key areas identified were: impact on relationships, impact upon mental health and emotional wellbeing, impact on employment, impact on family finances, and lastly impact on “other”. Here they describe how the highest impact was on the parents’ emotional and mental wellbeing, with, among others, symptoms of anxiety and depression; 73% of birth parents reported being impacted in this way. The parents’ relationships with their children are also negatively impacted, as are the relationships between other family members; in birth parents 40% disclosed an impact on their relationships. Their employment was also at risk, with parents not receiving adequate support and having to either work part-time, flexible hours, or leave employment which consequently led to financial pressures and difficulties; 20% of birth parents expressed being impacted in the employment and financial realm. Thorley & Coates further argue how this issue increases



a sense of isolation and has a negative impact on parents' perception of themselves increasing insecurities in their self-confidence and struggles with their sense of self-worth. Important also to mention in this last category is the negative impact CAPVA has on siblings and their lives from a social, emotional/psychological and physical perspective. The correlative impact of these variables leads families into a negative cycle that keeps reinforcing and repeating the phenomenon of CAPVA (Thorley & Coates, 2017a).

Edenborough et al. (2008) argue that CAPVA was an especially serious issue when mothers were the primary target of violence. Mothers, they found, exhibited fear while simultaneously trying to minimise the violence and contradict initial disclosures due to fear of triggering an escalation. Gallagher (2018), Bonnick (2019) and Thorley & Coates (2019) also report that one of the major challenges is the fact that parents still under-report this type of abuse; parents feel a sense of shame and therefore secrecy and self-isolation are common themes around these experiences (Cottrell & Monk, 2004; Kuay & Towl, 2021). Similarly, according to Hastie (1998), the reluctance of mothers to report their children, say to professionals or the police, was due in part to feelings of shame, but also because of expectations that society would not believe the disclosure (Brennan et al., 2022; Edenborough et al., 2008). They were also concerned that they would end up being the ones assigned responsibility for their child's actions.

Thus we can see that research shows mothers were taking the role of both victim and protector: concerned about disclosure for fear of harming their children's self-esteem Paterson et al. (2002). Toole-Anstey et al. (2022) interviewed 11 mothers as part of their study of a narrative enquiry. As part of their findings, they identified that mothers attempt to minimize and conceal the violence experienced, and they further reported mothers' tendencies toward self-blame and a prevailing experience of shame. Williams et al. (2017) similarly found that some of the participants of their study felt shame and embarrassment in

response to their children's aggressive behaviours, in particular when under the public eye. This led them to avoid situations where they feared the negative judgments of passers-by. Other participants acknowledged that disclosure was felt to be good but embarrassing. Furthermore, Bonnick (2019), highlights how mothers are held more accountable than fathers, which indicates the extent to which gender expectations continue to impact on the way family functioning is viewed.

The impact of CAPVA goes further, as the whole family is impacted. Baker & Bonnick (2021) highlight how the most significant impact is on the family as a unit. The pressure and complexity of the experienced violence often leads to relationship issues between the parents, where tensions arise. Siblings also pay the consequences of this phenomenon, as they often either become victims themselves or step into a protective role over their parents; they become involved with the aggression or tend to imitate the aggressive behaviour (Baker & Bonnick, 2021). Siblings exposed to CPV are effectively living with domestic violence (DV) and are at risk in similar ways to if they were witnessing more commonly recognised DV (Thorley & Coates, 2019). Thus CAPVA is an experience of childhood adversity. Such breakdowns of relationships within the family nucleus often leave mothers with difficult emotions, a strong sense of loss and a complex and unique lived experience.

### **Research on Mothers' Experiences of CAPVA from an Existential Phenomenological Lens**

Whilst there is a dearth of research looking at the lived experience of biological mothers exposed to CPV from an existential lens, several perspectives from the wider, theoretical existential lens could offer pertinent insight to help gain a better understanding of this phenomenon.

From Heidegger's (2010) existential guilt, Sartre's (2003) views on shame, the idea of existential crisis of motherhood (Arnold-Baker, 2020), to the model of the four worlds (Deurzen, 2021), there are multiple entry points for understanding motherhood with the experience of CPV. Another existential perspective that could be seen as relevant to CPV is expressed in the play *No Exit* by Sartre (1989) with the famous line "Hell is other people". In this play, Sartre describes three dead characters that have been locked up together in a living room after been sent to hell. The scenario of the three individual stuck together for eternity is portrayed as so disturbing because each of them makes the life of the others so unbearable that the idea of hell being other people is accurate. Sartre indicates that the difficulty was not being sent to hell, but the suffering characterised by "the look" and judgment of the people and being "the object" under relentless scrutiny, similar to the mothers exposed to this phenomenon being exposed to the judgement of the people around them.

Another existential concept pertinent to CPV is Camus' (2000) notion of absurdity. In his book *The Myth of Sisyphus* (2000), Camus highlights the reality of characters living a meaningless repetitive life with no comfort. In his book, Camus places the spotlight on the Greek myth of Sisyphus; Sisyphus was eternally punished by the Gods for his killings and condemned to perpetually roll a boulder up a mountain only to see the rock rolling down back to the bottom each time. Sisyphus represents all the individuals that carry out the same obligations of life day after day without a sense of significance or essence, thus making existence absurd. The question is why Sisyphus chose to keep pushing that boulder if he knew the results would be the repetition of the same. The author makes the point that it is up to Sisyphus to decide what to make of this as "human beings must be meaning's providers" (p. x, Wood in Camus, 2000). Furthermore, Camus invites the readers to explore the possibility of Sisyphus finding happiness in that absurdity, by accepting the predicament without despairing; giving meaning to it, as there can according to Camus be no meaning if it

is not created by the man. Camus further argues that to be free, Sisyphus, like all individuals, needs to be above his predicament (2000). This idea of the absurdity of a meaningless life could be pertinent to the predicament of the mothers exposed to CPV, as the research has shown how mothers carry out their duty of motherhood even when they feel their predicament is unbearable due to the daily abuse; they keep pushing the boulder up the hill to then see it rolling down once again.

Regarding the existential lens and CAPVA, existential philosophers and practitioners such as Kierkegaard, Heidegger, Sartre, Camus, and more recently Yalom and Deurzen, to name a few, offer unique insight into the predicament of existence and its givens. Meaning and meaning-making are particularly important aspects of the existential stance; thus this lens seems to be appropriate to explore the depth of a phenomenon of existence such as CPV.

### **CAPVA and Phenomenology**

From the literature review there were a number of studies that, through use of Interpretative Phenomenological Analysis, (IPA) have offered phenomenological insight into biological mothers' experiences of CAPVA more broadly (Clarke et al., 2017; Murphy-Edwards & Heugten, 2015; Rutter, 2023b; Williams et al., 2017). Two of these studies (Clarke et al., 2017 & Rutter, 2023b) are UK-based, while the remaining two are New Zealand-based. The study by Murphy-Edwards & Heugten (2015) focuses on domestic property violence in relation to CAPVA and they identify three key themes: impact, coping strategies and making sense of the abuse. The other three studies focus on different aspects of CAPVA and offer experiential detail; as such I will summarise these three in more depth here.

Based in New Zealand, Williams et al. (2017) adopt IPA to explore how six mothers and two grandmothers made sense of CAPVA from their adolescent children. Three main themes were identified. The first, "A never-ending emotional bloody roller coaster" (p. 600)

talks about the rollercoaster as a metaphor to capture the complexity and contradictions of CAPVA. These include conflictual feelings of love and protection versus anger and resentment toward the child, etc. The image also highlights the variety of experienced emotions such as anger, resentment, sadness, and hatred, while paradoxically still wanting to maintain an unconditional form of love for their children. Their findings also highlighted the need these mothers/grandmothers felt to find a reason for this behaviour and the desire to help their children (Williams et al., 2017). The second theme identified was “Judgement: I felt more judged by myself” (p.601). Here, the study author reported that participants had strong feelings of self-blame and guilt, while questioning their parenting skills. The participants in this study spoke of: “self-judgement”, where they linked the behavioural issues of their children to their parenting skills; “judgement by other people”, where they felt family and friends often reinforced their guilt; and “helping agencies”, where the participants felt a sense of revictimization due to their experiences with services that was accompanied by embarrassment for having to ask for help. Furthermore, the study suggested that parents also feel silenced due to the heavy expectations imposed by society around “good parenting” (Williams et al., 2017).

In the third the theme – “Absent father: That boy stuff. That man stuff” (p. 603) participants also blamed the problem on the lack of a fatherly parental figure and male role model in the life of their children. The study discussed how these mothers/grandmothers felt that the absence of a father impacted on the child’s sense of identity and masculinity (Williams et al., 2017).

Discussing these themes and their implications, Williams et al. (2017) offer initial insight into some of the layers of complexity that the phenomenon of CAPVA can create. However, the study by Williams et al. (2017) has some limitations. Out of the eight participants, three did not have the children under their care, nor it was clear how long the

children had not been under their care for, presumably creating a very different experience from those experiencing the issue at the time of the research. Furthermore, while the assumption is that the researchers had identified participants between the age of 10 and 18 based on their chosen classification of the adolescence period, this information was not explicitly specified. In addition, the participants were six biological mothers, and two grandmothers, one of which was an adoptive grandmother; including participants with different roles introduces a lack of homogeneity. Finally, from the information provided in the study, it is not clear whether the mothers were single, separated or married—the study discussed the theme of absent fathers, but it did not make clear what this absence was due to. This also increased a lack of homogeneity in this study.

The study by Clarke et al. (2017) was the first in the UK to use IPA in this context. The participants consisted of five mothers and one father, whose children ranged between age 14 and 23. Of these participants, two were single parents, two were married, one was divorced, and one was separated; furthermore, only three of these parents lived with the identified child, while the rest lived apart. In terms of homogeneity, this study also presents some limitations. The sample mixed a father and five mothers, but also mixes the experience of two single parents, a separated parent, a remarried parent, and married parents. Moreover, only two of the participants were a married couple. The ages of the children varied from 14 to 23 in order to include the adolescence years; it could be argued that the age of adulthood being recognised by the law as 18 in the UK should be taken into consideration for this specific issue in terms of creating a more homogeneous sample.

Clarke et al.'s (2017) findings clearly detail the threatening violence and abuse these parents were subjected to, from being kicked and pushed, spat at, to having property destroyed. Three main themes were identified in the research. The first theme was “Tension: I am frightened that I am going to lose it” (p. 1426) – here participants shared the complexity

of the lived experience of emotional tensions, where parents wanted to love their children but did not want the violence to which they were subject. Parents described feeling a sense of fear and “walking on eggshells” around their children, together with ambiguous emotions and the difficulties of remaining “good parents” while also being fearful of losing control (Clarke et al., 2017).

The second theme was “Ambiguities: they’d say we can’t do anything because he hasn’t done anything yet” (p. 1426) – here the participants described the many layers of ambiguity around this type of violence, from ambiguity surrounding acceptance of their children’s behaviour and the seriousness of the behaviour, ambiguities around their sense of identity, etc. These parents also described how sudden those behaviours could be and the difficulties in identifying from where they derived. They talked about the difficulty in having this form of violence recognised by services; they also identified how parents ended up questioning themselves as parents and the sense of shame and isolation that followed (Clarke et al., 2017).

The third and final theme identified was “Managing the harms: Maybe 2, 3 years this will be underneath the carpet” (p. 1427) – this theme encapsulated parents’ attempt to reflect on the harm of CAPVA and their interpretation of this phenomenon. These parents placed CAPVA in the frame of adolescent years and/or pathology, which allowed them to conceptualise it as a normal response to either a developmental stage or a diagnosis; the concept of time was relevant to their making meaning of their situation. Here, participants also shared the importance of service input and their experiences with these services (Clarke et al., 2017).

Clarke et al. (2017) emphasise the importance that targeted support offered to these parents when given by well-trained individuals, which is particularly important due to the delicate nature of this problem and the issue of secrecy that can impact these parents. The

study offers invaluable insight into the lived experience of these families, highlighting that this is an important social problem that requires more attention and better formats of support.

The study by Rutter (2023b) was the most recent to use IPA to investigate this phenomenon. Rutter highlighted how, in comparison with other types of violence that take place within the family settings, this type (CAPVA) is the least explored in terms of the lived experience of the mother and its implications. Rutter interviewed six mothers including three single mothers two of which were adoptive parents, two married/in long relationship mothers and one widowed. Three of these mothers have children with extra needs and one of the mothers was deaf. The themes identified in this study were: identity (subthemes of professional and mothering identities); rupture; and repair (p.3, Rutter, 2023b).

The first theme identified – “Identity, professionalism and motherhood” (p. 3) – encapsulates the experience of three of the mothers who found it helpful to put forward their professional identity first (where they were known as professionals by the professionals involved) and their mother identity second, as that led them to feel more supported by the services and less exposed to a mother-blaming attitude. As for the other three mothers in the study, their focus was more around their experiences of motherhood in terms of dealing with the societally embedded expectations of being mothers and having good children contrasted to their experience of CAPVA (Rutter, 2023b).

The second theme - “Rupture” (p. 4) – explores how in five of the presentations, the elements of complex neurodivergence needs were cause for ruptures. Some of the complex needs were related to the conditions of Pathological Demand Avoidance (PDA), cerebral palsy, foetal alcohol spectrum disorder, autism, etc. The mothers reported that while they reached out for support and tried to contain the situations they were in, the support was not received in a timely fashion and the aggression in the house escalated to more severe



behaviours, increasing risks, rupture in the relationships and impact expanding to other settings (Rutter, 2023b).

The third theme was “Repair” (p. 5). This theme focused on these mothers’ experience of doing reparation work with their children by utilizing different strategies, increasing shared awareness of neurodivergence and using care orders to allow space and safety. Only one of the mothers in this study was unable to experience the reparation for which she was longing (Rutter, 2023b).

These studies provide invaluable contributions to the field of CAPVA, as they offer precious insight into the lived experience of this complex problem from qualitative research. However, as discussed, the groups of participants recruited for those studies were only in part homogenous, which is perhaps not surprising due to the sensitive nature and complexity of this topic. Furthermore, it is important to acknowledge that while these studies focused on adolescents, there was a discrepancy between the age group identified by this category. In particular, while Clarke et al. (2017) used Bobic’s (2004) classification of the adolescent period covering the ages of 12 and 24, Williams et al. (2017) defined the adolescence period between the ages of 10-18 years. This type of discrepancy creates an element of confusion in terms of children, adolescents, and adult categories in CAPVA and is also why identifying clear terminology remains problematic, as previously discussed. Future research, including my own, needs to be mindful of this limitation and consider whether clearer boundaries need to be established in terms of age groups and their classifications.

### **Support and Interventions for CAPVA in the UK**

In addition to the complex lived experience, important too is a broader understanding of the different ways in which this phenomenon impacts on society and how society deals with it. Thus, it is relevant to offer insight into how CAPVA is addressed in the UK.

While CAPVA cases are still believed to be largely under-reported due to the shame and guilt experienced by parents (Brennan et. al, 2022; Kennair & Mellor, 2007) and due to parents' fear of retaliation from their children (Baker, 2012; Cottrell & Monk, 2004), research in the UK and internationally highlights an increase in frequency, intensity, and severity, which is occurring cross-culturally (Brennan et al., 2022). In 2015, the charity Young Mind stated in their annual report that their helpline received 33,239 calls and, of these, CAPVA featured in the top five reasons for the call (Young Mind, 2015). Furthermore, in a 2014 study, Condry & Miles found that in the UK in the years 2009 and 2010, the London Metropolitan Police recorded 1,892 episodes of violence from young people between the age of 13 and 19 toward their parents. In this study it was also reported that over 70% of the individuals reporting the incidents were mothers, and nearly 90% of the offending teenagers were of male gender (Condry & Miles, 2014).

To understand the scale and nature of CAPVA in London, Brennan & colleagues (2022) highlighted some of the data from the Metropolitan Police Service (MPS) in their final report commissioned by the London Violence Reduction Unit (VRU). In this report, there was seen to be a yearly increase of CAPVA-related offences between 2014 and 2018. Furthermore, they also highlighted how, while the suspect was identified, the victims were reluctant to pursue further action against them. In addition, between 2012 and 2017 the MPS reported 1,485 cases of young people between the age of 10 and 17 assaulting their parents were proceeded against. Further data showed that cases decreased in 2018 to then increase again in 2020 at the time of the first national lock-down due to the Covid-19 Pandemic (Brennan et al., 2022).

In the UK, Parentline Plus carried out a 2010 survey to explore where families experiencing this issue were turning to for support. It transpired that families experiencing CAPVA seek support through different routes, depending on their circumstances (i.e.,

adoption, disabilities, etc.). The majority, 62%, relied on schools for support, followed by 57% relying on their GP and 37% accessing Child and Adolescent Mental Health Service (CAMHS). Smaller percentages relied on friends and families, private therapists, social services, police, and charitable organizations providing confidential helplines. Many families, as discussed by Kuay & Towl (2021), did not know who to contact to seek help.

While publications and guidelines around CAPVA have recently increased, the support available to families, and the services' modalities of interventions, remain a topic for debates and of inconsistencies. Holt and Lewis (2021) highlighted some of these inconsistencies and their implications. In part, the complex nature of CAPVA and the number of needs presented by the families impacted often invites input from multiple services such as CAHMS, children and families' teams and/or safeguarding services for adults and children etc., and this complexity makes it a more laborious and difficult process when it comes to identifying a clear path of intervention. Furthermore, professionals in different fields exposed to this phenomenon, including front line staff like social workers, have reported a lack of adequate knowledge and lack of training as obstacles to their ability to intervene on CAPVA effectively and with confidence (William et al., 2017).

Nevertheless, while services are still adjusting, some independent organisations have been able to offer types of targeted supported to tackle this type of family violence. In terms of some of the interventions available in the UK, Non-violence Resistance training (NVR) (Omer, 2004), Who's in Charge (Gallagher, 2018), Break4Change (2015), the Step-Up model presented in Routt & Anderson (2015), and peer support networks are most discussed and utilised (Bonnick, 2019; Kuay & Towl, 2021). These intervention models have been developed mostly to address aggressive behaviours from teenagers, typically age 12 to 18, and are therefore not necessarily suitably framed for a younger population (Curtis et al., 2022). The programs have different lengths and can run between eight and twenty-one

sessions. Key targets of these programs are empowerment of parents, increasing their authority in a positive way, providing parents with tools for intervention and reducing family conflict. Some of these programs, such as Break4Change and Step Up, also provide direct support for young people in developing better emotional regulation and more constructive communication skills (Bonnick, 2019; Kuay & Towl, 2021). The final target is to bring dynamic change by intervening in unhealthy patterns that have developed (Bonnick, 2019).

### **Current Study Premise**

There is little doubt that today's lifestyle is fast-paced and contains many stressors. This is confirmed by several annual reviews from national organizations such as Young Minds and Family Lives, who report that since 2013 there has been a high increase in elevated levels of stress for families with teenagers due to behaviour and relationship issues.

While more studies on CAPVA have been published in the last few years (Armstrong, et al., 2021; Curtis et al., 2022; Ibabe et al., 2022; Navas-Martinez & Cano-Lozano, 2022; Ruiz-Fernandez et al., 2021; Rutter et al., 2022; Toole-Anstey et al., 2022; Vecina et al., 2021), the complexity of this form of family violence and its implication for families and society in general still requires more in depth understanding within this wider societal context. In particular, the very limited research and information on families with younger children between the age of four and twelve presenting with this problem is striking, especially considering that previous studies on teenagers report that often the problem started when they were much younger. The lack of research on biological parents that live together with their children and still experience this problem is also very noticeable, as no study with this focus has been identified; also noticeable is the lack of research on parents experiencing CPV from a neurotypical population of children. Thus this research could be the first to explore this phenomenon happening specifically to mothers in these specific family construct.

Furthermore, it is notable that an exploration of mothers' lived experience of specifically CPV, through an existential lens is missing from the existing literature. A brief presentation of some aspects of the existential lens have been introduced to demonstrate that it has the potential to serve particularly well in terms of gaining rich insight into the implications of this complex phenomenon. Therefore, this study aims to use qualitative methods, specifically IPA, to explore child to parent violence to contribute to further understanding of this phenomenon by helping to bridge these gaps identified in the current literature.

### **Literature Review – Reflexive Considerations**

#### **Extract from Research Journal**

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*On the impact of knowledge prior to interviews & analysis – I am thinking about the impact of the knowledge accrued while working with families and also while doing the initial part of the literature review. While I am aware that in IPA there is no expectation of bracketing as such... still there is an expectation of gaining an awareness on what can influence what and when and having an ability to address it with reflexivity.*

*One good thing in terms of diminishing bias, is that at the moment and in the past few months, I have not been involved in any work with families presenting with this issue, thus this is helping me to detach a little and has aided a shift of my focus to other issues at work. Obviously... I cannot “eliminate” my knowledge, including the knowledge gained through my literature review, nor is an objective stance possible as I am aware subjectivity is a given, but I feel quite determined about not allowing the intrusion of all my work when with the participants. In particular, I am thinking about the themes and discoveries from previous research and how to actively be aware of them and “park them a little” in order for that knowledge not to influence my attention in certain ways during the interviews with*

*participants, or while I am doing the analysis. In other words, I need to think about diminishing biases as much as it is feasible while being human...This, I recognise, is where bracketing, or epoché comes in.*

*I dread the mistake of “leading” or jumping to conclusions regarding the type of data that this project will create... instead of letting new knowledge naturally unfold from the participants’ voices. I’d like to think that by taking some thoughtful steps now I will be in a stronger position to diminish the risks and promote the authentic voice of the participants, which to me is the most important thing.*

*As this commitment is very important, I am going to have a break from the literature review and allow around four weeks without exposure to material on this topic before doing the interviews; hopefully, by then, this knowledge will not be at the forefront of my mind as it is now. I will also not do any reading around this topic between the interviews and the analysis, and I will start to relook at literature only once the stage of analysis is over and I will be re-seeking literature for the discussion stage. I feel this could be a proactive way to safeguard the process of interviewing and analysis, thus enhancing the validity and rigour of this study. With this in mind, I am actually quite pleased (or relieved?) to take a break from reading around this topic, as I know soon I will be immersing myself in the transcripts of the interviews. I am so looking forward to the process of witnessing meaning emerge and hopefully discover unpredicted revelations as they might come to light.*

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## **Chapter 3: Research Methodology**

### **Qualitative Research**

This study aims to explore the lived experience of biological mothers exposed to CPV and as such a qualitative methodology is the most suitable design for this study. A quantitative approach, using survey design would use closed-ended questionnaires to collect data that can be analysed numerically. Instead, qualitative research favours in-depth interviews and observations, which allows insight into the holistic, rich detail of the experience of the individual. Yilmaz (2013) defines qualitative research as:

...an emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meaning that people attach to their experiences of the world. (p. 312)

Frequently research using a qualitative paradigm has a constructivist epistemology at its core: whereby the assumption is that knowledge is constructed through the interaction between individuals and their environments. Contrasting the deductive approach of the quantitative method, the inductive reasoning utilised in the qualitative model implies the creation of theoretical categories that are grounded in the data gained (Smith, 2008).

### **Interpretative Phenomenological Analysis**

While many qualitative methods permit in-depth analysis, phenomenology excels at making central the participants' own sense-making (Smith & Osborn, 2008). As I am primarily interested in meaning-making for mothers experiencing CPV, this study uses a phenomenological approach, namely: Interpretative Phenomenological Analysis (IPA). IPA is a methodology that uses an in-depth exploration of individual participants' lived experiences and lifeworlds, while promoting an understanding of their meaning-making

around those experiences (Smith, 2004). Smith et al. (2022) argue that when an individual focuses on an important lived experience, s/he tends to reflect on this event with more insight and depth. IPA pursues that reflective depth, through exploration of the account given.

While IPA does not explicitly specify an ontological position, it could be argued that it uses a critical/contextualist epistemology due to its core belief that individuals hold an internal reality. This epistemology emphasises the pivotal role of language: it reflects the experience of the participants' life events, while simultaneously foregrounding that knowledge cannot be objective because subjectivity is the intrinsic ingredient involved in its construction (Smith et al., 2022).

IPA has its theoretical roots in phenomenology, hermeneutics and idiography. In turn: phenomenology supports the study of experience, hermeneutics is the theory of interpretation and idiography involves a commitment to the particular (Smith, 2008). These methods appeal to me because a fundamental pillar to the way I understand experience as a clinician and a researcher is to see it as uniquely shaped by the individual perspective.

### **IPA and Phenomenology**

Phenomenology is a philosophy and a research framework that is invested in the study of human experience (Langdridge, 2007). Philosophers associated with phenomenology include Edmund Husserl, Martin Heidegger, Maurice Merleau-Ponty and Jean-Paul Sartre. I shall now briefly consider what these thinkers can offer to this study's methodology.

Husserl (1927) is most recognised for theories of intentionality. He argues that consciousness is always directed towards something, "returning to the things themselves" (i.e., focused on the experiential content of consciousness). He also theorises a phenomenological attitude, achieved by looking inward with the aim of understanding our perception of things and questioning the 'natural' perspective. As part of the phenomenological stance, Husserl introduces the concept of reduction or "bracketing", where



the researcher is required to bracket out pre-existing knowledge and assumptions to get to the essence of a phenomenon (Husserl, 1927 from Smith et al., 2022). While it remains detached from the specific form of “bracketing” that Husserl supports, IPA has nonetheless benefited from Husserl’s work in terms of emphasising the process of reflection and reflexivity (Smith et al., 2022).

Heidegger developed Husserl’s stance by engaging with hermeneutics and existentialism (Smith et al., 2022). Heidegger (2010) argued that by being human in the lived world of things, there cannot be knowledge without an interpretative stance: language and understanding are inextricably linked. He also placed strong emphasis on meaning; it is only through meaning and consciousness that significance of the world is developed. Heidegger was interested in the ontological question of human existence and in his most renowned book, *Being and Time* (2010), he presented the concept of *Dasein* (being-there) which places strong emphasis on our worldliness, or the self and the world as intertwined. Heidegger also emphasised that we are in a constant state of becoming. Heidegger reasons that the person is always “in context” and he uses the idea of intersubjectivity to describe our ability to make sense of the other. Heidegger (2010) also conceptualised the idea of “thrownness” as key to human experience; by his account, we are always “thrown-into” a world with others. IPA draws heavily on these ideas of “thrownness” and “being-in-the-world” as temporal, perspectival and always “in-relation-to” something (Smith et al., 2022).

Merleau-Ponty’s (1962) philosophy shares much with Heidegger but places distinctive emphasis on subjectivity and embodiment, advocating for the subjective embodied nature of our connection to the world. For IPA, this idea of embodiment and subjectivity are crucial, as they reinforce that we can never fully understand the experience of the other due to the difference in our situated embodiment (Smith et al., 2022).

Sartre's distinctive contribution to phenomenology is the idea that "existence comes before essence" (2003). This means that human beings are not a fixed, pre-existing entity but are rather in constant state of evolution and development; he also emphasises that we are always in existence with others. In *Being and Nothingness* (2003), he provides evocative examples of how shaped we are by the interpersonal feature of our being in the world through "The Look". Here he also stresses the importance of not only what is there but also what is not (i.e., nothingness), in terms of the impact on each person. Sartre places strong emphasis on existential ideas of responsibility and freedom. IPA makes use of Sartre's in-depth analysis of the complex intricacies of being in the world and having to face its interpersonal, affective and moral challenges (Smith et al., 2022).

In sum, these philosophical ideas have enriched IPA through the premise that lived experience is characterised by complexity: individuals are viewed as unique in their situatedness, embodiment and their capacity to always exist in their relation to others (Smith et al., 2022). IPA also heavily relies not just on unique experience but on the importance of interpretation for drawing out meaning from people's accounts and therefore this is of value to this research due to the complexity of the experiences under investigation and the desire to allow new knowledge to come to light.

### **IPA and Hermeneutics**

Hermeneutics refers to the theory of interpretation; the method was originally used to gain a deeper insight into biblical texts and was subsequently applied to historical documents. Hermeneutics investigate the use and meaning of interpretation and explore whether it is possible in principle to access - through interpretation - the meaning of the narrator. Theorists strongly associated with hermeneutics are Schleiermacher, Heidegger and Gadamer, who I shall consider in turn.

Schleiermacher advocated for the use of interpretation as an art that requires practice and skill, rather than strict guidelines to follow. His holistic attitude sees interpretation as both grammatical and psychological. He argues that the grammatical interpretation is concerned with objective meaning, while the psychological interpretation focuses on individuality (Smith et al., 2022). The advocated uniqueness of the reader, or in our case the researcher, and the uniqueness of meaning offered by the text, or in our case the participant/transcript, is particularly relevant to IPA (Smith et al., 2022). Schleiermacher's theories reinforce the idea that an effective analysis of the linguistic and psychological realms provides deeper insight and the discovery of both stated but also hidden meanings (Smith et al., 2009).

