A STUDY OF THE PREVALENCE, EXPERIENCE AND NATURE OF CHILD-TO-MOTHER VIOLENCE IN A HIGH-RISK GEOGRAPHICAL AREA

Michel Annette EDENBOROUGH (formerly Stewart)

A thesis presented
for the degree of
Doctor of Philosophy
University of Western Sydney

2007
Dedication

For all the women, young people and families affected by violence who inspired me on my journey,

And for Caitlin, Ashleigh, Gisele and Skye who kept the way clear.
Acknowledgements

I would like to thank my family and friends who have supported me throughout this time, to my sister Sandra Birmingham, and especially friends Shantala Mohan and Anna McManus, who also helped with technical and administrative support and encouraged me greatly.

To Donna Gillies who extended her quantitative expertise to assist in the validation of the child-to-mother violence scale, and to those colleagues who gave up their time to act as facilitators on the day of the workshop. A special thank you also to friends and colleagues at the University of Western Sydney who inspired me in the latter part of this research, particularly acting as a sounding board for my concerns and offering encouragement to persevere.

My deepest appreciation and thanks goes out to my supervisors, Ms Judy Mannix, for your attention to detail and thoughtful wisdom, and to Professor Debra Jackson, for your great insight, assistance and collegiality. Finally, my sincerest gratitude goes to my principal supervisor who availed herself tirelessly in her technical and academic support, and mentorship. Professor Lesley Wilkes, this journey could never have been completed without your vision, constant support, encouragement and input, keeping me on track and focused, many thanks.
Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in whole or in part, for a degree at this or any other institution.

Michel Annette EDENBOROUGH
Formally known as Michel Annette Stewart

June, 2007

NB: Name change during candidature from Michel Annette Stewart to Michel Annette Edenborough
# Table of Contents

Dedication ........................................................................................................... ii  
Acknowledgements .............................................................................................. iv  
Authentication ....................................................................................................... iv  
Table of Contents ................................................................................................ 1  
List of Tables ........................................................................................................ 8  
List of Figures and Illustrations ............................................................................ 9  
List of Abbreviations ............................................................................................ 10  
ABSTRACT .......................................................................................................... 12  

ABSTRACT: CHAPTER 1 ...................................................................................... 15  
CHAPTER ONE INTRODUCTION ......................................................................... 16  
1.1 Background ..................................................................................................... 16  
1.2 Aims ............................................................................................................... 21  
1.3 Significance .................................................................................................... 21  
1.4 Abridged definition of terms ......................................................................... 25  
1.4.1 Child.......................................................................................................... 25  
1.4.2 Mother .................................................................................................... 26  
1.4.3 Perpetrator and Target .......................................................................... 26  
1.4.4 High risk geographical area ................................................................. 26  
1.4.5 Prevalence ............................................................................................... 26  
1.4.6 Violence ................................................................................................... 26  
1.4.7 Family violence ....................................................................................... 27  
1.4.8 Adolescent violence ............................................................................... 27  
1.4.9 Child-to-mother violence ..................................................................... 28  
1.5 Summary ........................................................................................................ 28  

ABSTRACT: CHAPTER 2 ...................................................................................... 29  
CHAPTER TWO LITERATURE REVIEW ............................................................. 30  
2.1 Defining relevant concepts for the study ...................................................... 30  
2.1.1 Child........................................................................................................ 30  
2.1.2 Mother.................................................................................................... 32  
2.1.3 Perpetrator and Target ........................................................................ 32  
2.1.4 High risk geographical area ................................................................. 33  
2.1.5 Prevalence ............................................................................................... 34  
2.1.6 Violence in the context of families ....................................................... 35  
2.1.7 Adolescent violence ............................................................................... 40  
2.1.8 Child-to-mother violence in the context of contemporary motherhood.... 43  
2.1.9 Defining child-to-mother violence ....................................................... 45  
2.2 Theoretical explanations of violence and aggression ................................... 47  
2.2.1 Biological perspective .......................................................................... 47  
2.2.2 Psychological perspective .................................................................... 48  
2.2.3 Sociological perspective ....................................................................... 49  
2.2.4 Cultural perspective ............................................................................... 50  
2.3 Theoretical underpinnings of family violence ............................................ 50  
2.3.1 Individual Psychology .......................................................................... 51
2.3.2 Family Dysfunction ..... 52
2.3.3 External Factors ..... 53
2.3.4 Gender, Power and Violence ..... 54
2.3.5 Ecological theory ..... 56
2.4 Theoretical explanations of child-to-mother violence ..... 57
2.5 Elements of child-to-mother violence ..... 63
2.6 Incidence ..... 67
2.7 Unacknowledged factors: gender, power and violence ..... 69
2.8 Perpetrators and targets ..... 70
2.9 Cross-cultural issues ..... 73
2.10 Practice issues ..... 74
2.11 Gaps in the literature and directions for further research ..... 76
2.12 Summary ..... 77
2.13 This study ..... 78
ABSTRACT: CHAPTER 3 ..... 80
CHAPTER THREE RESEARCH METHODOLOGY ..... 81
3.1 Introduction ..... 81
3.2 Methodological Considerations ..... 81
3.3 Mixed Methods ..... 85
3.4 Rationale ..... 89
3.5 Overview of research design ..... 91
3.5.1 Phase 1 Development and validation of the instrument ..... 92
3.5.2 Phase 2 Pilot study and further validation of the instrument ..... 92
3.5.3 Phase 3 Population survey with mothers ..... 93
3.5.3.1 Strengths of survey research ..... 96
3.5.3.2 Limitations of survey research ..... 99
3.5.4 Phase 4 Workshop with health, welfare and juvenile justice professionals ..... 100
3.5.4.1 Limitation of workshop method ..... 101
3.5.5 Synthesis of data ..... 102
3.6 Ethical Considerations ..... 102
3.6.1 Consent ..... 106
3.6.2 Confidentiality ..... 106
3.6.3 Introducing participants to the concept of child-to-mother violence ..... 106
3.6.4 Writing up the research ..... 107
3.7 Limitation of Mixed Methods ..... 108
3.8 Summary ..... 109
ABSTRACT: CHAPTER 4 ..... 110
CHAPTER FOUR PHASE 1: DEVELOPMENT, FACE AND CONTENT VALIDATION OF THE INSTRUMENT ..... 111
4.1 Justification of instrument development ..... 111
4.2 Phase 1: Development and validation of the instrument ..... 112
4.2.1 Stage 1: Development of a preliminary draft ..... 112
4.2.1.1 Item development ..... 113
4.2.1.2 Initial item reduction ..... 115
4.2.1.3 Wording and/order of questions ..... 115
4.2.1.4 Directions to respondents ..... 120
4.2.1.5 Instrument Design .................................................................................. 120
4.2.2 Stage 2: Establishing face & content validity ........................................ 121
4.2.2.1 Item reduction through clinimetric testing ...................................... 121
4.2.2.2 Item and scale characteristics .......................................................... 122
4.2.2.2.1 Demographic questions .............................................................. 123
4.2.2.2.2 Experience questions ................................................................. 125
4.2.2.2.3 Context questions ..................................................................... 129
4.2.3 Stage 3: Finalising the pilot instrument ............................................... 135
4.2.3.1 Time frame questions .................................................................... 131
4.2.3.1.1 Behavioural triggers ............................................................... 131
4.2.3.1.2 Support, strategies and services .............................................. 133
4.2.4 Stage 3: Finalising the pilot instrument ............................................... 135
4.2.4.1 Instrument revision ....................................................................... 135
4.3 Summary .................................................................................................. 137
ABSTRACT: CHAPTER 5 ............................................................................. 138
CHAPTER FIVE PHASE 2: PILOT STUDY AND CONSTRUCT VALIDATION OF
CMVS ............................................................................................................ 139
5.1 Phase 2 Pilot Study and further validation of the instrument ................. 139
5.2 Setting .................................................................................................... 140
5.3 Sample .................................................................................................... 141
5.4 Recruitment ............................................................................................ 142
5.5 Respondent inclusion criteria ................................................................. 142
5.6 Response rate ........................................................................................ 143
5.7 Main Outcome Measures ...................................................................... 145
5.8 Data Analysis ........................................................................................ 145
5.9 Instrument distribution ......................................................................... 146
5.10 Distribution Costs ................................................................................ 146
5.11 Pilot instrument .................................................................................... 147
5.11.1 Instrument revision ........................................................................ 147
5.11.2 Psychometric testing ...................................................................... 148
5.11.2.1 Test-Retest ................................................................................ 148
5.11.2.2 Factor analysis .......................................................................... 149
5.11.2.3 Alpha (Cronbach) and split-half reliability testing .................... 151
5.11.3 Final instrument .............................................................................. 153
5.11.3.1 Distribution revision ................................................................. 154
5.11.3.2 Comparisons between the pilot and main study instrument .......... 154
5.12 Results from the pilot study ................................................................ 162
5.12.1 Prevalence of child-to-mother violence ........................................... 162
5.12.2 Demographic characteristics .......................................................... 162
5.12.3 Quantitative findings ........................................................................ 163
5.12.4 Qualitative responses ...................................................................... 163
5.13 Summary ............................................................................................... 164
ABSTRACT: CHAPTER 6 ............................................................................. 165
CHAPTER SIX PHASE 3: MAIN STUDY PREVALENCE, DEMOGRAPHIC
CHARACTERISTICS AND NATURE OF CHILD-TO-MOTHER VIOLENCE .. 166
6.1 Setting .................................................................................................... 168
6.2 Sample .................................................................................................... 168
6.8.6.2.1.4 Households .................................................................210
6.8.6.2.1.5 Mothers’ fear of perpetrators and household employment status .................................................................212
6.8.6.2.2 ANOVA between mothers’ fear of perpetrators by total CMV score .................................................................213
6.8.6.3 Summary ........................................................................216
6.8.7 Mothers’ fear of perpetrators by length of time behaviour occurred and age factors of the perpetrator .................................................................217
6.8.7.1 Summary ........................................................................221
6.8.8 Summary of results for the main study: Part 1 .................................................................221
ABSTRACT: CHAPTER 7 .................................................................225
CHAPTER SEVEN PHASE 3: MAIN STUDY SUPPORT AND SERVICES FOR MOTHERS AND THEIR FAMILIES .................................................................225
7.1 Main outcome measures .................................................................226
7.2 Results of the main study: Part 2 .................................................................226
7.2.1 Mother’s support networks .................................................................226
7.2.1.1 ANOVA between partner present in the household and experiencing greater amounts of CMV .................................................................227
7.2.1.2 Partner’s attitude to perpetrators behaviour .................................................................228
7.2.1.3 Mothers spoke to someone .................................................................230
7.2.1.4 Mothers received support .................................................................232
7.2.1.5 Summary ........................................................................235
7.2.2 Actions and strategies utilised .................................................................235
7.2.2.1 Summary ........................................................................236
7.2.3 Suggested support and services for targets and their families .................................................................237
7.2.3.1 Summary ........................................................................238
7.2.4 Summary of results for the main study: Part 2 .................................................................238
ABSTRACT: CHAPTER 8 .................................................................241
CHAPTER EIGHT PHASE 3: MAIN STUDY QUALITATIVE RESPONSES .................................................................242
8.1 Qualitative responses to the CMVS .................................................................242
8.2 Thematic analysis .................................................................244
8.2.1 ‘Living in the red zone’: The experience of child-to-mother violence .................................................................246
8.2.1.1 Anticipation of violence: Growing awareness of child-to-mother violence .................................................................247
8.2.1.2 Misdirected violence and parental failure: Perceived causes of child-to-mother violence .................................................................251
8.2.1.3 Perceived possibilities: Actions taken .................................................................259
8.2.2 ‘The damage is done:’ Breakdown of relationships .................................................................263
8.2.3 ‘Order out of chaos’: Successful transition back into the family .................................................................269
8.2.3.1 Transitioning back into the family .................................................................269
8.2.3.2 Valuable support: Service frameworks .................................................................271
8.2.4 ‘Falling through the cracks’: Perceived barriers to service provision .................................................................273
8.2.5 ‘Cry for help’: Where to from here? .................................................................280
8.2.5.1 Specialised services .................................................................281
8.2.5.2 Support through education .................................................................283
List of Tables

Table 5.1 24 item scale intra-class correlation .......................................................... 152
Table 5.2 17 item scale intra-class correlation .......................................................... 153
Table 5.3 Demographic characteristics of targets from the pilot study ....................... 163
Table 6.1 Organisation of results.................................................................................. 177
Table 6.2 Geographical area of respondents by mothers who experienced CMV and mothers who did not.......................................................... 178
Table 6.3 Level of CMV experienced by mothers (N = 521) and for the total group of respondents (N = 1024)................................................................................. 179
Table 6.4 Demographic characteristics of CMVS respondents (CMV, N=521), (No CMV, N=503) and (total respondents, N=1024)......................................................... 181
Table 6.5 Mothers’ age groups by total CMV score.................................................... 184
Table 6.6 Mother’s level of education by total CMV score........................................ 186
Table 6.7 Mothers born in Australia or overseas by total CMV score.......................... 187
Table 6.8 Household dynamic by total CMV score.................................................... 188
Table 6.9 Employment by total CMV score............................................................... 191
Table 6.10 Perpetrator’s gender by total CMV score.................................................. 193
Table 6.11 Perpetrator’s gender and length of time behaviour occurred....................... 194
Table 6.12 Length of time behaviour occurred and age of perpetrator at onset of behaviour and age behaviour was considered worst......................................................... 197
Table 6.13 Length of time behaviour occurred by total CMV score............................ 199
Table 6.14 Mother’s fear in family of origin by total CMV score............................... 203
Table 6.15 Mother’s fear in family of origin by total trigger for CMV score............... 205
Table 6.16 Mothers’ fear of perpetrators by her age group........................................ 207
Table 6.17 Mothers’ fear of perpetrators by her age group and CMV score.................... 208
Table 6.18 Mothers’ fear of perpetrators by her level of education............................. 209
Table 6.19 Mothers’ fear of perpetrators and mother born in Australia or overseas.... 210
Table 6.20 Mothers’ fear of perpetrator by household dynamic.................................212
Table 6.21 Mothers’ fear of perpetrators by employment.............................................212
Table 6.22 Mothers’ fear of perpetrator by total CMV score......................................214
Table 6.23 Mothers’ fear of perpetrator by total trigger for CMV score.........................215
Table 6.24 Mothers’ fear of perpetrators by time behaviour continued.........................218
Table 6.25 Mothers’ fear of perpetrators by age of child at onset of behaviour.............219
Table 6.26 Fear of child by age of child when behaviour worst..................................221
Table 7.1 Organisation of results...............................................................................226
Table 7.2 Partner present in the household by total CMV score..................................228
Table 7.3 Partners’ attitudes to perpetrators behaviour...............................................229
Table 7.4 Individuals and services contacted................................................................230
Table 7.5 Mothers spoke to someone by total CMV score.........................................232
Table 7.6 Mothers received support.............................................................................233
Table 7.7 Mothers received support by total CMV score.............................................234
Table 7.8 Actions and strategies used by mothers.......................................................236
Table 7.9 Support services suggested by mothers.......................................................238
Table 8.1 Organisation of themes ...............................................................................246
Table 9.1 Main outcome measures of the workshop ....................................................297
Table 9.2 Help and support .........................................................................................301
Table 9.3 Early interventions .......................................................................................302
Table 9.4 Long-term interventions ..............................................................................304
Table 9.5 Rebuilding relationships ..............................................................................307
Table 9.6 Barriers for service provision ....................................................................310
List of Figures and Illustrations

Diagram 3.1 Phases of data collection and analysis.................................90
Box 4.1 Comparison between demographic questions for the initial and pilot drafts.................................................................124
Box 4.2 Comparison between experience of CMVS for initial and pilot drafts.................................127
Box 4.3 Other forms and experiences of violence..................................129
Box 4.4 Comparison between initial and pilot draft of context questions..............130
Box 4.5 Comparison between initial and pilot draft timeframe questions............131
Box 4.6 Comparison between behavioural triggers for initial and pilot draft..........133
Box 4.7 Comparison between support, strategy and service questions of initial and pilot draft................................................................................134
Box 5.1 Comparison between demographic questions from pilot to CMVS.........155
Box 5.2 Comparison between fear questions from pilot to CMVS...........156
Box 5.3 Comparison between experience question items from pilot to CMVS....157
Box 5.4 Comparison between timeframe questions from pilot to CMVS..............159
Box 5.5 Comparison between triggers for behaviour from pilot to CMVS........160
Box 5.6 Comparison between support, strategies and services from pilot to CMVS....161
Graph 5.1 Factor matrix for 23 item scale measuring experience and frequency of threatening and/or violent behaviour from children or young people..........150
Graph 5.2 Factor matrix for 17 item scale measuring triggers and frequency of threatening and/or violent behaviour from children or young people ..........151
Graph 6.1 Total CMV score for sample (N=521, Range 0 - 75)........................182
Graph 6.2 Mothers’ age groups by total CMV score...........................................183
Graph 6.3 Mother’s education by total CMV score..................................................185
Graph 6.4 Household dynamic by total CMV score................................................188
Graph 6.5 Employment status by CMV score...........................................................190
Graph 6.6 Perpetrator’s gender by total CMV score..............................................192
Four consecutive Graphs 6.7 Length of time behaviour occurred by age at onset and age when behaviour was considered worst.........................................................196
Graph 6.8 Length of time behaviour occurred by total CMV score..........................198
Graph 6.9 Perpetrator’s age at onset of behaviour by total CMV score..................199
Graph 6.10 Mother’s fear in family of origin by total CMV score..............................202
Graph 6.11 Mother’s fear in their family of origin by total triggers for CMV score....204
Graph 6.12 Mothers’ fear of perpetrators by her age group ..................................206
Graph 6.13 Mothers’ fear of perpetrators by household dynamic..........................211
Graph 6.14 Mothers fear of perpetrator by total CMV score..................................213
Graph 6.15 Mothers’ fear of perpetrators by total triggers for CMV score.............215
Graph 6.16 Mothers’ fear of perpetrators by length of time behaviour occurred........217
Graph 6.17 Mothers’ fear of perpetrators by age of perpetrator when behaviour was considered worst.................................................................................................220
Graph 7.1 Partner present by total CMV score...........................................................227
Graph 7.2 Mothers spoke to someone by total CMV score...................................231
Graph 7.3 Mothers received support by total CMV score......................................234
List of Abbreviations

AFHS………………… Adolescent Forensic Health Service
ADD…………………… Attention Deficit Disorder
ADHD…………………… Attention Deficit Hyperactivity Disorder
ADG…………………… Attorney-General’s Department
ABS…………………… Australian Bureau of Statistics
ACOG…………………… American College of Obstetricians and Gynecologists
ADVO…………………… Apprehended Domestic Violence Orders
AIC………………….. Australian Institute of Criminology
AIFS…………………… Australian Institute of Family Studies
ANOVA……………… General Factorial One-Way Analysis of Variance
AVO………………….. Apprehended Violence Order
BPD…………………… Borderline Personality Disorder
BMCC…………………… Blue Mountain City Council
CCAHS……………… Central Coast Area Health Service
CSAP…………………… Centre for Substance Abuse Prevention
CMV…………………… Child-to-mother violence
CMVS…………………… Child-to-mother violence scale
CYH…………………… Child and Youth Health
CHQ…………………… Childhood History Questionnaire
CD…………………… Conduct Disorder
CTS…………………… Conflict Tactics Scale
CRC…………………… Crime Research Centre
CAH…………………… Department of Child and Adolescent Health
DETYA……………… Department of Education, Training and Youth Affairs
DFCSIA……………… Department of Families, Community Services, and Indigenous Affairs
DoCS…………………… Department of Community Services
DVIRC……………… Domestic Violence & Incest Resource Centre
DDAIP……………… Duluth Domestic Abuse Intervention Project
IPECL…………………… International Programme on the Elimination of Child Labour
IPV…………………… Intimate partner violence
LGA…………………… Local government areas
MCS…………………… McCreary Centre Society
NHMRC……………… National Health and Medical Research Council
NSWBCSR………… NSW Bureau of Crime Statistics & Research
NCAVC……………… National Campaign Against Violence and Crime
NCCEV……………… National Center for Children Exposed to Violence
NSY…………………… The National Survey of Youth
OMA…………………… Office of Multicultural Affairs
OWP…………………… Office of Women’s Policy
OSW…………………… Office of Status of Women
ODD…………………… Oppositional Defiant Disorder
PTSD…………………… Posttraumatic stress disorder
PETFV………………… Professional Education Taskforce on Family Violence
SPSS.............................. Statistical Package for Social Science
SVAW.............................. Stop Violence against Women
SWAHS............................. Sydney West Area Health Service
UNICEF.............................. United Nations Children’s Fund
VDH................................. Virginia Department of Health
WDVCA.............................. Women, Domestic Violence, and Childhood Abuse
WHDMC.............................. Women’s Health During Mid-life Survey
WHO................................. World Health Organization
YIT................................. The Youth in Transition study
YJC................................. Youth Justice Conferencing
ABSTRACT

In this research the prevalence, experiences and nature of child-to-mother violence from a high-risk geographical area were investigated. The aims of the study were to identify these factors within contemporary communities and develop validated recommendations for interventions to support affected mothers, children and families. This form of family pathology has been positioned within juvenile justice and medical models rather than family violence literature. It appears to be poorly understood, underreported and hidden from public view. Thus, it was difficult for some affected women to recognise what they were experiencing as abuse. In the literature, mothers were reported as the primary targets of violence and sons the predominant perpetrators. Incidence rates varied widely from samples collected 30 to 40 years ago. Other anomalies in the literature revealed power in mother-child relationships to be unclear, and the gender of targets of violence and perpetrators was not made explicit in the literature.

In this study a mixed method design was used over four distinct phases: (1) development and validation of an instrument; (2) conducting a pilot study; and (3) population study; and (4) workshop with service providers. Psychometric tests on the instrument indicated a 0.97 correlation coefficient on a test re-test, and Cronbach’s alpha achieved correlation coefficient of 0.91 for the 24 item scale and 0.99 correlation coefficient for the 17 item scale.

