

Adolescent Violence towards Parents: Maintaining Family Connections When The Going Gets Tough

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This paper explores some of the dilemmas, difficulties and decisions faced by mothers whose adolescent sons or daughters act in violent and abusive ways and refuse any counselling. A group intervention program, designed to assist these mothers in more fully understanding and addressing their adolescent's behaviour, was evaluated using both quantitative and qualitative methods. Self-report questionnaire data indicated that following the group intervention the mothers reported less violence in their homes, and significantly less personal anxiety and fatigue. However, these women continued to experience high levels of depression, and the reasons for this are discussed. These findings are integrated with information from post-intervention, in-depth interviews which indicated that participants valued the group experience because they realised that they were not alone, their problems were understood, and they developed a wider range of strategies to deal with their children's violent behaviour.

In comparison to studies of domestic violence between intimate partners, and of parental abuse of children, researchers and clinicians have paid less attention to adolescent violence towards parents. Despite recent attention in the literature (Browne & Hamilton, 1998; Downey, 1997; Sheehan 1997) a veil of secrecy surrounds the topic in much the same way that other forms of family violence have been hidden in the past. Whilst there have been studies which have examined rates of violence (Agnew & Huguley, 1989; Browne and Hamilton, 1998; Cornell & Gelles, 1982; Kratcoski, 1985; Livingston, 1985; Peek, Fischer & Kidwell, 1985) and its aetiology (Browne & Hamilton, 1998; Kratcoski, 1985; Paulson, Coombs & Landsverk, 1990), the literature offers few descriptions, or evaluations, of clinical work. This paper describes the development and evaluation of a group intervention program designed to assist mothers in more fully understanding, and coping with, their adolescent¹ sons' and daughters' violent behaviour in the home.

Adolescent Violence to Parents

Definition

Definitions of violence have generally focused on a limited range of physical behaviours such as hitting (Browne &

Hamilton, 1998; Paulson et al., 1990). However, other forms of violence occur frequently and include physical, emotional, and verbal behaviours arising from a belief that one's entitlements outweigh one's responsibilities (Jenkins, 1990). In this study, behaviour is considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence. It is important to distinguish between youth to parent violence and partner to partner violence because they differ in a number of respects. The parent does have a responsibility to parent, making the option of leaving the relationship less appropriate. Also, although 'victim' parents may not be physically bigger than the 'abusing' adolescent, they are likely to be more powerful in terms of resources. However, counteracting this greater economic and social power is the fact that an adolescent's threats to wreck the house or to take life-threatening risks are behaviours likely to maintain power over parents.

Who is Targeted, and How Often?

There is limited knowledge about the extent of adolescent violence towards parents, with many studies relying on self-reporting by adolescents, who are likely to minimise the rate and severity of their violence (Agnew & Huguley, 1989; Cornell & Gelles, 1982; Peek et al., 1985). Rates of adolescent violence vary widely depending on definitions



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and the method of collecting data: from 7% (Peek et al., 1985), to 10% (Browne & Hamilton, 1998), and to 29% in families parented by sole mothers (Livingston, 1985). Depending on how violence is defined, there are differing reports on whether fathers or mothers are more likely to be victims of violence, although the weight of evidence supports the view that mothers are more likely to be targets. Data from the Justice System (Crimes Act Monitoring Report, 1997) indicate that more mothers than fathers take out Intervention Orders against their children. This is supported by reports that mothers are more frequently on the receiving end of adolescent violence from both sons and daughters (Cornell & Gelles, 1982; Evans and Warren-Sohlberg, 1988; Pelletier & Coutu, 1992). Sons are more likely to hit their fathers and this violence increases in later adolescence — perhaps because the young men take advantage of their increased size and strength (Cornell & Gelles, 1982; Peek et al., 1985).

Explanations

Explanations for youth to parent violence have included previous experience of family violence, ineffective parenting, conflictual family relationships and poor parenting — particularly by mothers. Witnessing family and marital violence has been linked to increased youth to parent violence (Carlson, 1990; Cornell & Gelles, 1982; Kratcoski, 1985; Livingston, 1986; O'Keefe, 1996). Exposure to ongoing domestic violence has also been shown to have a profound effect on adolescent development and can be a predictor of violent delinquency (Pfouts, Schopler & Henley, 1981), particularly in males (Carlson, 1990). Children who witness aggression as a way of solving problems are likely to repeat this behaviour themselves (Cornell & Gelles, 1982; O'Keefe, 1996). Physical maltreatment, neglect and abuse in childhood (Browne & Hamilton, 1998; Wells, 1987), and inappropriate disciplining of children (Kratcoski, 1985) have also been found to lead young people to aggressive and violent behaviour. Patterns of violence are likely to repeat themselves over generations (Doumas, Margolin & John, 1994).

Poor and ineffectual parenting may lead youth to attempt to replace parents and take control, or to punish parents for showing lack of leadership (Harbin & Madden, 1979). Some researchers suggest that violence occurs when an adolescent feels powerless to influence parental attitudes, to get needs met, or to resolve conflict (Finklehor, 1983; Paulson et al., 1990). Less conflict within the home and greater attachment and trust between parents and children are also likely to reduce adolescent violence (Agnew & Huguley, 1989; Paulson et al., 1990; Peek et al., 1985).