While Heidegger (2010) emphasised the importance of *Dasein* and Time, he also stressed how it is only through interpretation and the facilitation of discourse that we can access these features. Heidegger re-examination of what might be termed 'bracketing' (Husserl, 1927) is key to IPA: it can only be achieved to an extent and the researcher needs to take the sensitive, responsive and open stance of reflective practice; research should only temporarily "silence" fore-understanding in order to gain an authentic understanding of the participants' own meaning and to then allow new knowledge of preconceptions to emerge through the analysis of the data (Smith et al., 2022). Thus, IPA aims to support participants in narrating their own stories in their own way, while the researcher pays attention in a novel manner that allows a natural unfolding of the participants' experience and meaning-making (Smith et al., 2009). Gadamer (1990) is in agreement with Heidegger on many points; in particular, he supports the idea that our fore-knowledge is inevitably active and constantly informing our interpretation. Sharing an affinity with IPA's attitude toward data, one of Gadamer's key ideas is that the meaning of the text is strongly impacted by the moment in time in which that interpretation is made (Smith et al., 2022).

IPA promotes a dynamic process of data collection. It supports the notion that researchers can only access people's lived experiences through their own accounts, and it is the role of the researcher to then interpret and make sense of that account; in IPA the researcher has a double role: to try to make sense of the participants' account while also trying to make sense of it for themselves. This double hermeneutic reinforces IPA's epistemological position that claims are always tentative, and that analysis remains subjective (Smith, 2008). The process of interpretation used in IPA is, moreover, not linear; gaining data and uncovering and understanding meaning are carried out through a circular ontological process also referred to as the hermeneutic circle (Smith et al., 2009). This can be particularly helpful in the investigation of the sensitive topic explored in this study as the layers of complexity it brings cannot be fully accessed with a linear approach.

### **IPA and the Idiographic**

The idiographic approach involves a commitment to the particular: the singular experience of each individual at the unique time in which they are going through it (Smith, 2008). IPA is inspired by this attempt to "dig deep": to gain understanding of what is it like for that person to experience what he or she is going through. This is why IPA tends to use relatively small numbers of participants, which allows for in-depth exploration of each lived experience; each case is looked at individually, before being used in a cross-case analysis where unique experiences of the participants are collated to find more themes across the sample. Most psychological enquiry, by contrast, presents as "nomothetic" in its attempt to create claims at a universal level and then proposes laws and rules based on those. IPA moves away from positivism and assumptions of generalizability and presents instead in-depth individual cases while also highlighting shared experiences (Smith et al., 2022); this is one of the key foundations of IPA's methodology (Smith & Osborn, 2008).

IPA's orientations fit well with this research question that aims to investigate the lived experience of mothers exposed to CPV. To put it in Heidegger's terms, I am interested in the appearing of the phenomenon (Heidegger, 2010), or the way in which a phenomenon is explored and investigated to facilitate the meaning-making and understanding of the experience of these mothers. In this study, I do not aspire to the kind of detachment that would look at the participants "objectively"; rather, I am an active part of the researcher/participant encounter and while the participants are exploring and reflecting on their experiences, I will simultaneously try to make sense of their worlds (Smith, 2008).

The fact that my research focuses on the particular represents an opportunity to immerse myself in each specific story and experience it in its uniqueness. Most importantly, this study design through qualitative approaches and drawing on phenomenology will give a voice to parents whose experience is often ignored, or at times, muted; these parents being exposed to a type of violence that is extremely complex and not often enough discussed, due to the young age of their children and the sense of paradox it creates.

IPA focuses on small, fairly homogeneous samples to which it takes an idiographic approach. The semi-structured interviews favoured in IPA afford an empathic dialogue between researcher and participant. This approach supports stronger possibilities for meaning-making and a richer, more in-depth understanding of the lived experience of the individual. Furthermore, as a professional and personal value I strongly cherish authenticity and this is actively advocated in the IPA model; qualities such as empathy, curiosity, open-mindedness and willingness to enter into and respond to the participant's world are crucial for this approach (Smith et al., 2009). I thus find myself in alignment with its core premise. IPA offers space to express what CPV means for mothers and what feelings and thoughts are associated with this complex experience. I therefore believe that this method is best suited to

the ambition of this project which is to give voice to parents whose experience is often ignored or muted within broader society.

## **Reflexivity**

Reflexivity involves constant evaluation of our inner responses, assumptions, interests and internal dynamics while engaging with the research process (Finlay, 2002; Finlay 2011).

Reflexivity is a key feature of qualitative research broadly and specifically within IPA and is an important element in the way I understand my research and relate to the world.

Consequently, as part of the development of this study I have kept a journal to be more attentive to my feelings, experiences, and biases; thus, promoting a more critical and reflective self in my position as a researcher. I have also spent time reflecting on my pre-understandings (Gadamer, 1975), which led me to ask myself important questions: What world views do I hold? What beliefs and views do I have around CPV? What hopes and fears do I have around possible findings? And, as part of this process, I welcome the opportunity to revisit these questions and gain more knowledge of myself as a researcher.

In terms of my positionality, while I do not have personal experience of motherhood and/or of violence within my family setting, I have worked for a long time with families where parents have been exposed to CPV. This is an advantage and a disadvantage. I quickly became aware on starting this study that there was the possibility of assumptions based on parents with whom I had already worked. I remain conscious of that, and I have worked hard to foreground awareness that there might be elements from my experience that are not present in the experiences of the participants in this study. I feel I have also remained open to the possibility of new self-understanding that developed from this process. I made good use of my research journal, personal therapy, small reflexive peer group, IPA blogs, and supervision sessions and I believe these measures have increased the quality, rigour, and validity of this study. Furthermore, the integration of several reflective extracts from the

reflexivity journal have been included in this thesis to illustrate how the reflexivity has been honoured and observed throughout.

### **Limitations of Qualitative Research and IPA**

Quantitative researchers often query the lack of objectivity embraced by the qualitative approach and critique the small sample size of its studies: small groups of participants, they argue, cannot be considered representative in a way that is suitable for the development of reliable measures or replicable outcomes (Yardley, 2000). However, authors such as Yardley (2000) and Smith (2008) argue that the criteria of objectivity and generalisability are not relevant to the qualitative realm. They argue that the qualitative modality can offer an in-depth and complimentary approach to a phenomenon. The small sample size is vital to gain rich data. This format can also bring new insights into the field of an investigated topic that can then be used to benefit the quantitative modality.

Qualitative research is also criticised for not being transparent and clear regarding the procedure of analysis. Giorgi (2010) has directly criticised IPA for a lack of standardisation and clarity in language usage. However, Smith and his colleagues have engaged constructively with these criticisms and have created clearer steps and guidelines for analysis that are more accessible and transparent. They have also committed to avoiding language that obscures meaning; they favour simple language that promotes clarity and clear execution (Brocki & Wearden, 2006), thus this approach has been used to enhance the rigour of this study.

IPA has also been questioned as to whether the data gained represents the meaning of the narrative shared or simply opinions about it (Tuffour, 2017). While in IPA reflexivity and awareness are highly valued, it is important to acknowledge that people differ in their ability to communicate and interpret phenomena. Therefore, researchers are invited to invest extra care during the whole research process to identify possible obstacles to gaining rich and

authentic data (Tuffour, 2017). While attempting best practice in reflexivity, I also carried the knowledge that there were limitations to my individual capacity for self-awareness (Buckner, 2005; Zahavi, 2019).

### **Alternative Approaches to IPA**

As I was primarily interested in the meaning-making of participants and their unique lived experience, IPA seemed a better fit for this project than other qualitative approaches such as Grounded Theory and Thematic Analysis.

Grounded Theory aims to develop new theories and to “identify the social processes which produce the phenomenon being studied” (p. 88, Hawker and Kerr in Lyons and Coyle, 2007). By contrast, my main interest is to explore the individual, unique experiences of the participants; there is therefore a mismatch between what I am looking to achieve and what this approach aims to do. Also, Grounded Theory requires that the researcher start the research study with some assumptions (Robson, 2011); my desire was to carry out research while leaving assumptions behind. Another issue with this approach is the requirement for “saturation” of data, requiring a continued return to the sample until no new discovery emerges. This approach can create ambiguity in understanding when a theory has achieved an appropriate level of development and it can also be difficult to understand the time frame needed for it to develop. For these reasons, Grounded Theory did not feel like the right fit for this study.

Neither did Thematic Analysis align with the vision that I had for this study. Having used Thematic Analysis in a past project, I was aware that while it is helpful in capturing patterns of behaviours and themes, it is descriptive in nature and therefore limited in terms of its interpretative potential (Robson, 2011). This was certainly my experience in my previous study and this time I was interested in including the double-hermeneutics: allowing my own



interpretation to be a recognised part of the analytical process; therefore, IPA seemed the most suitable choice for this research.

### **Ethical Considerations**

Ethical approval was granted from the New School of Psychotherapy and Counselling (NSPC) research ethics sub-committee. This research followed and respected the code of ethics established by Middlesex University, the British Psychological Society (BPS) and the UK Council for Psychotherapy (UKCP). Supervision was used throughout the process to maintain the highest standard of ethical research practice.

My priority was to ensure that this project followed a high standard of ethics, with participants' safety and wellbeing paramount at all times. This study focused on promoting the preservation of the participants' dignity, autonomy, anonymity, and confidentiality. After submission to ethics at the NSPC board, feedback requested for a few statements to be clarified, for the demographic data to be collected and that unnecessary statements about my own experience together with any leading statements about the CPV experience were removed from the information form (**Appendix A**). These changes were executed. Subsequently, a request for amendments of three selection criteria (**Appendix B**) was submitted to the Chair of the Ethics Board and this was approved (**Appendix C**).

Prior to the interviews, I provided the participants with a Participant Information Sheet (see **Appendix D**) that offered a clear description of the nature of the study. This also offered clear information about confidentiality and its limitations, time commitment, method of data collection, information about data dissemination and the right of the participant to withdraw at any point up to the start of data analysis. The participants were asked to sign a consent form (see **Appendix E**) to confirm their understanding of the implications of their participation, as well as to confirm their willingness to take part in the study. Following the

ethics committee feedback, I ensured the forms were amended and leading statements removed.

Furthermore, prior to attend the interview the participants were required to fill in a demographic form (see **Appendix F**), which enabled me to understand the demographic of the participants and their children and to assess whether they met the requirements of the inclusion criteria. The participants were also informed that questions were not compulsory. They were informed that they had the right to opt-out, should they feel the need.

The experience of distress in such a sensitive topic area was anticipated and so participants were reminded at the beginning of the interviews that should they feel the need to take a break or stop, they only had to ask, and this would be granted. As the interviews were carried out via remote access, the candidates were required to provide their address at the time of the interview to ensure that they could be reached in case of emergency.

To ensure the safety of the participants, the interviews took place in a private and safe space; all the five participants were in their homes at the time of their interviews, and I was also in a private space at home. The interviews were conducted remotely via Zoom. The participants attended the interviews at a time when they were not exposed to the possibility of being listened to or disturbed. As the interviews took place remotely, specific ethical considerations were observed – including avoiding the use of synchronous online chat and ensuring that any history of the online conversations were deleted. The BPS (2021) guidelines on Internet Mediated research were followed.

As this project could have triggered complex emotions, a 15-minute debrief period was offered to the participants at the end of their interviews, where they had the opportunity to reflect on and process their experiences. Though the participants had already experienced dialogue with other people about these issues, I was aware of the possibility that the participants could have felt unexpected emotions. I took extra care to ensure that the

interview felt safe. Key therapeutic calming tools for de-escalation, such as empathy, compassion and supporting a sense of containment were used, to ensure that the interview was perceived as a space for off-loading rather than a potential cause of harm. A ‘relational ethics’ (Finlay & Evans, 2009) approach was also used to nurture a trusting and cooperative relationship, as well as promote critical reflexivity.

A debriefing letter (**APPENDIX G**) was provided to the participants at the end of the session. The letter contained the details of the researcher as well as those of the primary supervisor, should the participants have questions or concerns about the research. The letter also contained the details of three nationwide-recognised organisations that provide targeted emotional and practical support to families impacted by violence.

The interviews were audio-recorded and subsequently stored on a private laptop, which was password protected. During transcription, all identifying details of the participants were changed to promote confidentiality and anonymity. Any other details that could have potentially identified the participants or other people involved were also changed. The transcriptions were stored on an encrypted (password-protected) USB Flash drive, which was locked in a safe drawer. Identifiable data was also stored in locked files away from the transcripts. Following transcriptions, the recorded interviews were immediately destroyed. I was the sole person to conduct the interviews and listen to the recordings and also the only person to transcribe and analyse the data.

### **Recruitment Strategy**

In line with Smith et al.’s (2022) recommendations, the sample number for my study is small to allow in depth analysis; I also used a homogenous sample, as advocated by IPA (Smith et al., 2009).

Participants were recruited through researcher attendance at workshops for parents dealing with CPV run by training organisations e.g., NVR. The researcher was given an

opportunity by the group leaders at the beginning of the workshops to introduce the study. Attendees were invited to contact me afterwards, should they be interested in taking part in the project. Snowball sampling through network contacts and social media advertising was also used. Using network contacts provided a means of accessing participants who might have felt more secure in sharing their experience, as they were already accustomed to telling their stories.

The participants inclusion criteria were as follows:

- 1) The participants were required to be biological mothers of at least one child between the age of four and 12 years that presented with physical and/or verbal and/or emotional/psychological aggressive behaviours toward the mother. The child might also have presented as aggressive toward other adults.
- 2) The child presenting with aggressive behaviours must have not been diagnosed with any developmental condition and/or any special educational needs or disability (SEND). An opt-in option was included in the questionnaire. The rationale was to address the gap in the literature regarding this demographic and this would also ensure homogeneity of the group.
- 3) The participants were required to have a minimum of one and a maximum of three children with at least one child (age four –12) presenting with the aggressive behaviours toward the mother. These behaviours must have been expressed for at least a period of three months within the last three years and could still be occurring at the time of the interview. The rationale was to ensure homogeneity of the group.
- 4) The participants' relationship was required to be heterosexual in nature. The rationale was to ensure homogeneity of the group.

- 5) The participants were required to be married and/or in a partnership living together with their child/children. This was to ensure homogeneity and was also because existing research on adolescent-to-parent violence often considers the experience in relation to being a single parent.
- 6) Participants with exposure to domestic violence at the hands of their intimate partners and/or with issues of substance misuse were not selected for this study. The rationale was to ensure homogeneity of the group and to prevent these variables impacting the way that the violence was understood.
- 7) The participants were required to be based in the UK and be full-time UK residents. This was to ensure the homogeneity of the group.
- 8) The participants needed to be able to speak and understand the English language. The reason behind this criterion was to promote homogeneity of the group while also allowing the researcher to interview participants directly, without the support of an interpreter.
- 9) To safeguard the parent, participants were only selected if they had or were attending facilitated parenting groups (i.e., NVR, parenting supportive groups etc.) and/or forums of parenting support and/or other services where they had already spoken openly and first-hand about their experience. This was to promote the selection of candidates who already had familiarity with the difficult feelings that can be associated with talking about their experience. The aim was also to safeguard the participants from the risks of a full 'first-time' disclosure.

Initially, 10 mothers were confirmed as fitting into the inclusion criteria and offered to take part in this study. Of these 10, five withdrew from the study. One mother did not attend her scheduled interview and indicated no further interest; another mother started the interview process but soon into the interview disclosed being exposed to domestic violence

while she was expecting her child and thus the interview was stopped due to the presence of exclusion criteria (DV); the participant was carefully and ethically informed and fully debriefed. Another mother attended the interview but following clarifications during the interview it became clear that, while she was experiencing some turbulence in her home, she was not experiencing the phenomenon under investigation. The other two mothers pulled out from the study prior to starting the interviews; these mothers shared that they realised it was too hard for them to put on record some of the painful experiences and aggressive behaviours to which they were exposed.

Thus, the final number of participants totalled five mothers.

### **The Participants**

All five participants were UK based, living with their children and their husbands. Four of these mothers were in employment and one was a stay-at-home mother. The age ranged from 28 to 47 years. All the participants met all the inclusion criteria thus all the children of the dyads were neurotypical (see Table 1). Pseudonyms were used.

**Table 1.**  
*Demographics of Participants*

<b>Participant</b>	<b>Age</b>	<b>Nationality</b>	<b>Status</b>	<b>Education</b>	<b>Age of Child (CPV)</b>	<b>Tot. children</b>
Lily	47	European	Married	Doctorate	11 B.	2
Alice	45	British	Married	Diploma	11 B.	1
Dalia	40s	British	Married	BA	12 B.	2
Beatrice	40	British	Married	BSc	5 G.	2
Chessy	28	British	Married	Masters	5 B.	2

### ***Ethics at Interview Stage***

From an ethical perspective, none of the participants were identified as having any conflict of interests or any obstruction to their ability to be fully open, especially as their data

was going to remain anonymous. I covered the administrative, practical, and ethical elements and reminded all participants that their participation was entirely voluntary; no incentives were offered. We had opportunity to discuss whether the participants felt the interview could put them at risk of any harm, but none of the participants identified any concerns. At the end of each interview, participants were provided with a debrief form where relevant organisations offering support were listed.

### **Data Collection**

Following IPA's methodology, I developed a semi-structured interview format of open-ended questions with associated prompts. Ideas for suitable questions were gained through discussions with my supervisor and extensive reading of similar methods of research. The semi-structured approach was intended to guide the interview rather than dictate its course (Smith, 2008). The semi-structured format of the interviews allowed an open exploration of the reality of the participants, while retaining enough structure to keep the topic in focus.

Questions were broad, for example: "Tell me about your relationship with your child now", "How would you describe the experience of your child being aggressive towards you?". A full list of the questions used can be found in **Appendix H**.

### **Pilot Study**

A pilot study was conducted to ensure the validity of the interview structure and confirm that the questions were adequate in terms of timing and clarity. Having a pilot study is good research practice because it allows the researcher to explore the feasibility of the approach of data collection used (Leon et al., 2011) and to practice the interviewing skills and techniques. As the initial structure used for the pilot interview was successful in terms of clarity, time-frame and gaining rich data, it was left unchanged. Because of this, the pilot

interview was incorporated in the final pool of participants as no amendments to the interview schedule or the research design were made.

### **The Interviews**

The interviews lasted between 60 and 90 minutes each, and they were audio-recorded for transcription purposes. The use of the recording device, followed by transcription, enabled a precise analysis of the account offered by the participants (Smith, 2008). The interviews were carried out on the virtual platform Zoom, due to COVID-19 restrictions. Before and after the interviews, I took the time to write reflective notes and observations, honouring the phenomenological stance and maintaining an awareness of the hermeneutic circle. Some of these notes included things like my feelings before, during and after the interview; they acknowledged my nervousness prior to starting, followed by a sense of being fully engrossed in the narrative; they also included details of the participants' expressions, tone and how they came across in their meaning-making. Finally, I reflected on the felt sense of gratitude and relief for securing the five interviews.

### **Transcription**

Narratives were transcribed verbatim. I took a record of my initial thoughts and reflections. I then took steps to ensure the data was anonymised: I changed all the identifiable details in the text. These included all elements such as names, locations and any other elements that would have potentially given away the participants' identities. Pseudonyms were used throughout.

### **Data Analysis**

I followed Smith et al.'s (2022) non-prescriptive guidelines to process the data. The six stages of analysis can be summarised as follows:

- a) I carried out a repetitive, in-depth reading of each transcript to become familiar with the participant's account. I then highlighted all the keywords. I made relevant



notes on the right-hand margin, in the exploratory noting (EN) section, and reviewed and added to these several times while reflecting on the descriptive, linguistic, and conceptual elements of the text (see **Appendix I**).

- b) I then started to identify initial experiential statements (ES) to be organised into groups and checked them again to ensure I was remaining grounded within the data. These were noted on the left-hand margin. I then reviewed the whole process and carried out refinement of ES by further clustering and exploring links. I decided to work on the data from the screen. I organized the statements (see **Appendix J**) and assigned them to groups based on connections and similarities between statements and put them in a more conceptual ordering (see **Appendix K**).
- c) I then, from the ES, extrapolated and did an initial grouping of main Personal Experiential Themes (PETs) and their sub-themes. This resulted in four PETs for all the transcripts and there were three to four sub-themes in each (I chose a specific sub-theme to encapsulate the meaning of a few). While organizing, merging and compacting the clusters, I was aware of Smith et al. (2022) who offered a warning in terms of privileging statements appearing early in the transcripts. Accordingly, I tried to remain vigilant to avoid that bias.
- d) This was followed by the creation of a full table showing each PET and all sub-themes within them (see **Appendix L**). I worked on the final PETs by continuing to engage in functional analysis as suggested by Smith et al. (2022), which “enables a deeper interpretation of the data” (p. 98).
- e) Once I felt each transcript had its representative PETs, I started to work on the cross-case analysis. I carried out a “first-pass review of each table” of PETs (p. 52, Smith & Nizza, 2022) and then I started to compare and contrast the PETs, the

sub-themes and relooked at the ES to find common patterns across the five transcripts.

- f) The result of this last stage of analysis and comparison was the emerging of the Group Experiential Themes (GETs). Finally, three GETs with three sub-themes each were identified (see **APPENDIX M**). I could see there were two or three options for the GETs names and these were quite similar in nature. In the end, I chose those which seemed to represent most vividly the experience of the participants as they were interpreted. A record of the GETs and sub-themes supported by the participants can be seen in Table 2.

**Table 2.**  
*Record of GETs & Subthemes as Supported by Participants*

	Lily	Alice	Dalia	Beatrice	Chessy
<b>GET 1</b>					
<b>The unresolvable quest</b>					
Where is this coming from?	✓	✓	✓	✓	✓
How do we sort this?	✓	✓	✓	✓	✓
What are they waiting for?	✓	✓	✓	-	✓
<b>GET 2</b>					
<b>Motherhood under siege</b>					
The paradoxical violence	✓	✓	✓	✓	✓
The judging gaze of others	✓	✓	✓	✓	✓
Professional shortcomings	✓	✓	✓	✓	-
<b>GET 3</b>					
<b>The burden in my heart</b>					

	Lily	Alice	Dalia	Beatrice	Chessy
The ambivalent mother	✓	✓	✓	✓	✓
Inner turmoil of a mother	✓	✓	✓	✓	✓
The shattered family	✓	✓	✓	✓	✓

Furthermore, a record with the supported GETs and sub-themes together with the line number to locate the representing statements showing how the GETs are grounded in the participants' data is presented to demonstrate rigour (see **Appendix N**). By adding the line number to these statements, I also promoted transparency; readers can easily trace back the statements to the transcript.

Once all the analysis was carried out for all the transcripts, I was rewarded with a rich account of the phenomenon explored.

The descriptions and evidence provided showcase commitment to the IPA methodology and its rigorous application. It also shows coherence, as this approach honours the non-prescriptive guidelines offered by Smith et al. (2022); furthermore, this same procedure was repeated for all the transcripts.

### **Final Review of Analysis**

During the process, I remained focused on the participants' narration and the meaning-making they engaged with throughout the interview. I also remained aware of double hermeneutic and constantly questioned the impact of my interpretations and observations and how I was making sense of their experiences, whilst they were making sense of them themselves. I re-examined the notes many times, to ensure I was aware of my preconceptions, but I also allowed myself to accept new self-knowledge that came during the process. The development of the GETs and PETs from ES took time and many attempts to achieve a standard that I felt was doing justice to the participants' account of their lived

experience and my understanding of it. Once I started selecting the quotes relevant to each theme, I felt the richness of the account was coming through and the phenomenon “appearing” in all its whole form.

## **Quality**

To ensure quality of the research, key elements to promote validity were observed. This study aspired to achieve what Johnson (1997) calls “theoretical generalisation” with its findings (p. 286), so that the knowledge gained in this specific context can prove useful in others. Johnson offers a clear warning about “researcher bias” (p. 283) and how to prevent selective recording of information; he suggests that the best way to avoid this issue is a consistent engagement with reflexivity. During this project, I regularly engaged with monitoring, questioning, and looking into possible biases and as captured in my reflexivity section, made regular use of a research reflective journal. Furthermore, as previously illustrated, Yardley’s (2000) guidelines for ensuring the validity of the study, among others, were observed: ensuring sensitivity to context, commitment and rigour, coherence, and transparency, impact, and importance throughout.

As a researcher, ensuring the quality and rigour of this project was one of my key priorities. I feel that all reasonable precautions have been taken to ensure that every stage of this research carries accountability, credibility, and trustworthiness.

Having detailed the methodology of IPA, and the steps taken by this study to honour it, the next chapter will present the findings generated through the application of this methodology.

## **Methodology – Reflexive Considerations**

### **Extract from Research Journal**

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**On Recruitment** – *I have finally managed to secure the interviews needed for this research but it has been a lot more challenging than expected. When I decided to do this project, I made the assumption that it would not be too difficult to recruit all the participants I needed from the groups of support running for parents impacted by this issue but... I could have not been more wrong. What I am discovering is that the population accessing these groups is mostly adoptive and/or of single parents etc. and the population I am targeting seems hardly present in these groups – what is going on? Where are these parents going to get support for this, if they are not attending these specialised groups?*

*At this point I feel so lucky, and massively relieved, that after the difficulty I have managed to recruit enough people – I do not know what I would have done without word of mouth, social media and people's kindness! I now wonder about the differences between parents in different circumstances experiencing this issue... I wonder if, when you can attribute the cause of the issue to something specific, like... an absent parent or ACEs or disabilities, it is easier to look for help... when you have none of those to blame... you are left in a different type of situation. I wonder whether... if you cannot blame the problem on any of those things... you are left just wanting to hide. I don't know... but it is worrying.*

*This recruitment took me a lot longer than I originally expected and planned. I have certainly found it difficult to the extent that at times I have doubted the project. Also, the amount of abuse I received while trying to recruit has left me upset at times and wondering about how desperate people are. Everybody wants help and when they feel excluded (as I am trying to promote homogeneity and have inclusion/exclusion criteria) they lash out as if I am discriminating against them for not choosing them. I know that this could not be further from the truth but nevertheless it has left me a little shaken. If they only knew how hard it has been to have to choose ...*

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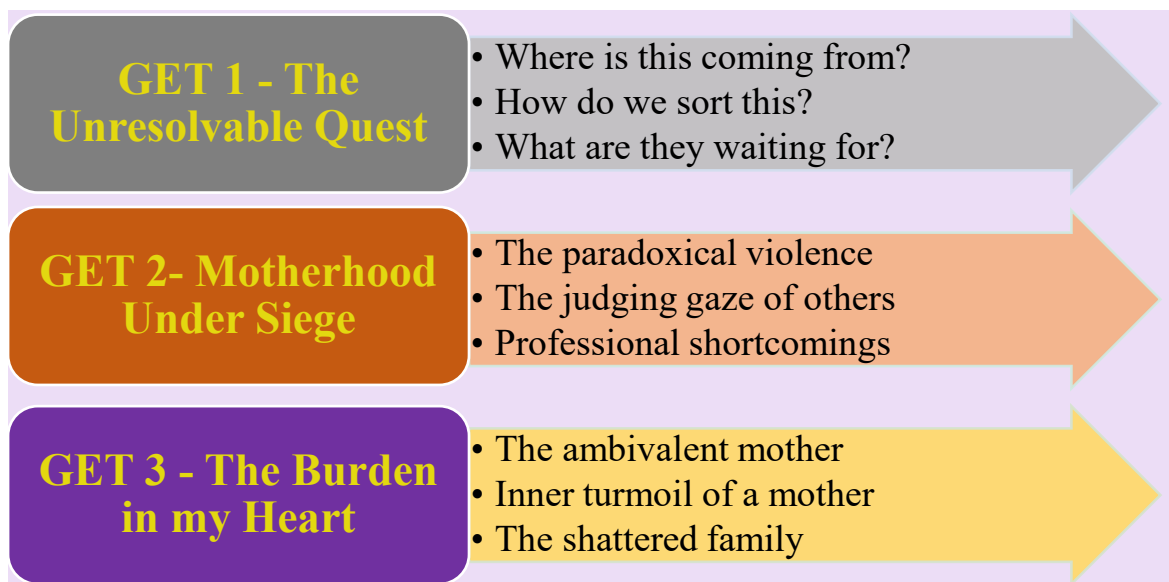
## Chapter 4: Findings

In this chapter I present the findings of the interpretative phenomenological analysis of the participants' transcripts. I offer an initial overview of the Group Experiential Themes (GETs) and then look into more detail of each GET and its sub-themes. At the end of this chapter, as part of the reflexive voice, I present an extract related to this part of the research journey from the author's research journal.