Results signify prevalence of child-to-mother violence in 50.9% \( [n = 1024] \) of the households surveyed. Key findings indicate 50.3% \( [n=521] \) of women were afraid in their family of origin, and 39.2% \( [n=521] \) of children had been witness to violence in the home previously. In addition, younger mothers experienced greater child-to-mother violence; as women’s level of education increased, their experience of child-to-mother violence decreased; single mothers experienced greater child-to-mother violence; and were more likely to live in
households with access to casual employment or were unemployed. Perpetrators were predominantly sons, 58.7% [n = 521]. Half of the women who experienced child-to-mother violence spoke to someone; and experiences for women with a partner present in the home were divided between supportive and unsupportive behaviour from the partner. The most popular suggestions for support were affordable long-term counselling for youth and family, parent workshops, information and education, non-judgemental advocacy for mothers and their families, support groups for mothers, families and youth and peer mentorship programs.

Women made salient their experiences related to child-to-mother violence which revealed the seriousness and complexity of this issue for women. As a result five key themes were developed: (1) Living in the red zone: The experience of child-to-mother violence, this theme referred to women’s sense of danger and difficulty in raising an abusive child; (2) The damage is done: The breakdown of relationships, which described the breakdown and discord within relationships after experiencing child-to-mother violence; (3) Order out of chaos: Successful transition back into the family; identified the re-integration of relationships between the child/ren and mother; (4) Falling through the cracks: Barriers to service provision, drew attention to the difficulties women faced trying to access appropriate services; and, (5) Cry for help: Where to from here?, focused on suggestions by the mothers for support services.

A workshop consultation with service providers revealed a number of broad recommendations: (1) Zero tolerance for violence, young people taking responsibility for violence; (2) Awareness of child-to-mother violence campaign; (3) Information and education packages; (4) Case management approach for families utilising services; (5) Co-operation between service providers; (6) 24 hour telephone service for advice; (7) Women centred support groups and group interventions; (8) Respite care; (9) Specialised counselling services; and (10) Mentoring programs.
This study supported the view that power is a complex issue, particularly for women experiencing child-to-mother violence. Women developed feelings of ambiguity for their abusive child owing to resentment that built up for the child targeting them with abuse at the same time sympathising with the child for their particular circumstances. Providing support for women must be a priority. Key suggestions for support include: raising awareness through information and education packages, emergency phone support, building relationships, women centred support groups and peer mentoring.
ABSTRACT: CHAPTER ONE

In this chapter the reader is introduced to the background for the study. The current study aims to investigate child-to-mother violence in a high-risk geographical area, in the first instance this is achieved by exploring the context of this violence. Literature supports the view that this form of family pathology has been predominantly positioned within juvenile justice and medical models of behaviour rather than constructed as an element of family violence. It is an important area to investigate because it is poorly understood and ill recognised in the literature or the community. It is underreported and hidden from public view, resulting in affected women being unaware of what it is they are experiencing or that other women are in similar positions. Family violence is a serious health and social problem that greatly affects women who may experience poor health outcomes, low self esteem, and financial hardship. In addition, definitions utilised within the thesis are presented. Parts of the literature used in this chapter and definitions of terms have been published by the author of this thesis and her supervisors in two refereed journal articles (Stewart, Jackson, Mannix, Wilkes & Lines, 2004; Stewart, Wilkes, Jackson, & Mannix, 2006).
CHAPTER ONE INTRODUCTION

The prevalence, experience and nature of child-to-mother violence in a high-risk geographical area are examined in detail in this thesis. In order to identify and describe this form of family pathology, mothers’ experiences were considered as well as the expertise of health, community, welfare and juvenile justice field workers. Of interest were the prevalence of child-to-mother violence, characteristics of targets and perpetrators, types of abuse, partner attitudes and women’s beliefs about reasons underpinning threatening and/or violent behaviour experienced by them from their children. In addition, support networks, services and strategies utilised or recommended to facilitate resolution of this issue were identified. Finally, recommendations towards developing a model of support for affected women and their families were reported.

By exploring this phenomenon from dual perspectives, that is, the perspectives of women who experience child-to-mother violence and of those who support women and families in crisis, it is envisioned that existing theories of family violence will expand to include this form of threatening and/or violent behaviour. In addition, service organisations will benefit from being able to access accurate information about the nature, extent and prevalence of child-to-mother violence in the community, and from the development of recommendations to support women and families experiencing child-to-mother violence.

1.1 Background

There is broad consensus internationally that family violence is a major health risk and social problem (Campbell, 2002; Dutton, et al., 2006; McMurray, 2006; Office of Women’s Policy [OWP], 2002; Stark & Flitcraft, 1996; Taft, Watson & Lee, 2003; World Health Organisation [WHO], 2002;). Taft, et al. (2003) state that ‘violence against women…impacts on their general physical and mental health’ (p. 1). In 1996 the WHO declared ‘that violence is a leading worldwide public health problem’ (WHO, 1996, p. 1). The serious immediate and long-term implications for health as well as psychological and social development,
especially for women and children exposed to family violence, were noted in
their report. It was also recognised that health workers were frequently among
the first to see targets of violence and therefore were in a key position in the
community to help those at risk (WHO, 2002).

A number of researchers and activists agree with this proposition and argue that
the health system needs to be more responsive to women affected by violence
because research indicates that women are more likely to seek help from a
range of health providers rather than specialist domestic violence services
(Fugate, Landis, Riordan, Naureckas & Engel, 2005; Laing, 2000; Office of
Status of Women [OSW], 1998). However, for assistance to be provided by
those in the health and welfare profession to women and families experiencing
family violence, a comprehensive understanding must be developed about the
gamut of abuse experienced in families.

The nature and extent of family violence research findings have grown over the
past several decades. Definitions of family violence as wife and child abuse
during the 1970s and 1980s (Gelles, 1974; Hornung, McCullough & Sugimoto,
1981; Straus, 1979; Straus & Gelles, 1990), have expanded to include marital
rape (Hanson-Frieze, 1983; Monson, Byrd & Langhinrichsen-Rohling, 1996),
dating and courtship violence, and violence in cohabiting relationships, including
heterosexual (Johnson & Ferraro, 2000; O'Keefe, 1997; Rigs & O'Leary, 1996;
Tucker-Halpern, Oslak, Young, Martin & Kupper, 2001), homosexual and
bisexual (Freedner, Freed, Yang & Austin, 2002; Herek, Gillis, Cogan & Glunt,
1997). Other areas of violence and threatening behaviour have also come under
more scrutiny and have been subsumed under the family violence umbrella,
such as stalking (Mullen, Pathe, Purcell & Stuart, 1999; Sheridan, Davies &
Boon, 2001; Tjaden & Thoennes, 1998; Walby & Johnathan, 2004), the effects
on children and adolescents of witnessing violence between adults in the home
(Edleson, 1999; Kolbo, Blakely & Engleman, 1996; Saunders, 2003), elder
abuse (Comijs, Pot, Smit, Bouter, & Jonker, 1998; Kurrle, Sadler & Cameron,
In particular, there is a paucity of research and academic debate about violence that is directed from child to parent(s), which is surprising considering this aspect of family violence was first identified and studied 50 years ago by Sears, et al. (1957), and Harbin and Madden (1979) first described battered parents syndrome as a discrete form of family violence in the late 1970s. Furthermore, support services for women and family members affected by child-to-mother violence are predominantly restricted to interventions for treating violent families or young people in services for juvenile delinquency (Bobbic, 2002, 2003; Cooper & Lutenbacher, 2000; Micucci, 1995; Paterson, Luntz, Perlesz & Cotton, 2002; Sheehan, 1997). Family violence specific services for women and families affected by child-to-mother violence are in their infancy (Anglicare, 2001; Gallagher 2004a, 2004b; Paterson, et al., 2002). Comprehensive population research is needed to illuminate the prevalence, nature and extent of child-to-mother violence in contemporary communities. In addition, research to develop and evaluate appropriate programs and practices to support affected women and their families is necessary and requires evidence to validate such interventions.

Researchers propose a number of explanations for this (relative) research and academic silence. There is a commonly held belief that child-to-mother violence is not an extensive or problematic aspect of family violence (Cornell & Gelles, 1982; Peek, Fischer & Kidwell, 1985). In addition, it is seen as a taboo subject by the few studies that have researched this form of family pathology, many reported that affected parents kept silent or denied the seriousness of the
violence in order to maintain the myth of a happy family. Parents assumed blame for their own victimisation or feared others would blame them (Agnew & Huguley, 1989; Charles, 1986; Cottrell, 2001, 2004; Harbin & Madden, 1979; Wells, 1987). Pagani et al., (2003) suggest minimising or denying their child/ren’s abusive behaviour might be a way of protecting their self-image as parents. Jackson and Mannix (2004) describe ‘mothers being held responsible for the actions, behaviour, health and wellbeing of their (even adult) children’ (p. 150) and consider mother blaming to be prevalent in literature around issues of childhood psychopathology. In addition, academics, practitioners and others often position women as responsible for their own predicaments (Jackson, 2000). This positioning is largely sanctioned by women and men in the community who minimise the violence that women experience and in doing so implicitly condone the behaviour (Kelly & Radford, 1996; Walby, 2004).

Discrepancies in the perceptions of power between children and their parents have distinguished child-to-mother violence from other forms of family violence. Spouse and child abuse are constructed as attacks by the more powerful on the less powerful, whereas the reverse is more difficult to explain. Mothers, as parents, are presumed to be in a position of power over their children (Agnew & Huguley 1989; Peek, et al., 1985). However, a review of child-to-mother violence literature supports the view that mothers are the primary target of abuse (Agnew & Huguley, 1989; Bobic 2002, 2003; Cornell & Gelles, 1982; Cottrell, 2001, 2004; Cottrell & Finlayson, 1996; Stewart, et al., 2004, 2006). Households in which this is a problem have been accused of conveying inconsistent values about aggression (Harbin, 1977). Steinmetz (1978) and Goodstein (1987), inferred that parents in this situation abdicate authority to the child and as it is the children who are in charge, parents do not set rules or boundaries for children to follow because they see all members of the family as equals (Harbin & Madden, 1979).
In order to explore this apparent incongruity it is useful to make distinctions between types and contexts of violence. Johnson and Ferraro (2000) made distinctions between four types and contexts of intimate partner violence [IPV]. They described ‘common couple violence’ (p. 949) in the context of a specific argument where one or both partners lash out physically and/or otherwise but the violence is not based on a pattern of control. This type of violence could be described as impulsive or expressive violence. Johnson and Ferraro used the term ‘intimate terrorism’ (p. 949) to depict a pattern of violence used as a tactic of control from one partner to another. The difference between the two is the intention to control. Another context of violence was labelled ‘violent resistance’ (p. 949), and seen as similar to the concept of self defence. Finally, ‘mutual violent control’ (p. 950) explained the behaviour associated when both partners use violence as a means of competing for control (Johnson & Ferraro 2000). Johnson and Ferraro (2000) further theorised power and control and suggested that, although the use of violence affords the perpetrator power and control over the target of abuse, this power and control could be narrowly focused and aimed at a specific outcome or area, or it could be broad and intended to establish general overall control.

These are important distinctions in subtleties that draw out the context and type of violence based on the motivation (or perceived motivation) for violence that might elucidate why women as parents sometimes find themselves in a vulnerable position. Explanations of understandings and motivations of aggression and violence differ from biological explanations of impulsive violence, the release of tension and frustration through expressive violence or the modelling of behaviour based on instrumental violence when force is used to gain either a specific goal or overall power and control (Kimmel, 2002). The contexts and types of violence that underpin child-to-mother violence are ostensibly unclear at this stage and require explicit examination in order to develop theoretical understanding of this form of family pathology.
Further, some researchers contend women’s previous experience of family violence often leads to low self-esteem and a loss of confidence which makes being assertive difficult (Gallagher 2004a; Paterson, et al., 2002). Therefore, some women might be more vulnerable to violence based on their past experiences. Others suggest that families characterised by violence, particularly directed towards parents, are chaotic and disorganised (Heide, 1992; Madden, 1982; Wells, 1987; Wilson, 1996), and this chaos leads to a shift in family roles where the child steps in to take control only after the parent fails to take on the leadership role (Wilson, 1996). Before this project was conducted there were no clear answers to the following questions. Why mothers were targeted with violence from their children? Which children were more likely to perpetrate child-to-mother violence? How many women in contemporary communities were affected by this form of family violence? And just what was it they experienced? In addition, it was uncertain exactly what intervention methods would best meet the needs of affected women and their families.

1.2 Aims
The purpose of this research was to identify the prevalence and examine the nature, extent and experiences of child-to-mother violence in a high-risk geographical area, by surveying women who were or had been mothers of children aged between 10 and 24 years. These empirical population-based data were then considered by health, social and juvenile justice professionals collectively with the objective of producing synthesised recommendations from which prevention and intervention programs for women and families affected by child-to-mother violence could be developed.

1.3 Significance
Family violence is a significant health and social problem (WHO, 2002). In 1996 WHO declared violence a major global public health issue and called for increased action (WHO, 1996). Women who experience family violence are at increased risk of injury, higher levels of stress and anxiety, reduced coping and problem solving skills, loss of self-esteem and confidence, depression, and psychiatric illness (Campbell, 2002; Kramer, Lorenzon & Mueller, 2004; Phillips,
2003; Stark & Flitcraft, 1996; 2006; Walby, 2004 and others). These women are also more likely to attempt or commit suicide, abuse drugs and/or alcohol, suffer from social isolation, and consult doctors more frequently with general complaints such as headaches (Kramer 2004; Walby & Johnathan, 2004; WHO, 2002). Dutton, et al. (2006) and other authors have suggested that many of the adverse health outcomes are related to posttraumatic stress disorder [PTSD] (Dutton, et al. 2006; Kamphuis & Emmelkamp, 2005).

Family violence is common in Australia and elsewhere (Australian Institute of Criminology [AIC], 2004; Central Coast Area Health Service [CCAHS], 1996; Mouzos & Makkai, 2004). Findings from two surveys (Australian Bureau of Statistics [ABS], 1996, 2005) reveal that, from the age of 15, 30% of women in 1996 and 39.9% of women in 2005 had experienced violence in the home and 18% of women in 1996 and 21.6% of women in 2005 had experienced sexual violence from a male. Moreover, 61% of women in 1996 and 49% of women in 2005 who had experienced family violence reported that they had children in their care, with 38% of women in 1996 and 27% of women in 2005 acknowledging that their children had witnessed the violence (ABS, 1996, 2005).

The figures indicate that in the years between the first and second study a greater number of women reported experiencing family violence, while a decreasing number of children were exposed to the violence. This might be because women and communities in general are progressively more aware of what constitutes family violence and attitudes towards violence in the home are changing to recognise the seriousness of the issue. McMurray (2005) notes that irrespective of the occurrence or dimensions of violence perpetrated against women, it is evident that it is a considerable problem for many Australian families and those who seek to assist them.

Indermaur (2001) found that up to one quarter of young people aged 12 to 20 years had witnessed parental violence against their mother or stepmother. Children witnessing violence in the home are affected in a multitude of ways that
include: nervousness and withdrawn behaviour; anxiety; difficulty in adjusting; low social interests; poor school performance; bedwetting; restlessness; psychosomatic illness; excessive cruelty to animals; verbal aggression and violent behaviour (Edleson, 1999; Hotton, 2003; Saunders, 2003; WHO, 2002). A number of researchers consider that child abuse is more likely to occur in families experiencing family violence (AlCa, 2006; Indermaur, 2001; Kovacs, 2003).

Moreover, it has been suggested that children of families where violence occurs were at an increased risk of continuing the cycle of violence with other members of the family, their own children and partners, and were at greater risk of alcohol and drug abuse, self harm and delinquency in later life (Department of Education, Training and Youth Affairs [DETYA], 2001; Guille, 2000; Headley, 2002; WHO, 2002). Research in relation to the effect of witnessing family violence on both attitudes and experience gives support to the ‘cycle of violence’ thesis that states ‘witnessing parental domestic violence is the strongest predictor of perpetration of violence in young people’s own intimate relationships’ (Indermaur, 2001, p. 1). Langhinrichsen-Rohling, Hankla and Dostal-Stormberg (2004) explored whether individuals who witnessed family violence growing up might have paired fear, helplessness, and/or anger with violent behaviour. In their study, 110 university students completed a sorting task that involved relationship behaviour. Findings from the study suggest that relationship-specific cognitive systems are associated with both past and current experiences of violence. One interpretation of these findings is that cognitive differences, generated in the family of origin, might serve to perpetuate a cycle of violence in subsequent relationships (Langhinrichsen-Rohling, et al., 2004).

Others suggest that family abuse is a risk factor but stress the need to consider the interaction of a variety of environmental variables (Hotton, 2003; Kaufman & Zigler, 1993; Kovacs, 2003; Sullivan, Bybee & Allen, 2002). Kolbo, et al., (1996) reviewed literature regarding the effects of witnessing family violence on young people. They concluded that the negative effects of witnessing family violence
on young people’s emotional and behavioural development were not equivocal, nor were the effects on social, cognitive and physical development. Worth (2000) found, in a study of 5000 young people regarding attitudes to family violence that being exposed to domestic violence appeared to affect young people’s attitudes in diametrically opposite ways, either making them more accepting of domestic violence, or highly intolerant of such behaviour. Therefore, it appears that, while witnessing family violence is a significant risk factor in the development of adverse health outcomes and later involvement in threatening and violent behaviour, it is not automatically the case for all young people who have been exposed to family violence.

In addition to potential health risks and further involvement in violent behaviour, there is an economic cost attributed to family violence. The OSW released a report which included direct and indirect costs of family violence, such as medical, accommodation, legal, income provision, court and corrective services, and lost income and productivity. They estimated the annual cost of family violence to be over $8.1 billion dollars in Australia alone (OSW, 2004). However, it is also noted that only a small proportion of women who experience family violence report their experiences to police (AIC, 2006b; Campbell, 2002; Carcach, 1998; Sullivan, et al., 2002). Over a 12 month period only 19% of women in 1996 and 36% of women in 2005, who were physically assaulted, and 15% of women in 1996 and 19% of women in 2005, who were sexually assaulted, reported the incident (ABS, 1996, 2005). Therefore, any estimates of the economic cost of family violence must be an underestimation.

Theories regarding family violence have advanced to consider broader influences, rather than single perpetrator/victim models. Exploring child-to-mother violence further shapes theories about the relative importance of extending individual and family influences on family violence studies including the concurrent occurrence of various types of family violence. According to Smith-Slep and O’Leary (2005), concurrent occurrence of family violence can
exist within an individual as well as across individuals within the family. However, in the main research only considers bivariate relations among types of family violence and for only a subset of the likely relations. To inform theories of family violence, researchers require a better understanding of the specific constellations of violence that occur in families, their relative prevalence, and the magnitude of the relations between violence types.

For these and other reasons, family violence is a significant issue that requires further research. In particular, focusing on child-to-mother violence was important because, even more so than other forms of family violence, it is underreported and hidden from public view (Anglicare, 2001; Cottrell, 2001, 2004; Jackson, 2003; Pelletier & Coutu, 1992; Stewart, et al., 2004; Stewart, et al., 2006). In an interview, Gallagher, a psychologist from Melbourne, noted the community, health workers, police and judiciary do not acknowledge the extent and severity of this phenomenon (Birnbauer, 2005). This lack of public awareness affects women in their private sphere. Women experiencing child-to-mother violence, unaware that others in the community are experiencing the same issue, are left to wonder why it is occurring and what they can do about it (Cottrell & Finlayson, 1996; Delaney, 2004; Stewart, et al., 2006).

1.4 Abridged definition of terms

This section lists an abridged version of definitions of terms used throughout this thesis to be used as a quick reference. To clarify and convey consistent and specific meanings within the bounds of this study, the following concepts are explained in detail in chapter two.

1.4.1 Child

For the purposes of this project, the term ‘child’ in the phrase child-to-mother violence is used to describe a person aged between 10 and 24 years of age. ‘Child’ was chosen because it conveyed the relationship between the parties. The child was further positioned as the perpetrator of threatening and/or abusive behaviour while the mother was situated as the target of violence.
1.4.2 Mother

The term ‘mother’ is used to describe a female parent, whether or not she is the biological or cohabitating parent, in a couple relationship or on her own, and regardless of her sexual orientation and economic status. She might be the mother, grandmother, aunt, co-mother, step-mother, foster mother, primary care giver or person of significance. The term is based on the activities of child rearing and nurture and not on a unitary model of mothering.

1.4.3 Perpetrator and Target

In order to communicate this form of family violence, the terms ‘perpetrator’, to describe the young person involved in using threatening and/or abusive behaviour, and ‘target’ to describe the mother on the receiving end of abuse were adopted.

1.4.4 High risk geographical area

The area chosen for this study encompassed three local government areas [LGAs]. The Nepean LGA is located on the Cumberland Plain, on the western fringe 50 km from Sydney. The Hawkesbury LGA is located one hour north/west of the Sydney central business district. The Blue Mountains is adjacent to Penrith in the east, Lithgow in the west and the Hawkesbury and Oberon LGAs in the north and south respectively. The western region of Sydney represents an area where a high rate of family violence has been reported to police (NSWBCSR, 2004) and a high proportion of children and young adults live (ABS, 2001).

1.4.5 Prevalence

The term ‘prevalence’ is used in this study to identify the experience of child-to-mother violence over a woman’s life span.

1.4.6 Violence

The definition of violence adopted for this study is the intentional and/or actual use of physical and non physical forms of violence and aggression that cause psychological, emotional and/or physical harm against oneself, another person,
group, or community, including damage to property; and which is intended to instil fear, cause harm and/or control another person or group of people.

1.4.7 Family violence
The term ‘family violence’ was utilised in this study to represent the broad range of interpersonal relationships that might be involved. These relationships include the abuse of children, women, partners, ex-partners, parents, elders, siblings and/or other relatives. Family violence occurs when one person assumes the right to dominate another and decides to use violence or abuse as a means of ensuring and perpetuating that domination and is underpinned by relations of unequal power. It involves an assortment of abusive behaviours that have been named and codified in family violence literature, typically verbal, sexual, physical, emotional or psychological abuse, economic deprivation and social isolation, menacing and threatening behaviour, intimidation, stalking, witnessing violence, and emotional withdrawal. Moreover, at the extreme end of a continuum of violence is homicide, including patricide and matricide.