Explorations of socially constructed beliefs about mothering may provide a useful link to further understanding youth to parent violence. Mothers are constructed as 'good' and 'bad', which leads to ideas of 'right' and 'wrong' mothering practices (Weingarten, 1994). The 'good' mother should be able to prevent problems from developing or at

least fix them; if she cannot, she is a 'bad' mother. This encourages mother-blaming and it does not leave room to explore the reciprocity of relationships — perhaps the mother and adolescent are both 'caught' in the abuse in different ways. Most significantly, within this dichotomy there is no room for the woman's autonomy or personhood — she is reduced to 'good' or 'bad'. Without a sense of herself, the woman loses her place in the relationship and becomes lost and disempowered (Weingarten, 1994, 1998) and is less able to define the areas of responsibility for herself or her adolescent.

Recent research on adolescence has explored the myth of separation as the goal of maturity and replaced it with the notion of mutual interdependence, recentring the importance of the mother-adolescent relationship (Grotevant & Cooper, 1983, 1985, 1986; McDermott, Robillard, Char, Hsu & Ashton, 1983; Peterson, 1993). Violence interferes with this ongoing relationship, and thus disrupts the adolescent's process of individuation.

Intervention Strategies

The findings cited above have contributed to the family being a natural target for clinical intervention (de Shazer and Berg, 1992; Jenkins, 1990; Micucci, 1995; Sheehan, 1997; White, 1988; White and Epston, 1990). White, Epston, de Shazer, and Jenkins use narrative methods and solution-focused strategies to invite adolescents to take greater responsibility for their violent behaviour, and to invite victims to re-author their lives and seek a greater sense of empowerment. Jenkins also addresses the fact that the young person may have suffered injustices. One of the difficulties with this work is that violent offenders rarely acknowledge that their behaviour is a problem, nor do they readily take responsibility for their violence or seek counselling to assist in changing their behaviour (Jenkins, 1990).

There is little attention in the literature to groupwork as a treatment option for mothers of violent or abusive adolescents, although groups have been helpful to women survivors of domestic violence (Jackson & Dilger, 1995; Tutty, Bidgood & Rothery, 1993). Parent education groups have also been popular and effective as a means of supporting parents (Kelly, 1990; Paulson et al., 1990). Group counselling and parenting groups provide victims of violence with a range of opportunities: to share experiences, to feel accepted and safe, to explore sociocultural beliefs about mothering, and to try new strategies in dealing with violent behaviour at home.

In summary, the literature indicates that adolescent violence and abuse to parents is a significant problem that has been neglected by clinical researchers. Although this is clearly a family issue, abusive adolescents and indeed fathers are unlikely to seek counselling for themselves. Mothers, the main targets of abusive behaviour, are the most in need of assistance, yet there remains no reported clinical evaluation of a group intervention supporting mothers in this situation.

Program Aims and Guiding Assumptions

We sought to redress the absence of clinical research in this area through the development, implementation and evaluation of a group counselling intervention program for mothers dealing with violent and abusive adolescents. The study also aimed to advance the field's understanding of the impact of adolescent violence on mothers. The program was guided by the following principles:

- creating and maintaining safety within the home is a core priority
- violence is not acceptable and may constitute assault
- legal sanctions are powerful tools to assist people in taking a stand against violence
- violence should not be trivialised or relabelled as anger or 'bad temper'
- victims of violence (in this case mothers) prefer to end the violence rather than end the relationship
- violence occurs within a broader social context that takes into account issues of gender, power, entitlement and responsibility
- families can overcome violence in their lives
- young people are capable of taking responsibility for their violent behaviour.

Method

Participant Selection and Procedure

The group program was advertised in school newsletters, local newspapers, and leaflets to other agencies, including doctors' surgeries. Most women self-referred, although a few were referred by professionals. Participants were interviewed on the telephone by one of two group leaders to clarify their concerns about their child's violent behaviour. Both facilitators were experienced social workers, family therapists and group therapists. Participants were given written information about the study and consent forms, and assured that if they chose not to fill out research questionnaires, their participation in the clinical program would not be affected. The major selection criterion for the group was that the level of violence had to be severe enough for the women to feel concerned about the well-being of either themselves or children in their care. Many of the eighteen women who participated in one of three groups were also living with histories of domestic violence and sexual abuse, psychiatric problems and other disabilities, separation, sole parenting or lack of support from their partner. The young people had refused an invitation to counselling, or else mothers had felt it would increase the risk of violence.

Group Intervention

The groups were designed with both a therapeutic and educational focus. They were based on the development of a non-hierarchical, respectful and warm relationship between the two facilitators and the women, in which care,

empathy, and a safe environment were purposefully created and maintained. The relationship itself was interventive, as it allowed the space in which the women could explore the personal experience of being abused by their child, and the fears, hopes, losses and dreams that could not easily be acknowledged elsewhere. Within this context, women were able to challenge long-standing beliefs, assumptions and patterns of behaviour. Careful listening to the women's stories gave a voice to their subjective experience and so placed them in a position to reflect on and analyse their experience and to act accordingly.