### Group Experiential Themes

From the analysis of the data corpus, three Group Experiential Themes (GETs) and nine sub-themes were identified. Across all participants there was an attempt to make sense of their lived experience of child-to-parent violence (CPV) by questioning its roots and thinking aloud about possible solutions, while also questioning at times the lack of interventions or support.

Through the interpretative phenomenological analysis, the following three Group Experiential Themes (and subthemes) were identified and shall be discussed in turn.



### ***Group Experiential Theme 1 – The Unresolvable Quest***

This GET encapsulates the questioning – both constant and unanswerable – that the mothers engaged in while trying to make sense of the CPV they were exposed to. All the mothers seemed to be bewildered by the presence of this phenomenon in their lives, often finding themselves admitting that they did not know where it was coming from. Attempting to engage in meaning-making about their predicament, they followed a common route of seeking explanation. First, they looked inward to explore whether they were the ones responsible; they looked outward, at external causes in society that could have caused the problem which was followed by looking at the possibility that something inside their child was wrong.

Despite this common journey of exploration, by the end of it they still found themselves in the space of ‘not knowing’ and question marks hung over them.

This is summed up in a very direct and poignant question by Lily where she states: “how did we end up here?” (L. 401).

A similar line of questioning reappears throughout all the participants’ transcripts, in their quest for understanding. With this repetition, all participants seem to fear that they are never going to find resolution: “Where did I go wrong? What did I do? How did I come to this problem?”; “What have I done wrong?” (A. 529-530).

Three main sub-themes were identified within this GET:

- 1) Where is this coming from?
- 2) How do we sort this?
- 3) What are they waiting for?

**GET 1 – Sub-Theme 1: Where is this Coming From?** This first sub-theme captures the constant meaning making that mothers attempted while trying to identify the root cause of the CPV. Here we can see Lily’s attempts to make sense of her situation:

How did we end up here? You know, we are...we are not really such a dysfunctional family, we are actually a reasonably nice family where we have lots of friends, we have values, just... you know... we do not speak in the language that he uses when he is angry, we do not shout at each other, we are not pushing each other around, we are not going around home bullying.  
(L.379-387)

Lily is putting emphasis on the fact that they are a “nice family”; by stating that they are not dysfunctional, she is implying that the problem of CPV should stem from a place of dysfunctionality and, therefore, to her it does not make sense that this is happening. She is also highlighting how they have “values” and they do not use the type of interaction that her son uses when showing aggressive behaviour. His behaviour is almost seen as separate to the family. Lily is explaining how what they are as a family does not seem to match with the problem they are presented with; the mismatch seems to be the most puzzling element in terms of her understanding of where this problem might be coming from.

This idea of a mismatch between the values of the family and the CPV was felt across all participants. Alice also attempted to make sense of the root of this phenomenon. She says in an imaginary conversation with her son:

Did I do this to you? How did I do this to you? What have I done so wrong in my life that means that I get the child that hates me or wishes you were dead



and is like... where did you even learn “I wish you were dead” when you are so little. How do you even learn these frightful words? (A.107-115)

Alice reflects on the type of language used by her son and once again, similarly to Lily, she seems unable to recognise where that might be coming from; at such a young age, using “frightful words” sounds almost absurd or paradoxical and also frightening for Alice.

Alice discussed how she does not recognise that behaviour as deriving from their household when she states: “But he has not come from an aggressive household at all, like...my husband if has got the hump he will sulk, my child has got the hump we will all know about it... even the neighbours” (A.922-929). Alice is emphasising that her child’s screams are so loud that even the neighbour is aware of these.

She then expands further on the severity of type of violence and the mismatch with how the child was brought up:

I have never got a knife and pointed it to my child and he has never, especially at 7 years old, watch anything that will tell you to even think to do that kind of thing. It was very much controlled at that stage about what he was watching and what time he was in bed, what games he was playing... this has come completely from nowhere. (A.1826-1837)

From this statement it is clear how strongly Alice feels that violence is not something used by her or her husband and therefore it is experienced as more shocking and inexplicable in terms of where it is coming from. Alice is emphasising that she cannot identify the root of the problem and to her it does not seem to have an obvious one, which makes it even more daunting.

Dalia also reinforced the theme of torment and not knowing where this problem comes from, and like all mothers she was left with a question: “Why has he turned into this kind of aggressor?” (D.425).

As the mothers reflect on their predicament, they find themselves looking inward, questioning whether they are the ones to blame, looking at all the things they have done to understand what could have caused this problem.

Like other mothers, Beatrice reflected on what she has done that could be creating this:

At times I feel quite guilty that if she sees my emotions be a little up and down then she might learn from me not to regulate her emotions as well. So I was very aware that I did not want my issues to impact negatively on the children.  
(B.195-201)

Beatrice is highlighting that at times she has experienced mood swings and this might have not given her children the right tools to deal with their own emotions; she seems to be indirectly wondering whether she is responsible for her daughter’s inability to regulate and is therefore responsible for the aggression. The fact she talks about guilt shows how hard it is for her to think she might have a role to play in this complex phenomenon.

Similarly, in her journey of looking inward, Dalia wonders about her responsibility in all of this: “So sometimes he is just like emotionless and there are times when I struggle with him and then I reflect back ‘What is it that I did wrong?’ ‘Was it because I was busy working?’” (D.135-138). Dalia is clearly analysing all the possible things that she has been doing, including the time she was working, and queries that as a possible cause. The fact that something so regular as going to work – something that so many mothers do – is suggested as a possible cause highlights a mismatch between how these mothers live their lives (in an

ordinary manner) and the presence of this violence. Dalia is effectively showing that it is not necessary for mothers to do anything “shocking” or out of the ordinary to have this phenomenon at home; they experience it as precisely that: out of the ordinary, and difficult to explain, which creates higher impact and cognitive stress.

This quote, offered by Chessy, highlights the important transition from looking inward to looking outward; this transition was a common process that all the mothers in this study went through:

I was sad, I thought I failed as a mother because... you know... My attributes instead of ... you know... I was not able to pass my attributes to my own child while other people were able to pass on theirs false or bad image of masculinity, you know, so the image on his mind so deep that he will use that against his own mother. (C.168-174)

Chessy is reflecting first on her feelings of failure as a mother – looking inward – in terms of not being able to override the power of others in influencing her son with their attitudes and for not being able to make her positive attributes the most influential. In some ways, this feels like she is taking some responsibility for this problem while simultaneously identifying an external cause – looking outward to cultural influence. She is sharing that there was a “false or bad image of masculinity” that was being inculcated into her son despite her best efforts.

In her transition to looking outward, Dalia starts reflecting on possible external factors and relentlessly attempts to find a root to this problem:

At one point I had thought whether he suffered something nasty, some abuse that we did not know about because... due to my background, to me there

must be a reason... it cannot be genetic... why somebody behaviour is the way it is. (D.1027-1031)

Here, Dalia acknowledges her background as social worker and where her thoughts went in terms of possible roots: an episode of trauma. She emphasises how she does not feel it is a genetic issue, possibly implying that violence is not in her family's genes so she can discount that explanation. She then goes on to explore further possible, external options:

[Grandmother]... was undoing what I was trying to do. And that feels like almost split something in Danny where he felt "it does not matter if I don't do that with mum, because granny lets me do it". Because his father has always been a little bit inconsistent. (D.398-403)

Dalia is placing the possible root of the problem in the elements of inconsistency and possibly, by extension, the blame on her husband and grandmother. It seems pivotal to highlight how this mother, similarly to the other mothers in this study, moves frantically from one reason to the other when trying to find a root cause and, in some way, perhaps without realising, moves further away from the possibility that she has something to do with the cause.

Beatrice also acts out the same procedure; while looking at possible external causes of the problem it could be argued that she is distancing herself from it when she states:

I think that there has been proven a slight link with behavioural issues and cow's allergies... and in some of the stuff I read ... that can affect their sleep and the lack of sleep in a child can affect behaviour. (B.129-135)

Lily goes further in trying to break down the possible roots of this problem, while addressing external elements:

So, it is just when you have the combination of a certain personality, a child with a certain temperament with a certain parenting style that you know perhaps is not the best fit and then when you fit technology into the picture, just knowing how to manage these variables and then the friends that are allowed to perhaps watch more, play more... so it does feel like parenting in the century of or in the advent of technology is quite challenging. (L.830-839)

Here Lily is reflecting on the multiple variables that might be creating this situation. Lily says that technology is having a detrimental impact on her child's behaviour and might be one of the causes of the violence. Lily is also talking about personality and temperament in the child, and this is where she transitioned into the idea that something in her child was also contributing to this problem. This was common with other mothers in this study, such as in Dalia's case:

I did not think it was autism, I did not think it was ADHD, to the point that I was researching stuff around behaviour. I felt that maybe he had something specific like oppositional defiant disorder. (D.64-67)

Dalia here is reflecting on a possible organic root to this problem. She has clearly searched desperately for answers within a medical model. So did Beatrice who stated:

At times I thought does she have ADHD, I overthink things, I worry a lot as to whether the behaviour was normal and I worried whether there was more going on but she had the psychologist assessment, because I asked for one

because I became so worried about this behaviour and I wondered whether she needed some help or intervention but the psychologist assessment it all came back that they had no concerns. (B.965-977)

Beatrice had her concerns explored, and discovered that it was not an organic, developmental condition. This was also the experience of other participants in the study; none of them have a child who was given a diagnosis, which left them still not knowing where this issue came from.

But perhaps of all participants, the way Alice described the possible root of the problem comes across the most poignantly:

I would love to go and live in the sun, my son would love to live in a country with the sun and the swimming pool, but if I was to take him there... would our life be any different?... Probably not... because whatever is wrong... is wrong in him. (A.1434-1441)

Though Alice is ostensibly placing the root cause with her son by saying “wrong in him” she is also going back to the not knowing by saying “whatever is wrong”, because she, like the other mothers, does not have a name on which to pin the root of this complex problem.

This sub-theme highlighted the tormented search these mothers engage with to find the root of this problem. It captured that they are relentlessly looking at every possible cause: questioning themselves, scrutinizing their environment and looking at whether the issue is stemming from within their child. And yet, they are still left with the knowledge that this interrogation remains an unresolvable quest.

**GET 1 – Sub-Theme 2: How do we Sort This?** This second sub-theme gives insight into the mothers' reflections around how to solve this situation and their appraisal of whether they felt it was solvable at all. All mothers in this study shared that they spend large amount of thinking about what needed to be done. Similar to the previous sub-theme, looking inward and looking outward consistently took place. They all interrogated what could change in their method of mothering and parenting, only to then consider different external activities and assessments to try to solve this issue. All of them shared that, while some things helped, the problem persisted – which left them feeling inadequate and stuck. They were also still left with the same question marks about how to resolve things, despite having tried many things. Lily, like all other mothers, discussed the extensive amount of time spent on trying to work out what to do: “I feel that it has been quite draining because my husband and I spend so much time talking about what can we do differently? What have we done? How can we manage this?” (L.348-351).

This segment of her interview shows how she is left with many questions and few answers, as she further explains: “Is just so tiring because we do not know when it is going to be set off and we do not know how to manage it the best way possible and so we have so many discussions” (L.358-361).

At this point, Lily has already tried many things to sort out the problem and she is stating how she does not know how to manage this situation; she explains how exhausting it is, and the “not knowing” makes it even harder. There is something about the unpredictability of this situation and the inability to find a way to deal with it that leaves a state of helplessness, as represented by the wording “so many discussions”, but no effective plan for how to change the circumstances.

By sharing the intensity of her search for solutions, Beatrice also illustrates how draining the process can be:

I mean... I must have bought every parenting advice book going, looking for some kind of answer, looking for books on disciplines and trying different strategies and it felt like I was constantly searching for some kind of ways of getting through to her. (B.717-723)

With wording such as “constantly”, Beatrice tells us there is an unceasing relentlessness to her search, indicating that the procedure is not easy or straight forward. She is also implying that she tried many different things, from looking inward to changing her own ways of mothering, to looking outward to support from outside. She clarifies this by sharing some of the things she has tried:

We had a sleep coach. (B.150)

We did some children mindfulness with her [with] my mindfulness teacher.  
(B.176-177)

She had a little bit of extra help from an art therapist to try and help. (B.221)

We had an early help worker that did a little bit of work with her. (B.294-295)

My husband did the Incredible Years program, and I did some more informal sessions with the early help worker. (B.299-301)

And she summarises: “... I went through every route to try and help her” (B.974-975). These represent numerous attempts to find solutions. Having to look at so many options encapsulates how complex, and overwhelmingly relentless CPV was for this mother. There is



a sense of urgency in her having to intervene that illustrates the strain of living with this phenomenon at home and it also shows her desperation.

More broadly, mothers in this study undertook a comparable process of attempting different options – looking inward and outward – to try to sort the problem. This was also Alice’s experience: “And then you are ploughing money after money in activities classes to try to keep him occupied and happy and burn energies and you just like throwing all your money at a child” (A.535-539).

Here she states the financial investment but the use of the wording “ploughing” is like she is pushing her way through hard soil, telling us what hard work this is, and “just like throwing all your money” carries a negative connotation and possibly indicates a state of resentment because even this seems not to be enough to change her predicament. She then goes on to state more clearly her feelings:

I am a failure. It means I am a useless mum because I cannot control my own child, useless because I am allowing him to treat me in this way and doing nothing about it but I do not know what you can do about it. (A.749-754)

In this segment, Alice highlights that she still has no control over the situation and therefore a painful sense of failure emerges. While she earlier identified ways to tackle the problem, such as investing in activities, she is still left feeling that she is not really intervening successfully, possibly implying that activities are not helping. She is left feeling out of her depth when confronting the aggressive behaviour.

Alice further explains the complexity of her predicament:

As a parent, if you are coming from that background [DV], you should walk away from it but... I haven’t got anything to walk away from. And then you

feel like...I do not know what I can do to make the situation better. (A.1427-1432)

This point seems to be particularly important because Alice is implying that her situation is not straight forward; the root of the problem is not as clear as with domestic violence where she feels the solution would be more obvious: walk away from the situation. Here, she does not know the root of the problem and therefore she does not know what to do to sort it out. Thus, she is also left in a state of helplessness and without clear solutions for how to intervene.

The sense of helplessness is a common theme expressed by all mothers. Chessy explains this:

I am feeling sad... I feel sad for my son, he is aggressive... I do not know what to do, he is aggressive... his father does not know what to do. We have tried to calm him down, sometimes it works, sometimes it doesn't. If I am confused it is because I have tried so many things in life to change that behaviour and yet... I can't. (C.555-562)

Chessy shares the difficult feelings that "the not knowing how to sort this" is creating. She shared how they tried different things but still, as was the case for the other mothers, nothing seemed to be effective enough to create change. Chessy further explains how she used role modelling to tackle the behaviour:

[I] set a new example of masculinity for him so I will refer more to his father who is a very calm and you know... he is a gentleman I would say, and at the same time my own brothers, I used to take him to my brothers and let him see

how my brothers are, how they treat women, how they treat their wives or their children and at the same time how they treat my mum. (C.190-197)

This intervention was clearly there to target the possible root to the problem as initially identified by Chessy – the false ideal of masculinity she had earlier discussed. This shows how understanding where this problem comes from feels pivotal for this mother to tackle the problem more effectively.

Dalia also reinforces this idea, of struggling to find a solution to this quest; once again she relies on her professional hat to think about this problem and a possible intervention:

Being a social worker I have looked at absolutely everything, I have looked at my behaviour, how I might be affecting my son, I tried the much more stern approach to see if it makes a difference, “no”. I tried a much nicer approach with my son to see if it makes a difference “no”. (D.95-100)

Dalia emphasises how she also tried endless ways to tackle the behaviour through her use of the words “absolutely everything”. She expands further, poignantly expressing that:

nothing I do matters because I will do my kind of parenting, I would try my social worky thing, I am trying to be consistent, but with Danny he is like... the shape that you cannot fit in into anything, it is like that puzzle piece that you just go...is like...an enigma... nothing seems to work... which is completely makes me feel like a failure. (D.969-975)

Once again, the relentlessness of this experience comes across through this listing of endless actions taken to tackle this issue, leaving this mother with a sense of failure as, even

when she put on her professional hat, she is unable to work things out. Dalia's description of "a shape that you cannot fit into anything" and "an enigma" powerfully illustrates the common experience that the mothers in this study have: experiencing something that does not make sense, a problem that, no matter how much you try, remains unsolvable.

**GET 1 – Sub-Theme 3: What are They Waiting for?** This third sub-theme represents the commonly held perception that things are not being done or noticed by the services at a time that feels pivotal. Whether expressed directly or indirectly, the question "what are they waiting for?" is recurrent. It refers to wondering what is further needed for the services to recognise that it is time to intervene and also a perception of people in their network not doing the things that they could be doing to support them. The outcome of this lack of intervention is a sense of not being seen or heard and a sense of dread around the possibility of things escalating.

The mothers identify different positions in terms of lack of intervention from services and from the people around them; they were all, however, left wondering what they were waiting for in order to act. This theme is most clearly illustrated by one of Alice's quotes:

CAMHS says "Oh I am sorry but at this age it is not really classed as harm because we have so many teenagers that are causing us major problems".

What are they waiting for? Are they waiting for our children to knock themselves unconscious? (A.1560-1566)

Here Alice seems to be expressing disbelief as she refers to sharing risky behaviours from her son with CAHMS (threat of suicide and attacking with a knife) and being redirected as "non-urgent" due to the volume with which the system is already dealing. Alice wonders "what are they wanting for?" implying how bad does it need to be to get to get help?

Alice further looks into this while trying to make sense of the situation:

And this is how the system makes you feel as a parent, that you are a failure so therefore you are looking at the thoughts like... well I wonder if they went into care, would that be better for them? Will they learn better from somebody else? Especially when they are in that rage and you just feel like walking away and never coming back. (A.1920-1929)

This segment is particularly important because Alice is effectively disclosing the impact that the “non-intervention” from the services is having on her and the extremes to which she feels she is being pushed for the system to take notice – placing her child into care, walking away, abandoning her child, disappearing. These possible scenarios seem to indicate despair on Alice’s part; feeling at her limits but, while her subjective assessment of the situation feels already extreme, the services dismiss it and in doing so effectively place Alice’s family at risk of break-down.

The direct or indirect questioning of what exactly such services are waiting for, and the outcome of feeling dismissed is common to four out of five mothers in this study; interestingly, the only mother that did not present with this experience was Beatrice, the mother with the youngest child in this group, who is still at the initial stage of her journey, where she is using private avenues to tackle the problem.

Dalia, similarly to Alice, Lily and Chessy also question ‘non-intervention’ and experienced “not being heard or seen”: “what happened with the concern that he hits his mother or he grabs the steering wheel on a roundabout on a busy road” (D.1012-1014).

Here with the “what happened with...” she is telling us that, although she reported the episode, nothing has been done about it; simultaneously, with these same words she is questioning why they have not intervened. Dalia described this in another episode too, but this time she very clearly highlights the response of the services: “even my daughter started

contacting the family support team to tell them this is what she witnessed as we have been recording his behaviour to say ‘we need help’ and still nothing” (D.605-607).

Dalia here is referring to the aftermath of a serious violent episode that took place in the house, and by saying “even my daughter” she is implying how extreme the concerns were, with even a younger person in the family understanding the seriousness and feeling the need to ask for help. The fact that Dalia disclosed the “recording” could potentially indicate a fear of not being believed and therefore having less chance of the services intervening if they could not prove their story. This in itself also stresses the importance of the *question* in this theme – what are they waiting for? – what more is needed, if recording and multiple people voicing concern is not enough to activate a response. And yet, even with multiple people alerting the services and even with the recordings, Alice makes very clear what the response of the services has been: “nothing”.

Dalia also, like Alice, is worried as to why the services are not intervening and she wonders about the implications: “I worry about this being a social worker, being a mental health practitioner, I worry that if we don’t get this right now when he is this child now, if we don’t give him the right support...” (D.230-234).

Once again, the common theme here is the impact of the non-intervention of the services and the sense of dread these mothers carry at the idea of letting this problem run on to the point when the child is no longer a child.

Among reflections similar to those expressed by the other mothers, Lily discussed her experience from a perspective of being a biological parent; Lily was the only person expressing this type of feedback meant for the professionals and the organizations involved in the field of CPV:

[There needs to be] more awareness out there that it is also happening with the biological parents and families because there is a lot of information out

there... so when I was looking for an NVR group there was a lot for adoptive parents, for foster parents but for biological parents it feels like there seems to be less targeted support out there. And then of course, that leaves you thinking... gosh... you know... if I were a carer, if I had an adopted child then it would be easier to find a group... (L.698-707)

What Lily seems to be implying is that the way services are advertising their support implicitly implies that the CPV issue impacts only adoptive or foster parents, with the connotation that biological parents are not meant to have this issue. This, it could be argued, is suggested by the word “gosh”, the use of which creates a sense of disbelief or shame that adds to the already complex experience of this mother. Effectively, Lily is inviting services not to wait any longer and also be more visibly inclusive of the biological parent population in relation to the CPV phenomenon.

Chessy also presents with a point unique to her that is important to discuss:

... I mean I have seen a lot of studies on adolescents' behaviours and I did one research on adolescents' behaviour in my thesis myself, unfortunately I have not seen any research that would literally assess what we are going through with younger age children. Coming across your research it made me very happy, I thought... ok this might be heaven for me... (C.420-427)

What Chessy is communicating is that there are parents who are experiencing the CPV issue with younger children, but this is still not discussed and therefore it feels as if they are off the professional and cultural radar; once again, these mothers are not being seen, neither figuratively nor literally, while they go through this complex phenomenon. The unusual phrasing of “this might be heaven for me” could imply that solutions could be found

if this topic is openly discussed and looked into, which would then mean that she might be able to get the support that she, together with all the mothers in this study, so desperately crave.

Alice here also presents some reflections that are unique to her in terms of inclusion and in terms of what she feels people should just do without delay:

Some of these people are SENCO and co-teacher in the school so I feel like...

“you should know better”, or they have an older sibling that is a problem child and I think... “you should know better you know how your child was treated, you know how you felt by your child being treated so you should at least be the ones that bother to put yourself forward and reply and put yourself forward to include us because you should know better”. (A.1280-1291)

Effectively, Alice is disclosing that she and her family are excluded from groups and activities due to the problem they are experiencing. By stating “you should know better”, Alice is making clear that people should not be waiting any longer to be inclusive because they already have the knowledge that excluding does not help with this problem. All mothers in this study expressed a sense of being excluded, or judged or ignored and questioned why people were not behaving appropriately and simply doing the right thing by supporting them; they all wondered, in their different ways, what the people in their networks were waiting for.

Dalia expresses this indirectly by sharing how people responded during an episode of violence she was experiencing at home: “To the point that the frame of our front door is cracked and I have thought... maybe someone will call the police. But no one is phoning the police...” (D.951-955).

Dalia is telling us that she had an expectation that people around her would have stepped in to call for help while she was exposed to an episode of violence, but instead she



was left on her own. She was left puzzled by silence of the bystanders. Considering the episode of violence was loud – implied by the visual of a front door being cracked – and extreme, the question of ‘what are they waiting for’ once again emerges and contains the implicit plea: how bad do things need to get before people decide it is time to intervene?

All mothers in this study shared that they wish to be supported, they wished for people to include them, they wished not to be judged; effectively, they wished to be seen.

Chessy eloquently shares:

I just need a bit of reassurance for someone to pat me on my shoulder and say  
“You are doing a great job”, “you are being appreciated”, “you are not alone, I  
was also going through this” unfortunately I have not met someone that said  
that to me. (C.535-540)

Chessy is disclosing a message that was shared more widely by the participating mothers, which is that in this situation, support is needed, and people should not delay their offering of this support.

**Summary.** This first group experiential theme – The unresolvable quest – was illustrated through the three sub-themes: Where is this coming from? How do we sort this? What are they waiting for?

In relation to this GET, the contributions of all the five mothers in this study highlighted important points relevant to their experience of CPV. These mothers made clear that they have been searching extensively to understand the cause of this problem in their home but they have been unable to identify a clear root and therefore are left with a question mark. Through their contributions, they have also shown that they have tried many things, including changing their parenting methods, to tackle the problem but nothing seems to solve it. Finally, for this GET, they shared their belief that many things could be happening to make a difference to their situation; many parties could intervene to make a difference and yet the

mothers are nonetheless left wondering “what are people waiting for?” as they are left effectively “unseen” and “unheard”.

### ***Group Experiential Theme 2 – Motherhood Under Siege***

This second GET captures the complex and multi-layered experiences of motherhood when living under the threat of CPV.

All the participants in this study were able to identify how the severity of the situation and the type of violence left them feeling unequipped and exposed. They all felt like the violence was overwhelming and difficult to comprehend. All five mothers also commented extensively on the impact that other people had in terms of leaving them feeling judged and experiencing failure and shame. Furthermore, as much as these mothers wanted to get help, on many occasions they were met with attitudes that left them feeling even more inadequate, silenced or like no one was able to meaningfully help.

All the mothers in this study expressed the toxic nature of the different forms of abuse to which they were exposed. Chessy’s quote illustrates this – she shares the sense of being under attack and feeling overwhelmed and unequipped due to the pervasive nature of this violence:

When I say there is a cluster of abuse, it is not just that we are being verbally abused or we are being physically abused, but is more about the abuse of the air, your mental and psychological abuse. Because you do not know what to do, it is so much to take and as I said... no one helps. (C.675-680)

Three main sub-themes to this GET were identified:

- a) The paradoxical violence
- b) The judging gaze of others
- c) Professional shortcomings

**GET 2 – Sub-Theme 1: The Paradoxical Violence.** This theme – the paradoxical violence – represents the severity of violence such young children can express against their mothers; it also refers to the complete sense of disempowerment and loss of control that mothers experience as a result. The paradoxical elements come from the fact that these children are of a very young age and yet their behaviours can be so hurtful and at times so frightening that adult mothers are brought to a standstill.

The five mothers in this study shared several disturbing episodes of violence they suffered. They all disclosed that even when the episodes of violence ended, they were left in a state of threat and hypervigilance. For all of them, the CPV was emotional, psychological, verbal, and physical in nature. All the five mothers disclosed not only being physically hit by their children but also having been threatened with tools such knives, shoes, and scissors and/or having objects thrown at them.

Here, Lily is trying to grapple with her experience of her 11-year-old handling a knife in front of her and her husband. The frequency of “but” in her language perhaps conveys the sense of uneasiness she felt over trying to come to terms with this unexpected event:

He actually went to the kitchen cupboard and he pulled out a small knife but nevertheless he pulled out a knife but then he turned around and moved to the other side of the kitchen counter so he didn’t come up to my husband and threatened but nevertheless he said I am going to take a knife. (L. 201–207)

Lily was not the only one in this group of mothers threatened this way; Alice endured a similar threat:

He turned the knife on me so I had to hold his hand to stop him, and I stroke his hand and I said to him “you could kill mummy but then who is going to

give you the cuddles at night?” and “who is going to tuck you in and who is going to give you the kisses? Who is going to give you love when I am gone?”. (A.1620-1626)

This extract from Alice’s transcript feels particularly poignant as a means of bearing witness to the paradox of the extreme violence – threat with knife – and the young age of the child (he was seven years old at the time of this episode) who is the frequent recipient of a mother’s cuddles, love and reassurance. It is paradoxical that he is too young to put himself to bed and yet he can present with behaviour such threatening his mother’s life with a knife. Beatrice also shared the physical violence she was exposed to from her young daughter:

...and it is horrible. It became draining and it really hurt as well, it really hurt. She is really strong and when she was pinching me, scratching, she would pull your hair it was not just a little pull she pulls clumps of hair out of my head. (B.943-949)

By clarifying “not just a little pull”, Beatrice seems to be making the point that this wasn’t typical child-like behaviour but a more serious violence, physically marking her in some way. The image of clumps of her hair being pulled out illustrate an unusual level of force but also a sense of powerlessness as Beatrice was not able to prevent or block the behaviour.

Beatrice expanded further on the type of aggressive behaviour her daughter expressed:

She would pinch me, pull my hair, kick me and be quite aggressive and it would really hurt. I mean sometimes I would think... “oh my god that really

hurt” and you struggle not to make a noise when she pulled your hair, it was so hard. And she would hit me in the face and tap me in the face (B.555-559)

Beatrice is almost silencing the act by not making a noise in response, as if that would be an acknowledgement of actual violence and that acknowledgement would somehow escalate things.

Chessy, like the other mothers, described being at the receiving end of a serious episode of physical violence from her five-year old child: “Yes, he was headbutting me and I had a fracture on my nose, it was all swollen and it did require a surgery” (C.133-135). In this quote we can see that Chessy is disclosing such severity of the violence that not only comes as unexpected from such a young child but also resulting in needing actual surgery.