1.4.8 Adolescent violence
Adolescent violence might involve young people as victims or perpetrators as well as their families, peers, school officials, strangers, or others. Children encounter violence in their homes, on the streets, and in their schools, including images of violence on television, in video games, and in movies. Contributing factors have been proposed that include witnessing and/or experiencing violence in the home, alcohol and substance abuse, gang membership, weapons, opportunity and poverty. Adolescent anti-social behaviours have been linked to a perceived lack of alternatives where children might view violence as an available means of power to which they have access. Alternative views position young people as responsible for their behaviour regardless of experiences of illness or disability, witnessing or surviving violence and abuse, low self-esteem or suffering significant loss or grief. This view stresses the fact that violence creates more problems and solves none.
1.4.9 Child-to-mother violence

The term ‘child-to-mother violence’ is utilised in this study because the young person is identified as the instigator of violence who has power over the mother, while the mother is acknowledged as the target and her gender is made visible. The term child-to-mother violence does not cover normal adolescent behaviour, rather it signifies any behaviour used by a child, including property damage, intimidation, threats, emotional withdrawal, sexual, verbal, financial, or social abuse and/or physical violence and aggression, that is intended to cause psychological, emotional or physical harm in order to gain advantage, power and control over the mother.

1.5 Summary

The present study has been introduced in this chapter, and the background of violence against women, in particular child-to-mother violence has been described, as well as the aims and significance of the thesis. Consolidated definitions have been supplied for child, mother, perpetrator, target, high risk geographical area, prevalence, violence, family violence, adolescent violence and child-to-mother violence. Literature pertinent to adolescent, family and child-to-mother violence is reviewed in the next chapter, and concepts and theoretical underpinnings of family and adolescent violence are explained. This review will be invaluable in clarifying and disseminating the breadth of research and gaps in current knowledge of this neglected aspect of family pathology.
ABSTRACT: CHAPTER TWO

In chapter two an analysis of existing literature on the topic child-to-mother violence is presented. As this is an area where little is known, relevant literature from adolescent violence and family violence was also reviewed. Concepts for the study were defined and theoretical underpinnings introduced.

Literature suggests that child-to-mother violence has similarities to other forms of family violence. In regard to the gendered nature of family violence, mothers appear to be the primary targets of violence and sons the predominant perpetrators. Motherhood was explored in the context of child-to-mother violence. It seems families tended to contribute to the silencing and minimising of threatening and abusive behaviour from young people. In addition, witnessing violence in the home was identified as a risk factor, although it was not a determinant.

Incidence rates ranged between 2.3% and 29% owing to diverse samples and discrepancies in measurement techniques between studies, with national data samples 30 to 40 years old. Incongruities also existed in the perceptions of power between children and their mothers and gender was rarely made explicit in the literature for either targets or perpetrators of violence. Further, an understanding of the roles and behaviours of female aggressors was unknown.

Parts of the literature review have previously been published in a refereed journal article by the author of this thesis and her supervisors (Stewart, et al., 2004) and relevant material presented at two conferences, the NSW Juvenile Justice Field Staff Conference, Blacktown (2006) and at The North West Council of Family Relations, Calgary (2006), the author was awarded best paper of the conference.
2 CHAPTER TWO LITERATURE REVIEW

In order to search for theoretical bases to satisfy the aims of this research, literature relevant to child-to-mother violence and beyond is reviewed in this chapter. The issue of young people's violence and abuse towards parents has not attracted much attention. Of the multitude of articles written on family violence over the past 30 years, only a very small number refer to adolescent violence towards parents. Key material on adolescent behavioural problems, delinquency, parenting and family violence rarely mention this phenomenon. Therefore, more generalised articles on adolescent violence and family violence are also explored, guided by whether the material informs the aims of the study.

2.1 Defining relevant concepts for the study

Relevant concepts were introduced in the previous chapter, section 1.4. Section 2.1 details key concepts germane to the study in greater detail.

2.1.1 Child

In a legal sense, a child is a human being under the age of 18 (AIC, 2005; United Nations Children’s Fund [UNICEF], 1989). More broadly, the term child describes the relationship between the immediate descendant and offspring of a person (WHO, 2006). The term ‘adolescent’ is often used interchangeably with ‘youth’, ‘teenagers’ and ‘young people’ (Lesko, 2001; Moon, Meyer & Grau, 1999; WHO, 2002). Modern discourses surrounding adolescence began with G. Stanley Hall (1905). Based on social darwinism, Hall believed that adolescence was a universal stage of human development, characterised as a time of ‘storm and stress’, (p. 20) in which the child evolved into a civilised adult (Bessant, Sercombe & Watts, 1998). Sigmund Freud understood adolescence in terms of internal psychosexual conflicts, with the task of the ego to reassert its dominance over emergent instinctual drives through developmental stages (Muuuss, 1988). Mead (1943) challenged these views, finding that life for young people in Samoa was relatively peaceful and free from turmoil. Later, Erik Erikson extended and altered Freud’s theory conceptualising adolescence as
based on resolution of social experiences within staged development in the context of family, school and peer groups (Erikson, 1968).

Discourses on adolescence have continued to develop with a greater focus on the social context of young people and the consequences of this social ecology for development (Lesko, 2001). ‘Youth’ is described as a feature of some societies but not others, and there is considerable variation in the meaning of youth between societies with most young people being described as not especially troubled (Bessant, et al., 1998; Bessant, Hill & Watts, 2005; Lesko, 2001; WHO, 2002). Regardless, most definitions generally characterise adolescence as a time of emotional turbulence, rife with stress (Attorney-General's Department [AGD], 2001; Bargen, 1997; Headley, 2002; Lesko, 2001; Moon, et al., 1999; Muuss, 1988; WHO, 2002).

The age range in which a person is defined as a child, adolescent or young person also varies widely and is dependent on a number of factors. Child and Youth Health [CYH], a service of the South Australian Government, separates children and youth into babies and preschoolers from birth to 5 years, children from age 6 to 12, teens 13 to 17 and young adults from 18 to 25 years of age (CYH, 2007). The Australian Government describes young people as being between the ages of 12 and 25 (Department of Families, Community Services, and Indigenous Affairs, [DFCSIA], 2004). The International Programme on the Elimination of Child Labour [IPECL] refers to children as any person under the age of 18, as does the Department of Juvenile Justice and UNICEF (IPECL, 2003; O’Sullivan, 2003; UNICEF, 1989). The Department of Child and Adolescent Health [CAH] uses the cut off period of 19 years. CAH refers to individuals as infants from birth to 4 years, as children from 5 to 9 years and as adolescents between 10 and 19 years (CAH, 2007). The World Health Organisation defines ‘young people’ using the time span 10 to 24 years (WHO, 2005). Similarly, others define youth within a broad age range of 10 to 24 years (Moon, et al., 1999; Virginia Department of Health [VDH], 2003).
An age range between 10 and 24 years was adopted for this study to include any possible early indication of threatening behaviour occurring within families as well as taking into consideration young people who might have completed their education or be nearing completion, but who were still essentially dependent on a parent or parents. In all jurisdictions in Australia a child cannot be charged with a criminal offence under the age of 10; the term *doli incapax* refers to the presumption that a child is ‘incapable of crime’ under legislation or common law (AIC, 2005; Bradley, 2003; Crofts, 2003; Urbas, 2000). Thus, for the purposes of this project, the term ‘child’ in the phrase child-to-mother violence is used to describe a person aged between 10 and 24 years of age. ‘Child’ conveys the relationship between the parties and the child is further positioned as the perpetrator of threatening and/or abusive behaviour while the mother is situated as the target of violence (Stewart et al., 2004).

### 2.1.2 Mother

Mothering and motherhood were viewed as active social interactions and relationships, organised by gender and located within cultural and historical settings (Arendell, 2000). A mother was defined both in the sense of giving birth and in the sense of nurturing (Trebilcot, 1983). The term ‘mother’ was used to describe a female parent, whether or not she was the biological or cohabitating parent, in a couple relationship or on her own, and regardless of her sexual orientation and economic status. She could be the mother, grandmother, aunt, co-mother, step-mother, foster mother, primary care giver or person of significance. The term mother is based on the activities of child rearing and nurture and not on a unitary model of mothering.

### 2.1.3 Perpetrator and Target

It is understood that terminology and descriptors used within the context of family violence are contested (Bessant, Hill, Watts & Webber, 1999; Indermaur, 2001). For example, the terms perpetrator, offender, victimiser, batterer, and aggressor all describe the person committing the act of violence. On the other hand, words like target, victim, and battered person are used to depict the
person on the receiving end of violence. Some authors argue that there are subtle differences between the terms that need to be considered (Crime Research Centre, [CRC], 1998), while others use the terms interchangeably (Haynes, Simmons, von Reibnitz & Wallace, 1998; Guille, 2002). Moreover, within some families it is understood that at any one time different members of a family could fill any number of roles and positions within the family from victimiser to victim (Buehler, Benson & Gerard, 2006; Gallagher, 2004a, 2004b; Indermaur, 2001; Kovacs, 2003).

For the purpose of communicating this form of family violence, the terms ‘perpetrator’, to describe the young person involved in using threatening and/or abusive behaviour and ‘target’, to describe the mother on the receiving end of abuse, were adopted. These terms were selected because ‘perpetrator’ denotes responsibility for the behaviour, while the word ‘target’ indicates the direction of abuse without putting the person in a perceptibly subservient position (Anglicare, 2001; Sheehan, 1997).

2.1.4 High risk geographical area

The area chosen for this study represents an area where there is a high rate of family violence reported to police (NSW Bureau of Crime Statistics & Research, [NSWBCSR], 2004) and a high proportion of children and young adults live (ABS, 2001). Ferrante and Morgan (1996) and Evans (2005) concur that research on the extent of family violence in Australia suggests that rates of family violence are relatively high in locations with large populations of low income families, which accurately describes the study area for this current study (ABS, 2001). In addition, as part of this thesis, validated recommendations have been developed to support mothers, children and families affected by child-to-mother violence. Therefore, it was important these recommendations were first and foremost applicable to locations in which the rate of family violence was higher than average. Atkinson, Indermaur and Blagg (1998) and Evans (2005) agree that, if strategies are to be recommended, then they should be developed within populations most at risk (Evans, 2005; Atkinson, et al., 1998).
2.1.5 Prevalence

The term ‘prevalence’ originated in the field of epidemiology where it has a precise meaning in relation to physical disease. The meaning of the term has evolved to include mental health, violence, and other criminal activities as techniques of epidemiology were more broadly applied (Goldman & Padayachi, 2000). According to Solberg and Oweus (2003) and others, prevalence refers to the number of people from a defined group existing at a particular point in time (point prevalence) or within a specified time period (period or cumulative prevalence), relative to the total number of people in the population (Goldman & Padayachi, 2000; Koss, 1993; Solberg & Oweus, 2003).

This definition appears to be quite straightforward; however, there is confusion in family violence literature between incidence and prevalence terminology (Brownridge & Halli, 1999; Helie, Clement & Larrivee, 2003). This is due, in part, to the different facets of violence being measured as well as different time frames. Brownridge and Halli (1999) proposed standardisation of terminology using prevalence as ‘the extent to which violent behaviour is distributed in the population’ (p. 339) and incidence as ‘the amount of violent behaviour that occurs among those in the population who experience violence’ (p. 339). Helie, et al. (2003) instead suggested that knowing a distinction between new and recurrent cases is a difficult one in the field of violence, and those researchers using a population design with total occurrences should use the term prevalence rather than incidence.

Many researchers assert that the impact of violence upon an individual remains active for a considerable time, if not indefinitely (O’Leary & Williams, 2006; Taylor, 2006; WHO, 2002). Therefore, it is appropriate to present prevalence rates that consider as active cases anyone who has been threatened or abused during a lengthy period, sometimes including the entire lifespan (Koss, 2005; Yoshihoma & Gillespie, 2002).
Cousineau and Rondeau (2004) suggested focusing on the consequences of actions, such as physical or emotional harm, rather than the actions or tactics. However, this is still problematic because certain acts might be threatening but not result in a harmful impact, or they might produce harm that is accidental or unintended. Eisikovits, Winstok and Fishman (2004) recommended analysing violence from the interaction and context, encompassing threats and abuse. According to these authors, the dynamics of violence explain more about the nature, meaning and causes of violence. The term prevalence was used in this study to identify the experience of child-to-mother violence over a woman’s life span.

2.1.6 Violence in the context of families

In order to adequately cover definitions and theories of violence relevant to this research, literature dealing with domestic, family, child-to-mother, adolescent/parent relational and adolescent violence were selected. Understanding violence was an integral part of understanding the nature of family violence (AGD, 2001; AIC, 2006; CRC, 1998). However, the term ‘violence’ does not have a standard definition in family violence literature (Cousineau & Rondeau, 2004; Schreck & Fisher, 2004). In addition, a number of international and national studies and reviews of family violence research specifically examined definitions of violence from diverse cultural perspectives, and concluded that it is problematic to define the meaning of violence through particular actions because the expressions or means of violence vary from one nation to another and from one culture to another (Blackstock, Trocmé & Bennett, 2004; Evans, 2005; Kury, Obergfell-Fuchs & Woessner, 2004; Shirwadkar, 2004; Taylor, Cheers, Weetra & Gentle, 2004).

Definitions of violence are not static; they change and evolve depending on the era, culture and social context. The WHO (2002) defined violence as ‘the intentional use of physical force or power, intentional or actual, against oneself, against another person, or against a group or community that either results in, or has high likelihood of resulting in injury, death, psychological harm,
maldevelopment, or deprivation’ (p. 5). The Centre for Substance Abuse Prevention [CSAP] defined violence ‘as any act that causes psychological, emotional, or physical harm to individuals and/or communities, or causes damage to property’ (CSAP, 2006, p. 7). These broad definitions recognise a wide range of outcomes beyond injury or death and highlight the burden that violence imposes on individuals, families, communities, including the health care system (Dutton, et al., 2006).

Within family violence literature the term violence is often used in several senses: physical, psychological, emotional and conceptual (Bishop & Phillips, 2006). The absence of a single definition of violence makes it difficult to compare studies, and statistical data concerning types, rates and levels of violence (Dutton, et al., 2006; Luck, et al., 2006). As noted previously, Johnson and Ferraro (2000) argued that, in order to understand violence, distinctions must be made regarding types of violence, motives of perpetrators, social locations of individuals and the cultural context in which violence occurs. Luck, et al. (2006) developed an encompassing definition through critique of the literature. They advised using two subcategories of violence, physical violence and non-physical violence. Physical violence represented any intentional injurious act, or physical force directed towards another person or property, while non physical violence included emotional forms of violence, like harassment, and acts of aggression, physical threats or verbal assaults intended to instil fear (Luck, et al., 2006).

Despite ongoing debate about terminology, a broad range of behaviours are represented within contemporary understandings of violence, typically verbal, sexual, physical, emotional or psychological, economic deprivation and social isolation (Bishop & Phillips, 2006; Laing, 2000; Luck, et al., 2006; McPhaul & Lipscomb, 2004; Miller, 2006; Vezina & Herbert, 2007). Added to this conceptualisation are menacing and threatening behaviour, intimidation, stalking, witnessing violence and emotional withdrawal (Gregory & Erez, 2002;
Holt, Kernic, Lumley, Wolf & Rivara, 2002; Jackson, 2003; Kamphuis & Emmelkamp, 2005). Moreover, at the extreme end of a continuum of violence is homicide, including patricide and matricide (Jacobs, 2004; Marleau, Auclair & Millaud, 2006; Mouzos & Rushforth, 2003; Shumaker & Prinz, 2000).

A review of literature on family and domestic violence suggests that it is often directed to women and can affect women of all ages and from all countries, rich and poor (Murray, 2006; Taylor, 2006; Walby, 2004). Violence towards women in the family context involves an assortment of abusive behaviours that have been named and codified in family violence literature. In most cases these different forms of family violence are linked. Physical assault is frequently accompanied or preceded by verbal abuse and psychological assault and often followed by coerced sex (Koss, 2005; Milillo, 2006). The various forms of abuse combine to effectively trap and control the victim in a position of powerlessness and occur between people who are known to each other through family or other domestic relationships, past or present (AIC, 2006; Bishop & Phillips, 2006; Koss, 2005). This includes the abuse of parents, siblings and other relatives (Cottrell, 2004; Stewart, et al., 2004; Ulma & Strauss, 2003).

The terms ‘domestic’ violence and ‘family’ violence are often used interchangeably in policy documents and specialist literature (Atkinson, Indermaur & Blagg, 1998; Laing, 2000; Taylor, et al., 2004). However, the concept of domestic violence emerges from the dominant Western culture that emphasises intimate relationships between adults and separates these from family and community relationships. This is narrower than the concept of family violence which could extend to any family member, partner or ex-partner who attempted to physically or psychologically dominate or harm another, including but not limited to grandparents, aunts and uncles, children, siblings and cousins (Domestic Violence & Incest Resource Centre [DVIRC], 2000; Laing, 2000; Taylor, et al., 2004). In addition, the term domestic violence is particularly problematic for Aboriginal and Torres Strait Islanders because it does not relate
to Indigenous culture and community activity that are fundamentally based on broader relations than the nuclear family (Taylor, et al., 2004). For these reasons the term family violence was utilised in this study to represent the broad range of interpersonal relations that might be involved.

A consistent feminist view is that violence in the home must be understood in the context of unequal power relations between men and women. This perspective disputes family violence as a fact of marital or family conflict but rather asserts that it occurs when one person assumes the right to dominate another and decides to use violence or abuse as a means of ensuring and perpetuating that domination (Dobash & Dobash, 1992; Radford, Kelly & Hester, 1996; Walby, 2004). In addition, it is understood that the control gained through the use of violence goes beyond a particular occasion, as the fear of further violence maintains the power to control (Bishop & Phillips, 2006; Horsfall, 1991; Yodanis, 2004).

Within this perspective the Duluth Model Wheels, Power and Control Wheel and the Equity Wheel (Duluth Domestic Abuse Intervention Project [DDAIP], 1981) of violent and non-violent behaviour has been advocated for perpetrator programmes to help men convicted of domestic assault to modify their behaviour away from violence and towards mutual co-operation with others. The wheel divides violence and abuse into eight categories: coercion and threats; intimidation; economic abuse; gender-privilege; isolation; using children; minimising, denying and blaming (DDAIP, 1981; Dutton, 1997).

The wheel has been criticised because it depends on a strict ‘patriarchal violence’ model that presumes all violence in the home and elsewhere has a male perpetrator and female victim. It explicitly rejects any concept of mutuality or symmetry in abusive relationships (Ely, Dulmus & Wodarksi, 2004). In addition, it has been noted that the explanations of violence are ethnocentric, based on Western notions of family and family life and have little relevance for alternative cultures (Crichton-Hill, 2001; Ely, et al., 2004). However, Dobash,
Dobash, Wilson, and Daly (1992) suggested that some researchers continue to ignore the fact that family violence in all countries and cultures seems to take place within the context of perceived male entitlement and institutionalised power asymmetry.

An emerging body of literature examining family violence from diverse communities challenges the primacy of gender as an explanatory model of violence and emphasises the need to explore alternative views of inequality and oppression, such as racism, ethnocentrism, class privilege and heterosexism, intersected with gender oppression (Caprioli, 2005; Nesmith, 2001; Sokoloff & Dupont, 2005). Prominence is placed on difference, questioning the universality of violence against women, and giving voice to women marginalised by the largely white, middle class feminist movement (Richie, 2000; Ristock, 2002; Russo, 2002). Within a race, class and gender perspective of violence common definitions of violence are also questioned (Kanuha 1996; Sokoloff & Dupont, 2005). Yoshihama (1999) suggested that there should be alternative measures of violence because what is viewed as abusive is based partly on the socio-cultural background of each individual woman. However, this does not mean that family violence across cultures cannot be recognised.

Heise (1998) suggested an ecological framework to examine family violence whereby violence is understood on multiple levels. Heise depicted four concentric circles to describe this framework, beginning with individual histories and the immediate context, frequently the family or other intimate relationships, incorporating workplaces, neighbourhoods and social networks as well as the general views and attitudes that permeate the particular culture. Edleson and Tolman (1992) emphasised the importance of the interplay between various aspects of a person’s social environment. They focused on the links between family, work, extended family, friends and social institutions like police, courts and social services.
2.1.7 Adolescent violence

A review of adolescent violence literature confirms that violence among young people extends to all ethnic groups, socio-economic levels, lifestyles and exists within both metropolitan and rural communities (AVAT, 2001; Daane, 2003; Williams-Evans & Myers, 2004). It might involve young people as victims or perpetrators as well as their families, peers, school officials, strangers, or others (Downey, 1997; McCreary Centre Society, [MCS], 2005; Smart, et al., 2003). Children encounter violence in their homes, on the streets, and in their schools. They see images of violence on television, in video games, and in movies (Smart, et al., 2003).

Many theories about the cause of child and adolescent violence have been proposed. Risk factors include exposure to violence, which might result in emotional scars and/or aggressive and violent behaviour (Daane, 2003; Jackson, 2003; Smart, et al., 2003). McMurray (2005) proposed that children witnessing violence on an on-going basis may be exposed to greater injuries than the mother, as violence creates enduring scars at a societal level. As such, young people who witness family violence are more likely to view the use of violence in their intimate relationships as an acceptable social norm, as well as an acceptable form of conflict resolution (Buehler, et al., 2006; Hotton, 2003; Ulma & Strauss, 2003). In addition, social approval of the use of violence, such as physical punishment as a form of discipline by parents has been linked to increased aggression in children (Buehler, et al., 2006; Huh, Tristan & Wade, 2006; Ulma & Strauss, 2003).

Williams-Evans (2004) suggested that violence in adolescence represents a cluster of behaviours that have been normalised within the family of origin and the environment. He contended children learn at an early age that hitting is both wrong and right in some cases and predicts children will adapt to this by accepting hitting in some cases as justified because it is parent initiated. Thus, according to Williams-Evans (2004), children learn that large people have a right to hit and control with words if necessary and children assimilate this into their
peer environment, utilising a cluster of violent acts (verbal abuse, manipulation, passive-aggressive acts, physical violence, emotional abuse and power and control over others) (Williams-Evans, 2004). This theory draws on social learning theory, which contends that violence is a learnt behaviour (Bandura, 1973); however, Williams-Evans (2004) omits to explain why most children who have been physically disciplined (see Australian Institute of Family Studies [AIFS], 2005) do not become abusive towards their peers or other family members. In addition, it does not address the direction of family violence most consistently towards women.

The influence of violence portrayed in media depictions on television, film, computer and video games has also been linked to adolescent aggression (Anderson, et al. 2003; AIC, 2006; National Center for Children Exposed to Violence [NCCEV], 2004). Anderson and colleagues found that even short-term exposure to violent media increased the likelihood of physically and verbally aggressive behaviour, aggressive thoughts and aggressive emotions in their review of empirical research. Low self-esteem was also linked to violence in several ways. Sprott and Doob (2000) suggested that exposure to violence negatively affected young people's mental health, including their self-esteem. Moreover, children and adolescents with low self-esteem might be more likely to engage in aggressive and violent behaviour than children who have positive feelings about themselves (Daane, 2003).