The objectives of the group program were:

- to stop the violence
- to increase mothers' sense of well-being
- to assist mothers to hold the young person accountable for his/her violence while maintaining the relationship
- to enhance the mothers' skills in listening, communicating, conflict resolution and conflict negotiation
- to provide a forum for exchange of practical information about legal issues, substance abuse, housing options, support groups and so on.

Topics covered included:

- the right to safety
- definitions of violence — including participants' discourses around violence and the leaders' professional understandings
- mothers' beliefs about the causes of the violence
- adolescent development
- the social construction of parenting — especially mothering
- communication skills; anger — their own and others'; assertiveness and conflict resolution
- legal/statutory options for creating safety.

The groups followed a flexible format that included small and large group discussion, didactic input and role-plays. The leaders planned each session, taking into consideration the overall group aims, the previous session and the expressed interests of group members. In order to maintain a balanced view of the needs of the mothers *and* their children, regular debriefing and discussion sessions were held with other members of the agency's counselling team.

The first group program ran weekly for six two-hour sessions. The second and third group programs were extended to seven sessions in order to incorporate additional material developed in response to group members' needs. A follow-up session was held six weeks later for each of the programs.

Quantitative Measurement

A multiple method approach was used to generate both qualitative and quantitative data from a number of different perspectives (Mason, 1994; Reinhartz, 1992). Two scales were used to establish the psychological distress or well-being of

the mothers. These tests were administered pre and post the group program. Qualitative procedures are reported below.

The Profile of Mood States (POMS). This is a 65 adjective, five-point rating scale that measures six distinct mood states: depression, anxiety, anger, fatigue, tension and vigour (McNair, Lorr & Droppleman, 1981). The POMS is a useful research instrument for measuring changes in mood states in normal populations and has good reliability and validity (Bech et al., 1993). Clinical cut-off scores were: 20+ for Anxiety; 26+ for Depression; 15+ for Anger; 10+ for Vigour; 12+ for Fatigue; 13+ for Confusion.

The General Health Questionnaire (GHQ-28) (Goldberg, 1978). This is internationally used to screen for psychological disorders within the general community and has consistently good reliability and validity (Bech et al., 1993). The four subscales measure somatic symptoms, anxiety and insomnia, social dysfunction, and depression. The threshold score of 5/6 (using GHQ scoring 0-0-1-1) was used to obtain an optimal cut-off point. The total GHQ score was used to determine change in psychological well-being over time.

The Violent Behaviour Questionnaire (VBQ). This evaluated the type and severity of violence, and strategies used to deal with it. The VBQ was specifically designed for this study when a review of family and child assessment measures (Grotevant & Carlson, 1989) failed to produce an instrument with enough information about different types of violent behaviour. The VBQ was administered pre- and post-intervention, and at follow-up six weeks later. The VBQ has 22 descriptors of violent behaviour that are grouped into the following five categories: verbal (e.g. swears); physical (e.g. hits); social/emotional (e.g. abuses mother in front of her friends); property (e.g. steals money); and life threats (e.g. menaces with knife). Each descriptor of violence is rated on a seven-point Likert scale ranging from 'not a problem' to 'a severe problem'. Although there has been no formal reliability or validity testing for this instrument, each item's face validity was checked by colleagues whose feedback contributed to the current version of the VBQ. The second part of the VBQ included a list of 20 possible strategies to deal with an adolescent's violence. The subject/item ratio precluded the possibility of doing a factor analysis on this small data set, so the strategies were grouped according to their face validity: rewards/punishments (e.g. withholding privileges); emotionality (e.g. angrily confronting or crying); communication (e.g. listening); external control (e.g. calling police agencies); and internal control (e.g. the mother leaving the house). Participants rated the effectiveness of each strategy tried on a seven-point Likert scale from 'not at all effective' to 'extremely effective'.

Quantitative Findings

Reported Levels of Violent Behaviour

Reports of violent behaviour in the home as measured by the Violent Behaviour Questionnaire (VBQ) indicated that there

was a significant reduction in the overall level of perceived violence at the end of the group and that this reduction was maintained at the time of follow-up (see Figure 1). Friedman's non-parametric test² to determine differences between mean scores over time indicated significant changes pre- and post-groups ($N = 17$, M pre = 76.18, $SD = 17.86$, M post = 63.65, $SD = 25.17$, $\chi^2 = 4.77$, $p = .029$).

In order to determine which types of violent behaviour were reduced, further Friedman's tests of significance were carried out on the pre-determined categories of violence. There was a significant reduction between pre- and post-groups in verbal and physical violence and this reduction was maintained at the time of the follow-up (verbal violence: $N = 17$, M pre = 21.35, $SD = 5.7$, M post = 17.52, $SD = 8.3$, $\chi^2 = 5.40$, $p = .02$; physical violence: $N = 17$, M pre = 15.76, $SD = 7.53$, M post = 12.11, $SD = 6.65$, $\chi^2 = 6.25$, $p = .012$).