This level of violence creates a situation that seems mostly hard to imagine or even absurd: adult mothers are left powerless in the face of the force of their children who are as young as five. Lily expresses this in her quote: “Helplessness, you feel so out of control, and you feel... you know... my child is 11 and I can’t control him, so it is a real sense of helplessness and impotence” (L.156-157).

Dalia also shared the forceful and intrusive violence she experienced at home from her son: “I mean he has hit me in my body, not in my face, but properly punched me in my body” (D.558-559). Dalia is differentiating between being hit in the body and being hit on her face, possibly indicating a difference in the type of violence.

Furthermore, she really illustrates how dangerous and unpredictable this violence can be by sharing an episode that happened away from home: “And I was going around the roundabout, a very busy roundabout, to go back to our house and he started grabbing the steering wheel and hitting me. I just thought... I cannot do this anymore” (D.267-271).

Dalia is describing how this episode of violence took place while she was driving the car in a roundabout. While in this instance she was able to maintain control over the car, this

incident could have had much more serious implications due to the timing of the attack. This conveys the sense of constant threat that all these mothers discuss and experience and also their dread in terms of fearing the worst happening. This sense of the ‘unexpected’ and unpredictability was illustrated by all the five mothers in this study; Beatrice pointed out how quickly the situation could shift: “So the behaviour could switch dramatically so it was not all bad...But when it was bad it was very bad” (B.1225-1227).

All the participants also described disturbing episodes of verbal aggression. Alice’s experience illustrated the dark and highly disturbing nature that this form of violence can have: “Now I get a lot of swearing, he will say ‘you are f\*\*\*\*\* ugly and fat and horrible; I hate you’ he tells me to ‘shut the f\*\*\* up’, ‘I wish you were dead’” (A.455-457).

Alice is giving examples of the type of swearing, belittling and threats she endures. This comes across as highly disturbing and the fact that Alice mentioned she gets ‘a lot’ of it, implies she is at the receiving end of relentless abuse.

Lily also shares some of the threat that she is exposed to when at home with her child: “he was yelling at us ‘when I am done with this I am going to stab you, I am going to slit your throat’” (L.195-197).

Once again, as in Alice’s case, this mother is also facing a threat to her life. The use of language such as “slitting your throat” implies a disturbing violence meant to shock any witness. This is an 11-year-old threatening his mother that he will slit her throat: the young age of the child creates a paradoxical experience when combined with this level of violence. And Lily is able to share the consequences of this on her feelings and wellbeing:

Interesting I noticed myself getting sort of more anxious than is probably healthy given that I am the mother but because of his age, he is... you know he is almost my height and he is physically very strong and he shouts very loudly.  
(L.328-333)

Lily is demonstrating how the type of violence is making her hypervigilant toward her child and fearful for herself. She is sharing that she is already worried about his force and by saying “because of his age” she is possibly implying he will be soon be entering mid-adolescence: more physical growth entails more risk. Lily is not the only mother worried about an increase of violence, or something worse happening; this was a common theme while reflecting on such level of violence at such a young age.

Chessy was thinking very similarly to Lily; she had the following thought when her child was three, and now she is enduring more of the type of violence that she predicted as her son is five and thus stronger and bigger:

Initially there was a fear. I am, in size, very small and petite so I thought ok... if he is able to literally take over me and hit me and beat me like this when he is only 3 once that he is a grown up, then you know...he is going to carry on doing this all the time. The first and first foremost thought that came to my head was fear. I was literally fearful and anxious for his future and for my own. I did not feel like I will be safe in the same house with him. (C.152-162)

Chessy expressed fear for her safety in her home and also fear for her child, which implies being out of control or a sense that she did not feel capable of containing the level of violence that she was experiencing. The threat comes across as real and by reflecting on her fear and anxiety she is making this clear; in using the word “literally” Chessy is telling us she truly is afraid of the violence escalating and dreads the outcome.

That sense of dread was a common experience to these mothers and some terminology used to describe their fears is particularly striking but also indicative of how this phenomenon feels: non-human and dangerous.

Dalia shared the following: “this is not like her little brother, this is beast that we live with” (D.620).

By using the word “beast” Dalia is encapsulating how non-human the level of violence feels and how dangerous. The word “beast” is used as a metaphor to imply the ferocity and the unrestrained nature of the type of violence experienced. While Dalia reflected on this experience of living with “a beast” and the strain caused in the present she then, similarly to the other mothers, reflected on her fears about the implications for the likely future: “I just think ‘I am going to watch a serial killer documentary about you one day’” (D.543).

This is a striking quote from Dalia. She is sharing her sense of turmoil and the fact that she is fearing the worst, not only for herself but also for her son. It also shows she is wondering about the trajectory ahead of her son. Is this the beginning of something more pernicious?

Through their descriptions of violence and the associated fear, these mothers have communicated how truly frightening this experience is and how, as mothers, they are not only frightened for themselves but also for the futures of their children.

**GET 2 – Sub-Theme 2: The Judging Gaze of Others.** This second sub-theme – the judging gaze of others – represents the way mothers perceive their situation as being viewed by the world looking in and how they would like this to be otherwise. All five mothers in this study shared that they feel judged negatively most of the time or they feel they will be judged negatively if people found out about their problem. The participants also shared that they dreaded having their family or their child judged or labelled negatively, and they all wished instead they could be treated with understanding and kindness to help them through what is already a very difficult experience.



Lily shared her anticipation of what people would think if they knew about the CPV in her home:

I think others will judge the situation like... what a terrible kid, awful child, disturbed kid and... disturbed family. I think they will also think we must be very dysfunctional family. Yes, really ineffective parents. Honestly, if I would hear of a family where their 11 years old says the things, you know, we have had him saying, I mean, how can you not control your child, I will absolutely, yes, I would not be surprised if people would judge us that way. (L.533-547)

Lily's usage of strong language such as "terrible", "disturbed", "awful", "dysfunctional" might be an indicator of the view she previously held about the CPV problem or imagines she would have had. Furthermore, through the use of the statement 'how can you not control your child' while emphasising the age of 11, Lily is highlighting how out of the norm or absurd this situation is and therefore she anticipates being negatively judged and for onlookers to see it as non-sensical.

Alice also attributed negative judgements to people looking into her situation of CPV in her home and family more broadly. She highlighted how people would likely make assumptions from which they would judge her and her husband; they would assume the child has learned those behaviour from them:

How does he learn these behaviours? He must be learning it from someone... if it was me looking in I will be thinking... like... looking through the window... I will be thinking "well, who taught him to behave like that? His mum and dad must hit each other, his mum and dad must shout at each other, he must see this from someone" and it is only because you live in the house

and you know that that is not true that you are like... oh my God ... if you were the one looking in you would be thinking that your child is learning those behaviour from someone. (A.1401-1416)

Both of these quotes show us how the women put themselves “outside” of the situation under the scrutiny, and judgement, of someone else. With the use of “oh my God” Alice seems to be indicating horror and shame at the possibility of being judged that way. Alice is once again reinforcing that those are not the behaviours she or her husband express or teach to her child, thereby, making the “oh my God” statement even more powerful and loaded.

Chessy feels that as a result of being judged, the parents will be blamed:

From 5 years of motherhood experience, one thing that I have literally experienced is that the world does not portray a mother when it comes to an aggressive child, they instantly see you... they portray you as a negative mother, they look at it and they are like... mmh the mother must be behaving the same way in the house, or the mother must be hitting him or... maybe there is domestic violence involved... or maybe... just the family background is like that. (C.450-460)

By saying “the world does not portray a mother when it comes to an aggressive child” Chessy might be alluding to her beliefs around the fact that a mother can only be “a good mother” and the moment that there is an aggressive child that title is not deserved. A bad mother is unthinkable – indicated by “does not portray”. Chessy then further expands on the fact mothers are judged negatively in the moment when there are instances of violence, even if the violence is expressed by the child; she also shared her understanding of the common

conception that violent behaviour from a child is associated with other forms of violence within the family. Interestingly, due to her Muslim background, uniquely, Chessy shared the following about how and why she would be judged:

For us, coming out from a different background, you know, dressing up a different way... I wear a headscarf... looking at that... they might think “oh she is Muslim, it is normal for them, they are anyway... terrorists”. (C.460-465)

Chessy considers how her cultural and religious background could also be used as a justification for negative judgement and condemnation. By using the word “terrorists”, Chessy is possibly illustrating how at times she feels attacked by society and how she sees the element of a violent child exacerbating these prejudices.

Chessy explains further how, like all mothers in this study, she has been judged for the actions of her child:

I have seen a woman going passed me very bad looks, extremely bad stares like... what the hell, and at times they have even swore at me, they have used miserable language towards me saying “why are you even bringing him out?” So it makes me, you know...people judging...It’s just that I do not have peace of mind because you see...in my house I have been judged, outside I have been judged, where do I go? Where is a heaven somewhere where I can just go and rest my mind in peace. (C.512-522)

This account does not only refer to silent judgement but also to abusive language and behaviours that Chessy had to endure from society while she was already struggling with the abuse inflicted to her by her son. Chessy’s description presented, again, a sense of

relentlessness that this situation is creating in her life, she described how constant judgement and aggression are everywhere and she feels a sense of high stress not being able to have a place where she can feel safe. This further emphasises the constant and enlarged sense of psychological threat that the experience of CPV can create.

Beatrice also feels negatively judged, but in her instance, judgement is coming from a family member, as she explains: “my sister, she is a teacher and she says things like ‘my children would never behave like that’ and she uses that tone of voice...” (B.1125-1127). Beatrice is indicating that she is judged by her sister but potentially also a sense of shame as her sister is alluding at the fact that her children are better which potentially invites further insecurities in Beatrice.

Dalia talks about her awareness of people watching and knowing and judging while no one is intervening: “Everyone’s curtains are twitching, but no one is responding. So it is embarrassing, it is saddening” (D.950-951). With this description of “curtains twitching” Dalia is sharing how she feels the gaze of the other upon her; simultaneously, she experiences a sense of shame and sadness at the idea of being left on her own to deal with the problem for which she is being judged. This is a common predicament for these five mothers exposed to CPV as this type of violence coming from such a young child against his mother elicits negative connotations from those witnessing it from the outside; it carries a clear stigma.

The mothers in this study unanimously agreed on what they would like from people observing their situation; that is exactly the opposite of what they are currently experiencing:

So I would hope that they react without judgement, with understanding, with a sense of... you know... wanting to support. But the biggest thing... is... yes... that one would not be judged for it. That the child would not be judged and that we as a family would not be judged. (L.577-582)

Lily is expressing how important it is for her that she or her child or family are not judged. This also shows that, while she is experiencing aggressive behaviour from her child, she remains a protective mother.

Chessy reinforces this invitation for people not to judge and instead offer something that could lead to a sense of “peace of mind”:

Trust me we do not need judgment when we step outside our house just to have a bit of...you know... a peace of mind... or probably a change in our day, something to add on something nicely. The last thing that we need is for people to be judgemental. (C.655-567)

By using the phrase “trust me”, Chessy is trying to convey that she knows what she is talking about, and she knows what is needed; but it registers as a plea. Chessy is effectively sharing how this problem is already making her day heavy and she would welcome something to rebalance that. She then further clarifies what would be the best outcome that people could offer when looking in: “I just need a bit of reassurance for someone to pat me on my shoulder and say ‘you are doing a great job’, ‘you are being appreciated’ ‘you are not alone, I was also going through this’” (C.535-537).

The experience of being judged is a recurrent one for these mothers; the need for the mothers to be met with care, understanding and compassion came across strongly in all accounts and perhaps the consistency of this plea highlights the dark side of a society that has so far being unable to meet that need of these mothers.

**GET 2 – Sub-theme 3: Professional Shortcomings.** This third sub-theme – Professional shortcomings – refers to the shortcomings of professionals and their interventions with these families. These accounts give insight into how these mothers either felt they could not talk to professionals (i.e., GP) or they had negative experiences when they

asked for help. And while three mothers also reported a few positive interactions with teachers or clinicians in private sectors, four out of five mothers reported interactions with professionals that either felt unhelpful or led them to feel even more a sense of failure and judgment.

Alice explained her experience here:

And then you got to go to professionals and they do not do anything and then they give you parenting classes so therefore it must be my fault because otherwise you would not give me a parenting class because a parenting class would indicate to me that this is because you are all doing something wrong.  
(A.1350-1359)

She also added: "...You are talking about a 7-year-old child who is raging, they are not interested in what you are saying" (A.1741-1742). Alice is illustrating how she perceived the services to be uninterested in what she is experiencing because of the (young) age of her child. She is sharing that the services assume that she was the problem (e.g., bad parenting) and therefore she was the one sent to "learn" parenting skills. The way Alice describes that "they do not do anything" could also imply that the services use the parenting classes as a default, and they do not engage with the problem directly to try to understand what is really the root cause. This is potentially sending out a misleading message to parents, that if there is a CPV problem it is the parents' fault. Alice expanded and further explained the negative impact the input had:

So then... you are looking at a book to be a mum so instead of being a mum you are just trying to be the book and you feel even more of a failure because obviously, you cannot even follow this book properly because your child has not stopped. So you feel worthless, you are failing your child, you are failing

yourself, you are failing your family and you are failing school. (A.1754-1765)

Alice's confidence, sense of self-worth and self-esteem have been impacted negatively by an intervention that did not seem to match with her and her child's circumstances. Effectively this was a mother in a vulnerable position due to the violence she was exposed to and the input received placed her in even more exposed situation; her emotional and psychological state was negatively impacted.

Beatrice also shared her experience of professionals: "It came across as if she was assessing me and assessing my eldest daughter but I felt very much like as if I was being judged as a parent" (B.1189-1190).

This quote represents the experience of four out of five mothers in this study as they all had shared feeling being assessed and judged by the services, rather than supported and Beatrice also shared more around how the experience of asking for help was for her: "But then I felt a bit of shame for having to ask for help, like a bit of embarrassment that I had to ask for help..." (B.1113-1115).

With this statement Beatrice is gesturing towards the idea that being assessed can lead to feeling "at fault" in principle and thus feeling inadequate for not being able to sort out the problem of CPV independently. This is also potentially indicating a shaming attitude toward mothers that are struggling, when in fact they should be supported with care and compassion.

Interestingly, Lily openly shared that she only used private venues and did not speak with her GP or professionals in the public sectors, this could also potentially indicate a fear of being judged for having this problem at home and a desire to keep such things off the public record.

[Professionals in private sector] really helped us realise that how he makes us feel is how he feels so... out of control, powerless etcetera...so that was helpful... I mean all the contact that we had has been through private avenues so I have never gone to speak about it with a GP. (L.647-652)

Dalia offered many examples of shortcomings of the professional in CAMHS, in therapy, in school, and with the police. Here she discussed an episode when she called the police as a severe episode of violence was taking place in the house and she feared for her safety:

But they sent around a PCSO, like a pretending police officer, so they are not actually a police officer, but a person who supports the police. The men came around, but not at the time of event as the police said “because he was a child we will come around in a few days so the child has time to prepare”. This man came around a few days later and as my son was 11, he was almost like... colluding with Danny like... “you should not hit your mum... your mum is your mum...” and Danny was like “yep” and then he said “if we get called again it will be a policeman” as soon as the officer went Danny went “I don’t care”. (D.855-907)

This quote offers important information around the experiences Dalia has of the response of police when violence is from children this young. The use Dalia made of the wording “a pretending police officer” potentially indicates that she feels the authorities are not taking her predicament seriously and this is reinforced by the fact that while she called the police because she was fearing for her life, the police sent an officer days later – effectively leaving this mother alone to deal with the violence. Dalia imagines that the



services are thinking “he is just a small child there can be no threat” and her experience therefore remains silenced and unseen. Furthermore, Dalia is confirming that when the officer attended days later, he treated her son like a small child “being naughty” rather than the child that attacked his family while also destroying the property. And with Dalia identifying the behaviour as being that of “a beast” (D.620), she is saying there is a clear mismatch with how the services read the situation highlighting serious shortcomings in the services.

Like the other mothers in this study, Dalia tried all sorts of interventions to help her son. One of them was therapy and she narrated her experience in the following way:

And when he had therapy he went “What was the point of that?”. And actually what we found out that during therapy the guy used to talk about himself and Danny would be gaming on the screen so he was not really engaged with it. And he just thinks is pointless because again he is just telling them what they want to hear and he is charming. (D1060-1064)

Dalia feels practitioners are not equipped to intervene with this problem and the issues that the child presents with. The use of the word “pointless” indicates how there were no benefits to this intervention in her eyes and also the fact that the son “is just telling them what they want to hear” indicates her view that professionals are not tuning in to the reality behind the façade; mirroring the same issue that Dalia experienced with the police forces.

**Summary.** This second group experiential theme – Motherhood Under Siege – was illustrated through the three sub-themes: The paradoxical violence, The judging gaze of others and Professional shortcomings.

In relation to this second GET, the accounts offered by all the five mothers in this study illustrated the severity of emotional, psychological, verbal, and physical violence

preventing them from just getting on with motherhood, indeed with life. This type of violence is paradoxical in the sense that things like a fractured nose, knives and being physically attacked while driving are not behaviours that people would expect from children as young as 5. The type of threatening, offensive and belittling language these mothers reported enduring was also shocking. The state of constant threat experienced brings these mothers to a standstill where the children suddenly become more powerful than the adults – which also represents a paradox at the heart of the phenomenon of CPV. The other issue identified in this theme was around the way in which people looking in make mothers feel judged, shamed, and inadequate. The shortcomings of the services also have a negative impact, as mothers are left feeling unseen, unheard, and once again inadequate.

### ***Group Experiential Theme 3 – The Burden in my Heart***

This GET illustrates the painful emotional and psychological load the five mothers in this study are carrying. Each mother described her own lived experience of ambivalence in the way they feel about their children due to the CPV. Each mother also described at length the inner turmoil of ‘not knowing’ how to feel or what to feel, how to be a mother or whether it was even a good idea to be a mother. These mothers were transparent about the complexity of their inner lived experience. Another aspect impacting on these mothers, that commonly seems to be in their minds, is how this problem is impacting on the whole family and the difficult painful implications of this impact. These mothers described in different ways all that they are carrying, but it was common to all of them that the inner load was heavy and painful.

This was Chessy’s way of expressing this: “I had a burden in my heart, I took it off, someone is there listening to me, someone is there opposite to me understanding what I am going through” (C.435-439).

The opportunity to take part in this study meant that Chessy, and the other women, were able to unburden themselves by disclosing in an unfettered way all of the turmoil they were experiencing possibly for the first time.

Three main sub-themes to this third GET were identified:

- a) The Ambivalent Mother
- b) Inner turmoil of a mother
- c) The Shattered Family

**GET 3 – Sub-Theme 1: The Ambivalent Mother.** The sub-theme illustrates the sense of ambivalence that all the five mothers in this study were experiencing. The ambivalence was either toward the way in which they were making an appraisal of their predicament or toward their children.

Like the other mothers, Lily often reflected during the interview on a sense of self-blame for the situation she was in and yet, each time, she shifts that blame; indicating mixed feelings, which at times meant contradicting herself:

“Have we failed as parents?” “What have we done wrong?” It means that we haven’t... to me... feels like we haven’t parented him the right way, that we have not provided the containment. Yes, it means that we have been ineffective parents I feel... that we have done something wrong. That is my instinct but then... you do also start wondering, you know, society, what roles does it play? the media, the phone, the internet, the access so I cannot say I wallow in self-blame either. (L.270-277)

With this quote Lily is presenting us once again with that dance of looking inward and looking outward that still leaves her in a state of uncertainty.

Alice explores her feelings around putting up with the violence and uses the comparison of motherhood versus having a job to make her point:

You don't feel like... you are getting enough back for what you do and is like... if it was a job you would pack it in and you would not put up with it anymore no matter whatever you were getting paid for it you would walk away, but you are a mum and you cannot walk away, you have to carry on and you do not get paid for it, you don't get respect for it, you just get abuse and you are just like... what is the point? (A.624-636)

Alice is questioning why she is carrying on with her role as mother when none of what she does feels valued or recognised. She is stressing how as a mother you do not have a choice – “you cannot walk away”. This might refer to the expectation that either society places on mothers or the expectation she has on herself as a mother. She clearly states how she is putting up with being abused and wonders why she is doing this to herself. She then tries to answer that question, showing contrasting emotions:

But at the same time if something would happen to him... you think... God if I lost him... I'd rather be dead myself you know, what would be the point of living? At the same time when he is raging, you think... just go, just go, go anywhere, or let me go. (A.556-558)

Thus, Alice's situation seems to be coloured by ambivalence and paradox: on one hand, she is asking herself what is the point of being a mother when you get abused? And on the other hand, “if something would happen to him” what would be the point of her life? These are conflictual feelings and the push and pull she expressed with “just go” or “let me go”, implies a state of conflict that she seems stuck with. But then Alice is really able to show

us why she feels that ambivalence; ultimately ambivalence seems to be presented by her child...

“Mum please, please don’t leave, don’t leave, watch me from there” and  
“mum stay with me” and then you think... see you need me that much that  
you cannot let me leave but then you can be so nasty and so spiteful and make  
me just want to disappear, go, jump off a cliff. (A.646-654)

What Alice is possibly telling us is that her ambivalence does not come from nowhere; her ambivalence comes from the reality of having such a young child that needs her, who at the same time presents with a violence that scares and endangers her and their relationship. The extremity of her situation is expressed by the wording “disappear” and “jump off the cliff”, implying that the aggression feels so painful that it makes her feel like putting an end to her life.

This experience was not unique to Alice; other mothers expressed feeling at times a desire to disappear or wanting to quit their mothering role. Dalia also shared that she carried a sense of ambivalence:

But yes, if someone said to me... “we have got somewhere where he can  
come” I will be like “yes, there you go, have him”. And I have never thought I  
will see myself saying that out aloud but he is so disruptive. I love him, of  
course, but I just... I hate him in the same time. (D.346-353)

Dalia is admitting to a complex lived experience of ambivalence where feelings of love and hate cohabit within her and where she feels like giving him up due to the level of chaos that the CPV creates. A similar type of ambivalent feelings was also recalled by

Beatrice: “It made me feel really like... for a while... I had feelings of... feeling like ... that I did not like her behaviour and then I had this guilt... did I like her?” (B.452-455).

Beatrice is disclosing how even questioning whether she had negative feelings toward her daughter made her feel guilty; by the way she was talking, the repeated qualifications buy time before stating “did I like her?”. This might indicate her inner struggles in admitting something deemed unnatural – a mother that does not like her daughter. Beatrice expands on this later in her interview and reflects on her doubts and insecurities and where these might be coming from:

[the aggression] it made feel like... I was not a good enough mum and I used to think... why is she doing this to me and why am I ... like...does she love me or... does she hate me or ... like ...and I tried not to take it personally but it was hard not to. (B.618-626)

Beatrice describes the ambivalence demonstrated by her child – sometimes showing love and sometimes expressing what feels like hate. Again this participant talks about how she tries to negate the action by not seeing it as intended.

Chessy shared her ambivalence and her fear about the predicament: “So, it has bought a feeling of knowing that, ok your son needs you, but also I am being overwhelmed by the fear that ... ok he is going to harm me eventually...” (C.318-320).

Chessy is trying to grapple with an idea that all mothers in this study were also directly or indirectly exploring in their attempts to make sense of their situation. Effectively, she is wondering: how I am going to protect my child when he is harming me? How can these two positions coexist? This question seems to be key to the complex lived experience that these mothers are facing. Chessy, like the other mothers, is reflecting on the fact that she is scared of the very person that she is meant to protect. Moreover, she is also expressing

denial when she says “eventually” because her son’s behaviour had already harmed her (she had already experienced a fractured nose as a result of the CPV).

Chessy tries to make sense of this paradoxical violence, and by default the ambivalence it creates, by sharing the following: “I do realise that probably where he feels secure is me so he probably thinks that ‘if I vent my anger at my mother she is the only person who is not going to harm me in return’” (C.289-292).

Chessy went further, explaining the position that she has taken:

When he comes and he tried to hit me, is just that he knows I am not going to harm him. And he knows that whatever he is going to do to me in return he will only get counsel, he will only get protection and love. (C.296-298)

It could be argued that Chessy is trying to find ways to survive this violence by using a narrative that keeps her in the “protective mother” positioning. Stating that she will offer “counsel, love and protection” in return for the violence in some ways gives meaning to the violence (i.e., he tries to hit her because he knows is safe) that for other mothers might feel simply non-sensical or unfair. But what does her appraisal mean in terms of her predicament? Is she implying that if you are a mother then you need to accept whatever is happening including threats to your safety? Her use of “eventually” in the previous quote and the denial of the level of violence suffered might indicate her inner ambivalence surrounding being a protective mother versus keeping herself safe, which in turn makes it hard for her to admit to what she has already suffered.

But in the end, Chessy shares what she really thinks about this violence: “If I am shattered and broken it is because... I am exhausted, because that aggressive behaviour of my child is... is something that probably should have not been there in my life” (C.565-566).

What Chessy is doing here, is separating her child from the behaviour. She is making clear that it is the violence that she does not want; this perhaps makes it easier for her to maintain the protective mother positioning in principle and helps to keep the sense of ambivalence at bay.

This sub-theme illustrated how all the mothers in this study are trying to grapple with complex ambivalent feelings around their children and their own predicament.

**GET 3 – Sub-Theme 2: Inner Turmoil of a Mother.** This second sub-theme highlights the mothers' inner turmoil while being pushed to the edge of what they can tolerate by having CPV in their lives. Here, they reflect on the many doubts they are experiencing and how this leaves them questioning their skills, their choices and reflecting on whether it is right to carry on and how.

The insecurities created by the CPV shared among these mothers is demonstrated by Beatrice in this quote:

I felt I had to have eyes in the back of my head and then it made me just feel very self-conscious... and ... I used to look at other parents and compare myself to other mums and think like... am I doing something wrong to have this behaviour? (B.510-515)

Beatrice illustrated here a sense of self-doubt and inadequacy, while Lily shares how she is finding it increasingly hard to find the positives about motherhood:

There are still pockets of time when I still remember why I love being a mother but then also many moments where you just think how did we get here and how... how... can it be that I find it so challenging to be a mother. (L.28-30)



The sense of this role being particularly difficult is highlighted by Lily but it was also a common theme with the other mothers. Lily's repetitions of the word "how" perhaps indicates a sense of disbelief and inner struggle, showing that this was not what she expected her experience of motherhood would be.

Chessy expands on some of the challenges Lily was referring to. She offers an illustration of the difficult inner turmoil she experiences, having put all her efforts into her role and yet feeling like there is no validation in return:

When I come back to sleep on my bed I am crying because it has put so much mental pressure on me... with... of course... motherhood involves a lot of issues, it is not just the children, its finances, how you cook, you know, there is a lot going on... so when you see the behaviour of your child you expect a bit of reward. (C.250-257)

Chessy seems to be questioning what is the point of things when she deals with all of those chores and issues and there is no "reward". In fact, instead of a reward the CPV adds more challenges. The other mothers in this study also attempted to make sense of this inner turmoil, like Alice who goes as far as to question her own existence:

you just feel like what is the point of my existence? My child hates me, I spent all these years wanting him, now I have got him and I do not want him and... you know... why do we carry on? Why? What is the point? Put them in a children's home, go missing yourself. (A.514-521)

This extract from Alice's transcript brings to life an image of suffering that is specific to a person facing incredible inner struggles. Alice seems to be communicating how being a mother gives her life meaning and the experience of being rejected by her son makes her feel

that meaning is taken away. Her pain is such that she is questioning the point of carrying on – she is implying that if she cannot be a mother then nothing else matters, nothing else will be a good enough reason to stick around. Indeed, Alice is probably presenting us with the raw and painful message that all the mothers in this study have been trying to communicate – motherhood is embedded in them at the level of identity and to experience a sense of failure at that role feels unbearable.

Chessy also shares the impact this phenomenon has on her and the inner doubts it creates around motherhood:

It is a feeling of shame, embarrassment, and at the same time, at the end of the day you feel guilty, you feel like... I am failing as a parent, was it even a good decision for me to bring the child into this world? Should have I been a mother? Was I ready to be a mother? (C.274-279)

Chessy is questioning her decision to be a mother (in previous quotes she discussed the title of mother which only pertains if you are a good mother) (C.450). Thus, it is perhaps not surprising to see her now questioning whether motherhood was the right thing for her; Chessy illustrates here the pervasiveness of CPV and the powerful impact it has on mothers' sense of belonging and abilities. The idea of failing as a mother creates a complex inner turmoil in these participants.