Other factors thought to affect aggressive behaviour in adolescents included alcohol and substance abuse, gang membership and firearms (Daane, 2003; Langhinrichsen-Rohling, et al., 2004), opportunity (Cohen, Kluegal & Land, 2001) and poverty (Greene, 2003). Tarter and colleagues (2002) noted that high school students who used alcohol and illicit drugs were three times more likely than students who did not use alcohol or drugs to engage in physical fights and were twice as likely to bring a weapon to school (Tarter, et al., 2002).
Anglicare (2001) and others (Gallagher, 2004a, 2004b; Patterson, et al., 2001) suggest young people can develop the idea that they are entitled to get what they want even when this means using violence and/or abuse to intimidate or control family members, in particular mothers and sometimes younger siblings. The mother might feel guilty, shamed and isolated and find it difficult to talk about the problem with anyone (Cottrell, 2001; Cottrell & Monk 2004; Gallagher, 2004a; Patterson, et al., 2001). It is problematic for mothers because they have a responsibility to continue caring for their child. Mothers are also aware of the particular circumstances their child has experienced such as illness or disability, witnessing or surviving violence or abuse, low self-esteem or suffering significant loss or grief (Anglicare, 2001). Issues that emerged in talking to women who experienced child-to-mother violence from their ‘Breaking the cycle’ program were that it was difficult and frightening to take a stand against a child who was violent and abusive against them, and hold the young person responsible for their behaviour. Women were concerned that the violence would escalate or that their relationship with their son or daughter would be severed. In addition, calling the police or asking the young person to leave prematurely was considered a last resort that mothers hoped they would never have to use (Anglicare, 2001).

Programs have been developed within schools and community services aimed at reducing violent behaviours. Many of these programs focus on anger management, conflict resolution, interpersonal skills, and raising self-esteem (Haugen, 2001; Powell & Hawkins, 2006). Some researchers believe that antisocial behaviour is the result of a perceived lack of alternatives by adolescents to achieve their goals through prosocial means and who might view violence as the only available means of power to which they have access (Braithwaite, Duff & Westworth, 2001; Williams-Evans & Myers, 2004). Most prevention specialists now believe a multi-levelled approach that incorporates all social contexts of adolescents is required, such as family, school, and
community (Adolescent Forensic Health Service [AFHS], 2006; Grant, Thornton & Charmarette, 2006; Surgeon General, 2001).

2.1.8 Child-to-mother violence in the context of contemporary motherhood

Coll, Surrey and Weingarten (1998) believe that the experiences of contemporary Western mothers are marginalised. They note that Western women today are expected to work full-time outside the home and carry out most of the child care, including the emotional and psychological development of their children. They further suggest that these experiences are subjugated to the experiences of an idealised version of Western motherhood and therefore made less visible and less heard (Coll, et al., 1998). According to Arendell (2000), mothering involves the social practices of nurturing and caring for dependent children in dynamic, ever changing relationships. Arendell (2000) described ‘intensive’ mothering as the prevailing Western ideology that postulates a child-centred focus involving maternal devotion and self-sacrifice (Hays, 1996). This concept is embedded in the notion of family as a white, middle class, heterosexual couple with children representing the nuclear family (Arendell, 2000, p. 1194). However, cross-cultural and feminist scholarship provides a contrasting view based on particularism (Arendell, 2000). In this discourse, cultural, racial, economic and historical contexts that directly and indirectly shape mothering are accounted for (e.g. Baca Zinn, 1990; Collins, 1994; Dalla 2004; Gartrell, et al., 2000).

To be a mother is to take on the hardest job a woman is ever likely to encounter and the most rewarding (LeBlanc, 1999). It is emotionally and intellectually demanding, exasperating, strenuous, anxiety-arousing and can be deeply satisfying (Kitzinger, 1994). In some cultures, a woman’s status is elevated through her status as a mother, particularly of a son, as sons represent an economic investment (Orheanu, 2004). This traditional sequence from child to bride to mother to mother-in-law or grandmother is no longer valid in contemporary industrial culture. Yet the values in which female power and status
is based on motherhood still operate (Dove, 2002; Kitzinger, 1994; LeBlanc, 1999).

Mothering is historically variable, rather than 'natural, universal and unchanging' (Glenn, 1994, p. 4). Nevertheless, many women feel social disapproval either because they do not fit into the idealised view of motherhood or because they behave in ways that are not considered appropriate for mothers, for example, single mothers (Arendell, 2000; Jackson & Mannix, 2004; Paris & Helson, 2002), step mothers (Borton, 2003), lesbian biological and co-mothers (Gartrell, et al., 2000), low income working mothers (Raver & Leadbeater, 1999), adolescent mothers (Spieker & Bensley, 1994), migrant mothers (Moon, 2003) and prostituted women as mothers (Dalla, 2004). These women are most often subject to deviancy discourses of mothering, regardless of how healthy and well-adjusted their children are (Arendell, 2000; Jackson & Mannix, 2004). Paris and Helson (2002) suggested that a woman’s experience of mothering influences her perception of her care for her child. This is an important issue because, if her experiences are positive, it builds and reinforces her identity as a ‘good’ and capable mother and enhances her sense of self but, if negative, leads to her loss of confidence and identity as an inadequate or ‘bad’ mother.

Instead of blaming mothers for their child’s behaviour, the literature advises health professionals to strive to develop active listening, positive attitudes and to be non-judgemental (Jackson & Mannix, 2004). In an interview Cottrell (2005) stated:

To help families and stop parental abuse, we have to break the silence that surrounds it because parental abuse is still not recognised; it is often considered acceptable behaviour. The first step to ending the abuse is recognising that it is abuse. (p. 9)

Others agree that in order to be able to speak about something, it must first be possible to name and define it (Kelly & Radford, 1996; LeBlanc, 1999). LeBlanc (1999) noted:
Until a problem has a name and is recognised it cannot be debated, nor can it be resolved, it cannot even be seen. Until it is acknowledged, nobody understands that they are not alone with their difficulties of adjustment to what is supposed to be a natural occupation, that of motherhood. (p. 2)

Therefore, making child-to-mother violence salient in the community will add to the recognition of this form of family violence and facilitate the development of guidance and support services to benefit affected women and their families.

### 2.1.9 Defining child-to-mother violence

Child-to-parent violence has been defined in the literature for the purpose of measurement. Harbin and Madden (1979, p. 1288) defined it rather narrowly as ‘actual physical assaults or verbal and non-verbal threats of physical harm’. Peek, et al. (1985), Agnew and Huguley (1989), Paulson, Coombs and Landsverk (1990) and Brezina (1999) recognised hitting/slapping as their only classification. Whereas, Laurent and Derry (1999) looked for ‘long-term and repeated physical aggression by the child against one or both parents’ (p. 22), as did Wilson (1996). Those who used the Conflict Tactics Scale [CTS] (Straus, 1979) acknowledged a wider range of violence and described violent behaviours, such as biting, hitting, scratching, throwing objects and shoving, verbal abuse and threats of violence (Browne & Hamilton, 1998; Cornell & Gelles, 1982; Kratcoski, 1985; Livingston, 1986).

Absent from many definitions is intent. Child-to-mother violence is difficult to define because it is not always clear when certain behaviours are acceptable and when they become abusive. This factor contributes to the silence that surrounds the violence directed to mothers (Stewart, et al., 2004). According to Downey (1997), adolescent violence literature is generally positioned within a discourse of delinquency or pathology rather than family violence. Sheehan (1997) and Jackson (2003) agree and believe the consequences of this positioning places intervention within legal justice discourses (Jackson, 2003) and/or medicalised discourses (Sheehan, 1997). However, to refer to adolescent
violence such sanitising terms as ‘challenging behaviour’ (see Cummings & Clinton, 1996) or ‘pathology’ (see Madden & Harbin, 1979) locates it outside the spectrum of family violence and acts to minimise the violence (Downey, 1997; Jackson, 2003; Stewart, et al., 2004). Cottrell and Finlayson (1996) developed a comprehensive definition of child-to-parent abuse, giving equal weight to all forms of violence. Jackson (2003) described intimidation and threat, physical abuse from child-to-mother and violence directed to the mothers by friends and associates of their children.

Sheehan (1997) described violence as acts of aggression, whether physical, emotional or psychological. She contends that violence becomes abuse when a power imbalance exists between the perpetrator and the victim. Terms such as parent abuse, adolescent violence and child-to-parent violence have been variously used to describe this phenomenon. However, these terms obscure whether actions are violent interactions between equals or the abusive actions of a perpetrator towards a victim, most often their mother. Therefore, in child-to-mother violence, the young person has power over the parent and is the perpetrator of abuse while the parent is the victim.

Cottrell and Finlayson (1996) clarify that child-to-parent violence is not part of normal adolescent behaviour, describing it as ‘any act of a child that is intended to cause physical, psychological or financial damage in order to gain power and control over a parent’ (p. 3). Paterson, et al. (2002), when defining child-to-mother violence, developed a broader definition applicable to all forms of abuse, stated as ‘behaviour is considered to be violent if others in the family feel threatened, intimidated and controlled’ (p. 90).

Terms such as ‘parent abuse’, ‘adolescent violence’, ‘adolescent violence towards parents’, ‘parental maltreatment’ and ‘child-to-parent violence’ have been variously used to describe this phenomenon. However, all of these terms obscure the balance of power between the perpetrator and target as well as the
target’s gender (Stewart, et al., 2004). Cottrell (2004) made clear that adolescent violence towards parents was not part of normal adolescent behaviour, as did Jackson (2003), although her study was focused on mothers and she coined the term ‘child-to-mother violence’. This term ‘child-to-mother violence’ is utilised in this study because the young person is identified as the instigator of violence who has power over the parent, while the parent is acknowledged as the target and her gender is made visible.

2.2 Theoretical explanations of violence and aggression

Major theoretical frameworks used to explain violence and aggression include biology, psychology, sociology and anthropology (Glass, Laughon & Campbell, 2004). Generally there is division between explanations that depict biological aggression as an innate drive or as socially constructed instrumental behaviour (AIC, 2006; Milillo, 2006; Wilson, et al., 2004). A third approach combines biological predispositions with social influences (Burton, 1997; Luck, Jackson & Usher, 2006, Loue, 2001).

2.2.1 Biological perspective

Various biological factors have been found to be associated with increased aggression, although no causal relationship has been established (Loue, 2001). Lorenz’s (1966) influential instinct theory posited aggression as a fighting instinct common to humans and animals. However, this theory has been criticised for equating hunting with aggression, ignoring non violent cultures and comparing fighting animals with human aggression (Glass, et al., 2004; Tedeschi & Felson, 1994). Over the past 30 years science has identified endocrine and neurotransmitter systems as inhibitors and facilitators of aggressive behaviour (Glass, et al. 2004; Kavoussi, Armstead & Coccaro, 1997). Testosterone has also been identified as having a role in aggressive behaviour (Rubin, 1996; Scerbo & Kolko, 1994). There has also been extensive research on the role of alcohol and drugs on the neural mechanisms for aggression (Giancola, 2002). Although biological factors play a role in the development of aggressive behaviours, social and environmental conditions also influence violence and aggression. Much of the neurobiological research on aggression has used
animal models and human research has primarily focused on men and prisoners (Glass, et al., 2004; Kavossi, et al., 1997).

2.2.2 Psychological perspective

Psychological explanations of violence vary greatly. Freud theorised aggression as a basic instinct or drive (Freud, 1932). Frustration-aggression theory, proposed by Dollard, Doob, and Miller (1939), postulate that obstacles to achieving desired goals cause aggression. Although this theory is no longer in favour, it was the first time researchers used current learning theories to attempt to understand aggression (Glass, et al., 2004; Green, 1998). Cognitive neo-association theory suggested that activating violent thoughts and feelings can increase aggressive behaviour in the short-term (Anderson & Bushman, 2002). Bandura (1973) proposed social learning theory, later named social cognitive theory, to explain aggression based on aspects of behavioural psychology and socialisation. Bandura (1973, 1979) suggested that modelled behaviour is learnt and reinforced if perceived as useful. Empirical evidence generally supports the theoretical proposition that aggressive behaviour is learned (Glass, et al. 2004).

Another cognitive theory, social processing theory, holds that aggression is mediated by cognitive processes (Dodge & Cole, 1987). Thus, behavioural cues are recognised and interpreted, scripts are retrieved and evaluated and environmental responses are appraised (Glass, et al. 2004). Synthesising elements from the previous models, Anderson and Bushman (2002) proposed the general aggression model. In this model an individual’s traits, sex, beliefs, attitudes, values and scripts combine with a particular situation, like aggressive cues, provocation, frustration, discomfort, drugs or incentives, and this combination influences the person’s internal state and consequently determines the outcomes (Glass, et al., 2004). These theories incorporate how environmental influences affect behaviour, often suggesting plausible and empirically supported mediating factors. However, this approach minimises the role that power has in violent interactions and implies that once violence is modelled and observed, it automatically follows.
2.2.3 Sociological perspective

Sociological theories of violence emphasise cultural attitudes towards violence, the structural influences on violence in society, the role of power and the influence of poverty. Culture of violence theory (Wolfgang & Ferracuti, 1967) has suggested that large pluralistic societies produce subcultures with norms that permit the use of physical force or violence to a greater degree than the dominant culture (Loue, 2001). Studies have suggested that depictions of violence in the media promote aggressive behaviour in individuals (Anderson, et al., 2003; Buehler, et al., 2006). However, many studies are laboratory based and have been criticised for encouraging violent behaviour (Tedeschi & Felson, 1994). Berkowitz (1998) noted that poverty was a significant predictor of aggressive behaviour in adolescents. Further, Wilkinson (2005) suggests that the prevalence of violence among low socio-economic areas can be linked to those with low social status who struggle to gain respect or recognition, and whose dignity is challenged. He suggests that males are more concerned with status and proposes violence is used as a way to attain dominance (Wilkinson, 2005). Ecological theory attempts to link violence in the family with the broader social environment (Belsky, 1980). Western cultures have a long history of violence used as a means to achieve socially approved ends. A cross-cultural analysis of wife abuse found that sanctions at the community level against violence towards women were extremely important in keeping occasional acts of violence against wives from escalating to severe abuse (Counts, Brown & Campbell, 1999). These theories assume unequal power relations, and poverty creates situations where violence is an outcome. Therefore, creating equal status between men and women and minimising the financial gap between the rich and the poor should eradicate the need for violence. However, these are long-term issues and do not address the immediate health concerns that result from violent behaviour. In addition, the focus is on structural inequality and fails to hold individual perpetrators of violence accountable.
2.2.4 Cultural perspective

Three major theoretical frameworks attempt to explain cultural influences on violence: social organisation, with its premises related to sexual inequality; cultural patterning; and cultural consistency, with a cultural spill-over hypothesis (Loue, 2001). The social organisation theory of family violence claims causes of violence are found in the structure of society and its affect on how family members relate to each other (Levinson, 1989). Cultural patterning theory assumes that people have an innate drive for aggression but postulates that aggression is enacted in culturally specific ways. Cultural patterning uses social learning theories to understand how cultures and subcultures pass on particular forms of violence (Loue, 2001; Tedeschi & Felson, 1994).

The cultural consistency theory, based on cultural patterning theory, explains how cultural norms, not directly related to violence, can also affect violence within cultures. For instance, family structures containing stress and physical abuse model violence from one generation into the next. Cultural consistency theory identifies why societies known for warfare are also associated with high rates of individual violence (Glass, et al., 2004).

According to the cultural spill-over hypothesis of the cultural consistency framework, the more a society uses physical force toward socially approved ends, the greater the likelihood that this legitimisation of force will be generalised to other areas of life (Baron, Straus & Jaffee, 1988). The benefit of examining cultural practices regarding violence allows understanding to be gained about how violence fits and what purposes it serves. However, it does not offer any solutions about how to change specific behaviours of individuals or groups.

2.3 Theoretical underpinnings of family violence

Contemporary perspectives of aggression and violence have begun to move away from explanations of family violence that rely on single-factor theories and are moving towards an ecological understanding of the nature and scope of violence against women (Heise, 1998; Klein, Campbell, Soler & Ghez, 2000;
Salazar & Cook, 2002). However, it is important to acknowledge these explanations of family violence in order to understand assumptions that often continue to prevail in the community (Laing, 2001; Lawrence, 2002). The following section details the ideas, assumptions and critiques of common explanations of family violence: individual psychology; family dysfunction; external factors; gender, power and violence; and ecological views of violence against women.

2.3.1 Individual Psychology

The central tenet of the individualist psychological perspective is that family violence occurs because of personal characteristics, life experiences and biological elements of the perpetrator and target of abuse. Characteristics of perpetrators of family violence include an inability to control anger, poor communication skills, inability to express emotions and low self-esteem (Kury, Obergfell-Fuchs & Woessner, 2004; Taylor, 2006). Salazar and Cook (2002) reviewed family violence psychology literature and found that most studies focused on an individual level of analysis with few studies including contextual factors. A biological response holds the abuser as pathologically disposed to violent behaviour (Kelly, 2003; Ristock, 2003; Salazar & Cook, 2002). Based on this perspective, intervention programs focus on anger management, improved communication skills and counselling for violent men to resolve childhood experiences or connect with their emotions (DVIRC, 2000; Salazar & Cook, 2002).

Proponents of an individual psychological perspective of family violence often position women as partially responsible for family violence; they suggest that some women identify as victims because of their particular experiences of violence in childhood and further propose that these women might seek out abusive partners in adulthood in co-dependent relationships (Dear 1995; Klein, Campbell, Soler & Ghez, 1997). Ponce, Williams and Allen (2004) have agreed, believing the experience of child abuse distorts women’s cognitive schemas making women who have been abused in childhood more accepting of violence.
in adult intimate relationships. Prilleltensky (1989) and others felt the individual psychological model did more harm than good. Prilleltensky contended that the discipline examines social issues from a perspective that conceptualises social problems as individual flaws with solutions aimed at those affected (see also Caplan & Nelson, 1973). Within this perspective, counselling or assertiveness training was recommended to women experiencing violence to address their psychological issues (DVIRC, 2000; Professional Education Taskforce on Family Violence [PETFV], 1994).

The problem with this perspective is that it ignores the structural inequalities between sexes that contribute to an imbalance in power, such as the differences in income, education, legal redress, and social support (AIC, 2006). It maintains the ideal of the family and cultivates a notion of blame towards women for the violence and ignores their economic dependency and limited options for some women to leave violent partners (Borstein, 2006; Horsfall, 1991).

Further, studies of the psychology of victims often confuse their symptoms from abuse with a psychological portrait of a victim. It is only natural that abused women would become anxious and depressed and suffer from high levels of stress. These are not intrinsic to their psychology but the result of fear, violence and abuse (AIC, 2006; DVIRC, 2000; Laing, 2001). Moreover, studies based on large samples drawn randomly from the population have demonstrated that family violence affects such a significant proportion of the population that its causes cannot be explained simply in terms of individual personality characteristics of victims and perpetrators (Dear, 1995; Strauss & Gelles, 1990; Wilson, et al., 2004).

2.3.2 Family Dysfunction

The explanation of family dysfunction assumes that violence is a symptom of underlying dysfunction within the family. It draws on social learning theory, resource exchange theory, and family systems theory to explain the characteristics and patterns of behaviour in families. The family relationships,
rather than the actual violence, become the focus of interpretation and intervention and responsibility for the violence is usually attributed to the targets rather than to the perpetrators of violence (AIC, 2006, DVIRC, 2000; Falk, 1999).

Proponents of this perspective imagine that society in general and the family in particular suppress violence through a network of support systems, such as friends and extended family members. Their view proposes that today’s nuclear family contributes to an absence of inhibitors present within a family unit (Biddulph, Biddulph & Biddulph, 2003). The notion of social transmission through violent experiences and social and occupational stress are also correlated within this perspective (Oliver, Kuhns & Pomeranz, 2006; Brown & Hendricks, 1998). As with the individual psychological approach, this explanation fails to address the gendered nature of power and violence in the family. It suggests that families experiencing violence are a minority subculture within a normal society. Whilst there is no doubt that the family is a crucial learning site for violence, this explanation falls short of explaining the dynamics and causes of family violence (Evans, 2005; Laing, 2001).

### 2.3.3 External Factors

Commonsense reasons for family violence rely broadly on justifications related to external environmental factors. Research findings have confirmed that alcohol, stress and family background do have a relationship to family violence but they are insufficient explanations for why violence occurs (Johnston, Gunew, Johnson & Howe, 1983; Koepsell, Kernic & Holt, 2006; Zink, Elder, Jacobson & Klostermann, 2004). Some researchers have suggested that alcohol increases aggression and reduces social inhibitions, leading to violent behaviour (Iwaniec, Larkin & Higgins, 2006; Zink, et al., 2004). Proponents of these explanations usually recommend that the perpetrator of violence needs treatment for alcohol or drug addiction before seeking help to stop the violence (Koepsell, et al., 2006). At the same time, it is argued that stresses such as work pressures or unemployment cause perpetrators to become violent, as they take their negative
feelings such as anger and frustrations out on their partners or families (DVIRC, 2000; Iwaniec, et al., 2006; Johnston, et al., 1983).

Another common view holds that family violence occurs only in families of lower socio-economic status or particular ethnic or socio-cultural communities. This view is based on the assumptions that there is a greater acceptance of violence within the working class and certain cultures and perpetrators of violence from these groups exercise in the home the power they lack in the workplace and society (Iwaniec, et al., 2006; Laing, 2001; PETFV, 1994). This implies that men from higher economic groups are not violent and have a lower propensity to exercise power in the home, which is not the case.

2.3.4 Gender, Power and Violence

Feminist scholars emphasise that family violence must be understood in the context of the larger system of gender inequality (Dobash & Dobash 1979, 1992a; Yllo, 1993). The gender, power and violence approach focuses on the social context of family violence and the ways in which gender is linked to power in society. Central to this view is the belief that violence occurs because men have greater political, social and economic power than women which allows them to use violence in order to maintain coercive control (Anderson, 2005; Brown & Hendricks, 1998; DVIRC, 2000). This belief is based on the notion that men dominate most social institutions, including the law, the media, politics, religion and the military. While in the home, men usually have greater access to financial resources (and, thus, hold economic power), and have greater physical power than women and children (DIVRC, 2000; Horsfall, 1991; PETFV, 1994). In addition to economic power, Horsfall (1991) noted the emotional power that male batterers have in society. She emphasised that women with young children who were not in the paid workforce, were more vulnerable to experiencing male violence because the presence of young children combined with limited or no personal income might be used as leverage based on the emotional and material needs of the child/ren.
Embedded within this paradigm is the belief that it is legitimate for a man to use violence to enforce his domination over his partner and family. For this reason, an understanding of implicit and explicit power within gender relations underscores why the majority of offenders are male and the majority of victims of family violence are women and children (Lawrence, 2002; Taylor, 2006). Constructed by a patriarchal society, gender inequality leaves women essentially powerless in the family and society so that feminists argue the necessity for cultural change through the elimination of obstacles to equality (Brown & Hendricks, 1998).