Although there was no change in perceived life threats pre- and post-groups, there was a strong trend towards a significant change over time when the follow-up assessment was considered ($N = 15$, M pre = 3.80, $SD = 2.33$, M post = 3.53, $SD = 2.1$, M follow-up = 2.53, $SD = 1.3$, $\chi^2 = 5.85$, $p = .054$). There was also a trend towards a significant reduction pre- to post-groups in social/emotional violence ($N = 17$, M pre = 18.05, $SD = 5.94$, M post = 14.64, $SD = 5.96$, $\chi^2 = 3.27$, $p = .07$). There was no change in perceived violence to property over the duration of the study.

Strategies Used to Deal with the Violence

Over the duration of the study a wide range of strategies were used by participants to deal with the violence at home. Using Friedman's test of mean differences for the group as a whole, there were no significant changes in the women's perceptions of how effective their strategies were over time. However, the test of group means masks individual differences in the selection and implementation of strategies over time, and their perceived effectiveness. For instance, some women used far fewer strategies following the group intervention but reported these newer ways of coping to be more effective.

Psychological Distress and Mood Disorder

For the GHQ-28, the clinical cut-off, or threshold criterion, used to determine the clinical status of participants,

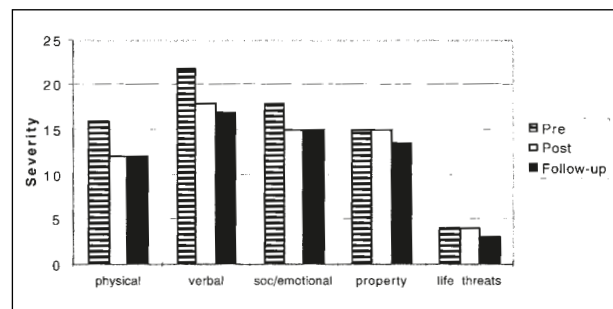


FIGURE 1
Violent Behaviour Questionnaire.

was 5/6, where a score of 6 or greater indicated a clinical level of psychological distress. Prior to commencing the group program, 93% ($n = 13$) participants reported a clinical level of psychological distress, and this level had reduced to 57% ($n = 8$) following the group intervention. A Wilcoxon Signed Ranks Test (WSRT) to determine whether there was a reduction in the numbers of women presenting with a 'caseness' level of psychological distress on the General Health Questionnaire (GHQ-28) revealed no significant shift in caseness pre- and post-group intervention for the group as a whole. However, there was a significant reduction in the level of somatic symptoms, and anxiety and insomnia (somatic symptoms: $N = 14$, M pre = 10.92, $SD = 4.25$, M post = 7.92, $SD = 7.92$, $p = .04$; Anxiety and insomnia: $N = 14$, M pre = 12.50, $SD = 4.73$, M post = 8.78, $SD = 8.78$, $p = .02$). There were no significant changes in the levels of depression and social dysfunction on the GHQ-28.

The WSRT also revealed no significant changes in the level of mood disorder on the POMS, although there was a significant reduction in the degree of fatigue experienced by participants ($N = 14$, M pre = 21.85, $SD = 7.41$, M post = 15.64, $SD = 7.46$, $p = .007$). Ten of the women (71%) reported clinical levels of depression prior to the group program, and this had dropped to 36% ($n = 5$) following intervention. Levels of anxiety, although lower than levels of depression, remained relatively stable throughout the study: 43% ($n = 6$) were anxious pre-group and 29% ($n = 4$) of participants remained clinically anxious post-intervention.

In summary, these results indicate that following the group intervention, the women reported significantly less violence in their homes. However, although they were less anxious and reported fewer somatic symptoms on the GHQ, and they were less fatigued, 36% of participants continued to experience high levels of depression on the POMS, and the 57% caseness score on the GHQ was mainly attributable to continuing reported levels of depression.

Qualitative Findings

Procedures

In order to understand more fully the reported reduction in the violence of adolescents towards their mothers, and the continuing high levels of depression — despite indications that the women were less anxious and were taking greater control of their lives — in-depth interviews were conducted. Via a method of theoretical sampling, two women were selected from each group program for in-depth interviews at the follow-up assessment point (Minichiello, Aroni, Timewell & Alexander, 1990). The participants represented as great a variety of personal, socioeconomic and cultural backgrounds as possible. Moreover the participants were selected to reflect a range of scores on indicators of psychological distress and levels of violence in their homes.³

In-depth interviews (one and a half hours in length) were conducted with each participant, with brief follow-up phone interviews. The independent interviewer (also an experienced social worker) had not been involved in the group programs. She was asked to explore two key areas: the women's experience of the group program, and their experience of the violence (including their attempts to deal with it). The interviewer used a feminist approach so that the interview itself was acknowledged as an intervention (Reinharz, 1992). The interviewer attended to the relationship and allowed a conversation to evolve in which the women's difficulties were recognised, and successes in finding solutions and dealing with the violence were highlighted and supported. The interviewer formulated process notes during the six interviews and summary notes post-interviews, as well as debriefing with a peer researcher-clinician. All interviews were audiotaped and transcribed. Detailed notes were also taken throughout the follow-up telephone interviews.