Dalia also illustrates the extent of the impact of CPV and the extreme level of inner confusion that this enhanced:

And we were on the floor like I was having a full-on night street brawl and just thinking.... You know... what the hell is going on? This is my son, and I

then just getting off the floor and walking away thinking “this is not what I want, this is not who I am”. (D.595-601)

In this quote, Dalia is referring to an episode where her son launched an attack on other family members and Dalia felt the urge to intervene to stop it. Here she is showing the extent to which she was pushed over the edge and the sense of inner chaos she experienced as a result. This phenomenon pushed her into being part of something that was so far remote from her values and from what she would normally stand for as a mother and as a social worker – “like I was having a full-on night street brawl”. She is describing something that feels unrecognizable to her, “what the hell is going on?”, and as she “came back to herself” she realised how this phenomenon pushed her to be someone that she was not.

The results of these predicaments led her to feel a similar inner landscape to the one experienced by all the other mothers in this study: “...I kind of ... don’t even know anymore because I have tried to explore all of my emotions but... I don’t understand” (D.85-86).

What Dalia is potentially trying to make sense of is something that creates so much inner chaos that she does not even recognise what it is anymore. This highlights those experiences of being out of control that mothers in this study so often disclosed in their interviews. The end result of all these difficult experiences and emotions is a mother that feels she would be better off without her child: “there have been points where I have felt, again between you and me, that I do not want him. I do not want him, he is so destructive” (D.320-322).

The use of “between you and me” here indicates secrecy, a sense of sharing something that is forbidden – as if the inner turmoil of insecurities and doubts should be left unspoken – but this was a common theme to these mothers, as they all felt the CPV pushed them to a place that they could neither make sense of nor understand.

Even while admitting something as difficult as not wanting her child, Dalia, like the other mothers, finds herself in the most difficult conundrum: "...I am still left with this shadow of what I would want him to be" (D.1060).

What Dalia is possibly sharing here with the use of "this shadow" is a sense of inner hope. This illustrates something commonly felt by the mothers in this study – they cannot give up, even if a part of them wants them to. What these mothers seem to be presenting is a sense of embedded loyalty toward their children and it appears like there is something bigger than them that does not allow them to let go.

Another element provoking inner turmoil, was around the fact that the aggressive behaviour was not expressed against other people in settings outside of the home, places such as school or social settings, and it was mostly and sometimes only expressed against the mothers. Beatrice describes her experience with the following:

I felt like an inadequate parent, it made me feel like...why is my child doing this to me and why is she not doing it in school and she is not doing it in nursery? And I think it did make me feel low in mood for a while, it did impact on how I felt with myself as a parent... (B.627-632)

Beatrice is reflecting on being the main target of this violence and the complex lived experience this brought upon her. She cannot really explain how her daughter presents those difficult behaviours only at home with her and this is clearly unsettling her.

Alice also describes how different her child was in other settings:

I had a friend, one of the mums from school, for two years she never had my son around to play and when she had him over she was like "oh he is so lovely, and so respectful, his manners were amazing" as if it was a massive

massive surprise that my child could possibly be nice, could possibly be lovely, and then I am like even more angry because I am like “what did you think my child was going to be like? Come around and smash your pictures?” Is like the reflection of how other people are perceiving your child. (A.809-821)

Alice is telling us about the expectations people have if a child presents with aggressive behaviour at home, the expectation is that s/he would be the same in all settings. Alice reflects on the discomfort that this expectation creates in her.

All of the mothers in this study shared that the violence started solely on them – for some, with time other people also had become a target, but the main target was always the mother and in most part the violence was within the home settings. These seem to be key aspects emphasised by all mothers; key aspects that none of them can really explain. This sub-theme has highlighted the complexity of what these mothers are feeling and thinking, it also brought to life the multiple attempts of meaning making that they constantly engage with; only to still, nonetheless, be left with a sense of turmoil.

**GET 3 – Sub-Theme 3: The Shattered Family.** This third and final sub-theme captures a final burden, encapsulated in the mothers’ awareness that CPV has implications for the whole family and not just for them.

Dalia’s account illustrates well the painful reality of this theme: “I feel that Danny has... Danny has... almost broken us apart” (D.325). It is almost as if Danny has shattered Dalia’s family into pieces.

Lily also presented a similar fear: “But the biggest impact really is on us also as a couple. I mean, thankfully, my husband and I are very much on the same page because you can see how it can really destroy a relationship” (L.373-376).

Here Lily is disclosing how she is managing to navigate this problem with her husband because they are reasonably united but this is not without its challenges. The use of the word “destroy” indicates something of such force that can wreck things and tear them apart, making this phenomenon dangerous for families’ survival.

Beatrice also shared a similar experience of tensions between her and her husband due to the stress generated by having this issue at home:

I think it has had an impact on our relationship when my daughter’s behaviour has been bad at bedtime. My husband and I have got no time or an evening to sit down and talk or sit down together or have any time together as a couple, it became very much every conversation related to the children or my eldest daughter behaviour and so it became draining. Things became tense. (B.1150-1161)

Her descriptions of things being draining indicates a certain frequency in the recurrence of this discussion that could indicate again that sense of relentlessness explored earlier.

Alice also shared one of her experiences with her husband:

I am fortunate enough that I have a husband that I can talk to and say “Oh my god, you should have heard his mouth today” and tell him what has happened and sometimes he can sit down with Alan and reason about it, but other times even that will just stir it back up and it will kick off again and it will kick off with him and then you think “Oh my god why did I even mention it”. (A.666-674)

Alice is indicating how she feels responsible when her husband is impacted by this issue and she regrets sharing daily events that could lead to conflicts between him and her son. This potentially also has implications in Alice feeling the need to hide things and therefore increasing her inner burden.

Dalia also shared disturbing episodes she witnessed where her husband was impacted: “Danny threw like a pot nearly hitting my husband on the head and smashed at the bottom” (D.527-529); and the results of these type of CPV episodes had significant implications for this family, as Dalia explains: “to the point that my husband has said ‘I don’t want to do this anymore’ and at points that I thought my husband was actually going to leave” (D.89-90).

Dalia is indicating that CPV is pushing her family to crisis point and she reinforces this further by also disclosing the implications that CPV had also on her daughter: “she was like ‘I am not going to come home. I don’t want to come home because I don’t want to be at home hearing my brother talking to you the way he does’” (D.102-105).

Dalia is disclosing that her family has suffered the full force of CPV and she is carrying these difficult things. Dalia has already shared how she feels helpless before this situation and here we gain more of the fear she carries of losing her husband, her daughter, her family because of CPV.

All the participants in this study disclosed that the CPV impacted all the members of their families. Lily illustrated what it felt like in her home:

It has an impact on the whole family atmosphere, so when he is in his mood so you know... it feels like we walk on eggshells, there is this tension in the air to not want to set him off. (L.351-355)

Lily is indicating her awareness that all the members of the family perceive the tense energy, by sharing that they all “walk on eggshells” she is implying that the threat is real for

all of them and that they have to tread carefully, and possibly also indicates that nobody seems to have control. Lily seems to be carrying a sense of dread for herself and her family.

These mothers have indicated in different ways the burden that they carry in the knowledge that all their families are impacted. However, Chessy adds another layer to this by sharing this experience:

My mum and dad get my attention so he will literally come and throw things at me, start beating me, try to take my attention. So, I am just, you know, overthinking it, many times in my head... should I be going outside? Should I be involved with friends? And at the end of that day I am just like... you know what ... I'd rather stay home and have a bit of peace of mind. (C.391-399)

Chessy is disclosing how even seeing her parents can be problematic, due to her son's aggressive behaviour toward her. This is having serious implications; Chessy is disclosing that she effectively avoids seeing family and friends in order to avoid being exposed to more aggressive behaviour. There remains little doubt that this is adding an extra burden, not just in terms of what she is missing but also in terms of what she is aware her parents or friends must be experiencing by no longer seeing her as much.

**Summary.** This third and final group experiential theme, The Burden in my heart, was illustrated through the three sub-themes: The Ambivalent Mother, Inner turmoil of a mother and The Shattered Family.

In this third GET, the narrative shared by the five mothers illustrated the complexity of the inner lived experience from different angles. The angle of ambivalence was brought to light by the presentation of the mothers' conflictual feelings and thoughts. It became clear that these mothers found it hard to understand what they were supposed to be feeling toward their child and the predicament of living with CPV. Furthermore, the exploration of their



inner turmoil, where they were pushed to such extent as to question their identity as mothers, captured the amount of suffering and loss of meaning that this situation has created. The final burden, was the knowledge that this violence was having a negative impact on all the members of their family, at times putting it at risk. A final crucial point was that these mothers were brought to crisis point by the phenomenon of CPV even when their children were still very young. This leaves us with a clear awareness that violence does not equate to size and strength and that, whatever the source, it can create a massive burden and devastating destruction in the lives of all the people involved.

### **Findings – Reflexive Considerations**

#### **Extract from Research Journal**

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*On Findings – I am finding myself struggling to let go and close this stage of the research. The chapter is written in its entirety but once I close it... I feel like I can't change the themes anymore. Slight sense of panic. Time and time again I have reviewed the transcripts to extract the key themes. I feel I know them by heart by now. Relentlessly, I keep reviewing the names of the themes with a massive sense of pressure to get it right – but is there “a right”? Is this what other people do when they research? I look at these themes with a mixture of excitement and dread – excitement as I might be closer to finish this project + I feel I have “heard” and understood the mothers’ meaning-making of this part of their lives – but the dread.... What about if I am not putting across their voices in the way they need me to? Did I miss anything important? I find myself looking at the themes again....it feels like a trap. What is the problem here... I wonder...? Researcher sense of duty of care?*

*I want these themes to represent their meaning making in the way I am best able to make sense of them. But how to capture with words experiences as profound as the ones these women are going through? So much pressure – they have trusted me by sharing their*

*experiences and feelings – I don't want to let them down. This is one of those moments where a part of me wishes I had English as a mother tongue... I would have had more unique words at my disposal – maybe more powerful words that I don't even know. But then, I find reassurance in the fact that the words these mothers have used are the most meaningful ones. I see authenticity ...Good to go.*

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## **Chapter 5: Discussion**

This study set out to explore sense making within the lived experience of biological mothers exposed to child to parent violence (CPV) by their neurotypical children. In particular we wanted to discover participants' challenges during their experience of CPV, uncover how participants make sense of the CPV phenomenon, and explore participants' understanding of how society perceives their experiences of CPV. In doing so, we wanted to raise awareness of CPV in the wider clinical field and in so doing, contribute to the existing knowledge-base.

An interpretative phenomenological analysis of narratives drawn from the participant interviews led to the development of three group experiential themes (GETs). These will now be situated within the extant literature offering a contextualisation and a consideration through the application of the existential lens.

The strengths of this study and its methodology, together with its implications and contributions, will also be explored. Furthermore, the validity, together with the limitations of this research will be discussed and suggestions for future research will be presented. Finally, the reflexivity of the researcher and recommendations for clinical practice will also be put forward prior to drawing a conclusion.

### **Summary of Main Findings**

This study presented three GETs: "The unresolvable quest", "Motherhood under siege" and "The burden in my heart". In sum, the five mothers in this study were univocally bewildered by the presence of CPV in their lives and relentlessly sought answers to the root cause of this issue. This questioning saw them going in circles: moving from looking inward to attribute responsibility, to looking outward at the world and society, to then looking at the possibility of the problem being in their child, to then, once again, looking within themselves. Each of these stages left only question marks and no clear or definite answers.

These mothers also tried to make sense of how to sort the problem; most of them had already tried what felt like all possible tools to find a solution and still the issue of CPV was very much present in their lives. Within this sample it became evident that a sense of helplessness increased with the amount of time exposed to the issue. For example, the mother of the youngest child in this study was still focused on keeping a positive outlook, while parents with older children found themselves struggling to hold on to anything positive—to the extent of feeling like there were no solutions for this problem. They felt unequipped to solve the CPV problem as they experienced it as so complex and struggled to find clear meaning. Furthermore, a prevailing feeling was a sense of being let down by a system and a society that could be doing more to intervene, instead of waiting for things to deteriorate, which had the consequence of creating a strong sense of isolation.

All the mothers felt they were being attacked; they were all able to share in detail the violence that they were exposed to, and that the phenomenon was more extreme than they ever anticipated from a child as young as theirs (aged between four and 12). The study shows that the very act of needing to contemplate such a level of aggressive behaviour coming from such young people demonstrated to the participants (and the researcher) that this phenomenon was both paradoxical and shocking. That this was directed mostly towards the mothers and not expressed in other settings made it also harder for the women in this study to comprehend. A common theme was also the way that these mothers also felt looked down upon and judged by the people around them and then this often led to feelings of shame and guilt. These feelings of shame and guilt were not alleviated by interactions with professionals which left these mothers feeling judged and with a sense of having failed.

While trying to make sense of their situation, all the mothers reflected on their complex lived experience, within this, they felt ambivalence toward their child and they also reported not knowing quite how to feel or indeed how they should feel toward their child

and/or the aggressive interactions. All the mothers in this study expressed a great sense of torment and inner turmoil, often presenting with painful reflections around their decisions to become mothers and considerations around how to continue with their role. All the participants also reflected on the overwhelming and shattering impact of this type of violence within their own homes. Moreover, it was noticeable that the children in this study were almost exclusively openly demonstrating these violent behaviours in the domestic space and not anywhere else. Although occasionally elsewhere, e.g., in the car, the target was always the mother.

## **Contextualization of the Findings Within the Existing Literature and Application of the Existential Lens**

### ***The Unresolvable Quest***

The first Group Experiential Theme encapsulates the participants' experience of how the issue of CPV presents many questions and seems to remain unresolvable. Their tormented attempt at meaning-making was captured through the repetitive questioning these mothers carried out during the interviews; wondering what was at the root of this violence, how they were going to sort it out and why they were still waiting for the right external input.

**Where is This Coming From?** The participants in this study attempted through meaning-making to answer the question "Where is this coming from?". We know that this is a shared experience with others in the same situation. The mothers in Murphy-Edwards & Heugten's (2018) study also reported asking themselves that very question while they struggled to live with a hypervigilant shadow.

Previous research has offered explanations of the roots of CAPVA. The Ecological System Theory developed by Bronfenbrenner (1979) has been used to try to explore and organize the discourse around this phenomenon (Baker & Bonnick, 2021; Bonnick, 2019). This framework helps to categorise explanations based on whether they are grounded in the

ontogenetic dimension, the microsystem, the exosystem, or the macrosystem. This model supports an understanding that multiple layers impact a phenomenon and it responds to how intertwined these systems can be. It therefore offers a tool for exploring the complexity of the phenomenon under investigation (Baker & Bonnick, 2021).

From an ontogenetic perspective, the age of the child, especially the adolescent developmental stage, is often discussed as an important variable and the root to which this problem is assigned (Clarke et al., 2017; Gallagher, 2018). In the case of this study, all mothers disclosed that the CPV problem started when their children were between the age of four and eight, well before the adolescent developmental stage. This brings a strong question to the pre-existing accepted belief that this develops in adolescence.

Furthermore, the mental health and neurodiversity of the children has often been used to contextualise the origins or triggers for CAPVA and has been discussed in several studies (Ibabe et al., 2010; Calvete et al., 2015; Kuay et al., 2022; Simmons et al., 2018; Thorley & Coates, 2018). Thus, it has been acknowledged that the presence of neurodiversity can either trigger or increase the possibility of experiencing CAPVA, in part due to difficulties with emotional regulation or callous-unemotional traits, depending on the condition. In the current study, the participants' children fell into the neurotypical population. Most of them had been assessed but no diagnosis was identified therefore the mothers were not able to attribute the root of this issue to neurodiversity. Also, for most part, the children were presenting the aggressive behaviours only towards their mothers/parents and not in other settings again demonstrating a level of control and discrimination in their behaviour could indicate evidence of neurotypicality.

Gallagher (2018) emphasised how a strong sense of entitlement can also play an important role in establishing dynamics that lead to CAPVA. The mothers in this study all shared how they provided values and a parental presence, offering age-appropriate

restrictions to promote healthy expectations from their children and prevent them from feeling that anything could be given or taken for granted. It is possible to challenge this view and instead conclude that the mothers merely *believe* they have done this rather than actually have, but this would make the entire CAPVA concept an imagined concept and again place the fault at the mothers' feet. The narratives in this study along with the emergent research in the field do not support this position (Bonnick, 2019).

Aggressive behaviour in different settings is also categorised as a predictor for CAPVA (Arias-Rivera & Garcia, 2020), as is poor emotional regulation (Cottrell & Monk, 2004), a sense of disconnection and rejection of schema (Calvete et al., 2015). The mothers in this study, however, shared that their children were not aggressive in other settings and they were mostly able to regulate themselves outside the family home when going for playdates or to school. This clearly demonstrates that emotional regulation, on the whole, outside the home, is not a problem for these children. Home here encompasses being with the parent outside the home (a home away from home).

From a microsystem perspective, several studies have explored and highlighted how traumatic experiences such as domestic violence (DV) (Meyer et al., 2021), corporal punishment (Harries et al., 2022), parenting styles (Gabriel et al., 2018; Gallagher, 2018; Holt, 2021), absent fathers (Williams et al., 2017) or parental separation (Murphy-Edwards & Heugten, 2018) can be impactful in terms of triggering the onset of CAPVA and/or used by parents to make sense of this violence. For this study, the populations impacted by DV or who were single parents were filtered out through the inclusion/exclusion criteria; all five mothers who participated stated that corporal punishment was against their values and parenting practice. Furthermore, the mothers in this study shared how they opted to be present and loving but also promoted a parental presence in terms of firm boundaries and promotion of healthy values. They had all consulted professionals and read suggested

literature in the form of positive parenting books to help the situation; however, without finding much success. The five mothers also shared that they had supportive husbands who were involved in the care of their children.

In terms of the exosystem, elements such as peer influence, poverty, lack of resources and issues in schooling have been found to play a role in CAPVA in other studies (Baker & Bonnick, 2021; Cottrell & Monk, 2004). Cottrell and Monk (2004), in their qualitative overview of common themes in APVA, highlighted how young people involved in groups where aggressive behaviour was used to coerce others and/or exposure to feeling of failure in settings such as schools were more likely to create dynamics leading to CAPVA. The mothers in this current study shared, however, that they monitored the peer groups of their children and the material they were exposed to with the obvious limitation, especially for the older children, of what was happening when they were not with them. None of the participants would classify as socio-economically deprived, as they all had a stable home and access to key facilities such as education and healthcare; they all made a reference to extra activities such as paid classes, travels, and holidays. Thus poverty is not necessarily playing any role in the experiences of the mothers in this study. It is necessary to look at more than class status for possible explanations (Baker & Bonnick, 2021).

In previous studies participants were more able to identify a possible reason or trigger behind the behaviour than those in the current study; by assigning the cause to dysregulation due to disability, domestic violence, lack of a parental figure or role modelling, etc. By contrast, these five mothers were left puzzled by this phenomenon because they could not identify a clear reason for having this issue in their lives. The participants went round in circles while questioning the roots of the issue, yet none of the reasons they experimented with seemed to offer a reasonable explanation that would stick. As there is a lack of existing understanding of CPV toward biological mothers in nuclear families, where variables such as



disability or DV or single parenting and adoption etc. are not present, I would argue that these mothers find themselves dealing with the unknown. This makes their situation even harder to comprehend, more isolating as we know from Dalia and Alice's narratives, and thus even harder to disclose.

From an existential perspective, Heidegger's concept of *Thrownness* (2010) is relevant. These mothers are *Thrown* into this situation without feeling they have much they can say or control; they have not chosen to have this situation in their lives. The mothers in this study made it clear how "this ha[d] come completely from nowhere" (A.1837). By not being able to identify a specific cause to their problem, these mothers are also thrown into the non-knowing of how to handle it. The lack of a clear root made it a lot harder for them to intervene effectively, as shown in the second sub-theme of this first group experiential theme "How de sort this?".

**How do we Sort This?** Families presented with this issue do want to find a solution, as highlighted in the report from Parentline Plus (2010). The mothers in this study were no different, continuously asking themselves the question of how to sort out this problem; relentlessly attempting to find a solution. By looking at how to sort out the CPV issue, these mothers were faced with facticity; in other words, what Heidegger would describe as the existential decision making of Dasein's being in the world; it is through the determining of their options that authentic possibilities become possible (Heidegger, 2010). Understanding the root of the CPV issue and knowing how to intervene seem contingent on each other and cannot be disentangled. This makes this issue so very complex and so very hard to untwine.

Previous literature explores several interventions families have used for CAPVA (Arias-Rivera et al., 2021; Baker & Bonnick, 2021; Bonnick. 2019; Curtis et al., 2022; Edenborough et al., 2008; Gallagher, 2018; Holt, 2016; Rutter et al., 2022; Samuel et al., 2022). Thus, the mothers in this study did not differ from the wider population in their desire

and attempts to find answers and solutions. But the contingency between the root of the problem and finding a solution seems pivotal here. It could be argued that parents with children presenting with disabilities, or adoptive and single parents, or parents struggling with domestic violence may have a clearer path for accessing support and targeted interventions because the pre-existing needs already provide them with some indicators or inclusion in groups offering help. This point was also argued by Lily “If I were a carer, if I had an adopted child, then it would be easier to find a group” (706-706).

However, mothers in this study were positioned differently: without a plausible root or trigger, they found themselves without a clear path for how to sort the problems and/or lack of clarity around what service to access.

As illustrated in the findings, all five mothers tried all sorts of approaches to put an end to CPV: attempting assessment to receive diagnosis, to supporting their children with many extra-curricular activities, counselling, art therapy and role modelling, to doing parenting courses. However, they still could not manage to prevent their child from exhibiting CPV. This may reinforce the idea that not having a clear root to the problem may make it particularly hard to identify an effective intervention that can solve the issue, leaving these parents feeling unseen and misunderstood. It is feeling let down or unheard/unseen that led these mothers to discuss the lack of intervention from the wider community; this was also illustrated by Dalia when she said “maybe someone will call the police, but no one is phoning the police” (944-945).

**What are They Waiting for?** Four out of five mothers in this study disclosed feeling unable to understand why the services and/or bystanders were not intervening when either directly asked for help or when they witnessed how much these mothers were in need of support. This lack of intervention made the participants question how bad things needed to get before people would think the situation was bad enough to offer help. Some of the

examples the participants in this study gave were the following: services not being responsive or being dismissive, neighbours not intervening when the violence was visible to them, the people in their network not helping, the young age group of the child not being explored enough by research or not being taken seriously and the category of nuclear families with biological parents being excluded from targeted support.

Several studies (Clarke et al., 2017; Murphy-Edwards & Heugten, 2018; Williams et al., 2017) have identified similar issues of non-intervention and people being let down or exposed to escalations due to not meeting thresholds for interventions (Baker & Bonnick, 2021). Baker & Bonnick (2021) argue that families experiencing this phenomenon are met with inconsistent support, on occasion from professionals that were overworked and had an overloaded caseload; furthermore, for the higher risks cases a difficulty in providing the correct provision was also noticed as no suitable intervention for these cases was identified. Rutter (2020) explored the experience of maternal child to parent violence in pre-adolescents using ethno-mimesis. The five participants in her study were all parents of children accessing CAMHS. Additionally, four mothers had children with special educational needs and one was an adoptive mother. Among her findings, Rutter reported that three of the mothers in her study experienced lack of intervention or support from services and they reported perceiving this as a victim-blaming practice. This mirrors some of the experiences of the mothers in this study; therefore regardless of the family situation or composition, all the families lacked suitable support.

All the mothers in this study univocally shared that they would appreciate people intervening to help. They would feel comforted if people were to tell them they were not alone in their predicament but they were yet to find someone and thus they were often left with a pervasive sense of isolation because nobody seemed to fully understand their real need and experience.

From an existential perspective, Yalom (1980) identifies three, intertwined types of isolation: interpersonal, intrapersonal, and existential. While interpersonal isolation indicates a lack of connection to others and intrapersonal isolation refers to a ‘within’ sense of disconnection from the self (Yalom, 1980), it is existential isolation that seems to be particularly relevant to the experience of the mothers in this study. Yalom argues that existential isolation is part of the human condition but people feel the force of it when they feel alone in their predicament and no one is there to understand their experience. Thus, Yalom describes this type of isolation as always being there, but people become aware of it when confronted with extreme circumstances. He argues that people experiencing existential isolation sense an unbridgeable gap between themselves and other people (Yalom, 1980), and feel alone in their subjective experience; they perceive no one shares or understand their feelings (Helm et al., 2019). I argue that an awareness of how existential isolation can impact mothers in this situation can provide a better understanding of one of the implications for the mothers exposed to the extreme predicament of CPV. This in turn would enable everyone (professionals, public etc.) to take a more compassionate and available stance, thus reducing the overwhelming nature of this experience.

I would argue further, from an existential perspective, that it would be helpful to follow Martin Buber’s (1988) suggestions around what he calls “inclusion” expressed as: “not looking at the other, but a bold swinging—demanding the most intensive stirring of one’s being-into the life of the other” (p.71). In other words, Buber is inviting us to go further than empathy; he is encouraging us to imagine the subjective lived experience of the other, “imaging the real” (p.71), by being tuned into what the other person is going through and the way that person may be thinking and feeling. This type of inclusion, I would argue, would be beneficial to better understand the needs of these mothers who are currently feeling “unseen” and “unheard”.

### ***Motherhood Under Siege***

In the second Group Experiential Theme participants' experience of feeling endangered and under attack is presented. The mothers in this study describe in detail the level and type of violence they were exposed to. They also disclosed how being judged negatively by others felt like an assault, with negative implications for their abilities to mother. Furthermore, they shared that the implications of professional shortcomings and inadequacies resulted in more exposure to risk and difficult experiences of feeling blamed and under severe scrutiny. These all lead to significant challenges for these women to just *be* mothers. Instead they and their role were described as under attack, as if their own motherhood was under siege.

**The Paradoxical Violence.** Bonnick (2019) writes about a societal assumption that younger children cannot inflict the extent of injury that older children can; to challenge that belief, however, she cited Coates' (2017) experience of being bit, hit and scratched by his four-year-old and feeling a sense of anxiety and fear around the aggression that was taking place. This also supports the findings of this study, where mothers are attacked and injured in similar ways by their young children.

By contrast, Campbell et al. (2000) highlight how aggressive behaviour in the early years is normalised and explained as part of early development, with stages identified with terminology such as "the terrible twos" or boy's "rough and tumble play". However, the authors also explain that evidence shows that when children enter elementary school the developmentally expected aggression typically also fades away as children learn better skills for communicating (Campbell et al., 2000). Based on this, it could be argued that severe forms of violence in the primary school years can no longer be attributed to a developmental stage. The five mothers in this study shared they recognised a problematic level of violence from their children when between the ages of four and eight; at the time of the study, all

mothers were still exposed to CPV. Thus, the violence had not ceased as their child developed; and for three out of four of these mothers, the problem escalated. The mothers for whom it had not yet escalated were the two with the youngest children in the group.

The participants in Rutter's study (2020), mothers of a pre-adolescent child, described their experience of being exposed to CPV as "walking on eggshells", and feeling a sense of fear and dread at the possibility of escalation (p. 9). This certainly reflects the experience of all the participants in this study.

The violence is labelled paradoxical in this sub-theme because all mothers in this study could not make sense of the fact that such a young person could express such dangerous, aggressive, and disabling behaviours; this felt contradictory and shocking. Of the violence itself, all the mothers in this study described severe episodes of violence that either left them injured or under a high sense of threat; all of them describe the aggression as constant – it switched between physical, verbal, emotional and psychological.

***What is CPV Violence?*** As there is a dearth of research focused on children of such a young age expressing this type of violence, and as these mothers have shared their experience of being dismissed by the services, it is important to list some of the behaviours that encapsulate what CPV from young children can look like. The aim is to highlight and stress how scary and powerful these episodes can be; even, or perhaps especially, when they come from a young child. It is also vital that the reality of these women's experiences is illuminated in detail.

Lily was threatened on several occasions by her 11-year-old son with threats such as "when I am done with this, I am going to stab you, I am going to slit your throat" (L.195–197) and on an occasion her son did indeed take a knife to threaten her. Alice reported a similar behaviour from her son who she says also threatened her with a knife, and used regular abusive language against her such as "shut the f\*\*\* up" (A. 457) or "you are f\*\*\*\*\*

ugly and fat and horrible” (A.455). This experience was also shared by Beatrice who described her daughter pulling her hair so hard that clumps were pulled out from her scalp. The other two mothers were also impacted in significantly violent ways and one, Chessy, required hospitalisation from her five-year-old headbutting her so hard she had a fractured nose, requiring surgery. And Dalia described numerous episodes of violence, amongst which she was assaulted while driving on a roundabout at speed, risking a car crash “he started grabbing the steering wheel and hitting me. I just thought... I cannot do this anymore” (D. 268-269).