According to Laing (2001), the ideological connection between family violence and research often fails to recognise the disempowered position of women in our culture, making this type of research complicit in male dominance. Dominant forms of research commonly ignore the expertise of those who have direct experience, the women and children who are victims or survivors of family violence and those who work with them. This knowledge is too often underrated or ignored in theoretical accounts of family violence and, as a result, is unrecognised by the public (Lawrence, 2002; Wearing, 1992).

Developing a theoretical, empirical, political and personal understanding of violence requires complex analysis which involves the psychologies of perpetrator and target and their interactions, gendered expectations about family relationships and dynamics, and the patriarchal ideology and structure of society within which individuals and relationships are embedded. Gender and power are key elements of family violence, whether one takes a sociological or a psychological perspective (Yllo, 1993; Yodanis, 2004). Horsfall (1991) pointed out that the existence of men who resort to violence makes visible patriarchal power because it draws attention to the fact that, if patriarchal structures were doing well, men would have no need to exert physical and/or coercive control.
While the Power and Control Wheel (DDAIP, 1981), noted previously, describes women's experiences, perpetrators in batterers' intervention programs often do not articulate a desire for power and control when they talk about their violence (Stop Violence against Women [SVAW], 2004, 2005). Consequently, violence is conceptualised within the larger context of society. Within this perspective, violence is a logical outcome of relationships of dominance and inequality. Relationships are shaped not simply by the personal choices or desires of some men to dominate women but by how, as a society, we construct social and economic relationships between men and women and within marriage (or intimate domestic relationships) and families. Thus, it is necessary to understand how responses to violence create a climate of intolerance or acceptance to the force used in intimate relationships (SVAW, 2004, 2005).

2.3.5 Ecological theory

An emerging body of literature examining family violence within diverse communities challenges the primacy of gender as an explanatory model of violence and emphasises the need to explore alternative views of inequality and oppression, such as racism, ethnocentrism, class privilege and heterosexism, intersected with gender oppression (Caprioli, 2005; Nesmith, 2001; Sokoloff & Dupont, 2005). Prominence is placed on difference, questioning the universality of violence against women, and giving voice to women marginalised by the largely white, middle class feminist movement (Richie, 2000; Ristock, 2002; Russo, 2002). Within a race, class and gender perspective of violence, common definitions of violence are also questioned (Kanuha 1996; Sokoloff & Dupont, 2005). Yoshihama (1999) recommends alternative measures of violence because what is viewed as abusive is based partly on the socio-cultural background of each individual woman. However, this does not mean that family violence across cultures cannot be recognised.

Heise (1998) suggested examining family violence from an ecological stance whereby violence is understood on multiple levels, grounded within personal, situational and socio-cultural factors. Belsky (1980) depicted four concentric
circles to describe an ecological framework to study violence, beginning with individual histories people bring to any relationship, like witnessing violence or being abused as a child, or having an absent or rejecting father. The microsystem is the context of abuse, perhaps male dominance and control of income in the family, alcohol abuse, or marital conflict. The exosystem comprises the institutions and social structures, such as low socioeconomic status or unemployment, isolation within the family and/or delinquent peer relationships, incorporating workplaces, neighbourhoods and social networks. The macrosystem represents the general views of society, reflected in attitudes of male entitlement and aggression, rigid gender roles, acceptance of interpersonal violence and abuse (Blesky, 1980; Heise, 1998). Edleson and Tolman (1992) emphasised the importance of the interplay between various aspects of a person’s social environment. They focused on the links between family, work, extended family, friends and social institutions like police, courts and social services.

Lauritsen and Schaum (2004) believe that, in order to understand violence against women, it is important to examine how individual, family and community characteristics are related to women’s risks for various forms of violence, and that comparing different forms of violence will allow a more complete description of the distribution of women’s experience of violence.

### 2.4 Theoretical explanations of child-to-mother violence

Most research has endeavoured to develop an encompassing theory to explain the dynamics of child-to-mother violence. Some researchers integrate existing theories of psychology, sociology and family violence with those from juvenile delinquency and criminology (e.g. culture of violence, stress theory, social learning theory: Kratcoski, 1982, 1985; Brezina, 1999; adolescent stress theory, family conflict theory: Evans & Warren-Sohlberg, 1988; social control, differential association, strain theory: Agnew & Huguley, 1989). Most of the literature relating to adolescent violence is framed in terms of psychopathology or some form of disorder (Sheehan, 1997). Only a modicum amount of the literature
places child-to-mother violence within family violence (Downey, 1997; Jackson, 2003; Sheehan, 1997), and a very small amount uses qualitative research to explore issues or therapeutic interventions (Cottrell, 2001; Cottrell & Finlayson, 1996; Gallagher, 2004; Jackson, 2003; Paterson, et al., 2002; Sheehan, 1997; Stewart, et al., 2006).

A number of researchers have framed child-to-mother violence within clinical diagnoses of delinquency, rather than under the rubric of family violence (see Downey, 1997; Jackson, 2003). Traditional clinical perspectives describe adolescent violence in terms of disorders such as conduct disorder [CD], oppositional defiant disorder [ODD], and attention deficit hyperactivity disorder [ADHD] (Braithwaite, Duff & Westworth, 2001; Hemphill, 1996). While a medical diagnosis might give parents relief from any feelings of guilt and blame, parents and professionals share concerns that these labels not be used to excuse or make abusive behaviours acceptable (Cottrell, 2001).

As with the criminal justice model, the use of medical modelling to frame child-to-mother violence ignores the roles of gender, power and violence. This perpetuates only superficial understandings of this complex family problem. Furthermore, situating interventions in the legal justice system or as clinical pathologies circumvents the possibility of providing support to families through the development of holistic health and social services that are geared specifically to deal with this problem (Downey 1997; Jackson 2003; Sheehan 1997; Stewart, et al., 2006).

The predominance of a traditional approach has resulted in a number of themes emerging from clinical research into child-to-mother violence that describe aspects that are both different and similar to other contexts of family violence, but it has failed to produce adequate theoretical explanations. Early investigators thought child-to-mother violence might be the missing link in the intergenerational transmission of violence.
experiencing violence as a child and becoming a violent adult has been hypothesised (Agnew & Huguley, 1989; Cornell & Gelles, 1982; Peek, et al., 1985; Tomison, 1996).

Kratcoski (1982) examined 863 case files of male juveniles from correctional facilities for serious offenders in order to explore the link between child abuse, delinquent behaviour and violence towards family members. The average age of boys was 16 years, 26% of whom had experienced physical abuse from their family of origin, while 15% of the adolescents were abusive towards their parents or caretakers. Twice as many boys who experienced abuse were found to return violence to parents. Mothers and stepmothers were the most frequent victims, followed by siblings (Kratcoski, 1982).

In Kratcoski’s (1982) study, he concluded that severe or mild physical punishment might prepare youth to respond violently to frustration. The underlying assumption was that violence was triggered by incidents, rather than being an abuse of power. Kratcoski (1982) listed a number of reasons children were violent toward parents which included protection of another family member, self defence, punishing a parent for inappropriate behaviour, mental deficiency, resentment of a weak parent, or rejection of parental discipline (Kratcoski, 1982). The stance Kratcoski takes is that, in most cases, the violence a child perpetrates against their parent, most likely their mother, is justified. He reached this conclusion through a combination of theories. Firstly, a culture of violence theory, which assumes a low socioeconomic class and violence as a learned response for survival; secondly, stress theory, which presupposes that juvenile delinquents are exposed to high levels of stress and therefore react violently; thirdly, social learning theory, on the basis of which he considered that parent/child relationships and childhood experiences factor into a naturally violent response.
In addition, Kratcoski (1985) examined a group of male and female senior high school students as well as the same number of male youth from a juvenile correctional centre using self-report surveys based on a modified version of the Conflict Tactics Scale [CTS]. From 295 respondents, 75% of whom were male, he found that adolescents who were violent toward their parents were more likely to live in dysfunctional families, and have witnessed and/or be victims of abuse, than those who were not violent toward parents. In this case, it is not clear whether the term dysfunctional family refers to the level of argument within the home, or the fact that 51% of respondents in his study came from father absent households. Kratcoski ignored completely the gendered nature of this violence and, while he noted that the sample was not representative of the general population, he did not take this into consideration when making his conclusions.

Evans and Warren-Sohlberg (1988) suggested that child-to-mother aggression was a result of learned behaviour intensified by family structural characteristics. They looked at police reports of non-homicidal domestic violence from a city within the United States during 1984 to 1987. Incidents were screened for adolescents between 12 and 18 years of age who acted as either the primary or mutual aggressor. From 1384 reports, 73 fitted the inclusion criteria. Two-thirds of adolescent aggressors had some history of contact with the criminal justice system or social services (especially mental health services).

A pattern emerged of son-to-mother violence, although a number of females were also involved in aggressive behaviour towards their mothers (Evans & Warren-Sohlberg, 1988). Most abuse was associated with conflicts about responsibilities, money and privilege. In the analyses, researchers reported parental involvement without referring to gender even though mothers were three times more likely to be abused than fathers. Evans and Warren-Sohlberg (1988) minimised this finding, suggesting it was probably the result of a disproportionate number of single-mother households in the sample, and greater
contact of mother-child interactions. Alternatively, this could be viewed as an aspect of power imbalance between a woman and her son reinforced by the lack of a paternal figure in the home, which might be a factor in why single mothers make up the majority of those seeking assistance from law enforcement agencies to facilitate their protection and that of their other children.

The use of police reports as a data set means information was limited to actual complaints about adolescent violence toward parents. The number of family violence incidents reported to, or recorded by, police is a small proportion of total crime (AGD, 2004; AIC, 2006; Wilson, 2004). In Australia, according to results from the National Crime and Safety Survey, only 35% of assault victims reported their last incident to police (Ferrante, Morgan, Indermaur & Harding, 1996). In addition, it is uncommon for a woman’s first contact with police to occur after the first or second incident of domestic violence. Usually the legal system becomes involved only after a pattern of abuse is well established, the level of physical injury has become serious, or the violence has spread beyond the family (AIC, 2004; O'Donnell & Craney, 1982; Wilson, 2004).

Brezina (1999) who used the same data set as Peek, et al., (1985), had a similar interest in the apparent symmetry of child-to-parent violence, believing violence from children was a functional response to abusive treatment by parents. The assumption was that an aggressive adolescent’s behaviour served the purpose of preventing or minimising physical abuse from parents (Brezina, 1999).

These perspectives support a view that adolescent behaviour is the responsibility of parents who have failed to provide adequate parenting. In Cottrell’s (2001) study, parents reported other people often blamed them for their children’s behaviour, and they often blamed themselves or their partners. Stewart, Burns and Leonard (2007) explored this issue further by looking at explanations mothers offered for abuse they experienced from sons, daughters, stepchildren and children’s partners, 70% of whom were male, ranging from
young adolescents to 40-year-old adult children. Explanations from mothers who had experienced violence from their children included the mental illness of the child, the child’s problematic personality, family dysfunction, social and cultural influences and gender power imbalance. Of interest, women did not propose a single answer but used multiple theories to explain the behaviour. Compared to women in their 50s or 60s, those in their 40s were more likely to see the problem as belonging to the child, rather than blaming themselves and were more adept in accessing community services (Stewart, et al., 2007).

In nearly all cases researchers’ used purposive and convenience samples from social clubs (Livingston, 1986; Paulson, et al., 1990), schools and universities (Browne & Hamilton, 1998), psychiatric facilities (Charles, 1986) and correctional centres (Evans & Warren-Sohlberg, 1988). Either existing case files were used (Charles, 1986) or survey instruments containing one-dimensional measures of physical violence (Agnew & Huguley, 1989) through to the more complex and popular CTSs (Browne & Hamilton, 1998). Qualitative in-depth interviews with adults who had experienced child-to-mother violence, health and community workers, or those in the criminal justice system were rare (Cottrell & Finlayson, 1996; Cottrell, 2001; Gallagher, 2004a, 2004b; Jackson, 2003).

Cottrell and Monk (2004) adapted nested ecological theory (Belsky, 1980; Dutton, 1985) to understand the multiple factors involved in child-to-mother violence. When used to conceptualise family violence, this theory outlines the reciprocal interaction of the four key levels of influence outlined above. Based on existing research, Cottrell and Monk (2004) identified a nested ecological approach which indicated the following influencing factors for child-to-mother violence:

1. Gender inequality and media depictions of violence (macrosystem).

2. Low income, family stress, negative peer influences and minimal social support (exosystem).
3. Ineffective or negative parenting styles, parental conflict, minimisation of family problems (microsystem).

4. Youth factors such as low parental attachment, mental health issues, drug and/or alcohol misuse, and early experiences of victimisation (ontogeny) (Cottrell & Monk, 2004).

Nested ecological theory (Belsky, 1980; Dutton, 1985) is particularly useful in combining psychological, sociological and feminist perspectives of violence in the family offering a template under which single factor theories can be applied at varying levels. In addition, the importance of cultural values and belief systems on violent behaviours are emphasised. However, Cottrell & Monk (2004) noted limitations of the theory included:

1. Broad cultural values and beliefs at the macrosystem level are difficult to measure, thus the overall impact of these factors remains unclear.

2. The ecological emphasis on multiple levels of influence might overlook detailed interpersonal dynamics of more focused theories.

3. Nested ecological theory is designed to be wide-ranging, therefore adequate testing of its theoretical premise would be difficult (Cottrell & Monk, 2004).

Nevertheless, it is a valuable addition to the understanding of child-to-mother violence.

2.5 Elements of child-to-mother violence
A parent’s perception of child initiated violence might well differ from their children, who are likely to minimise the rate and severity of violence (Agnew & Huguley, 1989; Paterson, et al., 2002). This perceptual variation also applies to female and male definitions of what constitutes violence (Peek, et al., 1985). A mother might consider a push and shove as abusive, while a father might view the same incident as a fight between equals.
Moreover, research supports the view that mothers are targeted more often and more severely than are fathers (Agnew & Huguley, 1989; Cornell & Gelles, 1982). However, there is little or no evaluation of the gendered nature of this form of violence (Downey, 1997). The Youth in Transition [YIT] survey (Bachman, O'Malley & Johnston, 1978), based on a nationwide sample of public high school boys from both single and two parent families, surveyed 2213 boys aged 15 in 1966, 1545 of whom were surveyed again in 1968 and 1969 at 17 and 18 years of age. Measurement was one dimensional; boys were asked how often they hit either their fathers and/or mothers in the past three years in the first instance and since the last survey for subsequent surveys (Peek, et al., 1985). The study relied on adolescent self-reports for past incidents in which they were the initiators of violence, therefore they were likely to either forget or minimise their actions (Kelly & Radford, 1996). Peek, et al. (1985) acknowledged that role proscriptions against sons hitting their mothers might have affected results in this manner. Results of the YIT study are discussed later in the chapter.

The National Survey of Youth [NSY] selected 1960 families from housing units, each containing at least one adolescent between 11 and 18 years of age. Interviews of 1395 adolescents focused on their delinquent behaviour (Gold & Reimer, 1975). As a part of this focus, adolescents were asked how many times they had hit one of their parents in the last three years. Follow-up questions noted the sex of parent abused, extent of physical injury, reason for assault and whether any action was taken against the adolescent (Agnew & Huguley, 1989). Results of the NSY are discussed later in the chapter.

Differences in the recall timeframe of the YIT survey add to comparison confusion. Neither survey collected information on the consequences of parental assaults, although follow-up questioning in the NSY data set allowed intention and severity of physical violence to be explored (Agnew & Huguley, 1989). Nonetheless, many believe that the focus on physical abuse alone minimises
the experience of family violence (Laing, 2001; PETFV, 1994), with some suggesting emotional and psychological abuse is far more damaging (Paterson, et al., 2002).

A number of qualitative studies have been undertaken that unexpectedly come across child-to-mother violence either in the research process or during clinical practice. Jackson (2003) explored child-to-mother violence from the perspective of six women who were part of a larger study of 20 women interviewed about their mothering experiences. The women were well educated, four were married to the father of their children and two were single parents. In-depth interviews revealed fear and violence had become a part of mothering for these six women, who acknowledged their sons were abusive towards them. All linked substance abuse as an issue. The types of violence included threats, demands for money, verbal abuse and physical violence.

Stewart, et al. (2007) reports on child-to-mother violence experienced by over one-third of 60 women interviewed aged between 40 and 65 from the suburbs of Western Sydney. As part of the Coming of Age project, life review interviews were carried out and the women revisited five years later for an update on their situations. Child-to-mother violence was not a specific focus but emerged as a major issue for women who experienced a range of abusive behaviours that included severe abuse, breaches of trust and other conflict. Notably, although participants took part in lengthy life reviews, it was often only at the five year follow-up that some of the women were able to mention the abuse, even though it was of long standing. The difficulty in divulging child-to-mother violence has been noted in the literature (Agnew & Huguley, 1989; Charles, 1986; Harbin & Madden, 1979). Smith (1994) suggested using broader definitions, lifetime prevalence recall, multiple and multidimensional measures and the use of open-ended questions to improve the capacity of women to report their experiences of abuse.
Gallagher’s (2004a) research was based on understandings from his experience as a counsellor of 77 adolescents from 73 families. Boys outnumbered girls six to one as perpetrators and, while 74 adolescents victimised and abused their mothers, only 12 fathers experienced violence. Single mother families made up 74% of the families and 60% experienced previous violence in the home. He found that, in the majority of cases, sons were abusing their mothers and in general these sons had been exposed to fathers abusing their mothers. Similar to Charles (1986), Gallagher identified overly responsible or overly democratic parents being abused by their adolescent children. They were often intact middle class families or sole mothers trying to make up for past exposure to family violence (Gallagher, 2004a).

Although a number of studies mention the influence of alcohol and drug abuse in relation to parent abuse (Mak & Kinsella, 1996; Evans & Warren-Sohlberg, 1988; Cottrell & Finlayson, 1996; Cottrel, 2001; Jackson, 2003), few examine it in-depth. Potter-Efron and Potter-Efron (1985) reported 70% of adolescents in an addiction program had been exposed to family violence, either as witnesses (21%), victims (28%) or perpetrators (20%). Some research reported that adolescents and young adults with addiction problems differed from the general population in terms of their exposure to family violence and their propensity for aggressive behaviour (Taylor & Kliwer, 2006; Wells, Graham, Speechley & Koval, 2005). Pelletier and Coutu (1992) proposed that the same relationship might exist between substance abuse and adolescent aggression towards parents.

Child-to-mother violence affects other children in the home and parents often fear for the safety of other siblings (Cottrell & Finlayson, 1996). Harbin and Madden (1979) stated that the majority of abusive adolescents in their study had also attacked another person, usually a sibling. Sibling abuse has been described as the most common and most overlooked form of family violence and occurs most frequently in relation to issues of power (DeKeseredy, 1993;
Robinson, Wright & Watson, 1994). Generally referred to as a normal part of growing up, a number of studies have alluded to its coexistence with child-to-mother violence without exploring it in any detail (see Cornell & Gelles, 1982; Harbin & Madden, 1979; Peek, et al., 1985).

While most research has focused on non-lethal violence, at the extreme end of a continuum of adolescent violence is matricide or parricide, the killing of one’s mother or parents (Heide, 1992; Holcomb, 2000). It occurs between 0.7% and 1% of all homicides in the United States as well as other Western countries and Africa. Fewer women are targeted with 61% of all parricides committed against fathers and 39% mothers. Of these matricides, 86% of women are killed by sons and 14% by daughters. On average the matricide offender is 30 years or older with only 15% being below the age of 18. Common characteristics across matricide types are severe mental illness, a domineering mother, a hostile-dependent relationship with the mother, a passive or withdrawn father and over kill behaviour (Holcomb, 2000).

Elder abuse is another form of family violence that can be distinguished from child-to-mother violence because it is about adult children neglecting or abusing older parents who are in a helpless and dependent position (Comijs et al. 1998; Kurrle et al., 1992). These adult children are usually involved in a caretaking role and are economically independent from their parents (Pillemer & Finkelhor, 1988a, 1988b).

2.6 Incidence
Available statistics on child-to-mother violence are drawn from the United States; however, similar incidence is assumed in Australia (Downey, 1997). Available statistics are often confounded because key characteristics such as gender of targets are not always clear (see Charles, 1986; Evans & Warren-Sohlberg, 1988). The YIT survey (Bachman, et al., 1979) only sampled boys and this sample was utilised by Brezina (1999) and Peek, et al., (1985). In addition,
sources for sampling and ages of young people have varied widely. The main foci to date has been on family dynamics, finding theories to explain the phenomenon, and identifying traits and circumstances related to child-to-mother violence (see Brezina, 1999; Charles, 1986; Cornell & Gelles, 1982; Evans & Warren-Sohlberg, 1988; Kratcoski, 1982; 1985; Paulson, Coombs & Landsverk, 1990; Peek, et al., 1985).

Only Cornell and Gelles (1982), Peek, et al. (1985), Brezina (1999) and Agnew and Huguley (1989) used nationally representative samples, all of which were secondary analyses of surveys that were not conducted to explore child-to-parent violence in the first instance. The Cornell and Gelles study was based on the Straus, Gelles and Steinmetz (1980) survey of family violence conducted in 1975, the Peek, et al. and Brezina studies utilised the YIT survey from 1966 to 1969 (Bachman, O'Malley & Johnston, 1979) and the Agnew and Huguley study made use of 1972 NSY data. Current statistics are based on comparisons of these studies, and draw on data collected 30 to 40 years ago.

Cornell and Gelles (1982) identified that 11% of boys and 7% of girls aged 10 to 17 years assaulted their parents. Further, they found that mothers were more likely to be victims, experiencing 11%, of adolescent violence compared to 7% of fathers. Agnew and Huguley (1989) found 11.7% of all adolescents surveyed assaulted their parents at least once in the preceding three years to 1972. They found 3.4% of boys and 2.6% of girls assaulted their fathers, while 5.6% of boys and 7.3% of girls assaulted their mothers (Agnew & Huguley, 1989). Peek, et al. (1985) stated 6.5% to 10.8% of boys 15 to 18 years of age hit either parent, 4.6% to 7.6% hit their fathers, while in contrast to the other two studies, only 2.3% to 5.6% reported hitting their mothers, in the three years retrospective of 1966 and during the 18 months before data collection in 1968 and 1969.