Major themes were identified by the researchers and a peer researcher-therapist who independently coded each interview. Peer checking provided a mechanism for the strongest and most consistently emerging themes to be clearly identified, enhancing the reliability and validity of the data analysis (Kirk & Miller, 1986). Interviews were analysed sequentially so that diverse themes could be elicited and explored in subsequent interviews.

Participants

Penny was a single parent with two daughters aged fifteen and sixteen years, and two older sons who had left home. Penny was employed part-time and was receiving medical treatment for depression. Her elder daughter regularly broke windows, punched holes in walls at home, threw and smashed crockery, and on occasions pushed and hit Penny. The level of violence was so great that Penny had taken to living and eating in her own bedroom.

Bella, who had been brought up in an orphanage, migrated from Malta as a young adult. Bella worked full-time as a teacher and was parenting alone. Her ex-husband had a psychiatric illness and despite having intervention orders against him because of his violence to all family members, he continued to harass and threaten the family. Her son, aged fourteen years, was verbally abusive, regularly threatened physical violence to Bella, and was physically violent to his younger sister — so much so that the children could not be left alone together.

Sonia's husband and daughter had been badly injured in a motor car accident three years earlier, leaving her husband with a debilitating head injury. She worked part-time as a hairdresser. Sonia's sixteen year-old son was verbally abusive, stole money from her, and often threatened to hit her. He also regularly punched holes in walls and ran away from home.

Liz had two sons, the younger of whom, aged seventeen, was violent. She was married and had no paid employment outside the home. In a recent violent episode her son had

taken every canister and container in the kitchen and poured its contents throughout the house. He had also threatened to break every window and door.

Bernadette and her husband had four daughters. Bernadette did not work outside the home. The second youngest daughter, now nineteen years old, had been violent for many years. She stole money and clothes from her mother and siblings and hit her mother often. The daughter alternated between being verbally abusive — yelling, swearing, screaming — and at times being mute and withdrawn. She had developed a pattern of leaving home, and then returning, as abusive as ever.

Susan and her husband had a daughter aged twelve and a son aged ten. Susan was a full-time shift worker, alternating shifts with her husband. Her daughter had an attention deficit disorder (ADD) and was verbally and physically violent to Susan and to her brother. She threatened family members with knives and scissors, hit and kicked, and damaged property. Susan had attempted to have her daughter placed outside the home, so great was her fear and her inability to manage the behaviour.

Findings⁴

In the absence of a control group and in view of the small number of participants, the effectiveness of the group intervention could not be empirically or statistically determined. However, the women's own spoken experience on interview and aspects of their self-report on quantitative measures indicated that the groups had had a positive impact on their lives and that there were some personal changes during the course of the study.

Impact of Group Process

Creating the Context

The group process was commented on positively: "I didn't find it threatening. I didn't find it intimidating ... We didn't have to blurt out our life story right on the knocker. I mean it was very gradual and [that] was a good way for it to be. I guess we were all a bit scared" (Penny). Susan was surprised at the level of acceptance in the group: "I don't think I'd expected a lot of stuff to come out in a group like this ... even though you're in a group you're still going to keep the family secret. [So] ... I was surprised, but that came with the comfort of the place ... and with the conditions ... There was nothing clinical ... it was just quite relaxing, the music ... It wasn't always just teachers and the class ... it was very equal ... quite often people in the group were talking to one another."

Breaking the Silence and Isolation

For most participants, the group provided the first opportunity to talk to others and to be believed. Penny, Bernadette and Susan had previously sought professional help but had felt that the problem was not understood by psychiatric services, community welfare services or police, all of whom were keen to refer on, as it was not clear who was responsible. These participants considered that having the violence

named was helpful, as it clarified and legitimised their concerns that the behaviour was problematic. Sonia described being unsure whether her son's behaviour was violent, as she associated violence with "people who have had a knife at their throats". She "felt confused", wondered if she was "exaggerating his behaviour" but then "realised [she] was actually afraid". Maintaining silence had led to isolation and to fear that no other families had similar experiences, which reinforced a sense of shame that the violence was their fault. As Liz noted: "It [the group] broke the isolation, none of my friends had that sort of problem". Susan and Bella found it helpful to be "not the only one".

Sense of Empowerment

Consistent with Jackson and Dilger's (1995) report on women attending survivors of domestic violence groups, participants found the group empowering, because they experienced themselves as being listened to. Bella felt liberated to choose her own course of action: "The group respected me ... they respected my [newfound] freedom". Bernadette found "The group was empowering", and Liz reported that it was strengthening to be part of the group: "Just the general atmosphere of being within that group. Listening to what they had to say, how they dealt with things ... I just seemed to gain strength ... [and] ... I was being heard and taken seriously." Penny found the group "nonthreatening ... a gradual process ... My feelings of being overwhelmed were validat(ed) ... and I learnt I had a right to safety." Sonia described feeling empowered by the support, "I think if I didn't have the support I wouldn't have had the change in thinking".

Changes in Behaviour

In addition to their comfort with the group process, the women who were interviewed all reported that they had developed broader perspectives and increased skills for dealing with violence and family problems. One of the more interesting aspects to this study was the finding that there had been a reduction in violent behaviour in the home. Without interviewing the young people themselves, the study was reliant on the mothers' views of their children's behaviour, and their self-reports of their own changes.