It is important to describe and stress what the violence from these young children looks like and emphasise once again its extreme nature – when episodes like these take place both children and adults are clearly exposed to highly damaging and frightening dynamics. I would further argue that both the children and the adults could be at risk of serious consequences in terms of mental health and physical health as individuals but also in terms of the risks to the dyad, the attachment, and the family as a unit (Baker & Bonnick, 2021; Bonnick 2019). The detailed descriptions offered by these mothers provide insight into the reality of what the violence from a young person can look like; clearly, these families should be supported with more immediate interventions before further damage is done to all involved. These mothers did not describe the violence to criminalise the children. They disclosed the violence to make clear that they are asking for help for very valid reasons: the threat is real, even if it seems unthinkable or paradoxical to most. Bonnick (2019) also discusses this in her book, writing: “The very notion of children being violent and abusive towards their parents lies so far outside of most people’s model of family life that they find it difficult to conceive of it as an issue at all” (p. 32).

***Trauma in CPV.*** Baylin & Hughes (2016) have spent a good part of their career exploring the complexities of attachment, connections and enhancing positive bonds between

parents and children, especially in terms of the adoptive population where children were more likely to have been exposed to adverse childhood experiences (ACEs) and developmental trauma. While the authors have not written specifically on CPV, many of their ideas are pertinent for the population exposed to this phenomenon. In their book *The Neurobiology of Attachment-Focused Therapy* (2016), they argue how:

Parenting requires a great deal of brain power and the coordination of multiple brain systems. Parenting well requires that parents feel secure enough in their own selves and in the presence of their children that they can devote themselves to parenting rather than self-defence. (p.93)

Based on this, it is clear to see that a mother's ability to parent while exposed to constant threat will be highly compromised and this is borne out by the mothers' narratives which indicate trauma.

In their literature review on CAPVA, Baker & Bonnick (2021) discussed the trauma-informed approach as one of the models used to support families impacted by domestic violence and consequently by CAPVA; here the exposure to DV is used to understand the presence of trauma. This is also presented by Holt (2021), where CPV is discussed as the Product of Complex Trauma. Kuary & Towl (2021) argue that it is possible for parents exposed to this type of violence to suffer trauma; however, the authors also highlight that there is no research that has focused on this aspect. Also, several participants in Murphy-Edwards & Heugten's study (2018) described their experiences as "traumatic". They explained that "experiences of violence of all forms at the hands of their children had led to a range of post-trauma symptoms, including fear, uncertainty, avoidance behaviours, and emotional numbing, intensifying with the repeated exposure to the abuse" (p. 624). This certainly matches with the experiences reported by the mothers in this study.



I would argue that the type of violence the mothers (and children) in this study are experiencing, even if there was no exposure to DV, is enough to classify as traumatising. I would further argue that the whole family would benefit from being supported by a trauma-informed approach. Herman's (2015) views on traumatic events may clarify how traumatic events impact individuals and why there is an argument for viewing CPV as a traumatic event. Herman (2015) offers the following illustration:

Traumatic events call into question basic human relationships. They breach the attachments of family, friendships, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis. (p.51)

This description accurately reflects the lived experience of the mothers in this study: they feel a breach of attachment, love and have found many of their beliefs are completely shattered.

Through the discussion of the accounts of the lived experiences of the five mothers in this study, in context of the literature, it is possible to see how CPV creates this shattering experience where individuals are left in a state of existential crisis. I aim to further explore this idea of existential crisis later in this discussion; however, it is important to acknowledge that adding to this shattering experience are the attacks the mothers in the current study identify as coming from the gaze of others.

**The Judging Gaze of Others.** The five mothers in this study disclosed that they had been both openly and negatively judged by members of their families, by people in their larger network and by strangers.

Each participant was able to offer clear examples of either judgemental language or actions used against them, or behaviours such as uncomfortable staring or rejection and exclusion. Similarly, William et al. (2017) found that participants in their study dreaded receiving judgement and they experienced having their parental stance judged by family members, which led to an increased sense of self-blame and further revictimization. Furthermore, participants also found themselves feeling judged by the wider public resulting in them eventually avoiding all public situations (Williams et al., 2017) leading to increased isolation. Books by Bonnick (2019) and Gallagher (2018) also report this phenomenon of being exposed to judgement which increases a sense of having been shamed. This mirrored the experiences of all the mothers in this study.

The mothers in this study find themselves not only having to deal with being at home with CPV but, on top, they must survive the judgemental attitudes of people, which make their lived experience even more difficult. This concept could help us understand why this experience feels so pervasive. These mothers are under a relentless attack from multiple angles, if it is not coming from their children in their homes, it is coming from the wider network around them or strangers. As Chessy so accurately described:

I do not have peace of mind because you see... in my house I have been judged, outside I have been judged, where do I go? Where is a heaven somewhere where I can just go and rest my mind in peace. (518–520).

The findings of this study reinforce the knowledge that the element of judgement used in society against the mothers experiencing CPV is unhelpful and detrimental; thus, it would be beneficial to use this knowledge to educate people in all settings about the importance of a non-judgemental stance; to engage, instead, with a more compassionate and supportive

positioning and open to new possibilities and understandings. This will be discussed in greater detail later in the Discussion section.

**Professional Shortcomings.** Existing literature on CAPVA (Bonnick, 2019; Clarke et al., 2016; Murphy-Edwards & Heugten, 2018; Williams et al., 2017) illustrates how mothers exposed to CAPVA have either felt shamed, re-traumatized, let down or ignored by the services, or they had their experiences diminished or silenced.

The mothers in this study reported a lack of support or intervention. Alice described how she was let down by social care, school and CAMHS on multiple occasions; Dalia described several incidents where services did not intervene, in particular on one occasion during an episode of severe violence when she called the police for help and in response did not receive any support on the day and instead a visit from a community support worker a few days after the incident. Lily described a preference for private services and a reluctance to disclose the issue to her GP. Importantly, she also described feeling indirectly judged by an CAPVA focused organisation for her being a *biological* mother experiencing this problem. Beatrice also described feeling negatively judged and assessed by practitioners. These findings, together with the existing evidence, show a clear need for change.

**Interventions.** Key textbooks on CAPVA, such as Bonnick's (2019), Holt's (2013) and Kuay & Towl's (2021) have already presented detailed accounts of approaches to promote positive practice and better policies to intervene on this phenomenon. Training is an important factor to address the current position where mothers are blamed, and "sentenced" to parenting courses which are not effectively addressing the issue (outside of the parenting skills) (Bonnick, 2019). Furthermore, interventions need to be looking beyond a victim-perpetrator dynamic to meaningfully address the issues pertaining to 'responsibility' (Holt, 2013). More research is needed to drive new developments in the front-line services response (Kuay & Towl, 2021).

The findings in this study indicate that more extensive work needs to be done and this should be in collaboration with a wide range of stakeholders such as schools, social care systems, CAHMS and police to ensure these families don't feel let down or rejected when asking for help. We know from this study that these women experience great fear. Mothers of younger children should not be left on their own under the threat of violence just because of the assumptions and bias that services may hold regarding the age of the children and the likelihood of violence. Such misleading preconceptions can allow serious harm to occur. Staff in schools should be informed of CPV and know where to signpost parents as, ultimately, they are a first point of contact for parents—as shown by the report from Parentline Plus (2010) that illustrated the 62% of families experiencing this issue contacted schools for support.

This study highlights how parents with younger children experience CPV. A lack of adequate response could place them at further risk, as it might lead them to social isolation and attempts to deal with the violence without the right support with increased risks for themselves and their children. It is important to emphasise how the initial response can have massive implications in terms of the next steps taken by these mothers. This was well expressed by Alice who stated:

And this is how the system makes you feel as a parent, that you are a failure so therefore you are looking at the thoughts like... well I wonder if they went into care, would that be better for them? Will they learn better from somebody else? Especially when they are in that rage and you just feel like walking away and never coming back. And I don't mean to walk away to have your 5 minutes of calm time, you are walking away as in... I am taking my car and I am gone. (A.1920–1929)

Alice is sharing here a powerful important message, she is offering a warning of the negative implications of lack of adequate support, the serious implications this can have for families, implications for children at risk of being placed into care and implications for the wellbeing of all of those involved. This warning, I would argue, should be taken very seriously and understood for what it is: the extremely painful and difficult reality behind the lived experience of some of the mothers living with CPV. Interventions are urgently required to help these women and their families.

### ***The Burden in my Heart***

The third Group Experiential Theme illustrates the emotional complexity of the lived experience of these mothers in the form of their ambivalence toward their children's violence and a strong sense of inner turmoil in terms of a felt sense of not knowing how to mother with CPV. Furthermore, they shared the complexity of living with the awareness and experience of the CPV issue, how it impacted all members of the family and left them with a sense of powerlessness before the magnitude of the pervasive impact of this issue.

**The Ambivalent Mother.** All five mothers in this study presented with ambivalence. Some of the ambivalence was around attributing the cause of CPV and all showed ambivalence in their meaning-making and inability to set on one specific cause. All five of mothers initially put the blame on themselves but during the process of reflection they then shifted that away from them and onto either the child or the social context. They also expressed ambivalence about their understanding of how their children felt toward them; they pondered whether they were loved or hated by their children and were perturbed by the contradictions within. Similarly, they shared the same contradiction around their feelings for their children. Dalia encapsulated this experience clearly when she stated: "I love him, of course, but I just... I hate him in the same time" (D. 352–353). Ambiguities were also expressed around the acceptability of some of the behaviours and how the mothers should

respond to those. Clarke et al. (2017) also identified the theme of ambiguity in their study in particular in regard to the behaviour and its causes and in terms of the sense of identity of the self and others as viewed by the participants in their study.

In her 2020 study, Rutter found that her participants were grappling with difficulties “in being both victim and protector to their child” (p. 17). This conflictual positioning adds a layer of complexity to the lived experience of the mothers exposed to CPV. This complexity was evidenced in this present study also, when participants described the ambivalence of having to be the protective mother while being under attack by the very person that they were trying to protect. All five mothers found this aspect particularly puzzling. This offers support to Rutter’s study.

Questioning their feelings toward their children led these mothers to feel a sense of guilt. It is clear by the accounts offered by these mothers that they are grappling with their sense of responsibility and accountability toward themselves but also toward their children – these factors feel deeply intertwined to them. I would argue that their guilt could be understood as a form of existential guilt. Considering that from an Heideggerian perspective, existential guilt leads to an opportunity where “the call of care” (p. 267) presents itself. This “call” seems very pertinent here. These mothers are fighting a sense of ambiguity between loving and not loving, caring, and not caring. They are struggling with a lack of reciprocal love and as such are trying to protect themselves. In other words, it could be argued that the experience of existential guilt perceived by these mothers is there to act as a protective mechanism toward their sense of identity as mothers and toward the dyad.

**Inner Turmoil of a Mother.** The five mothers in this study presented with a strong sense of inner torment. They all had in common a complex emotional landscape, including failure, helplessness, shame, guilt, fear, anger, anxiety and at times resignation and despair. This overwhelming constellation matches in part with previous findings on CAPVA

(Edenborough et al., 2008; Miles & Condry, 2015) and other authors have described their participants' experience as a "never-ending emotional bloody roller coaster" (Williams et al., 2017, p.600). However, this theme goes further because it identifies an inner turmoil symbolic of an existential crisis.

In this study, all the mothers expressed doubts around their 'performance' as mothers, and they all questioned the meaning behind motherhood while exposed to the painful reality of CPV. These mothers offered profound reflections around their lived experience of being mothers when at times it felt like an impossibly painful task, as illustrated by Chessy "And he knows that whatever he is going to do to me in return he will only get counsel, he will only get protection and love" (297-299).

A point of reflection and inner struggle was also the fact that the violence was targeted mostly toward them and not present in other settings such as schools or during other activities. All the mothers ruminated on what they did to deserve being the target of their children's violence. While they were attempting meaning-making, a sense of the absurd was palpable. Several times during the interviews some of the mothers, in particular Alice and Dalia, questioned what the point of being a mother was when what they were getting in return was violence and rejection. They extensively attempted to make sense of the fact that they were choosing to remain in a situation that felt unsafe and absurd.

From an existential perspective, the ideas of absurdity and meaning are particularly relevant. Like Sisyphus (Camus, 2000), participants kept repeating the same heavy duties of motherhood every day just to find themselves back to the same result of being met with aggression. So why did they do it? Based on Camus' ideas, the reason of their choice lays in the meaning they have attributed to that activity: they were identifying the meaning of being a mother as behind their decisions to stay, even if it felt very difficult. Alice expressed this clearly "You are a mum and you cannot walk away. You have to carry on" (629-630).

The mothers shared that at times, when their situation became intolerable, they fell into despair or what existentially could be also referred to as a state of meaninglessness. This was well captured by Alice when she stated, “what is the point of my existence?” (A.514); in the moment, she could no longer perceive herself as being a mother and all meaning was lost. Thus, she was catapulted into what Yalom (1980) would describe as an “existential-vacuum”, representing a lived experience of a crisis of meaning. This experience can be particularly prevalent when people’s expectations do not meet with reality, like in the case of the five mothers in this study: they all stated how they had not expected an experience like CPV in their journey of motherhood. This reinforces the idea previously argued that CPV adds a complex layer to the already present existential crisis of motherhood (Arnold-Baker, 2020). In their accounts, the mothers shared how they felt this phenomenon had implications for most facets of their lives and it impacted on the ways they perceived things and lived in the world. They described being exhausted and worn out by CPV, thus alluding to an experience that recalls that of the existential shattering. Existential shattering is described by Hoffmann & Vallejos (2019) as a “sudden and unexpected dismantling, or shattering, of one’s self conception and worldview as a consequence of an event or process that the individual has experienced” (p. 1). With the size of the impact described in this study we can see that the mothers are experiencing a shattering to their framework and an overwhelming impact to their existence (Deurzen, 2021) as a result of CPV in their lives.

**The Shattered Family.** Existing literature of CAPVA (Arias-Rivera et al., 2021; Baker & Bonnick, 2021; Contreras & Cano, 2014; Holt, 2011) has illustrated the negative impact this phenomenon has on couple relationships, siblings, and families as a whole.

The five mothers in this study all disclosed how CPV was having a detrimental effect on the whole family and increasing stress in relationships. Lily talked about the negative impact on her relationship with her husband and on her younger child; she went as far as to



state that “it can really destroy a relationship” (L.376). Alice described the strain within her relationship with her husband and Beatrice also shared a similar concern. Beatrice also talked about the negative impact on her younger daughter. Chessy also disclosed the negative impact CPV in her family had on her younger child and also on the grandparents as she started to see them less due to the controlling behaviours of her child.

Dalia was the one that perhaps shared most how the impact of CPV was of an extreme magnitude for her family. She disclosed how it had almost broken her marriage and fragmented the family nucleus. She shared how her daughter refuses to go back to the family home due to the violence and Dalia and each other member of the family thus live quite independently of each other. With her transparent and honest account, Dalia really presented a clear insight into the shattering effect CPV had on the family.

The five mothers in this study have helped us to gain an as yet unknown insight into their lived experience of CPV from their own young children and provided a clear account of the pervasive and overwhelming impact this has on all areas of their lives. From an existential perspective, the use of the model of the four worlds of human existence (Binswanger, 1946; Deurzen, 2012) can help us to understand and witness the pervasiveness of this problem. The mothers in this study have illustrated how their physical dimension has been impacted by describing the issues in their physical environment, while the threat is present, and the impact on their daily lives; they described the impact on their bodies due to lack of sleep and stress. The implications on their social world have also been shared: they presented issues with their families and difficulties in connecting with the world around them or feeling excluded by the world. In their personal dimension, these mothers shared their sense of inner torment and struggles, the difficult feelings they have developed toward themselves and the frequent self-blame that takes place due to exposure to CPV. And finally, the spiritual or ideological world has been extensively discussed by the five mothers in this

study as CPV has created doubts and at times even obstructed their beliefs and values. This summary highlights how the frameworks of existence of these mothers have been attacked to such an extent that they are now shattered due to the abuse. The pervasiveness and magnitude of the impact that CPV is able to create indicates that this is a very serious problem with catastrophic implications for all those involved. The transparent accounts offered by these mothers helps us to understand how CPV can create the shattering of motherhood if not intervened upon in a timely manner.

Furthermore, as parents reported judgemental attitude and by default a lack of compassion from professionals and society in general, studies focusing on a compassion and trauma informed approach could make a difference and bring invaluable knowledge.

### **Strength of the Research & Approach**

There is substantial literature describing the nature of adolescent violence towards mothers (Ibabe et al., 2021; Kuay & Towl, 2021; Navas-Martinez & Cano-Lozano, 2022; Simmons et al., 2019); however, this type of literature is extremely scarce in terms of focus on violence from children between the age of four and 12. Moulds et al. (2016) argue in their review of adolescent violence towards parents that the majority of the literature available on CAPVA is related to children over the age of ten; thus, there are not enough studies focusing on the younger, primary school years. This study is particularly important, therefore, because it addresses a gap in literature on CAPVA. It specifically focuses on neurotypical children of biological parents and of a younger age. It is hoped the findings will reinforce the importance of early intervention and aid in the prevention of escalation of this issue into the adolescent years.

The use of IPA to explore the lived experience of mothers exposed to CPV is a further strength of this study because it allowed a rich exploration in a way that would have not been possible with the use of a quantitative approach. Qualitative research can be charged with

weaknesses such as lack of rigidity of protocols and unclear language; however, the developers of IPA have taken many steps to ensure this methodology can offer rigour, clarity and transparency to which this study has adhered. IPA prioritises the voice of the participants, while an idiographic approach enabled a focus on the details of their lived experience and thus an in-depth access to meaning. Stepping away from a deductive, a-priori approach and instead using open-ended questions created the space for new knowledge to develop. It allowed the research to show child to parent violence in a new light, illustrating the complex parent-child dynamics between mothers and the younger children perpetrating CPV. It foregrounded the extent to which the experience of CPV with young children can feel paradoxical and everybody involved becomes a victim. It specifically has identified that it is essential parents should not by default be viewed as doing anything wrong.

As addressed in the methodology section, some criticisms have been posed to IPA in terms of lack of standardisation and clarity in language usage. However, Smith and colleagues (2022) have created clearer steps and guidelines for analysis that are accessible and transparent. They have also committed to a usage of a language that indicates clarity. These have been applied to this study.

Another strength of this study is the use of the existential lens. This, to my awareness, is the first time a study used this lens to look at the CPV phenomenon. As the existential lens focuses predominantly on meaning and human experience, it seems particularly well suited for understanding of the CPV phenomenon: the mothers in this study often found themselves raising questions about the meaning and purpose of motherhood and their existence in general. Furthermore, the homogeneity of this study can also be identified as a strength because its findings are consistent within the experience of the group of mothers that took part. To the best of my knowledge this is the first study in the UK that investigated the lived experience of *biological* mothers of children between the age of four and 12 exposed to CPV

without the variables of disability, DV, and non-nuclear family present. It thus highlights how this phenomenon can impact all.

The sample size used in this study could be identified both as a strength and as a limitation. As a strength, it allowed a rich, in-depth exploration of each participant's lived experience with an attention to the detail that captured meaning in a way that studies using larger samples cannot achieve. Whilst a small sample means that the results cannot be generalized to a larger population, qualitative research does not set out to generalise but instead to garner new and as yet undiscovered understandings and knowledges that may inform our practice, consideration and future research undertakings.

### **Limitations of the Study**

This study presents with several limitations. It did not include the experience of fathers exposed to CPV and this could be regarded as a limitation because the way fathers experience this phenomenon can be highly impactful with regards to family dynamics. Furthermore, non-English speakers were not included in this study due to questions around how accurately meaning would have been translated; this meant a lack of diversity in this study in terms of representation of minority groups. Also it was particularly difficult to recruit to the study. It is a sensitive subject, the individuals experiencing this issue often feel silenced, and a larger sample was not possible.

While the researcher has taken all the steps to be aware of self-biases and pre-knowledge, there is still the possibility that the research could have been exposed to unnoticed influences. Similarly, the fact that the researcher also offers an interpretation of the findings cannot account for the fact that different people may interpret the same findings differently. This could be perceived as bias but attempts to mitigate this through clear presentation of the researcher's own position through reflexivity and the use of research supervision allow the reader to see the findings within that particular researcher's context.

A further element that could be considered a limitation is the fact that the participants' children belonged to different age groups: early primary school years, or late primary school years, or just into secondary. Thus, mothers of children between the age of seven and 10 were not present in this study. This may mean that different, as yet not understood, factors may have been included in the heterogeneous age aspect of the sample. The sample was otherwise strongly homogeneous. By focusing on homogeneity, recommended in IPA, there was a lack of inclusion of adoptive mothers, single mothers, and mothers of children with disabilities where different insights and understandings may have emerged.

### **Validity of the Research**

To help ensure the validity of the research Yardley's (2000) guidelines around ensuring quality of qualitative research, were observed. In addition, Smith (2008), and (Smith et al. 2022) were also consulted. This ensured a focus on standards for qualitative studies.

Firstly, sensitivity to context has been ensured by offering reflections on the existing literature of CAPVA. Then, reflexivity has also been carried out throughout the journey of this project and extracts from the reflexivity journal have been included throughout to illustrate its commitment to this important aspect of the research.

Commitment and rigour were shown in the comprehensive work carried out to explore the literature relevant to this study in terms of the topic and the chosen methodology. Furthermore, meetings and consultations with supervisors and colleagues and observing all the stages required for this project are indicators of commitment to rigour. Rigour was also ensured by following all the key steps for IPA analysis, as suggested by Smith et al. (2022). This study ensured a clear record of these steps and thus coherence and transparency were adhered to. Finally, evidence that the themes are grounded in the data has also been provided through a narrative interspersed with quotes, and detailed material is presented in the study Appendix.

In terms of impact and importance, by ensuring research rigour and quality, the findings of this study can be used to inform further research and clinical practice.

### **Future Research**

In this research, there was a marked difference in experience between the two mothers of the younger children and the three mothers of the older children: the two mothers still held a sense of hope that the problem could be sorted and was improving, while the other three mothers presented with a stronger sense of resignation and helplessness—they already felt they had tried most things to sort the problem, without succeeding. Based on this, longitudinal research or research comparing/contrasting the scale of impact at different stages of exposure to CPV and relevant implications could be helpful to better understand the trajectory of the issue and the importance of prevention at key stages. Recruitment to the study was challenging and future studies would need a longer more evolved recruitment strategy if a larger sample is to be gathered.

This study found the lived experience of CPV to be a shattering experience that has hallmarks of trauma. Based on this, future research exploring whether trauma and CPV are intertwined could be helpful as it would offer insight into intervention development. For example, should these be trauma-informed designs?

Furthermore, all the participants in this study were mothers and the literature reviewed also offered predominantly accounts of mothers' experiences; the literature is limited for fathers and CPV. Future research could focus on the recruitment of fathers to better understand their lived experience of this phenomenon and the variables fatherhood creates. This would in turn give a more complete picture of the impact on parents as a unit. Research on non-nuclear families would also benefit from investigation.

Four out of five mothers in this study (one had only one child), reported how CPV had serious consequences on the siblings within the family; thus, the lived experience of siblings exposed to this phenomenon could also be an important topic of investigation, especially considering the risks for mental health and family dynamics.

Four out of five participants in this study disclosed having dealt with professionals who were unequipped to deal with CPV. This clearly requires further investigation. Exploratory research with professionals, with the aim to develop more targeted and accessible training, would be beneficial.

### **Recommendations for Clinical Practice**

This study found that for the participants experienced CPV as a shattering of motherhood, all areas of their lives had been impacted. Therefore, a trauma informed approach when dealing with this population is recommended (Bonnick, 2019). Moreover, a systemic approach, that holds the whole family in mind and accordingly provides adequate support, is also advisable as we have learned from these mothers' accounts how all members of the family are impacted by CPV and it has serious implications for the family nucleus (Bonnick, 2019).

These mothers offered a clear account around how the available parenting classes are not having the desired effect. Based on this, a clear assessment should be done to identify the root of the problem prior to considering sending mothers to such courses. Mothers should also be offered counselling to talk openly about their lived experience and should receive regular emotional support. An existential approach that could help these mothers explore the meaning behind these experiences could be beneficial. As previously illustrated, this is what seems to be a driving force for these women. Furthermore, creating awareness about this issue within communities and educating people can increase the chances of a community offering a more compassionate and supportive stance.

The mothers in this study have made clear how they do not want their children to be criminalised or labelled negatively. This indicates that children should be offered targeted support to learn skills and overcome a difficult stage that they may be struggling with.

Furthermore, as already discussed, teachers should become CPV-informed and able to confidently signpost families to the correct services. As for all the other professionals, including psychologists and mental-health workers, social-care workers, police forces, etc. awareness and knowledge of relevant, specific training should be offered to ensure the family are provided with a clear, compassionate and effective form of support.

A final note on recommendation. It is advisable to promote preventative work and early interventions wherever possible to prevent the issues experienced by mothers with children in the primary school years from escalating into the adolescent period.

## **Reflexivity**

Throughout this research, reflexivity has been honoured. In this study I have included different extracts from some of the different stages I experienced while going through this journey as a researcher using the IPA methodology. Applying reflexivity by pausing and creating a record of my reflections felt initially like a chore but quite quickly became an enjoyable and rich experience. As this project is coming to an end, I feel compelled to offer a final extract.

## **Discussion – Reflexive Considerations**

### **Extract from Research Journal**

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*On knowledge – As I approach the end of this project, I look back and realise how the pre-existing knowledge I had was a positive thing but also perhaps in some ways a barrier. It was positive because it allowed me to choose to this project in particular – would I have considered this issue if I had never encountered it? Realistically, probably not. However I*



*cannot help but think that some of the knowledge I had might have obstructed other types of new knowledge from developing – although in fairness I will probably really never know whether this was the case. The mothers in this study have shared their knowledge of what CPV was like for them and thus I can only trust that I am putting this across well enough for it to be heard and hopefully intervened upon accordingly. I wish I could say I feel a full sense of satisfaction that I have done my part; however, being aware of the lived experiences of these mothers makes me feel like... so much more still needs to be done. These mothers need to be treated with compassion and offered support; the children involved also need to be helped and made to feel like this issue can be sorted; the whole family need to be held in mind and supported, made to feel that they are not alone; that this is just a stage that can pass.*

*The fact that these mothers are pushed to such an extent that leads them into despair unsettles and saddens me. As a professional, I feel we need to do better; we can do better than this. The knowledge we are gaining through the voices of these mothers is gold dust and should be treated as such. No matter how big or small the sample of the study is... these are peoples' lives. There have been several times during this project where I felt like I was never going to finish; there have been very dark moments but I then reminded myself of the courage of these mothers and their determination in sharing their difficult stories with me to create change, to be heard – there was hope in that. They are the reason why I was able to complete this project, because it was always about them and never about me. All the mothers have told me things that will stay with me, they have created knowledge in me and impacted in the way I am as a person and as practitioner but ultimately the knowledge was given to me... for me to put it across – and here it is.*

*It has been a privilege.*

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## Chapter 6: Conclusion

This study set out to explore the lived experience of mothers exposed to child to parent violence (CPV) by their neurotypical children, aged four to 12 years, employing qualitative research methods through an existential phenomenological lens. It used the qualitative research methodology of Interpretative Phenomenological Analysis to allow an in-depth idiographic consideration of the narratives of a homogenous group of participants.

The mothers in this study relentlessly questioned where the problem was coming from and often referred to the fact that violence was not something they taught their children nor part of their values. This lack of certainty led these mothers on a relentless quest that in the end seemed to remain unresolvable. Dealing with the unknown resulted from the lack of a clear indicator of what may be triggering the issue; the uncertainty was palpable and increased their sense of helplessness. Furthermore, they reported a lack of intervention from services and/or people in their network and society in general and how this left them feeling puzzled and at times unseen and unheard. This led the mothers in this study to experience an overwhelming sense of isolation. Existential reflections on *thrownness* (Heidegger, 2010) highlight how these mothers never chose to have CPV in their lives but were faced with the difficult task of engaging with authentic possibilities to create change and live with their predicament.

These mothers offered very clear descriptions of the type of violence they were experiencing. These findings challenge the commonplace assumption that children in the primary years are not able to do much harm due to their age and size. It also critiques the positioning of services that refuse to intervene because of that bias. An argument for the possibility that these mothers, and children, are exposed to traumatic experiences in the moment that CPV is taking place have been established.

Early intervention is important. The belief that most CAPVA takes place with older children may merely reflect that age of reporting and that early violence is occurring far more frequently. The currently accepted view that CAPVA can be explained by early trauma that is experienced by the adopted child (Selwyn & Meakings, 2016) fails to explain the findings in this study which focused on biological children. Instead trauma informed approaches to intervention development are required. Training of all stakeholders as to the possibility of CPV is urgently needed. We know from domestic violence experiences, that being believed is fundamental to achieving support. These mothers openly shared how being under the constant gaze of society and at the receiving hand of constant negative judgement made their lived experience more unbearable and increased their sense of isolation.