Pagani, et al. (2003) used data from a larger Canadian longitudinal study of child development. From a total of 2534 children who participated in the longitudinal
assessments from the age of 6 to 15 years, 778 adolescents (358 boys and 437 girls) met the election criteria for the study. Their sample was based on whether data for the family had been collected annually, all children were living in intact families at kindergarten, children experienced no more than two marital transitions, data were complete regarding the aggression towards mother variable, and complete data was available for all covariates of the study. Pagani, et al. (2003) collected adolescent self reports as well as mother’s reports of abusive behaviour toward mothers over a 6 month period. Mothers reported that 13% of adolescents engaged in physical aggression and 51% reported verbal abuse. Thirty six per cent reported no verbal or physical abuse towards mothers.

Discrepancies in incidence rates are ascribed to differences in sampling techniques and measurement scales. Cornell and Gelles (1982) examined 608 two parent families, containing at least one child aged between 10 and 17, derived from the Straus, et al. (1980) data set of 2143 families. Interviews were conducted with mothers in 315 families and fathers in 293 families using the CTS. Information was collected on the extent of violence toward the interviewed parent only in regard to one child in the family (Cornell & Gelles, 1982). Instead of referring to the scope of violence that might occur in a particular family, respondents were constrained to their experience with a particular child. As a result, the study was unable to reveal the actual extent of violence that could occur in some families in regard to their partner’s experience or the experience of the other children involved.

2.7 Unacknowledged factors: gender, power and violence
Acknowledging the roles of gender, power and violence allows a focus on the social context of family violence and the ways in which gender is linked to power (Brown & Hendricks, 1998; DVIRC, 2000; Russell & Light, 2006). Embedded within this is the belief that it is legitimate for males to enforce domination over the family. For this reason, an understanding of implicit and explicit power within gender relations is necessary to understand why the majority of offenders are
male and the majority of victims are female (DVIRC, 2000; Hester, et al., 1996; PETFV, 1994).

Harbin and Madden (1979) position child-to-mother violence as a reaction to family stress and a reversal of hierarchical power relations. According to Downey (1997), power is usually present in the person who is being abusive. Gallagher (2004) notes that being reckless also gains power, if the adolescent isuncaring of consequences. Thus, the notion of parental authority equating with power cannot be unquestioningly accepted. Firstly, the experience of causing parental fear might cause an adolescent to use violence again. Secondly, in families where women have had previous experiences of violence, they might respond as a victim, rather than as a powerful adult (Downey, 1997). This means that they effectively relinquish their power to their abusive child.

Gender and power are clearly key elements of child-to-mother violence. Developing theoretical, empirical, political and personal understandings of violence requires complex analysis which involves the psychologies of abuser and victim and their interactions, gendered expectations about family relationships and dynamics, and the patriarchal ideology and structure of society within which individuals and relationships are embedded (Anderson, 1997; Garcia-Moreno, 2002; Horsfall, 1991; Yllo, 1993; Yodanis, 2004).

2.8 Perpetrators and targets
A British study of 220 university psychology and health students under 20 years of age, with a ratio of 2 to 1 females and males, explored experiences of child abuse and the strategies employed by young adults during conflicts with their parents (Browne & Hamilton, 1998). Participants completed a CTS and a Childhood History Questionnaire [CHQ]. Just over 6% of participants reported using violent tactics against their father, and 8.5% against their mother. The reverse occurred in reports of severe violence with 2.8% acknowledging using severe violence toward fathers and 1.7% against mothers (Browne & Hamilton, 1998).
The YIT (Bachman, et al., 1979) data set and Browne and Hamilton’s (1998) clinical study are exceptions that confound the notion that mothers are the primary targets of child-to-mother violence. However, research suggests that different gender and age groups have different rates of violence. The YIT (Bachman, et al., 1979) data set focused on adolescent boys aged 15 years through to 18 years of age and Browne and Hamilton (1998) collected data from predominantly female university students, so perhaps the older age range and greater number of female participants in Browne and Hamilton’s study might account for the difference.

In only the Peek, et al., (1985) study was a larger proportion of violence directed towards fathers rather than mothers. However, this study referred to boys in their last year of high school whereas, age groups in other studies incorporate much younger adolescents in one-off data sets. The researchers noted the possibility that social pressure against violence targeted towards mothers might have influenced the boys self-reports (Peek, et al., 1985). Brezina (1999) has argued that a focus on adolescent boys alone is justified owing to the large body of research into adolescent violence that suggests boys are significantly more aggressive than girls (see Langhinrichsen-Rohling & Neidig, 1995; Weiler, 1999; Barkin, Kreiter & DuRant, 2001; Herrera & McCloskey, 2001). Agnew and Huguley (1989) refute this argument, noting that adolescent daughters, especially younger teenagers, are equally likely to offend and that older and bigger sons are more likely to assault their fathers.

Conversely, girls being reported as equally violent might be an anomaly of the CTS and its numerous variations, favoured by researchers operating within a positivist paradigm. The CTS counts a number of specific violent acts committed, but is does not explain why people use violence. Smith (1994) contends that a major problem of victimisation surveys of physical abuse towards women is under reporting. CTS data predominantly report men and
women to be equally violent but miss the fact that women commonly use violence to defend themselves while men typically use violence to control women (DeKeseredy & Schwarts, 1998; Gallagher, 2004; Smith, 1994).

Moreover, focusing on child-to-mother violence from two parent families ignores single mother families who are noted by some authors to make up the majority of cases (Downey, 1997; Gallagher, 2004a, 2004b; Livingston, 1986; Wilson, 1996). Research specifically exploring single mothers and child-to-mother violence surveyed 151 single mothers from a social group (Livingston, 1986). Forty-four of the women (29%) reported experiencing violence from children aged between one and 19 years, based on information from a simplified version of the CTS. Findings revealed that 44% of abusive adolescents were sons and 56% were daughters. Although the study cannot be generalised, the author suggested that high rates of child-to-mother violence, compared to studies based on two parent families, might be explained by the inhibiting force of fathers, on witnessing domestic violence, and greater family and financial stress (Livingston, 1986).

Harbin and Madden (1979) were at the forefront of investigations into child-to-mother violence. Their aim was to document the characteristics of child-to-mother violence, and used observations of parents and adolescents from 15 families, eight of whom had repeatedly attacked or threatened their parents. Youth ranged from 13 to 24 years of age, and demonstrated a range of abusive behaviours toward their parents, from destroying furniture and verbal assault to serious physical attacks on one or both parents. Harbin and Madden (1979) found that concurrent or previous episodes of family violence such as child or spouse abuse were rare. They theorise a relationship between child-to-mother violence and a disturbed family structure rather than preceding child abuse. Characteristics identified were weak or reversed family hierarchy, denial by parents of the seriousness of their children’s aggression and maintaining the myth of family harmony (Harbin & Madden, 1979).
A French study analysed medical records of an adolescent psychiatric department between 1987 and 1996 (Laurent & Derry, 1999). Of the 645 files analysed, 22 (3.4%) recorded long-term, repeated physical aggression by adolescents against one or both parents. The authors present seven vignettes representative of the 22 cases. The average age of adolescents was 14 years; perpetrators were mostly sons and their mothers were more often the victims than their fathers.

Charles (1986) analysed the hospital records of 300 adult patients from a psychiatric facility. Of these, 11% of males and 6% of females reported being abusive to parents. While Charles (1986) made note of the gender of those committing child-to-parent violence, no mention of the gender of targeted parent was made except in case descriptions, thus the ratio of mother compared to father victimisation is unknown.

### 2.9 Cross-cultural issues

Cross-cultural research is almost non-existent. However, available evidence situated Caucasians as more likely to be involved in child-to-mother violence (Charles, 1986; Paulson, et al., 1990). Writing more than twenty years ago, Charles (1986) focused on stereotypes that credited minority parents with intolerance to disrespect, administering immediate consequences and he suggested Caucasian parents looked for reasons to explain abuse but did not take steps to stop it. He concluded that parenting style made a significant difference in whether or not parents experienced child-to-parent violence and theorised that child-to-parent violence occurred because overly reasonable parents produced children with few internalised controls who viewed parents as equals (Charles, 1986).

Paulson, et al. (1990) sampled 445 adolescents aged between 9 and 17 years, and 445 parents, half from an Anglo-Saxon background and the other half of Hispanic origin. During a five year period, adolescents were approached three
times at 18 month intervals and asked whether they had hit their mother or father one or more times in the intervening period. Information about frequency or severity of violence was not collected. The authors found Caucasian adolescents more likely than Hispanic adolescents to be violent towards parents.

2.10 Practice issues
With minimal research and low public recognition of child-to-mother violence it is difficult for practitioners, health and family support workers to know the most effective way of supporting those affected. Most treatment issues refer to the general area of treating violent families. Services for violent adolescents and their families most often use structural and family approaches, conflict resolution and analysis of gender and power relations (Bobic, 2002, 2003; Sheehan, 1997). Paulson, et al. (1990) suggest parent training to facilitate permissive and uninvolved parents to learn to be firm yet supportive. Downey (1997) describes a model that places responsibility for violent behaviour with the perpetrator, while leaving room for a shared responsibility for relationships and safety for the person subject to violence.

Gallagher (2004b) contends that it is common to view people as either victims or victimisers, and even easier to regard adolescents who are being abusive towards their parents as victims. This is because adolescent behaviour is seen as a result of the parenting they have received rather than a choice they make. However, Gallagher (2004b) insists that short-term solutions are possible if the abusive behaviour of an adolescent is dealt with first before any work, if necessary, on the child’s own abuse is undertaken. This would allow family relationships to repair and in fact, he believes adolescents themselves are happier once their parents regain control.

A number of researchers concur that work with both adolescent and parent is preferable as perpetrators often minimise or refute abusive behaviour, although those in highly conflicting relationships might need to attend separately in the
Micucci (1995) suggests four strategies in working with violent adolescents and their parents, (1) supporting parental authority by instilling confidence in parents, (2) restoring trust among family members, (3) containing conflict and (4) supporting the strength and skills of parents and adolescents (Micucci, 1995).

Family and narrative therapy appear to be the two most common therapeutic modalities. Services focus on help for adolescents, such as anger management courses and self control skills training. Concern for women is generally non-existent; in fact, Evans and Warren-Sohlberg (1988, p. 210) stated, ‘appeals to police intervention, although usually effective in solving the immediate problem, are unlikely to endear parents to their children and might contribute further to a deteriorating family situation’. Paterson, et al., (2002) also found mothers reluctant to involve police, initially viewing this as a betrayal of their motherly role. However, after intervention, several acknowledged police intervention as a serious option if violence occurred again (Paterson, et al., 2002). Arrigo (1982) noted that recourse for those affected by child-to-mother violence was limited, and argued the necessity of developing forms of protection and therapeutic intervention outside the criminal justice system.

Sheehan (1997) reported on an intervention program involving 60 families with a violent adolescent. The majority of adolescents were boys 11 to 17 years of age, of Anglo-Saxon origin, and evenly matched from two parent and single parent families, the majority of whom did not report a family history of violence. The intervention program involved conflict resolution strategies and processes based on neighbourhood disputes and divorce mediation. However, these models alone were not adequate, so over time the intervention broadened to incorporate family and narrative therapy and conflict resolution. Families reported varying degrees of success - 36 families stated the violence had either ended or decreased significantly (Sheehan, 1997).
Paterson, et al. (2002) evaluated a group interaction program. Participants were 18 women, six of whom had experienced severe child-to-mother violence. Their adolescent children had either refused counselling or the mothers feared it would increase their risk of harm. The aim of the program was to assist mothers in understanding and coping with the violence through group discussion, didactic input and role-plays between two facilitators and the women. Two scales to measure psychological distress and wellbeing of mothers were used before and after the program, and in-depth interviews explored the women’s experiences of violence and the support program. At the end of the intervention, psychological distress was reduced and participants reported a reduction in the level of perceived violence. However, they continued to report feeling depressed. Limitations of the study are the absence of a control group, and the small number of participants (Paterson, et al., 2002).

2.11 Gaps in the literature and directions for further research
A review of the literature has revealed a number of gaps that raise issues for further research. In particular, the discourse on this form of violence reveals a lack of research and debate from feminist perspectives. In addition, the literature contains only limited insights into cultural differences. There is a need to conduct research that will provide greater understanding of multicultural and cross-cultural issues as they relate to this phenomenon, to facilitate the development of services that are effective and appropriate to multicultural communities.

Discussion and evaluation of therapeutic models were scarce. Support services for women, adolescents and family members were predominantly restricted to interventions for treating violent families or juvenile delinquents. Family violence specific services for families affected by child-to-mother violence are yet to be developed. Moreover, research to develop and evaluate appropriate programs and practices to support women, children and their families is needed.

Finally, few studies are able to generalise the incidence of child-to-mother violence and no Australian statistics exist. While it is understood to be
impossible to know the true extent of abuse, current figures are based on data 30 to 40 years old from the United States that were not specifically designed to measure child-to-mother violence. There is a need for comprehensive population research to clarify the prevalence, nature and extent of child-to-mother violence in contemporary communities.

2.12 Summary
Underpinning the paucity of research and debate into child-to-mother violence is a belief that it is not an extensive or problematic issue. However, the literature suggests that, like other areas of family violence, it is under-reported and has many similarities to adult male violence against women. The majority of research exploring child-to-mother violence affirms mothers are the main targets of abuse. Mothers were fearful of their abusive child, most often their son. In addition, families tended to contribute to maintaining silence, by minimising or denying the seriousness of their child's abusive behaviour. Moreover, witnessing abuse in the home was identified as a risk factor, although it was certainly not a determinant.

Discrepancies in the perceptions of power between children and their parents have distinguished it from other forms of family violence. However, assumptions of parental power ignore extenuating factors that might feature in child-parent relationships, such as the power of a child who behaves recklessly, the power associated with engendering fear, and reliving past roles of victimisation.

The use of criminal justice and medical modelling to frame child-to-parent violence has ignored the role of gender, power and violence and perpetuated superficial understandings of this complex family problem. For this reason, definitions that incorporate broader understandings of child-to-mother violence, which locate women's experiences within family violence rather than identifying child-to-mother violence as challenging behaviour and a parent's responsibility, will clarify abusive behaviour as the responsibility of perpetrators and offer protection and assistance to victims.
The current state of knowledge regarding child-to-mother violence has been examined in this chapter. The definition of this form of family violence was elicited, elements that constitute child-to-mother violence and the incidence were also revealed. An overview of adolescent and family violence theories that frame child-to-mother violence were discussed and gaps in knowledge, including gender factors, a thorough understanding of targets and perpetrators, in particular of females as aggressors, and cross-cultural issues. In the following chapter, I will discuss the methodology and method of analysis for this research and detail the thesis structure, including methodological considerations, mixed methods studies, overview of the research design from developing and validating the instrument, the pilot study, population survey, workshop, the strengths and limitations of the design and ethical considerations.

2.13 This study
The aims of this study are:

1. To identify the prevalence, experience and nature of child-to-mother violence in contemporary communities
2. To develop validated recommendations for intervention strategies for mothers, children and families who are affected by child-to-mother violence

The aims of this thesis were addressed through a mixed method approach. A questionnaire was developed to specifically enquire about the women who experienced child-to-mother violence, their family history and circumstances, their experiences, beliefs and attitudes; as well as actions and support systems utilised. In addition, women were invited to recount their experiences in their own words.

Face and content validity was established for the instrument before being piloted to a random selection of women who were or had been mothers of children aged between ten and twenty four years. After a process of instrument revision, the
final questionnaire was directed to a randomised selection of households not previously surveyed.

Finally, consultation with health and community workers was undertaken and workers in the criminal justice system reviewed findings from the questionnaire and worked in groups to develop recommendations for prevention and intervention strategies. Synthesis of information collected from the questionnaire data and data reported from field workers was subsequently utilised in the development of a framework for intervention.
In this chapter the rationale for using a mixed methodology and design is explained. A mixed method approach integrates different research methods into a research strategy that provides a more comprehensive understanding of the phenomena of analyses. It is an inclusive inquiry, selected as the appropriate research approach for this project because it is an area where little is known. In addition, the structure of the thesis is described at the same time noting the strengths and weakness research method. The study developed over four phases using two distinct methods. Phase one of the study was the development and validation of an instrument that would measure the extent and experience of child-to-mother violence. Phase two was the pilot study and further validation of the instrument and phase three was the main study using the validated instrument. Phase four was a departure from this method, designed to engage with health, welfare and juvenile justice workers regarding the preliminary results from the CMVS. Finally, ethical considerations for the study are described and limitations of mixed methods.
3 CHAPTER THREE RESEARCH METHODOLOGY

3.1 Introduction

In this chapter I explain the rationale for using a mixed methodology and design to explore child-to-mother violence, a phenomenon about which little is known. The chapter starts with an overview of the debate between positivist and constructivist/interpretivist methodologies that underpin the movement toward combining research paradigms that have hitherto been constructed as opposing. Mixed methods research is an inclusive inquiry, which was selected as the appropriate research approach for this project, in order to meet the project aims and to improve content coverage and alternate levels of analysis. In this chapter, an overview of the research design is presented which includes a discussion of the appropriateness and adequacy of methods used to investigate the research questions. The methods and techniques of data analysis for each phase are then described. The chapter concludes with a discussion of the major ethical considerations associated with the project and a description of the limitations of mixed methods research.

3.2 Methodological Considerations

Methodology refers to the theoretical assumptions and principles that inform a given research approach (Denzin & Lincoln, 2005; Giddings, 2006). Kuhn (1962) popularised the idea of a paradigm as a general concept that included researchers having a common education and agreement on research practices or thinking (Kuhn, 1977). Johnson and Onwuegbuzie (2004) conceptualised ‘research paradigm’ as ‘a set of beliefs, values and assumptions that a community of researchers has in common regarding the nature and conduct of research’ (p. 24). Morgan (2007) makes distinctions between the uses of the term ‘paradigm’ as (1) a worldview describing beliefs, morals and values, as an (2) epistemological stance regarding the nature of knowledge and appropriate conduct of research, as (3) shared beliefs within particular research fields and, finally as (4) models of research.
Research is the cornerstone of knowledge creation. The assumptions made regarding what is examined, where and when data are collected, how findings are interpreted and for whose benefit, shapes the type of knowledge possible. Initially, social science enquiries adopted natural scientific methods of research in order to gain legitimacy over traditional ways of knowing, sanctioned by church and state (Sarantakos, 2005). Known as positivism, this epistemology is based on an external reality of universal truths discovered through empirical evidence (Johnson & Onwuegbuzie, 2004; Morgan, 2007). Positivist assumptions are that the research process is value free, researchers are objective and mathematics is a valid tool for describing the social world (Babbie, 2001; Sarantakos, 2005). Within this paradigm, collecting quantitative data has been the only legitimate choice of research method. However, dissatisfaction with the axioms of positivism has grown, giving rise to post-positivism (O’Leary, 2004; Robson, 2002). Tenets of post-positivism include the notion that research is value laden, influenced by theoretical underpinnings of the researchers, and the proposition that all understanding of reality is constructed (Allmendinger, 2002; Alston, 1998).

Anomalies between positivistic and post-positivistic paradigms raised debate among researchers based on concerns over the philosophy of knowledge under such a broad field (Johnson & Onwuegbuzie, 2004; Morgan, 2007; Sale, Lohfeld & Brazil, 2002). Known as the ‘paradigm wars’ (see Tashakkori & Teddlie, 1998), interpretivist researchers posited a list of incompatibilities with positivists’ philosophy: that reality is multiply constructed, time and context free, generalisations are neither desirable nor possible, research is value-bound, it is impossible to differentiate between causes and effects, that logic flows from specific to general; that is to say, explanations are generated inductively from the data, and knower and known cannot be separated because the subjective knower is the source of reality (Babbie, 2004; Guba & Lincoln, 1994, 2005). Qualitative researchers argue the superiority of constructivism, idealism,
relativism, humanism, hermeneutics and postmodernism (Creswell, 2003; Guba & Lincoln, 1994, 2005; Lincoln & Guba, 2000; Schwandt, 2000). In addition, qualitative researchers disliked the detached style of writing of quantitative investigations, preferring detailed, rich and empathic description, written directly and somewhat informally (Johnson & Onwuegbuzie, 2004).

Purists from each camp tend to focus on the differences between quantitative and qualitative philosophies rather than on the similarities and therefore view their paradigms as the appropriate model for research and implicitly or explicitly advocate the ‘incompatibility thesis’ (Onwuegbuzie, 2003; Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003). The incompatibility thesis (Howe, 1988) posits that quantitative and qualitative research paradigms are incompatible and therefore their associated methods cannot and should not be mixed (Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003). Howe (1988) countered the incompatibility thesis with a ‘pragmatic view’ considering paradigms should be evaluated in terms of how they meet the demands of research in practice. A number of researchers from the quantitative and qualitative approaches agreed: Tinsley and Brown (2000) considered that the use of multiple methods reflects the progression of post-positivism in social science, while Denzin and Lincoln (2000) claimed that combining methods ‘adds rigor, breadth and depth to the investigation’ (p. 4).

Mixed methods researchers hold a variety of views with regard to how paradigms are used in these methods (Teddlie & Tashakkori, 2003). Tashakkori and Teddlie (2003) note at least six different positions on the issue of how paradigms are utilised in the development of mixed methods research:

1. The a-paradigmatic stance, ignoring the epistemological debate.
2. The incompatibility thesis: quantitative and qualitative paradigms are incompatible thus associated methods cannot and should not be mixed.
3. The complementary strengths thesis, mixed methods are possible but must be kept separate so the strengths of each paradigmatic position can be attained.

4. The single paradigm focus: either pragmatism or transformative-emancipatory paradigms serve as a foundation for mixed methods.

5. The dialectic stance: mixed methods research is viewed as intentionally engaging a multiple set of paradigms and their assumptions with neither valued over the other.