Increasing Awareness of Own Behaviour

Each of the women interviewed reported a growing awareness that her own behaviour in her interactions with her adolescent contributed to the problem. For instance, Susan realised that her daughter's behaviour "triggered off my own patterns" and an appreciation "that I had to change". Bernadette identified the need for a different response when she said "In the past, I would antagonise her with conversation". Similarly Bella said "... it made me realise that I had to change my attitude", and Liz reported that "It allowed me to see that perhaps I was allowing it to happen to a degree". Penny also noticed herself behaving differently: "I found ways to start behaving differently. It's pretty hard but I could actually hear this little voice in my head that I couldn't hear before."

Communication

All the women reported having learnt to implement communication styles that were less likely to escalate into violence. For most, this was learning to listen more, using active and reflective listening skills, resulting in styles which encouraged conversation and the resolution of conflict. Bella said that in the past she and her son would yell and get more upset, whereas now “In a bad moment I don’t tell him off immediately ... I wait and I call him and talk about it later.” Her son had responded positively: “He tells me more now. He communicates more when we are calm and relaxed ... He used to say, ‘You never listen’”. Bernadette found that “reflective listening” helped her “defuse the situation and [her daughter] wouldn’t slam the phone down and cut off the communication”.

Strategies

The women reported that developing a broader range of responses was also helpful. No particular strategy was helpful for every family or in every circumstance.

- *Setting consequences.* Mothers had feared that setting consequences might aggravate the situation and increase the likelihood of violence. When interviewed after the groups, however, there was an increased understanding that clear consequences attached to violent episodes were not only fair, but also containing of the violence in the longer term. Penny said that she refused to give her daughter money, Sonia refused to drive her son around, and Liz had packed up her son’s belongings and stored them in a shed and would not allow him in the house when he was behaving violently.
- *Walking away calmly.* Discovering that there were options such as walking away and addressing the problem later, when the situation was calmer, was useful. Walking away, though, could also lead to escalation at times. Many mothers disclosed in the groups that their son/daughter had chased them, beating down doors or bailing them up. Liz explained: “Before the group, I felt the only way to handle it was to retaliate with violence which was unacceptable, but the group had some different ideas. I walked away from the situation ... I knew [I had to do] something ... for him to realise that I wasn’t going to stand for that sort of thing any longer.”
- *Using legal sanctions.* Initially many of the women felt this option was inappropriate because it contradicted their beliefs about what a good mother should do. However some mothers found it a helpful way to establish that violence/abuse would not be tolerated and felt supported and encouraged that this was reinforced by the broader community. Although it was frightening to call the police or not allow a young person to return home, it was beneficial to set boundaries and limits to contain the violence. Penny commented: “I think I’ve always believed that this was some thing that mothers just had to put up with ... There’s been lots of times I’ve wanted to ring the police but just couldn’t bring myself

to do it.” She found, however, that when the police did come “in an emergency situation, it reinforced my rights and gave [me] strength”.

Reconstructing Beliefs about, and Attitudes to, Mothering and Parenting

The women believed that their children’s violence indicated that they, as mothers, had failed to reach their ideal of ‘good mothering’. The women’s beliefs about the mothering role had evolved to include a sense that it was their responsibility to manage successfully the many and varied aspects of family life.

Good Mothering and the Role of Fathers

‘Good mothering’ was a broad concept that included looking after husbands/partners in the interest of the family, without acknowledging one’s own needs. Sonia saw her task as “trying to keep everyone happy under difficult circumstances at home”. Beliefs such as: “A good mother wouldn’t let it get to this stage” (Sonia), and “Mothers should be able to fix it” (Liz) were common. “Am I a good mother?” was a constant question. For instance, Bernadette reflected: “I just think it was my behaviour as a mother and it’s probably my personality to a degree. If I didn’t react the way I’ve reacted ... it might have been better”. These views were held very strongly and even as the women reported changes in themselves and their behaviour the self-questioning continued. “There’s still a teeny tiny part of me that wavers ... it’s a protective thing. If I was a good mother it wouldn’t be happening. If I could just find the right words or do the right thing, it wouldn’t happen” (Sonia).

The young person’s belief that the mother was at fault reinforced the mother’s belief that she was responsible for stopping the violence. The fact that the adolescent was frequently more violent in the home than to teachers or friends reinforced the view that she as a mother was doing something wrong and it was therefore her responsibility to fix it. “He thinks it is my problem. I have to pay the price. It’s my fault” (Bella). “She thinks we haven’t been good parents” (Bernadette). “I ... [said]... I have rights too and she just laughed and said ‘Oh, do you reckon?’” (Penny).

The women expressed concerns about the position of the father in the family. His violent behaviour, his physical absence or his emotional withdrawal was seen as contributing to the problem, and as having a negative impact on the children at home. ‘Good mothering’ was seen as having to compensate for the perceived loss of fathers: “I think I was trying to be both parents, trying to make up for what his father can’t do” (Sonia).