Furthermore, the way in which these women feel let down by services increased their sense of helplessness and despair and put them at risk of considering extreme outcomes such as walking away or putting the children into care. Existential isolation (Yalom, 1980) brings to life the sense of the unbridgeable gap that these mothers experience between themselves and society and the implications of not being understood. The concept of inclusion developed by Buber (1988) was proposed as a way of being more attuned to the needs to these mothers.

The burden in their heart that these mothers were carrying was captured in their sense of ambivalence; conflictual feelings around a complex emotional constellation that these mothers presented. These mothers have been catapulted into absurdity and are desperately trying to navigate their predicament by reminding themselves of the meaning of their role *as mothers*. Nevertheless, questioning their feelings for their children and/or their children's feelings toward them, left them vulnerable to existential guilt (Heidegger, 2010) where they were exposed to "a call of care" – which, I have argued, may have represented a protective factor in terms of maintaining the dyad and the identity of motherhood. Having to deal with such an extreme, unexpected and hard to comprehend phenomenon had left the participants

in this study experiencing an existential crisis of motherhood where inner turmoil left them with a profound sense of feeling shattered. The fact that the whole family was impacted by this phenomenon created a magnitude of impact and this very pervasive phenomenon shattered the lived experience of motherhood to its core. Furthermore, the lived experience of CPV offered an insight into how the four worlds of existence (Binswanger, 1946; Deurzen, 2012) of the mothers in this study were severely impacted, highlighting the pervasiveness and magnitude of the CPV phenomenon.

Research on mothers exposed to CPV with children between the age of four and 12 is extremely limited; therefore, this study provided a valuable insight and an important contribution to the current state of knowledge. Furthermore, no prior study had used an existential lens to explore CPV and so this study offered a new understanding of this phenomenon.

This research contributes to the knowledge of CPV as experienced by mothers of children in the primary school years. It enhances our understanding of what the mothers exposed to this predicament are experiencing and thus their needs. It can be also used to inform mental health and social care professionals around the lived experiences of this population.

As literature exploring CPV where younger children are involved is so very limited, it is crucial that further research is undertaken to consider this area in more depth and detail. Such research could therefore focus on this younger age group presenting CPV with the aim of increasing early interventions and prevention work. The lived experience of the children would also benefit from exploration, together with the experiences of siblings and fathers. The experience of non-nuclear families would also benefit from being researched together with that on families with children with special needs. Longitudinal studies to understand the trajectory and impact of CPV on different age groups is also an important topic to research.

Furthermore, an exploration of trauma in CPV and the impact of a trauma-informed approach to work with this population would be fruitful.

In terms of clinical practice, practitioners could consider adopting a trauma-informed approach to avoid re-traumatization of these vulnerable families. Practitioners involved with this population would benefit from targeted training, more targeted assessments, and considering each case as unique. In terms of professional involvement with the general public, promoting awareness around this topic and a compassionate stance is vital to ensure that these families experience more social support and societal compassion.

It is fundamentally important to look at complex difficult sensitive and challenging issues. These are the experiences that are sometimes overlooked because of their very complexity but this is where there is need for more in-depth exploration. This qualitative study prioritised participants' voices that had been so often silenced and allowed unspoken words to be shared, shining a light into a place where only shadow had been. It is hoped that this study, through sharing uncomfortable truths and emotional suffering, can in some way carve a path to improvement for these and other women experiencing this phenomenon.

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## Appendices

### Appendix A – Ethics Form

# Application for Ethical Approval

## Section 1 – Applicant Details

### 1. Details of Applicant

Given Name Giulia

Family Name Pintus

#### 1.1 Is this an application for a student research project?

☒ Yes

☐ No

## Resubmission

#### 1.2 Please indicate below:

☒ This is a NEW Application, not submitted before.

☐ This is a RESUBMISSION of the application to address issues raised by the reviewers.

☐ This is a resubmission to address MINOR AMENDMENTS.

## Co-investigator/collaborator details

#### 1.3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

☒ Yes

☐ No

## Section 2 – Details of proposed study

### 2.1 Project Short Study Title (max of 5-6 words)

Mothers exposed to child-to-parent violence

### 2.2 Project Full Title (This should be consistent on all documents relating to this research study)

The lived experience of mothers exposed to child-to-parent violence:  
An interpretative phenomenological exploration

1 December 2020

### 2.3 Proposed start date (This must be a minimum of 10 working days after submission of your application to allow for the review process.)

1 August 2022

### 2.4 Proposed end date

## Aim(s)

### 2.5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

This study is entitled *The lived experience of mothers exposed to Child-to-Parent Violence: An interpretative phenomenological exploration*.

The main research question is: What is the lived experience of mothers exposed to child-to-parent violence?

This research aims to give a voice to mothers exposed to child-to-parent violence and abuse (CPVA) by children aged 6 to 12 years, to raise awareness of this issue and offer data relevant to support better-informed intervention for families exposed to this phenomenon.

I also aim to explore the complex lived experience of these mothers and through the use of IPA thus this study will offer participants the opportunity to reflect on their lived experience of being exposed to CPVA. This study also aims to address the stigma associated with this type of violence and support parents in not feeling alone in these complex experiences.

2.6 Would you like to include a document with further information?

☐ Yes

☒ No

## Section 2 - Summary of research study and rationale

2.7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

**Method and Study Design** - Interpretative Phenomenological Analysis is the selected methodology for this study.

This will imply the use of a small (8 to 10), fairly homogeneous group. A semi-structured in-depth interview will be

carried out to collect the data, interview will be audio-recorded for transcription purposes.

**Recruitment and Participants** - Participants for this study will be recruited by promoting this project during workshops

for parents dealing with CPVA. I will attend workshops only to give out information about the research and answer

questions as I am not part of any of the organizations involved with these activities.

Participants will be asked to contact me afterwards should they be interested in taking part in the project.

The hope is to engage with parents who are already willing to share their experiences.

Snowball sampling and social media advertising will also be used.

The study participants will be selected based on the following criteria:

- 1) The participants are required to have at least one child between the age of 6 and 12 years that presents with

physical and/or verbal and/or emotional/psychological aggressive behaviours toward the mother. The child can also present as aggressive towards other adults.

The rationale is that there is already research around mid-adolescent violence (13+) but very little discussing violence

before this period (e.g. 6 to 12).

- 2) The child presenting with aggressive behaviours must not have been diagnosed with any developmental

condition and/or any special needs. The rationale is to ensure homogeneity of the group.

Also, this is to prevent this variable from impacting the way that the violence is experienced and understood.

- 3) The participants are required to have a minimum of 1 and a maximum of 3 children with at least once child

(age 6-12) presenting with the aggressive behaviours toward the mother. The child can also present as aggressive towards other adults.

These behaviours that challenge must have been expressed for at least a period of 3 months within the last year.

The rationale is to ensure homogeneity of the group.

- 4) The participants' relationship is required to be heterosexual in nature and the parents are required to be

the biological parents to the child. The rationale is to ensure homogeneity of the group.

- 5) The participants are required to be married and/or in partnership living together with their child/children.

This is to ensure homogeneity and is also due to the fact that existing research on adolescent-to-parent violence considers the experience in relation to being a single parent.

- 6) Participants with exposure to domestic violence at the hands of their intimate partners and/or with issues of

substance misuse will not be selected for this study. The rationale is to ensure homogeneity of the group and to prevent these variables impacting the way that the violence is understood.

- 7) The participants are required to be based in the UK and be full-time UK residents.

This is to ensure the homogeneity of the group.

- 8) The participants need to be able to speak and understand the English language.

The reason behind this criterion is to promote homogeneity of the group while also allowing the researcher to interview participants directly, without the support of an interpreter.

- 9) To safeguard the parent, participants will only be selected if they have or are attending facilitated parenting groups

(i.e. NVR, parenting supportive groups etc.) and/or forums of parenting support where they have already spoken



openly and first-hand about their experience. This is to promote the selection of candidates who already have familiarity with the difficult feelings that can be associated with talking about their experience.

The aim is to safeguard the participants from the risks of a full 'first-time' disclosure.

**Analysis** - For the process of analysis, I will be following by Smith & Osborn's (2003) non-prescriptive guidelines.

Their four stages of analysis are summarised as follows:

- a) A repetitive, in-depth reading of each transcript to become familiar with the participants' accounts. Relevant notes

will be made on the left-hand margin.

- b) Identification of initial themes to be organized into groups and checked again to ensure they remain grounded

within the data. These will be noted on the right-hand margin

- c) Refinement of themes, more clustering and exploring the links between them; initial organizing of main themes

and sub-themes

- d) Creation of a full table showing each superordinate theme and all themes which encompass it, organizing all

clusters together with themes and sub-themes.

Once all the data is integrated, the master themes, shared by the participants and interpreted by the researcher, should provide a rich account of the phenomenon explored.

#### **The benefit of the Research –**

- Help to raise awareness on the very complex and under-researched phenomenon of child-to-parent violence.
- Support in giving a voice to families exposed to child-to-parent violence
- Provide relevant information and insight of the experience of families exposed to child-to-parent violence to social care
- and health professionals such as psychologists, psychotherapists, social workers, police and to any professional
- in the education sector etc.

- The knowledge gained through this study could inform better approaches of interventions to prevent and tackle
- child-to- parent violence.
- The study could offer an insight into issues impacting on these families that at present are under-researched.
- This study will add to the existing literature and could also generate interest for further researches in this area.

#### References

Smith, J. A., Osborn, M. (2003). Interpretative Phenomenological Analysis. In J.A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: SAGE.

2.8 Would you like to include a document with further information?

☐ Yes

☒ No

## Section 3 – Method(s) and Data Source(s)

**3.1 Step 1:** Please indicate design/methods included in the study (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
- ☐ Analysis of existing/available data e.g. digital forensic investigation techniques etc.
- ☐ Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)
- ☐ Direct observation(s) and/or taking photographs, video recordings etc. of participants
- ☐ Action research, insider/participatory research, ethnography
- ☐ Questionnaire(s)
- ☒ Interview(s) / Focus group(s)
- ☐ Field study
- ☐ Lab-based study (excluding computer lab)

- ☐ Experiment/quasi-experiment (e.g., with control groups/interventions)

**3.2 Step 2:** Please indicate data source(s) below. (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
- ☐ Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.
- ☐ Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent
- ☒ Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees
- ☐ Human participant – ONLY my own data (e.g., personal data)
- ☐ Archived human tissue samples stored under MU HTA licence
- ☐ Collective or use of human tissue/products (e.g., blood, saliva)
- ☐ Genetically modified/engineered organisms (GMO's)
- ☐ Primary human cell lines (directly cultured from their source organ tissue or blood cells)
- ☐ Imported human and or non-human samples
- ☐ Human or non-human materials requiring transfer between UK Institutions
- ☐ Materials from UK tissue banks
- ☐ Animal(s) or animal parts (not included in above categories)
- ☐ Flora, foliage, minerals or precious artefacts

## Section 3 – Risk Assessment to be completed by ALL Applicants

Evaluation of risk level - The level of risk will determine the number of reviewers required to consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 'Higher Risk' research ethics applications include the following activities. Please tick whether your research involves any of the following:

- ☐ Animal or animal parts
- ☐ Genetically modified / engineered organisms
- ☐ Possibility of causing serious harm to others or the environment
- ☐ Primary cultured human cells (not commercially available)

- ☐ Collection/analysis of human tissue/blood
- ☐ Non-compliance with legislation
- ☐ Potential to adversely affect the reputation of the university
- ☐ Concerns security sensitive research e.g., terrorist or extreme groups
- ☐ Radioactive materials
- ☐ Drugs, placebos or other substances (e.g., food, caffeine) given to participants
- ☐ Adults who lack mental capacity to give consent
- ☒ None of the above

## Research Location

3.4 Will the research, or any part of it, require travel to another country?

- ☐ Yes
- ☒ No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

- ☐ Yes
- ☒ No

## Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

- ☐ Yes
- ☒ No
- ☐ N/A

## Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.

☒ No

☐ Yes, and I can upload the Middlesex letter of agreement for support and access now

☐ Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

## Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

☒ Yes

☐ No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

☐ Yes

☒ No

## Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

☐ Commissioned by the military

☐ Commissioned under an EU security call

☐ Involve the acquisition of security clearances

☐ Concerns terrorist or extreme groups

☒ None of the above

## Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

☒ Yes

☐ No

### Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

Possible technical Issues such as Internet connection, computer problems, issues with the recorder will be prevented/dealt with by double-checking regularly devices from 2 days prior interview and earlier in the day of the interview.

All devices will be kept fully charged and chargers will be in reach at all time.

The participants will be informed that should any IT issue identifies the researcher will contact them by phone to offer an update on the interview's schedule and/or to reschedule the interview should there not be possible to sort out immediately the technical issue.

I will also organize to have back up equipment (i.e. portable dongle for wi-fi access)

Due to Covid-19, recruitment of participants might present with some difficulties as fewer platforms to promote

the study might be available – I will investigate and research all possible platforms available for recruitment and every attempt will be made to contact all the relevant groups where potentially suitable candidates can be found.

## Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

☐ Yes

☒ No

## Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

☒ Yes

☐ No

## Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

☐ Yes

☒ No

6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?

During the exploration of the participants' experiences there is the possibility that the discussion may trigger some difficult and/or unexpected feelings. If at any point during the interview the participant wishes to pause or stop she will be able to do so without question, and the interview will continue only if she wishes to do so. I will offer regular 'check-in' during the interview should I feel that a pause might be helpful. At the end of the interview, I will provide the opportunity to discuss together with the participant her experience of being interviewed and I will provide the participant with an opportunity for debrief. I will also offer a debrief letter containing relevant information of organization that offer support to families impacted by complex experiences such as child-to-parent violence.

## Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

☐ Yes

☒ No

## Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.

I will cover all costs related to this research including a suitable recording device, an encrypted memory stick, locked filing cabinet, laptop. Estimated costs will be minimal as I am already in possession of most of the required items.

## Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

☐ Yes

☒ No

8.2 Are there any other documents you would like to attach?

☐ Yes

☒ No

## Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

☐ Yes

☒ No

## Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

☐ Yes

☒ No



## Section 8 - Data Management, Ownership and Intellectual Property

### 8.5 Who will be the owner of the data from this research?

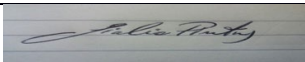
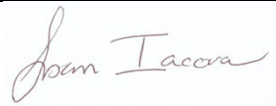
Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

Principal Investigator (Myself)

### 8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:

N/A

## Signatures

Researcher		28/10/2020
Supervisor		16/11/20
Chair of Ethics	Please ensure you enter an electronic / handwritten signature. <b>(do not just type in name)</b>	Click here to enter a date.

## Appendix B – Request for Change of Inclusion Criteria

Thursday 24<sup>th</sup> March 2022

For the kind Attention of the Chair of the Ethics Board -  
New School of Psychotherapy and Counselling - NSPC

### REQUEST FOR CHANGE OF INCLUSION CRITERIA for Doctoral Research Project

Research by Giulia Pintus

Primary Supervisor – Dr Susan Iacovou

Secondary Supervisor – Dr Claire Arnold-Baker

I am writing to ask an amendment of the selection criteria to my research project entitled *The lived experience of mothers exposed to Child to Parent Violence: An interpretative phenomenological exploration*.

The criteria that I would like to amend are the following:

- 1) Age group of the children to be changed from '6 to 12', to '4 to 12'. I would like to have this changed as I am targeting primary school children in UK where children begin school at age 4 and I realised that by selecting from age 6 instead of 4 I was inadvertently excluding part of my targeted participant group.
- 2) Length of the problem – I would like to change this from '*experiencing the problem in the last year for at least three months*' to '*experiencing the problem in the last 3 years for at least 3 months*'. I would like to make this change as I recognised that not all mothers are able to talk about this issue in the first year while it is happening and having more time to process this experience also increases chances of them becoming more aware that there is a problem that is not just a phase.
- 3) For clarity the following criteria stays '*You are married and/or in partnership living together with your child/children*', this is intended to include both a living partner biologically related or otherwise.

Proposal with tracked changes attached.

Thank you  
Kind Regards  
Giulia Pintus

## Appendix C - Approval of the Selection Criteria Amendment Request

**From:** Sasha van Deurzen-Smith

**Sent:** 29 March 2022 08:27

**To:** Giulia P.

**Cc:** Claire Arnold Baker ; Susan Iacovou

**Subject:** RE: Research project: Participants Selection Criteria Amendment Request - for the Chair's Action

Dear Giulia

I am pleased to confirm that this has now been approved by Chair's action.

Kind regards,

Sasha van Deurzen-Smith (he/she/they)

*Academic Registrar*

*Course Leader: MA in Existential Coaching*

*Deputy Course Leader: MA in Existential and Humanist Pastoral Care*

*New School of Psychotherapy and Counselling*

*Tel: 0207 435 8067/ 0203 515 0223*

*Tel: 020 4534 1113*



## Appendix D – Participant Information Sheet

<b>Title of study:</b>	The lived experience of mothers exposed to child-to-parent violence: An interpretative phenomenological exploration
<b>Researcher:</b>	Giulia Pintus Email: <a href="mailto:GP423@live.mdx.ac.uk">GP423@live.mdx.ac.uk</a>
<b>Supervisor:</b>	Dr Susan Iacovou Email: <a href="mailto:admin@nspc.org.uk">admin@nspc.org.uk</a> Tel 020 3515 0223
<b>Academic Year:</b>	2020/21

### PARTICIPANT INFORMATION SHEET

#### **Invitation paragraph**

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being carried out and what it will involve. Please take your time to read the following information carefully and discuss it with others if you wish.

#### **What is the purpose of the research?**

The focus of my research is the exploration of the lived experience of mothers exposed to child-to-parent violence (CPV). In particular, I am focusing on the experience of violence on mothers from children between the age of 4 and 12. The purpose of the research is to investigate the mothers' experience of this phenomenon and raise awareness to promote better interventions for families. There is hardly any research that explores the experience and this project aims to fill this gap in research.

#### **Why have I been invited to take part?**

You have been invited as a potential participant because you meet the following criteria:

- You have at least one child age 4 to 12 presenting with physical and/or verbal and/or emotional aggressive behaviours toward you, their mother. The child might or might not be aggressive toward other people as well.
- You have a minimum of 1 & a maximum of 3 children with at least one child (age 4-12) presenting with the aggressive behaviours toward you for at least 3 months within the last 3 years and might or might not be ongoing.
- You are in a heterosexual relationship and you are the biological parent to the child presenting with aggressive behaviour.

- You are married and/or in partnership living with your child/children
- You are attending and/or have attended facilitated parenting groups (i.e. NVR, parenting supportive groups etc.) and/or forums of parenting support where you already spoke openly and first-hand about your experience of child-to-parent violence – and/or made a First Time Disclosure
- You are based in the UK and are a full-time UK resident
- You speak and understand the English language
- You can legally provide consent to engage in the study

### **Do I have to take part?**

The participation is completely voluntary therefore you do not have to take part if you don't want to.

### **What will happen to me if I wish to take part?**

If you would like to take part, there will be a first stage where we will schedule an initial phone conversation to clarify any initial questions you might have and for me to double-check you meet the required criteria to take part. If we both agree to progress to the second stage an interview will be scheduled at a suitable date/time for you. Prior to the interview, I will explain more in-depth about the project, the importance of consent and the online aspects/risks of using the internet and Zoom. I will also address any questions you might have to ensure you have a full understanding of what you are consenting to. I will then present you with a consent form which you will be asked to carefully read and, if you agree to its content, to sign before taking part in the interview. I will also ask you to fill in a demographic form.

The next stage will be the interview. Interviews will be conducted via video conferencing (Zoom). I will be the person conducting the interview; the interview should last for approximately 60 – 90 minutes and will be audio recorded with a digital voice recorder so that it can be transcribed for the analysis process. During the interview, I will ask you questions about your experience of child-to-parent violence and how it has been impacting on your life since it started.

### **What are the possible disadvantages of taking part?**

As you explore your experiences there is the possibility that the discussion may trigger some difficult and/or unexpected feelings. If at any point during the interview you wish to pause or

stop you will be able to do so without question, and the interview will continue only if you wish to do so. I will offer regular ‘check-ins’ during the interview should I feel that a pause might be helpful. At the end of the interview, we will have the opportunity to discuss together your experience of being interviewed and I will provide you with an opportunity to debrief.

### **What are the possible advantages of taking part?**

The process of this type of interview can offer an offloading experience. I am an experienced therapist able to provide you with a containing, safe and confidential space. Your participation in this study will enable this research to provide insights into this phenomenon, and might enable health and social care professionals to be better informed about families’ needs and interventions. It is important to emphasise that there is hardly any research like this one. As the contributions of this research may be published and disseminated in different ways, sharing your experience might raise awareness within the relevant therapeutic and social care fields.

### **Consent**

You are free to withdraw your consent without any consequences up until 7 days from the date of the interview. You do not need to explain the reasons behind withdrawing your consent.

### **Who is organising and funding the research?**

I am funding and organising this research project myself as part of my doctoral studies.

### **What will happen to the data?**

The audio recording of your interview will immediately transferred onto an encrypted USB stick and the original destroyed. It will then be given a code and transcribed by myself. I will anonymise the transcript to prevent any identification. The transcription will be stored on an encrypted (password-protected) USB Flash drive, which will be locked in a safe drawer in my own home. Identifiable data will be stored separately in locked files. Your personal details will be deleted as soon as the interviews have been transcribed. No one other than me will have access to your personal information. The anonymized data will be kept for 10 years. The findings of the research will be presented in the form of a dissertation and they may be published in psychology and psychotherapy journals and/or might be presented at

conferences/workshops. Non-identifiable verbatim from the transcripts may be selected as part of these publications.

**Who has reviewed the study?**

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics sub-Committee has reviewed and approved this project.

**Thank You for taking the time to read about this project. Should you have any questions and/or in need of any further clarification please do not hesitate to get in touch. If you feel you are interested in taking part in this study, I would like to hear from you!**

## Appendix E – Consent Form

### Written Informed Consent Form



<b>Title of study:</b>	The lived experience of mothers exposed to child-to-parent violence: An interpretative phenomenological exploration
<b>Researcher:</b>	Giulia Pintus    Email: GP423@live.mdx.ac.uk
<b>Supervisor:</b>	Dr Susan Iacovou    Email: admin@nspc.org.uk    Telephone: 020 3515 0223

- I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher and her primary supervisor in an information sheet to keep.
- I understand that my participation is entirely voluntary and that all reasonable steps will be taken to ensure the data collected during the research will not be identifiable by use of pseudonyms and removal of any place names or details which may identify me.
- I confirm that the benefits and risks of participating in the research have been explained to me to my satisfaction and understand that my participation will involve giving an in-depth interview.



- I understand that my data will be collected using an audio recording device which only the researcher will have access to and this will be stored on a password protected computer until it has been transcribed, after which time it will be confidentially destroyed.
- I also understand that the anonymised transcripts will be confidentially and securely stored in the researcher's own home for 10 years in accordance with GDPR guidelines after which time it will be destroyed. The data will not be shared with any third parties.
- I further understand that I can withdraw from the study and request that my data be withdrawn up until data analysis begins one week after the interview takes place, without any obligation to explain my reasons for doing so.
- I also give consent for the data I provide to be used for analysis and subsequent publication, including a postgraduate dissertation, journal articles and book publication.

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Sign Name**

**Date:** \_\_\_\_\_

**To the participant:** Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: \_\_\_\_\_



## Appendix F – Participants Demographics Questionnaire



**RESEARCH**



### Demographics Questionnaire

*Please answer the following questions. Where Yes/No answers please circle correct answer.*

*Please leave blank where you would prefer not to answer to.*

All the data collected will be securely stored and information gained will not be used in connection to your name.

<input type="radio"/> Your name	
<input type="radio"/> Age	
<input type="radio"/> Nationality & Ethnicity	
<input type="radio"/> Partnership Status	
<input type="radio"/> Employment Status	
<input type="radio"/> Highest Level of Education achieved	
<input type="radio"/> Father's Age	
<input type="radio"/> Nationality & Ethnicity	
<input type="radio"/> Partnership Status	
<input type="radio"/> Employment Status	
<input type="radio"/> Highest Level of Education achieved:	
<input type="radio"/> How many children do you have?	
<input type="radio"/> How old are is/are your child/ren?	
<input type="radio"/> How many of your children are presenting with aggressive behaviours toward you?	

○ Please state age of the child/children presenting with aggressive behaviours.	
○ Is your child /are your children aggressive toward other people? If Yes, please offer details	
○ Type of aggressive behaviours(please circle) Examples: - Physical: hitting-kicking-throwing objects- spitting etc. - Verbal: Shouting- swearing- Verbally threatening etc. - Emotional/Psychological: All the above - threatening – blackmailing- provoking- bullying – shaming – isolating etc.	Physical      Verbal  Emotional/Psychological
○ Are you the biological mother of the child that is presenting with aggressive behaviours toward you?	Yes   -   No
○ Has your child/have your children (age 4-12) presented with aggressive behaviours toward you for at least 3 months within the past 3 year?	Yes   -   No
○ Does your child attend a mainstream school?	Yes   -   No
○ Does your child have any diagnosis and/or developmental disability?	Yes   -   No
○ Are you in a heterosexual relationship?	Yes   -   No
○ Are you living together with your child/children?	Yes   -   No
○ Are you experiencing any domestic violence (from intimate partner) and/or substances misuse?	Yes   -   No
○ Have you previously spoken first-hand about this experience of aggressive behaviour toward you?	Yes   -   No
○ Are you based in the UK and are you a full-time UK resident?	Yes   -   No

*Thank you for taking the time to fill in this form.*

## Appendix G – Debriefing Sheet

<b>Title of study:</b>	The lived experience of mothers exposed to child-to-parent violence: An interpretative phenomenological exploration
<b>Researcher:</b>	Giulia Pintus Email: <a href="mailto:GP423@live.mdx.ac.uk">GP423@live.mdx.ac.uk</a>
<b>Supervisor:</b>	Dr Susan Iacovou Email: <a href="mailto:admin@nspc.org.uk">admin@nspc.org.uk</a> Tel: 020 3515 0223
<b>Academic Year:</b>	2020/21

### PARTICIPANT DEBRIEF SHEET

Thank you for taking the time to take part in this study investigating the lived experience of mothers exposed to child-to-parent violence with particular focus on mothers with children age 4 to 12. This research will help to raise awareness on child-to-parent violence and will support professionals in different fields in the promotion of more effective plans of prevention and interventions with the families impacted.

I hope you have found this study interesting and that you felt emotionally supported throughout the discussions. Should you have found any elements upsetting and/or should you have any questions about this study please do feel free to contact myself, the researcher, and/or my supervisor, Dr S. Iacovou, on the contact details listed above.

Should you feel the need for support in regard to your experience of child-to-parent violence, at the end of this sheet I have included the details of some organizations that assist families experiencing complex experiences such as child-to-parent violence.

As mentioned, all data obtained during the interview will be coded and safely stored.

Confidentiality is guaranteed, I will anonymise the transcript to prevent any identification.

All identifiable data will be stored in locked files. Your personal details will be deleted as soon as the interviews have been transcribed. No one other than myself will have access to your personal information. The findings of the research will be presented in the form of a dissertation and they may be published in psychology and psychotherapy journals and/or might be presented at conferences/workshops. Non-identifiable verbatim from the transcripts may be selected as part of these publications. The anonymized data will be kept for 10 years.

Thank you for agreeing to taking part in this study and for sharing your experience.

Your contribution has been much appreciated and it will make a difference to the level of knowledge and awareness around the experience of mothers exposed to child-to-parent

violence. The insight gained through this data will increase the possibilities for better interventions to support families impacted by this phenomenon.

Should you wish to be informed about the results of this study please contact the researcher who will be able to provide you with the information at the end of this study.

### **RELEVANT ORGANIZATIONS**

**CAPA** – First Response for child/adolescent to parent violence <https://www.capauk.org>

**FAMILY LIVES** -Helpline 0808 800 2222 <https://www.familylives.org.uk>

15-17 The Broadway, Hatfield AL9 5HZ

**Non-Violence Resistance (NVR) - Practitioners Consortium** – <https://nvrpc.org.uk>

NVR Practitioners Consortium, 4th Floor, 18 St Cross Street, London, EC1N 8UN UK

Email: [enquiries@nvrpc.org.uk](mailto:enquiries@nvrpc.org.uk) Tel: [07957 23311](tel:0795723311)

## Appendix H - Interview Schedule

### Interview Schedule

**Name of the study:** *The lived experience of mothers exposed to child to parent violence. An interpretative phenomenological exploration.*

**Researcher:** Miss Giulia Pintus

**Project's Supervisors:** Dr. Susan Iacovou (1<sup>st</sup>) & Dr Claire Arnold-Baker (2<sup>nd</sup>)

**Institution:** New School of Psychotherapy and Counselling, London

**Course:** Doctorate in Counselling Psychology and Psychotherapy.

**Kindly be reminded that at times I may need to redirect the conversation in order to maintain a time frame.**

1. Can you tell me briefly about your experience of motherhood?  
- *Possible prompts:* What were your expectations? How did reality compare?
2. Tell me about your relationship with your child?  
- *Possible prompts:* Strengths/weaknesses of relationship/s? How did it make you feel?
3. Can you describe how child to parent violence became an issue in your life?  
- *Possible prompts:* How and when did it start? Specific episode? How has it continued? Emotions? Thoughts?
4. How would you describe the experience of your child being aggressive toward you?  
- *Possible prompts:* What does it mean to you? What feelings are associated to it?
5. In what ways has this experience impacted on you?  
- *Possible prompts:* Physical, personal, social and spiritual impacts?
6. What is it like to talk to me today about your experience of child to parent violence?