6. Multiple paradigms: particular paradigms are valued based on the type of studies undertaken.

According to Onwuegbuzie and Teddlie (2003), accomplishing methodological pluralism means de-emphasising the terms quantitative and qualitative and instead separating research into exploratory and confirmatory methods (Onwuegbuzie & Leech, 2005; Onwuegbuzie & Teddlie, 2003). Pragmatic researchers consider the research question to be more important than either the method used or the underpinning perspective (Andrew & Halcomb, 2006; Mertens, 2005; Tashakkori & Teddlie, 1998). Campbell and Fiske (1959, p. 85) stated that 'the method must follow the question'. Thus, decisions regarding the use of quantitative and qualitative methods (or both) depend upon the research question as it is currently posed and the phase that is ongoing (Maxcy, 2003). A pragmatic approach relies on abductive reasoning that moves between induction and deduction, either ‘converting observations into theories and then assessing those theories through action’ or ‘using theories to account for observations, and thus as an aspect of inductive inferences’ (Morgan, 2007, p. 71). Hence, a common use of abduction in pragmatic reasoning is to use research that evaluates results of prior inductions according to their ability to predict the utility of future behaviour (Morgan, 2007).

Researchers fall into one of three general categories: quantitative researchers, working within the post-positivist tradition, primarily interested in numerical
analyses; qualitative researchers, working within an interpretivist tradition, involved in narrative data analysis; or mixed methodologists working in a pragmatic paradigm, interested in combining quantitative and qualitative methods (Creswell, 2003; Tashakkori & Teddlie, 2003). For a mixed methods researcher, the goal is not to replace either of the other approaches but rather to draw from the strengths and minimise the weaknesses of both, within single research studies and across studies (Morgan, 2007; Johnson & Onwuegbuzie, 2004, 2006).

3.3 Mixed Methods

A mixed methods approach integrates different research methods into a research strategy to increase the quality of results and to provide a more comprehensive understanding of analysed phenomena (Andrew & Halcomb, 2006). Creswell (2006) referred to mixed methods as a research design with philosophical assumptions combining quantitative and qualitative methods. Johnson and Onwuegbuzie (2004) suggested mixed methods ‘is the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study’ (p. 17). Conversely, Bryman (2007) questioned whether mixed methodologists genuinely analyse, interpret and write up their research so that quantitative and qualitative components are jointly insightful. That is, whether the different sections of the investigation are related to each other or largely independent of each other. Giddings (2007) further questioned whether mixed methods research is a cover for the continuing dominance of positivism. According to Carey (1993), quantitative and qualitative techniques are simply tools and just because many researchers combine them does not mean combining them is appropriate. In this current study, mixed methods research is defined as a procedure for collecting and analysing both quantitative and qualitative data in a single study, based on priority and sequence of information underpinned by a pragmatic approach (Andrew & Halcomb, 2006; Creswell, 2003, 2006; Creswell, Plano, Clark, Guttman & Hanson, 2003; Green, Caracelli

The mixed method approach grew out of concern that any single method has inherent weaknesses and limitations, therefore the introduction of different types of methods can improve the overall outcome of the research (Brewer & Hunter, 2006). For this reason mixed methods are often used in applied settings to help understand complex social phenomena. They provide a variety of data sources and analyses to better understand complex realities and answer questions that other methodologies might not be able to adequately cover (Andrew & Halcomb, 2006; Onwuegbuzie & Leech, 2004; Tashakkori & Teddlie, 2003). Tashakkori and Teddlie (2003) considered that mixed methods are superior to a single method approach because mixed methods research answers questions other methodologies cannot, that it provides an opportunity for diverse viewpoints and strengthens inferences.

Pragmatism is the underlying ideological stance that informs the use of mixed methods (Creswell, 2003; Johnson & Onwuegbuzie, 2006; Maxcy, 2003; Morgan, 2007; Teddlie, 2007; Onwuegbuzie & Leech, 2004; Teddlie & Tashakkori, 1998, 2003). Johnson and Onwuegbuzie (2006) believed the pragmatic approach to be appropriate because it draws on insights provided by both qualitative and quantitative research to reach an effective solution. In particular, Morgan (2007) noted that researchers combining quantitative and qualitative methods in a sequential design use inductive results from a qualitative approach to inform the deductive goals of a quantitative approach or vice versa. In the current study, a sequential explanatory design was implemented: quantitative techniques were used to identify and measure the characteristics, nature and experience of child-to-mother violence and qualitative methods provided data to inform the design of strategies to support women who experience threatening and/or violent behaviour from their children.
In the current study, reflection and synthesis of each data set bound the findings together and integrated methodologies used in this research. The appropriateness of a mixed methods approach, when examining the complexity of family violence, is demonstrated in this chapter. In particular, a mixed-method approach was valuable for exploring child-to-mother violence because this area was poorly understood and even more hidden than other forms of family violence. Quantitative techniques were used to identify the problems and issues related to this form of family pathology and qualitative methods provided input to develop strategies to improve service delivery and support services dealing with these problems and issues. The findings were reflected upon in an attempt to understand and make sense of the perspectives of the women who identified experiences of child-to-mother violence and the perspectives of the field workers who supported women and their families. It was therefore considered essential to utilise a mixed methods approach combining quantitative and qualitative data, so that questions could be answered that would otherwise be impossible to answer. In addition, inferences made by the women were stronger because they could be supported by numbers and there later vindicated by health and community professionals who echoed the main study findings. Moreover, a greater diversity of views was presented where otherwise they would not have been.

The first issue that needed to be addressed was prevalence. There is agreement in the literature that survey research is an appropriate method for capturing this information (e.g. Alreck & Settle, 2004; Fowler 2002; Polit, Beck & Hungler, 2006; Sarantakos, 2005). Bradburn, Sudman and Wansink (2004) noted that questionnaires are inexpensive yet effective, asking how things are currently, as well as asking questions about how they might improve. In this case an instrument that captured both closed and open-ended questions, as well as respondents’ experiences related to child-to-mother violence, was developed. According to Moser (2001), expanding the utility of questionnaires is crucial, and improving the value, quality and ethical nature of the instrument is
possible by choosing questions which assist the respondent to reflect more deeply on what they think or are experiencing. Guided by these principles, this process allowed a richer view of the phenomenon to be understood as the respondents experienced it.

The second area of interest in the present research was finding out about the support networks and systems used by women affected by child-to-mother violence. Information was initially gathered from the questionnaire and further elucidated through a workshop presentation of preliminary findings from the questionnaire to a large group of health, community, welfare and juvenile justice field workers for their perceptions of the findings in view of their experiences. The next stage in the workshop process was for facilitated discussion groups of between five and seven members to be formed to review the presented findings in light of existing support services, to suggest alternative options and to further evaluate strategies and frameworks for appropriate prevention and intervention programs. The workshop was necessary because often small group discussions can cut through a number of research steps, especially if the group is made up of members of the critical reference group, that is, members of the community who are experienced in the field of family violence from a variety of perspectives. As a group they can reflect on the results at the same time, as well as working on the implications for future action (Burns & Grove, 2005, 2007; Polit, et al., 2006; Schnieder, Elliott, LoBiondo-Wood, Beanland & Haber, 2004).

The workshop process was an open and creative research method that allowed meaning from collected data to be checked with health, welfare and juvenile justice professionals in order to build knowledge through greater understanding of the requirements for a feasible support model that would benefit women and families affected by child-to-mother violence. Recommendations were developed collectively through the course of the day. Denzin and Lincoln (2003) and others suggest that utilising a group process is invaluable in broadening the applicability of results by meeting the needs of a greater range of people. In
addition, because the service providers were involved in the creative process of knowledge development, they were more likely to embrace necessary changes (Denzin & Lincoln, 2003; Hallowell, Lawton & Gregory, 2005).

3.4 **Rationale**

This study was a mixed methods approach combining quantitative survey research with a number of open-ended questions and a qualitative narrative component as well as a qualitative workshop that entailed both large group interaction and facilitated small group discussions. The design was chosen to provide both broad and in-depth perspectives on the child-to-mother violence problem in a high-risk geographical area of Sydney West Area Health Service.

The study was conducted over four distinct phases:

**Phase 1**: Development and validation of the instrument

**Phase 2**: Pilot study and further instrument validation

**Phase 3**: Population survey with mothers

**Phase 4**: A consultation workshop with health, community, welfare and juvenile justice professionals

Syntheses of data from quantitative and qualitative approaches then led to the development of a framework for intervention. An overview of the research design is presented in the following section.
Diagram 3.1 Phases of data collection and analysis

Phase 1
Development and validation of the instrument

- **Step 1** Content analysis of literature for themes and content of instrument
- **Step 2** Development of draft instrument
- **Step 3** Child panel
- **Step 4** Research team
- **Step 5** Expert panel
- **Step 6** Pilot instrument

Phase 2
Pilot study and further instrument validation

- **Step 7** Distribution of pilot (random sample)
  - Letterbox drop 600 (n=35)
  - Mail 300 (n=20)
  - Telephone 330 (n=74)
  - Response rate 10.5%
- **Step 8** Validation analysis
  - Test-retest 20 (n=20)
  - Factor analysis (terminated)
  - Alpha (Cronbach (r=0.91)
- **Step 9** Final questionnaire
- **Step 10** Analysis of pilot study (not reported in thesis see Appendix 5.A

Phase 3
Population survey with mothers

- **Step 11** Distribution of main study (random sample)
  - Mail 6000 (n=1024)
  - Response rate 17.1%
- **Step 12** Analysis of data and presentation of findings

Phase 4
A consultation workshop with health, community, welfare & juvenile justice professionals

- **Step 13** Recruitment of field workers (purposive sample)
  - Invitation 42 (n=29)
- **Step 14** Presentation of findings to participants from main study
- **Step 15** Small group discussions of findings
3.5 Overview of research design

This investigation was set within the context of (1) limited knowledge about mothers’ experiences of violent and/or threatening behaviour from their offspring and (2) appropriate support services from (3) the perceptions of women and (4) service providers. The present research used a sequential four phase exploratory mixed methods design by combining both quantitative and qualitative approaches to research to address these issues (Creswell, 2003; Tashakkori & Teddlie, 2003).

The conceptual framework for this dual perspective study suggested that what was absent in one perspective might be present in the other (Polit, et al., 2006). Thus, women who were knowledgeable of their experiences and carried particular beliefs regarding the cause or trigger for threatening and/or violent behaviour were able to inform the research about the prevalence, experience and nature of child-to-mother violence. Conversely, health, welfare and juvenile justice field workers might have lacked such first-hand experiential knowledge, but were conversant with therapeutic models and best practice strategies that were known to be successful in combating or diminishing violence within families. It was therefore acknowledged that combining the two perspectives would strengthen the study.

Given the complexity of family violence within families and the community, and the multidimensionality of the research questions, reliance upon a single method would have constrained the research findings and analysis. The following is an overview of the research framework. Progressive reflection throughout each of the four phases was underpinned by the philosophies of pragmatic methodology.
The following four sections describe the process and findings for each of the phases individually. Presented here is an overview of each phase which includes the strengths and limitations of each method.

3.5.1 Phase 1 Development and validation of the instrument

The purpose of descriptive research is to generate knowledge that describes something (Burns & Grove, 2005; Hallowell, et al., 2005). In this investigation, a questionnaire was used to collect original data for descriptive, explanatory and exploratory purposes (Alreck, 2004; Dillman, 2000; Fowler, 2002). Questionnaires use a self-report method for data collection and might be designed to ask both open-ended and closed-ended questions (Babbie, 2005; Burns & Grove, 2005).

The first phase of the study was concerned with gathering data through development and validation of an instrument to measure the prevalence, experience and nature of child-to-mother violence in a high-risk geographical area from the perspective of mothers. This effort commenced at the start of the research process, incorporating findings from a review of child-to-mother violence, family violence and adolescent violence literature. Potential items were then drafted and presented to a panel of three children aged between ten and twelve years to ensure readability (Schnieder, et al., 2004). The design and content of the instrument was refined and reviewed before being presented to a panel of seven experts in the field of academic research, questionnaire development, family violence and juvenile justice. The expert panel was consulted to ensure that all areas of concern were thoroughly addressed for inclusion as items in the questionnaire (Dempsey & Dempsey, 2000). The combination of these three methods helped to ensure face and content validity of the instrument (McGibbon, 1997).

3.5.2 Phase 2 Pilot study and further validation of the instrument

In the second phase of the research a pilot study was conducted. A pilot study is a model of the full research study, but on a smaller scale, run for a shorter timeframe with fewer participants (Robson, 2002). It was important to conduct a
pilot study in order to indicate areas that were unknown, untested, complex and innovative (Burns & Grove, 2005; 2007; Polit, et al., 2006). Initially, it was essential to obtain data to validate and improve the developed instrument, check it for reliability and plan the process and implementation of the main study. This was achieved by applying a test-retest (see Halpern, Hiebert, Nordin, Goldsheyder and Crane, 2001) of the instrument by twenty respondents who agreed to participate, followed by factor analysis and alpha (cronbach) and split-half reliability testing of the two scales (Brace, Kemp & Snelgar, 2000). In addition, it was important to find out whether any unexpected problems might occur that could be prevented (Sarantakos, 2005). The pilot study was also useful in determining the most cost effective method for distribution, both in terms of money and time. Hence, for the main study the most cost effective and time efficient method could be applied to distribute questionnaires, as well as transferring insights into strategies to improve return rates.

The instrument was then piloted in Penrith, Hawkesbury and the Blue Mountains, west of Sydney. Robson (2002) and others suggest that the first stage of any data gathering should be a pilot study. The advantage is that design flaws can be illuminated, such as questions that few respondents answer (Babbie, 2002, 2005; Robson, 2002). Anomalies in the instrument can then be analysed for simplicity and clarity. An additional value of piloting the questionnaire before the main study was the data that were generated. According to Sarantakos (2005), it is important to check whether there is too much data, or whether it is too difficult to categorise or irrelevant (similarly Robson, 2002). Then it is a matter of making the necessary changes before the main release. Researchers advise conducting a pilot study to approximately 10% of the number of respondents being targeted in the main study (Burns & Grove, 2005; 2007; Polit, et al., 2006).

3.5.3 Phase 3 Population survey with mothers

The third phase was to gather data from the validated questionnaire through a population survey with mothers, primarily to investigate the occurrence of child-
to-mother violence. This was also conducted in Penrith, Hawkesbury and the Blue Mountains, west of Sydney.

A total of 6000 households were approached and invited to participate in the study if they met the inclusion criterion: women who were or had been mothers of children aged between 10 and 24 years. One thousand and twenty four women responded. The preliminary findings from this phase of the research also provided the basis for the workshop presentation and subsequent facilitated small group discussions and evaluation (phase four).

The gathering of quantitative data via survey research addressed the proposition that child-to-mother violence has its own general profile in relation to characteristics over a range of possible experiences, opinions and beliefs regarding triggers to threatening and violent behaviours, possibilities of action and support. This proposition was consistent with findings from previous research undertaken by the Women’s Safety Survey (ABS, 1996), Women, Domestic Violence, and Childhood Abuse [WDVCA], (2002), Women’s Health During Mid-life Survey [WHDML], (2004) and the Personal Safety Survey (ABS, 2005). Smith (2004) concluded that violence against women could be measured through survey research by looking at the pattern of difference between respondents with respect to their experience, general beliefs and decision-making process.

The first of these differences was in values, attitudes and beliefs and the experience of respondents from minimal exposure to extreme. The second of these differences was between respondents whose child was violent within the family compared to those whose child was violent within and outside the family boundary. The latter group created implications for the management of support networks with broader applications necessary.
The questionnaire was developed to explore the first aim of the study: the prevalence, experience and nature of child-to-mother violence. In the quantitative section of the instrument five primary issues were achieved:
2. Searching for empirical evidence to determine the experience and nature of child-to-mother violence in contemporary communities.
3. Providing profiles and determining characteristics of respondents.
4. Exploring the beliefs of respondents for the triggers of these behaviours.
5. Identifying differences in perpetrators, in particular between gender and types of abusive behaviours.

Qualitative data was also gathered using the survey instrument. This addressed the concern that gathering quantitative data alone might constrain the development of new knowledge in an area where little is known (Smith, 2004). Therefore, open-ended questions addressed five key issues:
1. Whether the young persons violence occurred elsewhere inside or outside the family.
2. What the impact of a history of family violence and the possible perpetrators of this violence were.
3. What were the attitudes of respondents’ partners.
4. What type of actions were undertaken by respondents to minimise or end threatening and/or violent behaviour.
5. What type of support did respondents utilise and what were their suggestions for additional support networks.

In addition, in order to develop a comprehensive picture of the experience and nature of child-to-mother violence, space was provided for respondents to recount their experiences and stories of child-to-mother violence in their own words. This option addressed the notion that women experiencing this form of family violence would have qualitative differences in their experiences and both
the researcher and respondents would benefit from the respondents’ expressions.

3.5.3.1 Strengths of survey research

Survey research is a widely used research method developed within the positivist approach to science (Alreck, 2005; Sarantakos, 2005) and a useful component of a mixed methods project (Creswell, et al., 2003, 2006; Tashakkori & Teddlie, 2003; Visser, Krosnick & Lavrakas, 2000). In the present study a large-scale survey provided the opportunity to access a substantial sample of women that would otherwise not have been possible. The primary strengths of surveys are that researchers are able to contact large numbers of people quickly, easily and efficiently, especially using a mailed questionnaire (Babbie, 2005; Sarantakos 1998; 2005). They are also relatively quick and easy to create, code and interpret. In addition, the respondent, rather than the researcher, does the time-consuming part of completing the questionnaire (Dillman, 2000).

In addition, a questionnaire is a standardised instrument in that each respondent is asked the same question in the same way. The researcher can then be sure that everyone in the sample answers exactly the same questions, which makes this a very reliable method of research (Alreck, 2004; Fowler, 2002; Hagino, 2002). In relation to this study, questionnaires were valuable in exploring the sensitive issue of family violence because the mailed questionnaire was anonymous and could be completed in private, which increased the likelihood that respondents would answer the questions honestly because they were not intimidated by the presence of a researcher (Moser, 2001; Dillman, 2000).

A cross-sectional design was used in this study, which asks questions at one point in time from a sample drawn from a specific population at a particular point in time and so is useful for exploratory and descriptive purposes (Babbie, 2005; Sarantakos, 1998; 2005). This type of survey has been used to assess the frequency with which women experienced threatening behaviours, and to
assess the number of women holding particular attitudes or beliefs (Moser, 2001; Visser, et al., 2000). Cross-sectional designs also provide the opportunity to assess relations between variables (Reis & Judd, 2000).

Moreover, it is possible to improve the ability to analyse the direction of causal relationships in a cross-sectional design by asking about retrospective and prospective behaviour (Sarantakos, 1998; 2005). There are, however, limitations to the cross-sectional design, as well as reliability and validity issues that must be considered when undertaking survey research. Their issues are examined in the following discussion and the strengths and weaknesses of using cross-sectional survey research in the present research are considered.

A cross-sectional survey method, using a mailed questionnaire, was used in the present study for a number of reasons. With limited human and financial resources, the mailed questionnaire was a relatively inexpensive method of gaining the responses of a large number of women over a larger area, and in a shorter time than other qualitative methods (Alreck, 2004; Fowler, 2004; Mangione, 1998). Further, the input of the mailed questionnaire was visual, rather than verbal, which enhanced clarity and understanding of questions (Dillman, 2000; Moser & Kalton, 2001). Respondents could take their time in completing the questionnaire, respond in private and at a time convenient to them. In addition, as confidentiality and anonymity were ensured, respondents were more likely to respond accurately to sensitive topics, provide less socially acceptable responses and, because respondents were also given the same set of questions, they were free from interviewer bias (Bernard, 2000; Mangione, 1998; Moser & Kalton, 2001).

There were, nevertheless, a number of concerns associated with using a mailed questionnaire. The main concern was gaining an adequate response rate (Fowler, 2002). There are a number of varying opinions about what constitutes an adequate response rate (e.g. Asch, Jedrzewski & Christakis, 1997; Bates &
Rogstad, 2002). The impersonal nature of mailed questionnaires, where there is no opportunity for the participants to build rapport with the researcher, perhaps lead to lower rates of response (Gliner & Morgan, 2000). In particular, for mailed questionnaires on sensitive topics, there is no consensus about what figure constitutes a good response rate. Asch and colleagues (1997) found that anonymous surveys on sensitive subjects were prone to low response rates. Nevertheless, every effort needed to be made to increase the response rate to maximise confidence in the results of the study (Mangione, 1998; McColl, et al., 2001). A more detailed discussion of the anomalies of low response rates is undertaken in Chapter 5 section 5.6.

In addition, there is no control over how people interpreted the questions or the instrument (Bernard, 2000). Answers have to be accepted as final, with no opportunity to probe beyond the given response, to supplement the respondents’ answers by observational data, or to overcome unwillingness to answer (Burton, 2000; Moser & Kalton, 2001). Furthermore, as the researcher does not directly deliver the questionnaire packages to the desired participants, there is also no guarantee that the people who meet the criteria are the ones who complete the questionnaire (Moser & Kalton, 2001).

Several strategies were adopted in the present study to increase the questionnaire response rate. In particular, a media campaign was conducted to raise awareness and enhance participation for the main study before distribution of the final instrument. A number of local newspapers and radio stations were contacted to discuss the issue and note the upcoming survey, raising awareness within the community. A cover letter and information sheet, written in lay language, was included in the questionnaire package and mailed to randomly selected households encouraging eligible participants to respond. The letters highlighted the project being undertaken with the support of the University of Western Sydney and Sydney West Area Health, and used dual letterhead, based on Mangione’s (1998) argument that respondents are more likely to
respond to questionnaires if they consider them important or prestigious. The letter also explained how respondents were selected and who should complete the questionnaire. It assured participants of confidentiality and anonymity, and highlighted the benefits to the research of the completed questionnaires being returned promptly (Bernard, 2000; Thomas, 1999). A pre-paid addressed envelope was enclosed with each questionnaire (Thomas, 1999).

Follow-ups are often used to boost the response rate of mailed questionnaires (Bernard, 2000). In the present study, one week after the second round of pilot questionnaires went out, recipients received a short reminder letter. However, this letter did not appear to make a significant difference to return rates from the first distribution. Therefore this strategy was not implemented in the main study.

3.5.3.2 Limitations of survey research

There are a number of limitations when conducting survey research through mailed questionnaires. The format of questionnaire design makes it difficult for the researcher to examine complex issues and opinions. Even where open-ended questions are used, the depth of answers that the respondent can provide tends to be more limited than with almost any other research method. This makes it difficult for a researcher to gather information that is rich in-depth and detail (Bradburn, Sudman & Wansink, 2004; McColl, et al., 2001).