Saving Face; Loyalty

There was a fear that making the behaviour public would be detrimental to the young person. Sonia worried that talking openly about her son’s violent behaviour would impact on his self-esteem. She had reported a problem to a senior schoolteacher who had commented that: ‘Most parents don’t dob their children in’. This had reinforced

both her concern that she would harm him by destroying his facade, and her belief that it is one's role as a mother to protect one's children and remain loyal, even whilst being abused by them.

Loss of the Relationship

Part of mothering is maintaining good connections and all the women feared that the young person would leave and sever the relationship if they made demands or took action such as calling the police. As Sonia lamented: "I'm afraid that I will lose him ... I think that I am afraid that he will just up stakes and go." Allied to that was a sense of loss if the young person left prematurely: "I'm not ready to give up mothering yet", said Liz, mourning her son's leaving home earlier than she had anticipated because of the violence. However, when the women expanded their notion of good parenting to include challenging the behaviour and requiring accountability, they found that their actions did not end the relationship. For example, Liz reported at follow-up that her son was coming around for a regular meal and that their relationship had improved. Penny said she was having brief but satisfying contact with her daughter.

Moving from Either/or to Both/and

The women had initially found themselves understanding the young person's violence only from one perspective. Either they focused on the adolescent's suffering (e.g. father was violent, young person diagnosed with ADD) or they held him/her entirely responsible (e.g. they did not recognise the difficulties or suffering of the adolescent). Sonia reported: "I was always making excuses because he suffered a devastating experience". Liz likewise commented: "I always thought my husband had been too hard on the children ... So there's been conflict over the years and I guess I tried to compensate."

By the end of the group, this view had expanded to incorporate a belief that the adolescent could be held accountable for the violent behaviour whilst still recognising his/her sadness or distress. Although as Sonia said: "I think it is difficult to do. I can [but] I can't do them both at once. I can deal with one part and then I need space." Susan had managed to change her perspective to include the experience of her daughter's disability: "I've actually channelled all the blame of everything on to her, so now I'm actually taking that blame off, throwing it out the door and let's just work on ... her as a person instead of all her problems and isolating her even more."

Miccuci indicates that one of the features which holds families in problematic relationships is 'that relationships become organised around the violence' (1995: 155). Participants found it helpful to broaden the perspectives on their son/daughter to include descriptions beyond their violent behaviour. For instance, Penny noted that she had developed a different picture of her daughter: "Not as a raging lunatic, not as a drug addict but ... as a kid with a lot of problems and a kid with some quality traits". Susan discussed developing more compassion for her daughter

and rather than calling her a "monster", thinking "Well, she's just a little girl".

Walking on Eggshells

A high level of fear and anxiety was constantly present for most participants. Penny commented that she often hid in her room from fear. Mothers were worried about inadvertently triggering a violent outburst and spoke of "walking on eggshells" (Sonia). They reported that they were very aware of the effect of anything they said or did, having to be constantly on guard about "what was appropriate to say and what wasn't, what would inflame the situation and what might calm it down a little" (Penny). Bernadette identified that even when there were long periods such as six months between violent episodes, she was always conscious of "keeping the peace", and that she felt frightened and nervous about taking a stand.

Sense of Self

As each mother's sense of self developed, she also expanded her sense of her child's individuality and no longer felt that the violence was all her fault. "Finding space for myself gave [my son] the space to take responsibility for his own behaviour" (Sonia). "The more I've been able to see myself as a person, the more I've been able to see Sally as a person" (Susan). As their beliefs about their rights emerged, some mothers noticed changes in their adolescent, "I think it is slowly, I hope, dawning on him ... I think he didn't think I had a life and I think it's slowly dawning on him that I do" (Sonia). Women's definition of themselves as mothers had precluded thinking about their own safety, but as their sense of individuality grew, they were able to attend to this. Penny reported that she chose to walk out into the front garden, despite previous fears of what the neighbors would think, as her daughter was less likely to escalate in a more public space.

Discussion

Reduction in Violence

As the quantitative findings indicate, the overall levels of violence reduced significantly over the course of the group and were maintained at follow-up; this was consistent with data from the qualitative interviews. The interviews with the women indicated that they were clearer about what behaviour they would label as violent or abusive, and about how they could respond. Following the group intervention, mothers were more likely to define behaviours such as stealing as violent and abusive. Thus, behaviours included in the category of property violence were less likely to reduce in the course of the study because some participants did not define them as violent in the pre-intervention assessment.

The women reported that the group was a very effective way of helping them change. The multiplicity of voices from within the group and the experiences of being listened to, and listening to others, produced a weaving of ideas, attitudes and beliefs that opened up the discussion in ways that freed the women to act and feel differently. As they no longer felt pow-

erless, they were better able to insist that the young people be responsible for their behaviour, and to parent more effectively.

Psychological Distress

Despite significant decreases in anxiety, insomnia, somatic symptoms and fatigue, levels of depression for the group as a whole remained high. There are several explanations for this complex outcome. Firstly, with small heterogeneous clinical samples it is difficult to achieve statistical power to effectively determine clinical changes over time (Smith & Godfrey, 1995). Thus, it is likely that the lack of significant changes for the group as a whole masked changes for individual participants. The in-depth interviews were able to highlight that although the women had clearly shifted some of their deeply entrenched behaviours and beliefs, these new attitudes and strategies continued to coexist with pre-existing thoughts and patterns of behaviour with which the mothers continued to struggle. For instance, fear of the violent behaviour erupting at any time is not easy to extinguish. The feeling of 'walking on eggshells' remained for some participants, and is likely to remain for some time. A follow-up period of longer than six weeks is required to monitor these mothers' intense responses to what had been long-term abuse.