7. How do you feel the world out there might perceive your experience of child to parent violence?

- *Possible prompt:* What are your hopes about how people might react? What fears, if any do you have about how people might react? About any particular groups of people e.g. friends, family, medical professionals, strangers? How does this make you feel?

8. What has your experience been, if any, of contact with relevant organisations in relation to the child to parent violence you have experienced?

- *Possible prompt:* what organisations have you engaged with (police, social work, CAMHS, charity, support group, etc.)? What was this contact like for you? How could things have been better?

9. Is there anything that we haven't talked about that you think would be helpful?

**Thank you for taking the time for this interview and for deciding to  
be part of this project.**



## Appendix I – Extract of Transcript with Coding – Analysis Stage 1

## Lily - Interview 1

Motherhood as conscious work	<p><i>Participant:</i> at the moment the relationship is one which takes a lot of conscious work. He is naturally a child that is you know.. high in energy, who gets bored easily so there is always the sense of trying to keep him busy with things but then again he does not always like engaging in the things that I suggest. If I say, you know, let's play a game together he is not interested in any of the board games. Sometimes he would play badminton in our little garden here so that is occasionally fine. I realise, obviously he is 11 and heading towards 12 so there is that separation time when he wants to be independent and not around us that much anymore but the time when there is closeness is in the evenings and he still let me cuddle next to him and that is when we have our chat when the lights are out and we have perhaps <b>privacy</b> so I just scratch his hair or his back or just cuddle with him or we have tickle time together. That is probably the most fun we have when we have tickle time because he does enjoy being tickled, I am aware not all children do but he likes that rough and tumble play. We will play wrestle, tickle and that brings <b>a lot of fun</b> to both of us. Otherwise it is more <b>difficult</b> just to.. sometimes just to connect with him during the day, he</p>	55	Conscious work – not natural – articulated language used Understanding child's state- highly energetic but easily bored- normalising?
		60	Monotony of motherhood
		65	Dependence VS independence Showing understanding of developmental stages – changes in the way they can be together Closeness vs separation
		70	Privacy- the world is not intruding
		75	Constructing a mainstream presentation Easy child is some respects- regular aspects of childhood- closeness, cuddle, tickle time – reflecting on good enough mothering? Normal

<p>Conscious work of motherhood</p>	<p>likes to do his own things or the default is interested in technology. But yes, it takes a bit more <b>conscious work</b> with him at this stage to feel connected and to <b>consciously create</b> the positive moments. It is very easy to get into a cycle of ... you know... brush your teeth, you know... tidy your room, so I am <b>consciously trying</b> to limit it, not always succeeding. But yes, it does feel like it takes <b>conscious work</b> at the moment</p> <p><i>Researcher:</i> So, it sounds like there are very positive moments as well. I am just wondering about when things start to become challenging, from a child to parent violence perspective, can you tell me a little bit when do you feel it started to become an issue in your life?</p> <p><i>Participant:</i> So we really noticed it since this January, the third lockdown I feel was a difficult time for our family, that is when it became a more regular occurrence. I tell you about the very first few times was probably when.. it was... two or three years ago when we went to a medical appointment with an allergy doctor and you know they do this allergy test which are prick test and they are painful. So in the waiting room he asked me 'whether the test is going to happen' I said 'I did not know' so he was feeling scared and that is when he started <b>kicking me</b> a bit against the ankles and when I moved away I think <b>he tried to</b></p>	<p>80</p> <p>85</p> <p>90</p> <p>95</p> <p>100</p> <p>105</p> <p>110</p>	<p>relationship description – boy with masculine aspects (i.e.wrestle) Is this her way of protecting him? Being fun VS being difficult – contrast- inner conflict Conscious- repetitions- articulated wordings Positive moments need to be created Monotony of motherhood Use of psychological language Trying to limit- expression of parental presence Conscious work – demanding interaction? Hard work?</p> <p>Societal impact Lockdown impact – intensity increased difficulties- more regular challenges Situating the behaviour historically - 2 or 3 years back first episode – pattern that went on already for a long time. Is the use of the lockdown a form of denial of what was already happening in the past?</p> <p>Initial physically aggressive tendencies</p>
<p>Experiencing physical violence &amp; threat</p>			

Attempting to establish the parental presence	follow me and he was kicking me as well. I know it is an expression of his fear and anxiety but it did just make me think 'Ok, this is an interesting way of expressing'. So we had a few kind of moments of this kind of behaviour but I did go to see somebody just because I wanted to nip it in the bud but then we started to manage it better and it felt alright although he had quite an explosive temper always. You know he had a very strong emotional reaction to things and low frustration tolerance but as of this January it became a more regular occurrence. I have to say the lockdown really did not help because obviously it was family cooped up together. As parents we are trying to be quite strict about screen time so we will always check if he is home-schooling, are you actually, you know.. do you have your computer camera on so the teacher can see you? Are you sure that you are not checking Minecraft the in the meantime so I think we were doing a lot of micromanaging which probably didn't .... Well which I know he does not like, boundaries setting has always been a bit more of a challenge with him so that just led to this explosive combination. Since then the things I have noticed are him sort of really shouting at us, at me, at all of us in a very threatening way. You know, when I ask him 'can you just turn off your screen now enough' he goes 'Do you want to try me?' sort of in a really bullying talk, he would come up to me and say to me 'I am not scared of	115 120 125 130 135 140	<p>following her and kicking</p> <p>Developing aggressive actions and behaviours</p> <p>Psychological language: expression of fear-analysis – she is making sense of them in psychological terms</p> <p>This behaviour made her feel she needed to see a professional – reached threshold</p> <p>'Interesting' way, she not sure what to make of that – justifying it (temper/fear/anxiety)?</p> <p>Conflicted.</p> <p>Tried to intervene in principle</p> <p>Needing addressing</p> <p>EXPLOSIVE TEMPER – low frustration tolerance – psychological language</p> <p>Regular occurrence</p> <p>Lockdown – external factor – universal aspect-exacerbate problem</p> <p>Parents using parental presence – showing they tried the 'right things'?</p> <p>Micromanaging – articulate use of language</p> <p>Importance of boundaries- parental presence</p> <p>Repetition of 'challenge'</p> <p>Very strong description 'explosive'</p> <p>Repertoire of aggressive behaviour- more episodes</p>
Wondering about the external factors- quest for answers			
Attempting to establish the parental presence			
Experiencing			

<p>- physical, verbal, emotional, threat</p> <p>Motherhood at crisis point Grappling with absurdity Experiencing shame and guilt Sense of failure</p> <p>Paradox Experiencing crisis in motherhood – threat to motherhood</p> <p>Experiencing a constellation of emotions/rollercoaster</p>	<p>you now’ because you know he is almost my height, he would <b>grab</b> my hands, if I want to take away his laptop which obviously I know I should not do otherwise I can tell him 500 times ‘can you please <b>stop</b> now, can you please <b>stop</b> now’ and he does not react. So there has been some of those behaviours where he <b>grabs</b> my hands, he <b>pushes</b> me backwards when he wants more screen time or I do not extend his screen time so that has been really, <b>really challenging</b>. <b>Shocking</b> that your <b>own</b> child behaves like this at the age of 11. Yes, there is a big element of <b>shame</b> as well <b>guilt</b> ‘<b>what did we do wrong</b> as parents?’ <b>Helplessness</b>, you feel so <b>out of control</b>, and you feel... you know... my child is 11 and I <b>can’t control him</b>, so is real sense of <b>helplessness and impotence</b>, so yes, <b>very strong emotions</b>. Those are the things that we started seeing since January.</p> <p><i>Researcher:</i> Strong emotions, as you said, shame and guilt and that sense of feeling very helpless in front of the situation. In terms of an episode that you feel like, that is the episode where I really feared where I realised that actually this is a big problem now...what do you think? which one do you think it might be?</p> <p><i>Participant:</i> Ahhh, where did we start thinking this is a real problem... well there is a couple probably, one was</p>	<p>145</p> <p>150</p> <p>155</p> <p>160</p> <p>165</p> <p>170</p>	<p>Repertoire of aggressive behaviour- increase level of physical aggression</p> <p>Screen time as a trigger Anxiety</p> <p>Stop – repetition – helplessness- does she feel disregarded – loss of parental presences- sense of crisis</p> <p>Repertoire of aggressive behaviours – dominance and control</p> <p>Challenging- repetition</p> <p>Own child usage – not expected from hers?</p> <p>Very strong description ‘shocking’ - for parents/for reader</p> <p>Inappropriate behaviour for his age – against nature? Questioned their ability to parent – self-doubt, insecurities</p> <p>Subjugation of self</p> <p>‘What did we do wrong as parents’ parental responsibility – impotence -</p> <p>Repertoire of emotions – shame seems to be quite prevailing feeling</p> <p>Very strong description ‘out of control’</p> <p>Rollercoaster of emotions</p>
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<p>Wondering on impacts of external factors Attempting to exercise parental presence- need to control Experiencing violence</p> <p>Experiencing violence- verbal/physical threat Grappling with absurdity Shocking experience- mother under threat</p>	<p>with my husband, you mean any episode or one episode against me?</p> <p><i>Researcher:</i> Any episode where you realised actually there is a big problem here ...</p> <p><i>Participant:</i> So one of them was around screen time again, where we asked him to switch off, switch off, switch off. What we have is <b>parental control</b> over his phone so that means that at some point we can set it to switch off and of course that means in the middle of the game sometimes it can just stop and that means he says that he lost everything he has worked for for over a hour.. so there is this one time where it did switch off but then we allowed him to extend a little bit and then he was <b>yelling</b> at us 'when I am done with this <b>I am going to stab you, I am going to slit your throat</b>', or something... so we noticed a lot of the <b>computer speak</b>... you know... things which happen in the <b>computer games start merging with reality</b> and then he was in such <b>anger</b> and he went downstairs and my husband was downstairs so I did not see this but he actually went to the kitchen cupboard and <b>he pulled out a small knife</b> but nevertheless he pulled out a knife but then he turned around and moved to the other side of the kitchen counter so he didn't come up to my husband and <b>threatened</b> but nevertheless he said I am going to <b>take a</b></p>	<p>175</p> <p>180</p> <p>185</p> <p>190</p> <p>195</p> <p>200</p> <p>205</p>	<p>Technology again- control and structure the relationship in many ways – what the object can do and symbolise -different world- freedom? A world where the child is in control Threat of violence Present Parents- Parental control Breach of the physical self and safety- forceful intrusion – desire to cut her open -</p> <p>Very strong aggressive repertoire- SHOCK – stab you/ slit your throat Justifying reaction?(he lost everything) Language- Merging games world with reality</p> <p>Verbal/emotional threat SHOCK – stab you/ slit your throat</p>
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<p>Experiencing violence/physical/threat Shocking experience being under real threat</p> <p>Experiencing physical aggression/threat/violence Shocking experience Attempting parental presence VS feeling loss of control/paradox Being a protective mother led her to end up under threat –</p>	<p>knife. But then when he had it my husband said he looked like ‘ oh my god what am I doing?’ so he realised himself that that was going too far, and then my husband said ‘just put the knife away, you are a good kid’ and just hugged him. But at that point we just thoughts...Oh my goodness, he is actually taking tools and before that he had taken sort of scissors and pretended to kind of pock me a little bit or he also once had moments where his younger brother knocked over a tower that he was building and then he was sharpening a pencil and said ‘I am going to stab my brother, I am going to stab my brother’ So I stood in front of the door to not let him out. So, sorry, those are several incidents....</p>	<p>210</p> <p>215</p> <p>220</p> <p>225</p> <p>230</p>	<p>Use of violent adult-like language Impact of technology? External factor Fantasy of video games FAMILY AFFAIR – Everybody are impacted/involved - FEAR SHOCK – threat – actual weapon crossed the boundaries/ threshold She is reporting a significant shocking incident Going too far VS being a good kid – unexplainable Lack of awareness of his own actions- unconscious mode of being Taking tools- knife, scissors- SHOCK Parental presence – Mother is protector and victim at the same time Using weapons – scissors pocking From speech to action Fear and need to protect themselves and sibling from the child Putting herself at risk to protect- put her under threat FAMILY AFFAIR – Everybody are impacted/involved Standing in front of the door – protective mother – parental presence-systemic</p>
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## Appendix J – Analysis Stage 2

### Stage 2 – Selection Going Into Clusters (Yellow to assign groups - Green Repetitions)

#### Experiential Statements – Interview 1- Lily

The important journey of motherhood

Feeling the responsibility

Shocked by the challenges of motherhood – crisis point

Motherhood as work

Struggling with the role

Motherhood as conscious work

Conscious work of motherhood

Experiencing physical violence & threat

Attempting to establish the parental presence

Wondering about the external factors- quest for answers

Attempting to establish the parental presence

Experiencing  
- physical, verbal, emotional, threat

Motherhood at crisis point

Grappling with absurdity

Experiencing shame and guilt

Sense of failure

Grappling with absurdity

Experiencing crisis in motherhood – threat to motherhood

Experiencing a constellation of emotions/rollercoaster

Wondering on impacts of external factors

Attempting to exercise parental presence- need to control

Experiencing violence

Experiencing violence-verbal/physical threat

Grappling with absurdity

Shocking experience- mother under threat

Experiencing violence/physical/threat

Shocking experience being under real threat

Experiencing physical aggression/threat/ violence

Shocking experience

Attempting parental presence VS feeling loss of control

Being a protective mother led her to end up under threat – absurd

Experiencing fear

Expressions of violence/physical/threat

Searching for answers

Experiencing violence

Experiencing a sense of failure

Reflecting on the dilemma/torment

Experiencing ambivalence

Experiencing an inner conflict-

Attempting to make sense

Searching for answers – attempting problem solving

Experiencing torment -

Taking responsibility

Experiencing a sense of failure

Struggling with Guilt – Shame – blame – complex landscape/rollecoaster

Experiencing complex emotional landscape/rollercoaster



Living under threat

Complex emotional landscape/rollercoaster

Tormented quest

Implications for the whole family

Feeling silenced

Living under threat

Complex emotional landscape

Not knowing how to manage it

Consciously trying to solve it

Implications for couple/family

Meaning making – quest for answers

Experiencing Shock- attempting to make sense

Experiencing fear of Judgment - shame

Struggling to find similarities

Quest for solving the situation – feels unresolvable

Putting constant conscious work

Ongoing tormented quest- reflecting on the shocking reality – absurd

Experiencing Inner conflict

Problem solving

Living a constant rollercoaster experience – complex emotional landscape

Ongoing tormented quest

Looking for where the responsibility lies

Fearing being judged – stigma

Experiencing Shame

Mothering by doing conscious work

Feeling Shame

Trying to make sense of the situation

Experiencing strong sense of shame as prevailing emotion – sense of failure

Desire for understanding

Experiencing a rollercoaster

Fear of being judged

Fearing of being judged

Experiencing shame-

Reputation at risk

Grappling with absurdity

Parenting being attacked

Acknowledging as a shocking experience – absurd

Not wanting to be judged

Fearing of judgement

Wanting to be understood

Reputation at risk

Stigma & shame

Being silenced

Dreading a sense of shame

Wanting to be understood

Unexplainable experience – shock –

Grappling with absurdity

Fearing of judgement

Experiencing Multitude of emotions

Wondering about external factors

Quest for answers and solutions

A sense of being under threat

Rollercoaster experience

Implications of Shame - led to private venues

Shock VS reality check

Problem solving

Experiencing exposure to proper aggression

Feeling supported created hope

Wanting support

Wanting support not judgement

Feeling excluded/shamed by the system

Experiencing an unexpected threat as a mother- unexplainable

Grappling with absurdity

Shocked by the experience

Experiencing different forms of violence

Verbal/physical/emotional

Silenced by fear

Dealing with complex emotions but shocking overall

Impacting on the family

Experiencing violence

Rollercoaster experience

Feeling a sense of failure sense of failure - ineffective parental presence

Complex emotional landscape

Impacting on the whole family

Struggling with crisis point

Helplessness due to not knowing how to sort this- feels unresolvable

Parenting is under attack

Looking for where to place responsibility – quest for answers

Wondering around the impact of external elements

Experiencing crisis point

Motherhood at Crisis Point – absolute loss of confidence – not knowing how to do parenting

Reflecting on the impact of external elements

Problem solving

Feeling defeated

Putting in the conscious work

Impact of external elements

Living under threat

Making sense of the situation

## Appendix K – Analysis Stage 3

### Stage 3 – Clustering & Initial groups - Interview 1- Lily

<p>Putting constant conscious work</p> <p>Consciously trying to solve it</p> <p>The important journey of motherhood</p>	<p>Motherhood at crisis point</p> <p>Shocking experience- mother under threat</p> <p>Parenting being attacked</p>
<p>Experiencing - physical, verbal, emotional, threat</p>	<p>Wondering about the external factors- quest for answers</p> <p>Taking responsibility</p> <p>Looking for where the responsibility lies</p>
<p>Grappling with absurdity</p> <p>Being a protective mother led her to end up under threat – absurd</p> <p>Ongoing tormented quest- reflecting on the shocking reality – absurd</p>	<p>Experiencing shame</p> <p>Guilt</p> <p>Sense of failure</p> <p>Self-blame</p> <p>Experiencing a constellation of emotions/rollercoaster</p> <p>Experiencing fear</p> <p>Experiencing fear of Judgment</p>
<p>Reflecting on the dilemma/torment</p> <p>Experiencing an inner conflict</p> <p>Tormented quest</p> <p>Attempting to make sense</p> <p>Searching for answers – attempting problem solving</p> <p>Not knowing how to manage it</p>	<p>Experiencing ambivalence</p> <p>Struggling to find similarities</p>

Quest for solving the situation – feels unresolvable	
Implications for the whole family Implications for couple/family	Feeling silenced -Silenced by people - Silenced by fear - Silenced by shame
Desire for understanding Wanting support	Being alienated

## Appendix L – Analysis Stage 4

### Stage 4 – Clustering & PETs - Interview 1- Lily

<u>PETs</u>	<u>Sub-themes</u>
<p>● <b>Motherhood under threat</b> Or Crisis of Motherhood? Or Motherhood under siege? Or Motherhood endangered?</p>	<p>◇ Violence (phys/psych/verb) ◇ Conscious work ◇ Crisis of motherhood</p>
<p>● <b>Inner Conflict</b> Or Feeling the burden? Or The many layers of CPV?</p>	<p>• Complex inner landscape • Fearing for the dyad/self • Fearing for the family unit • Ambivalence</p>
<p>● <b>Stigma</b> Or The Pervasive Experience of Shame? Or The Overwhelming emotional experience of stigma?</p>	<p>○ Experiencing fear, guilt &amp; failure ○ Fear of Judgement ○ Living feeling reputation is at risk ○ Being silenced</p>
<p>● <b>Search for meaning</b> Or Making sense ? Or Sorting the unresolvable? Or The tormented quest?</p>	<p>▪ Shock and attempts to make sense ▪ Wondering about external factors ▪ Paradoxical experience ▪ Problem solving</p>

## Appendix M – Analysis Stage 5

Table of Final GETs & Sub-Themes





## Appendix N – Analysis Stage 6

### Record of GETs and Sub-Themes Grounded in Data

GET 1 – The Unresolvable Quest		
<b>Sub-theme 1</b>  <i>Where is this coming from?</i>	LILY	L. 156- L.269-276 - L.289- 295 - L.379-387 - L. 401 – L.408- 413 – L.455-461 – L.469-472- L.619-620 – L.750- 754 – L.790-797 - L.830-836
	ALICE	A.64-65 - A.107-117 – A.386-387 – A. 529-537 – A.759-761 -A.909-915 - A.922-929 – A.931-934 – A.1189-1192 – A.1332-1335 - A.1434-1441 – A.1496- 1497 – A.1531- 1534 – A.1640-1641 - A.1826-1837 - A. 1829 – 1838 -
	DALIA	D.64-67 – D.95 -D.135-138 – D.169-171 - D.175-177- D.392-403 – D.417 - D.425 - D.433- D.446 -447 – D.491-496 – D.627-629 - D.796-798 - D.1027-1037 – D.1044-1049 - D.1055-1057
	BEATRICE	B.31-32 - B.129-135 – B.148-149 -B.195-201 B.244 – B.410 – B.425 -B.441-445 – B.500-504- B.531 – B.540-541 – B.716 – B.816 - B.965-977 – B1100-1109 – B.1265 – 1272 – B.1330-1345
	CHESSY	C. 46-53 – 104-113 - C.168-174
<b>Sub-theme 2</b>  <i>How do we sort this?</i>	LILY -	L.158-159 - L.348-351 - L.358-361 -L.390 - L.414-515 – L.746-747
	ALICE -	A.206-207 – A.270- 277 – A.342 -343 – A.435-437 -A.535-539 – A.579-580 -A.659- A.736-739 - A.754-755 – A.906 - A.1427-1432 -A.1499 - A. 1520-1521 -A. 1689- 1696 –A. 1746- 1751 – A.1792-1793 -
	DALIA	D.96-100 – D.150- D.461-462 – D.665- D. 811- 814 - D.969-975
	BEATRICE	B.150 - B.176-177 – B.187-191 - B.221- B.230 – B.246-247 - B.294-295 - B.299-301 – B.462 – B.685-694- B.700 -B.717-723- B.725-726 – B.735-736 -B. 810-811 -B.974-979-
	CHESSY	C.190-197 – C.201-205 - C.555-562 – C.613-617 – C.626-633 - C. 680-681
<b>Sub-theme 3</b>  <i>What are they waiting for?</i>	LILY	L.573-574 – L.577-578 - L.698-705 – L.709-711 – L.806-818
	ALICE	A.1206-1209 - A.1244- 1246 –A.1281-1291 – A.1300- 1301 - A.1564-1566 – A.1715- 1724

		– A.1729- 1735 - A.1845 -1850 – A.1861-1870 - A.1914-1934-
	DALIA	D.230-234 - D.605-607 – D.674-675- D.682- D.954-955 - D.1012-1014
	BEATRICE	-
	CHESSY	C.416-417- C.420-427 – C.527-534 - C.535-540 - C.605-607 - C.634-638 – C.640- 641 – C. 649 - C.654-656 -

GET 2 – Motherhood Under Siege		
<b>Sub-theme 1</b>  <i>The paradoxical violence</i>	LILY	L.109-111- L.119- 122- L.136-145 - L.150-155- L.194-196 - L. 201–207 – L.214-221 – L.251-252 - L.328-333 - L.353-354 – L.364-370 – L.605.606 – L.711-715 – L.723-727 – L.737-740
	ALICE	A.88-89 – A. 121- A. 155-157 – A.265-269 – A.282 – A.289-292 – A.310-316 – A.355-365- A.379-385 - A.390- 399 – A.405-407 – A.421-422 - A.450-457 – A.467-468 - A.478-485 - A.614- 617 - A.669-674 - A.691-692- A.700-702 – A.770-774 – A.1035-1042 – A.1049-1050 - A.1-058-1059 – A.1065-1074 – A.1156 – A.1475- 1491 – A.1510 – A.1521- 1530 - A.1596 - A.1600-1626
	DALIA	D.173 – D.244-247 - D.267-271 – D.287-291- D.453-455 – D.497-500 - D.513- 525 - D.527-529 - D.543 - D.558-560 – D.575-576 – D.581-582- D.590-595 - D.620 - D.756 – D.788-791 – D.849 – D.909 -910 – D.950-954 – D.991-994 -
	BEATRICE	B.362- 371- B.380-387 - B.555-559 - B.584-585 – B.586-590- B.705-706 - B.943-949 – B.1070- 1074 – B.1225-1227
	CHESSY	C.125-127- C.133-135 - C.152-162- C.224-226 – C.262-264 – C.339-340 - C.354-355 – C.392- 393 - C.675-680 – 1228- 1230 -
<b>Sub-theme 2</b>  <i>The judging gaze of others</i>	LILY	L.445 - L.465-467- L.533-547 - L.577-582 – L.596-600 -
	ALICE	A.788-799 – A.819- 824 – A.915-921 - A.1172- 1180 - A.1401-1416 – A.1224-1226 – A.1244-1256 – A.1336- 1339 -

		A.1364-1371 -A.1399-1416 - A.1770-1789- A.1794 – A.1804-1805 – A. 1895 – A.1939-1940 -
	DALIA	D.275 – D.501-502 - D.950-951 – D.956-960 – D.1000-1001
	BEATRICE	B.729-730 – B.1065-1068 – B.1125-1130 – B.1137-1140 -
	CHESSY	C.264-267 – C.341-346 – C.541-542 - C.450-460 - C.460-465 – C.466-471 – C.479- 482- C.487-492- C.512-522 - C.535-537 - C.641-644 - C.655-567
<b>Sub-theme 3</b>  <i>Professional shortcomings</i>	LILY	L.647-652 – L.705-707
	ALICE	A.180-195 – A.608-610 – A.849-857 - A.1280- 1281 - A.1350-1359 – A.1560 – 1562 - A.1741-1742 - A.1754-1765 - A.1573-1574 – A.1597 – A.1635- 1640 – A.1657–1681 – A.1700- 1705 – A.1755-1756 – A.1812 -1826 - A. 1854-1860 - A. 1883-1894 – A.1901-1905 -
	DALIA	D.155- 165- D.213-219 – D.233-246 - D.604-607 – D.619 - D.667-670 - D.825 – 834 – D.840-841 -D.854-855 – D.902- 907 – D.916-917 - D.985-987 – D.1008-1009 – D.1012-1015 - D.1060-1064
	BEATRICE	B.1113-1116 – B.1186-1187 - B.1189-1190 – B.1199-1210
	CHESSY	-

GET 3 – The Burden in my Heart		
<b>Sub-theme 1</b>  <i>The ambivalent mother</i>	LILY	L.274-277 - L.280-285
	ALICE	A.145-151 - A.163-175 - A.556-562 – A.576-579 – A.580-584 - A.624-636 – A.636- 643 - A.646-654 – A.707-709 -
	DALIA	D.346-353 – D.434-435 -B.452-455 D.632- 636 – D.640-644 – D.663-665 - D.784-788 – D.1002 -1006 -
	BEATRICE	B.95-101- .341-350 -B. 454-455 - B.618-626 – B.695-700 – B.1215-1225 – 1355-1359
	CHESSY	C.289-292 - C.296-298 - C.318-320 - C.565-566

<b>Sub-theme 2</b>  <i>Inner turmoil of a mother</i>	LILY	L.28-30 L.326-334 -L.781-783 -L.799-800 – L.838-839 -
	ALICE	A.100-105 – A.411- 419 – A.440-445 – A.495-500 – A.506-509 - A.514-521 A.544-550 – A.573-575 – A.594- 596 A.660-661 – A.714- 719 – A.725-729 – A.731- 735 – A.749- 750 - A.809-821 -A.950-952 – A.976-980 – A.1381-1383- A.1761-1765 – A.1871-1880 -
	DALIA	D.85-86 – D.109 – D.185-188- D.272 -D.302-307 - D.320-322 – D.335 – D.539-541 – D.544-549 -D.554-557 - D.564- 569 - D.595-601 – D.645- 649 D.654-655 – D.744-746 – D.821-822 - D.1060 – D.1067-1070
	BEATRICE	B.147 – B.201-205 -B.510-515 - B.626-632 – B.714-715 – B.914 – B.1060 – B.1085- 1090 – B.1255-1257
	CHESSY	C.230-235 – C.243-245 - C.250-257 - C.274-279 – C.306-311 – C.361-367 – C.394- 399 - C.435-439 -C.551-554
<b>Sub-theme 3</b>  <i>The shattered family</i>	LILY	L.351-352 – L.355 -356- L.373-376 -- L.732- 736 – L.755-756 -
	ALICE	A.679-682 -A.946-947 -
	DALIA	D.89-90- D.102-109 - D.325-327 - D.360 - D.535-536 -D.576-579 - D.583-590 – D.609-616 – D.687 – D.707-711 – D.748-750 - D.759 – D.770-772
	BEATRICE	B.306- 307- B.509-510- B.1152-1163 – B.1166-1167 – B.1174
	CHESSY	C.340 - C.391-399