Being severely abused by one's own child can be humiliating, shameful, depowering, frightening and distressing. Indeed, these women had been significantly traumatised. The women also continued to deal with other life stressors such as psychiatric illness, their partner's or children's illnesses or disabilities, and the effects of abuse on their children. The continued high level of depression that the women experienced suggested an ongoing sense of loss and grief that their expectations for their adolescents and themselves had not been realised. It also highlights the continuous challenge of finding ways to deal with this difficult problem. Women came hoping for a skill or strategy to end the violence, but instead perceived that they were learning the more complex work of developing relationships without violence, and that damage to a relationship takes time to repair. Although there was a sense of hope for the future following the changes that they had made, the mothers became aware that they were in a process rather than achieving a final resolution.

Social Constructions of Mothering and the Mother-adolescent Relationship

As discussed earlier in this paper, exploring the social construction of mothering identified some of the discourses and beliefs that catch mothers in problematic patterns or styles of relationship. Following the groups, the mothers were more aware that there were several right ways to parent and they were able to choose a broader range of responses that were in line with both their values and their understanding of the particular circumstances of their adolescent. Not only did they become more empathic towards their children, but changes to their concept of what constituted 'good' mothering were most

clearly demonstrated in attitudes to calling the police. Initially seen as betrayal, damaging, or non-motherly, for several mothers this was now a serious option if violence occurred again.

Shifting from a linear and limiting view of either 'It's all my fault' or 'It's all his fault' assisted mothers *both* to retain or develop compassion for the particular struggles that the young person was experiencing *and* to require that he/she take responsibility for behaving in violent ways (Jenkins, 1990). The literature indicates that a high percentage of adolescents who use violence have witnessed family violence, been maltreated, abused or poorly parented and, as Jenkins has demonstrated, it is premature to ask adolescents to face up to, and apologise for, their violence or abuse when the injustices they have suffered have not been acknowledged. However, holding both compassion and accountability in balance was not easy as the women indicated in this study.

Weingarten (1994) describes the dilemma mothers face, commenting that mothers frequently suppress — in the interests of 'selfless' mothering — the 'selfish' voice of their subjective experience. The women described becoming more aware of their 'selves' and their right to a space and life of their own, which enabled them to deal with the situation differently. A more developed sense of self helped participants to move beyond concerns about the 'right' way to parent and to become more sensitive to both themselves and to the young person. Retrieving the right to her own story places the mother firmly back in the centre. From that position she is better placed to decide who is responsible for the violence and can be more assured of maintaining a position of no violence. Moreover, as the mother develops the capacity for self-care, and takes responsibility for herself, she models this for the adolescent.

Conclusion

This study highlights the potential for change in even the most difficult and traumatic family situations such as violence by a child to a parent. Despite being a small, clinically-based intervention study, the project's complex outcomes indicate that significant positive changes for both mothers and their violent adolescents can coexist with continuing distress, apprehension and caution about the potential to change personal behaviour and to realign mother-adolescent relationships.

There is a need to develop and implement similar intervention programs with more sessions, over longer periods of time, and with longer follow-up intervals to establish whether the encouraging changes highlighted in this pilot program can be maintained and even enhanced. Including fathers could also be a direction for future clinical intervention and evaluation. Attention to gender differences in mother-daughter and mother-son relationships would also be a worthwhile focus of study.

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Endnotes

1. The terms 'adolescent' and 'young person' are used to describe young people between the ages of 12 and 21.
2. Statistical Package for the Social Sciences (SPSS/PC+) was used for all analyses (SPSS Inc., 1986) with an alpha level of .05 for significance testing.
3. All identifying data have been changed to ensure confidentiality.
4. Quotes from participants are in double quotation marks.

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Outside the Family Court

Like a mother hen who never knew
there could be duck-eggs in her clutch
the little mother turned in circles
on the footpath.

When the ducklings take to water
there's consternation, clucking,
frantic calling and darting.
The little mother called and darted.
Her sister cried, 'I couldn't stop him,
I couldn't stop them. He took them.
They went.

I couldn't help it ... ' Arms out, pleading.
Hers now, no doubt his before, and theirs.
Fractured circle one block from the Family Court.
'He doesn't want these,' adds Grandma,
holding up the hands of two little ones,
faces like torn parchment.
The passers-by size it up:
Federal police, official-looking woman ...
Counsellor maybe. What's going on?
Shoo them back inside
(Chooks go on pecking once they draw blood)
Wounds raw visible in the lift, a glimpse
of private pain made public.

Fetch a large box of Band-aids.
It's late Friday afternoon.
Not a lot we can do.
Later a Judge will rule on the ducklings
and chickens, who,
seeking to give what relief they can,
may fly and flap from yard to yard,
under the barb-wire or through it.

In *Collected of Poems*, published 1993.

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