Unfortunately, with mailed questionnaires, the researcher can never be certain the person to whom the questionnaire is sent actually fills it in. For example, this research is concerned with finding out the opinions, on a range of issues, of women who have had children between the age of 10 and 24 years. It would therefore be less than useful if a number of the questionnaires were filled in by men, or by women who did not have children. It is also difficult to know, when the researcher is not present, whether or not a respondent has understood a question properly. The researcher has to hope the questions asked mean the same to all the respondents as they do to the researcher and those who facilitated in the validation of the instrument. This problem was resolved to some
degree through the initiation of a pilot study (Sarantakos, 1998; Polit, et al., 2006).

Another concern was the response rate because the number of questionnaires that are actually returned to the researcher tends to be low for mailed questionnaires. However, as previously stated, opinion is divided about what actually constitutes an adequate response rate (Asch, et al., 1997; Bates & Rogstad, 2000). According to Olson and Kroeger (2001), a 10% response rate for mailed questionnaires on sensitive subjects is reasonable (Olson & Kroeger, 2001; Asch, et al., 1997). The impersonal nature of mailed questionnaires, where there is no opportunity for the participants to build rapport with the researcher often leads to lower rates of response (Gliner & Morgan, 2000).

Moreover, there is debate over whether questionnaires that deliver a low response rate reflect the opinions of a very highly motivated section of the sample, because people with strong opinions on the topic are more likely to take the time and trouble to complete and return a questionnaire or is it the case that sensitive issues are avoided by a broad section of the community. Both propositions are difficult to ascertain (Dillman, 1983; Sanchez, 1992). Conversely, others argue that because people who do respond are different from those who do not, simply having a low response rate does not necessarily mean that a survey suffers from a large amount of non-response error (Moser & Kalton, 2001).

3.5.4 Phase 4 Workshop with health, welfare and juvenile justice professionals

The in-depth consultation workshop with 29 health, community, welfare and juvenile justice workers focused on the preliminary findings of the population survey with mothers. This group of professionals worked in facilitated, small group collaborations to integrate ideas formulated on the day.
To understand the support requirements for women and families who experience child-to-mother violence, findings from the questionnaire were presented to a group of professionals in a workshop. This group then broke up into small groups of between five and seven members with a facilitator in order to concentrate specifically on the following divergent sets of criteria. Carter (1998) suggested that five to seven is an ideal number for group discussions. The purpose of this workshop was to develop validated recommendations for intervention strategies for mothers, children and families who are affected by child-to-mother violence.

Small group discussions were digitally recorded, transcribed and analysed to determine trends and patterns of responses occurring across the various professional groups (Krueger, 1994). The purpose of the investigation was to find out about community support networks and the perceptions and experiences of these professionals, as well as ideas and inspirations that evolved as these participants interacted. Thus, a workshop was an appropriate forum for collecting in-depth qualitative data because it invites collegial engagement in specifically centred discussions (Anderson, 1990). The smaller group discussions were also important for hearing, recording and reporting the ‘voices’ of family supporters as they commented, explained and shared personal experiences and attitudes in relation to their experiences with targets of family violence, in particular, mothers of threatening and abusive children and young people. Trends and patterns evident in their experiences could then be identified.

### 3.5.4.1 Limitation of workshop method

The accuracy and legitimacy of qualitative research in general and both large and small group discussions in particular are still raised by a small number of researchers (Bernard, 1995). There is a perception of an absence of formal structure and hard numbers (Carter, 1998). Results are dependent upon the interaction between group members and the facilitator and unprofessional or poorly trained moderating can lead to inaccurate conclusions (Reis & Judd,
It can be difficult to moderate a small group, much less a larger group, particularly if there is a disparity between the facilitator and the group, and some dominant members of the group might overshadow more reticent members (Carter, 1998). In addition, it is difficult to keep track of who is saying what (Hallowell, Lawton & Gregory, 2005; Polit, et al., 2006). In the present research, notes of all key issues and statements were kept rather than verbatim transcripts because it was (1) the essence of what participants were stating and (2) the dynamic evolution of ideas that were primary goals.

### 3.5.5 Synthesis of data

Synthesis of the four phases through progressive comparison of the perspective of women affected by child-to-mother violence and the perspectives of members of the helping profession who participated in the workshop discussions resulted in the development of a framework for prevention and intervention (Tashakkori & Teddlie, 2003). All four phases of the framework, underpinned by pragmatic methodology, are linked by reflection upon findings at each stage. Reflection to connect and make sense of the findings is essential in a pragmatic methodology (Kovats-Bernat, 2002).

### 3.6 Ethical Considerations

Research ethics are defined as ‘the moral problems encountered in connection with scientific or other academic research, by the researcher, their subjects or their social environment’ (Berg & Tranoy, 1983, p. xiii). To be considered ethical, investigation of human subjects must satisfy several principles. These include a reasonable probability that the research will produce the knowledge it is seeking, a favourable balance of benefits over risks, a proven necessity to use people, an independent system for monitoring the outcomes and protection of participants, and a fair distribution of the responsibility as well as benefits of the research among potential subjects (Beauchamp, 1995).

Ethical concerns in this research were underpinned by the principles of the National Health and Medical Research Council [NHMRC] (1997). First, the research findings have the potential to help improve child-to-mother violence
management, and are thus important to the wellbeing of women and their families. There were a number of different stakeholders who have various experiences that needed to be taken into consideration for this research. Women who experience threatening and/or violent behaviour from their children and meet the selection criteria, women who have no experience of this behaviour but meet the selection criteria, potential respondents who do not meet the selection criteria as well as members of the helping profession who work with women and the families of those affected by this phenomenon. Brush (2005, p. 1869) noted that ‘particular focus on the health needs of women is justifiable at this time in view of a history of neglect of such studies’.

Second, the instrument developed to collect data included clear directions to recipients in a package, which contained a cover letter introducing the study, information sheet, the questionnaire and a prepaid return addressed envelope. Phoenix (2004) notes that vulnerable populations are defined as those in need of specific protection during the process of obtaining consent. For this reason, the vulnerability of potential respondents’ literacy skills were taken into consideration and improved through consultation with a panel of three children aged between 10 and 12 years who assessed the documents for readability and their suggestions were then incorporated.

A concern of the University of Western Sydney’s Ethics Committee was that recipients of the questionnaire package, who inadvertently viewed the instrument before sighting the cover letter or information sheet, could become distressed by some of the sensitive material (personal communication, 2004). Phoenix (2002) stipulates that participants must be informed of the risks present in research involving them through a consent form. Their signature indicates that they understand the aim of the research, the known risks involving them, as well as potential benefits to society or to the participants (Phoenix, 2002).

In order to protect recipients of the package, the questionnaire was placed inside the return envelope so that it could be disposed of without being sighted
by recipients who were not interested or eligible to participate. The NHMRC (1997) suggests that the process of informed consent should not be diluted to benefit the researcher. Consent documents should be understandable and written in simple language. Informed consent means that people have the right to choose not to participate in a research project and might withdraw from a study at any time (NHMRC, 1997).

The cover letter and information sheet noted conditions of confidentiality, such as who would have access to the information, where the data would be stored, and the process involved in removing identifying information. In addition, respondents were informed that completing the questionnaire was voluntary and they could discontinue at anytime. Respondents were given contact details for the lead researcher and ethics officers of both the University of Western Sydney and Sydney West Area Health Service in case they had any concerns or complaints about the conduct of the research. Respondents were also informed that if they did become distressed they could discontinue participation at any time and if counselling was required it would be arranged at a time and place to suit them.

Third, initially health, welfare and juvenile justice workers were to be invited to participate in individual in-depth interviews. However, this method was altered to accommodate the belief that the research would best be served by bringing participants together from diverse fields, such as youth workers, youth housing, community workers, police officers, juvenile justice field operatives, members of allied health and nurses, to mutually explore findings from the main study through a workshop process in order to produce valuable insights (Carter, 1998).

Appropriate service providers were sent information, via service provider email contacts and fax machines, regarding a child-to-mother violence forum being conducted and invited to send a representative to the event. It was then up to interested persons to express their interest either by return email or telephone
contact. Full details of the event were then forwarded via participants’ preferred method of contact, including an information sheet cover letter and consent form. Participants were informed that taking part in the event implied informed consent but this consent could be withdrawn at any time without prejudice. Participants to the event signed an attendance form on arrival. Care was taken to ensure that the focus groups were conducted in a manner appropriate for professional groups and participants were provided with food and beverages throughout the day and were remunerated for their parking costs.

Fourth, a research protocol was developed to protect the physical, emotional and psychological safety of all stakeholder groups involved in the research, and also to address broader research ethics. The protocol states that:

1. The research will seek to benefit women and service providers.
2. The research will seek to inform intervention through the development of a model of successful practice.
3. The confidentiality of participants will be protected.
4. Participants will be protected from harm and the risk of harm.
5. The purpose of the research and the ways in which the data will be used will be given in writing to participants before seeking their consent.
6. Participants in the research will have the right to be informed about the findings of the research, to be provided on request.
7. The researcher has a responsibility to observe duty of care towards participants.
8. Publications arising from the research will actively seek to improve service provision to affected women and their families.
9. All identifying information will be removed from any material and raw data will be kept in a locked cabinet for a minimum of five years.
10. Full ethical clearance will be obtained before conducting any research from both the University of Western Sydney and Sydney West Area Health Service.
Any changes to the research will be verified through these ethics committees. This study was approved by the University of Western Sydney, Human Research Ethics Committee and Sydney West Area Health Service, Ethics Committee.

### 3.6.1 Consent

Obtaining informed consent was a priority for the research. In conducting research there is the potential for a power imbalance between researcher and researched (Phoenix, 2002). Phoenix (2002) suggests researchers should be mindful of power imbalance when members of vulnerable groups participate in studies. For a researcher working with vulnerable people, this power imbalance needs to be acknowledged and addressed. One way in which the research responded to this issue was to place questionnaire material in the return envelope with a letter explaining the study and allowing the recipients of the questionnaire packages to make informed decisions about whether to participate or not (Aita & Richer, 2005). On the other hand, the health, welfare and juvenile justice professionals were invited to participate in the workshop process via email and fax and had to proactively accept the invitation in order to participate. They were recruited because of their specialist knowledge and insights into the way in which child-to-mother violence occurs and services that provide support for affected women and their families operate.

### 3.6.2 Confidentiality

Following common practice (Hobson 2005; NHMRC, 1997; Palumbo, et al., 2004), the anonymity and confidentiality of the women and participants of the workshops were protected by removal of identifying information and, where appropriate, pseudonyms were used. Data from the instrument were reported collectively and information from the workshops was paraphrased into key points as they evolved throughout the event.

### 3.6.3 Introducing participants to the concept of child-to-mother violence

For women who have experienced threatening and/or abusive behaviour (Smith, 2004) from their children but have not previously identified the behaviour as a
form of family violence, being confronted with this information could potentially be distressing. Moreover, women in this position might think they are alone in their experiences and be unaware that other women might have the same or similar experiences or that there are a number of services that provide help for families experiencing violence. An expert in research and questionnaire development (personal communication, 05/07/2004) pointed out that, for this reason, a list of appropriate services should be included in the information sheets.

However, it was decided by the research team that it would be more appropriate to direct concerned participants to a service provider on a case-by-case basis. Consequently, anyone contacted to participate in the research was advised to contact the head researcher if they required further information and if needed, counselling would be provided at the participant’s convenience. Counselling was not required by any participants of the study.

3.6.4 Writing up the research

One of the aims of research is to contribute to knowledge, and power has a close relationship to knowledge (Gaventa & Cornwell, 2001). Knowledge can be used to control political and social agendas and determine whose voices are heard and what actions are taken (Yllo, 1993). Alternatively, knowledge and the production of knowledge can be used to assist people to challenge unjust structures and processes, and to involve people in ‘shaping the social limits that define what is possible’ (Gaventa & Cornwell, 2001, p. 72). This places an ethical responsibility on researchers to decide how they will contribute to knowledge. Research can be based on practices which treat people as the objects of research and provide them with limited opportunities to contribute to the production of knowledge, or research can be based on collaborative practices which view people as participants in the production of knowledge (Babbie, 2001; Dempsey & Dempsey, 2000; Polit, et al., 2006).
Writing up research findings, particularly those of the workshop groups, puts researchers in a powerful position. Alderson (1999) noted the possibility of misrepresentation of views (by selectively quoting or taking quotes out of context), of interpreting results to agree with researchers’ own preconceptions, and of presenting participants in an unfavourable light. Such outcomes might occur even if it is not intentional and ethical responsibility is placed on researchers to ensure that they treat participants in the research justly and present the views of participants fairly.

Strategies to ensure that informants were protected and treated as participants in the production of knowledge included:

1. Using research methods that recognised the insights, experience and knowledge of respondents.
2. Distributing reports of the research to participants upon request.
3. Attempting to write in a manner accessible to an audience wider than the thesis examiners.
4. Working as part of a research team who provided support and guidance throughout the project.

3.7 Limitation of Mixed Methods

A major strength of mixed methods designs is that they allow research to develop comprehensively (Morse, 2003). However, this strength can also be perceived as its weakness. Research might be disputed on the grounds of rigor, for example, the supplementary data might be thin. The onus is on researchers to fully describe both methods being utilised in a study and the way in which the less saturated data set is being combined in the study and to verify complementary relationships between data sets (Morse, 2003).

Rallis et al (2003) acknowledge that mixed methods take a significant amount of time and money and demand that researchers be fluent in diverse methodologies and methods. Thus there is a need for increased knowledge and skill in investigators. Creswell (2003) suggests that confusion may be created
through convoluted terminology; for example, different mixed method designs are often advocated and used for the proclaimed purpose of triangulation.

3.8 Summary
This chapter has illustrated that adopting a four phase mixed methods research design for the present research provides a sound basis for addressing the objectives of the research for theory development and theory testing. An overview of the research framework, including strengths and limitations for each method, has been discussed. Ethical issues have been taken into consideration and the limitation of mixed methods has been stated. In the following chapter the development of an instrument designed to measure child-to-mother violence is reviewed.
ABSTRACT: CHAPTER 4

In this chapter the reader will have explained the development and validation of the instrument that was created for the purpose of measuring the prevalence, experience and nature of child-to-mother violence. This process consisted of three key stages: firstly, the preliminary draft was developed based on findings from a review of the literature; secondly validation of the instrument was undertaken in order to be confident that what was measured was a true and accurate representation of the experiences of women in the community. At this stage results were presented to a panel of experts to confirm face validity; and thirdly, the instrument was finalised ready to be piloted.
4 CHAPTER FOUR PHASE 1: DEVELOPMENT, FACE AND CONTENT VALIDATION OF THE INSTRUMENT

The first phase of the project is explored in this chapter: the development of an instrument to capture information about the incidence, perpetrators, targets, experiences and influences on child-to-mother violence in order to operationalise and measure the phenomenon of child-to-mother violence. The objective was not to develop a crime survey, rather to explore women’s subjective experience of child-to-mother violence and gain knowledge of the prevalence, experiences and context.

The purpose of descriptive research is to generate knowledge that describes something (Burns & Grove, 2007; Polit, et al., 2006; Rubin & Babbie, 2001). In this investigation, a mailed questionnaire was used to collect original data for descriptive, explanatory and exploratory purposes (Babbie, 2001; Burgess, 2001; Fowler, 2002; Rubin & Babbie, 2001).

4.1 Justification of instrument development

There is limited discussion or research into child-to-mother violence and no instrument exists to measure this form of family pathology. In order to gauge the prevalence, and to find out about the experience and nature of this form of family pathology, an instrument specifically designed to capture these data needed to be developed (Cottrell, 2001). Moreover, there is an absence of voice from targets of child-to-mother violence (Cottrell, 2001, 2004; Cottrell & Finlayson, 1996; Jackson, 2003; Stewart, et al., 2004). For this reason, it was important to ask women about their experiences on a large scale; so that a broad perspective could shed light on the issue and prevalence could be gauged (Visser, et al., 2000). Walby (2004), and others note that abuse must be exposed first before change can occur (Walby, 2004; Walby & Johnathan, 2004; Yodanis, 2004). Surveying women from the general population about
experiencing threatening and/or abusive behaviour takes the topic from the private domain into the public domain (Horsfall, 1991) and gives women the opportunity to reflect on their experiences as well as gaining insights from the knowledge and understanding of others. Moreover, this is a very sensitive topic and a particular strength of survey research is the capacity of a person to answer the questions at their own convenience, in private, and anonymously (Finkelhor, Hamby, Ormrod & Turner, 2005; Phoenix, 2002). Therefore it was important to develop an instrument to capture the prevalence, experience and nature of child-to-mother violence in order to give a voice to women who experience threatening and/or abusive behaviour from their offspring.

4.2 Phase 1: Development and validation of the instrument

The instrument evolved over three key stages:

1. Stage 1: development of a preliminary draft
2. Stage 2: establishing face and content validity
3. Stage 3: finalising the pilot instrument

4.2.1 Stage 1: Development of a preliminary draft

The first phase of this research was concerned with gathering data through development and validation of an instrument to measure the prevalence, experience and nature of child-to-mother violence in a high risk geographical area from the perspective of mothers. However, before this development could begin it was necessary to clearly identify what the study needed to learn using the information to be gathered by the questions, why the questionnaire was being undertaken and what needed to be accomplished (Burgess, 2001; Greenfield, 2002; Polit, et al., 2006). This identification was addressed through reference to the research question and rationale outlined in the previous chapter. Review of the literature provided focus on the particular information needed and ultimately, on what questions should be asked (Burgess, 2001; Burns & Grove, 2005).
4.2.1.1 Item development

Item development commenced at the start of the research process incorporating findings from a review of child-to-mother violence, family violence and adolescent violence literature. These peripheral areas were explored because literature on child-to-mother violence is limited; therefore family violence and adolescent violence were able to encompass issues and concerns that might be related to interpersonal threatening or violent behaviour that is yet to be explored within child-to-mother violence.

Researchers agree that a literature review is a valuable source of item development and should be the first step in the process of developing a functional questionnaire (Bradburn, et al., 2004; Hagino, 2002). Therefore, to generate items for the instrument a detailed content analysis of child-to-mother violence, family violence and adolescent violence literature was undertaken. Hagino (2002) also considers that focusing and refining items to meet the objectives of the study at an early stage in the research prevents unnecessary revisions later.

Key concepts in the field of interpersonal violence, such as unequal power, poor attachment, socialisation and transmission of violence, family stress, social isolation, mental health and medical issues, acts and threats of violence, as well as areas poorly understood informed the initial collection of questions for the instrument and a rich inventory of potential items was drafted from the literature. The original list contained questions which covered the broad typologies of violence noted in the literature, that is, aspects of physical abuse, emotional and psychological abuse, social and financial abuse and sexual threat or violence (Bishop & Phillips, 2006; Laing, 2000; Vezina & Herbert, 2007). Items generated were relevant to the core focus of the questionnaire, exploring both the experience of child-to-mother violence and the perceived triggers that could precede threatening and/or violent behaviour.
In addition, it was necessary to review literature on questionnaire development in order to understand the advantages of structuring the questionnaire to best capture the array of data required to respond comprehensively to the research question (e.g. Dillman, Caldwell & Gansem, 2000; Thomas, 1999; Visser, et al., 2000). Demographic data are necessary to be able to take a broad view of data gathered, so that it is possible to generalise findings to other communities (Thomas, 1999). Therefore, in the first instance, a broad range of demographic questions were selected for maximum advantage. The Australian Bureau of Statistics [ABS] census as well as a number of family violence and women's health and safety questionnaires (ABS, 2001; WDVCA, 2002; WHDML 2004; WSS 1996) helped inform the broad selection.

Another key area covered by the questionnaire was the support utilised and/or required by respondents to manage their experiences of threatening or violent behaviour. This was a vital thread in answering the second part of the research question, to develop validated recommendations for intervention strategies for mothers, children and families affected by child-to-mother violence. Phoenix (2002) states that critical reference groups are crucial in informing research concerning vulnerable populations; consequently, literature on the subject of therapeutic approaches in dealing with family violence was also utilised to inform item generation.

In summary, the main factors identified through content analysis of the relevant literature were:

1. Demographic details of respondents and their households.
2. Prevalence in the community.
3. The experience and nature of child-to-mother violence.
4. Relationships between targets and perpetrators, gender of perpetrators, timeframe of experience.
5. Triggers that precede threatening and/or violent behaviour.
6. Actions and suggestions for support from respondents.
4.2.1.2 Initial item reduction

A list of potential questions, based on relevancy to results generated by review of the literature, study objectives and target population, was finalised. Polit, et al., (2006) state that possible items must show a clear link between the question and research objective, relevancy to the target population and the issues being explored, be considered valid and reliable and address identified factors (see also Burns & Grove, 2007).

From this pool of questions the research team together rated each item based on relevancy, expert opinion and referral to similar existing surveys (WSS, 1996; WDVCA, 2002; WHDML, 2004). Hallowell, et al., (2005) suggest that checking items with colleagues is a constructive way of culling unnecessary substance. To meet selection criteria, items needed to have an inter-rater agreement (IR) of at least 0.75 (3/4 research team members agreed on appropriateness). Literature on inter-rater agreement states that this is a more than adequate level of agreement between raters (Cramer, Baker & Jacoby, 2002). Items that did not meet IR were either modified to increase clarity or dropped. Overall IR was calculated as the mean of the IRs for all retained items and served as an index of content validity.

4.2.1.3 Wording and/order of questions

Once aware of the relevant information required in regard to child-to-mother violence, the next step was to set out each point in its most basic format: demographic details required, prevalence, experience/nature, relationships, dynamics, timeframe, opinions, actions and suggestions. The solution was to define precisely the information needed and try to write as few questions as possible to obtain it, avoiding any peripheral questions (Bradburn, et al., 2004; Burgess, 2001).
Once an effective list of questions\(^1\) was constructed, the next step was to carefully word and/order questions and present them in an appropriate format. At this point it was essential in the development process to keep in mind the target population for the instrument, their age group, ethnic background and reading ability (Burns & Grove, 2005; Kruizenga, et al., 2005). Hence, culturally specific and technical terms were avoided, and a neutral tone used to avoid influencing respondents’ answers.

Literature on questionnaire development (Burgess, 2001; Dillman, 2000; Dillman, et al., 2000; Thomas 1999; Visser, et al., 2000) displays agreement that it is important to keep the number of questions to a minimum, and not ask so many questions that potential participants are put off responding at all. Rather, the focus is on attempting to get potential participants motivated to complete the questionnaire. Thus, non-threatening demographic questions placed first encourage respondents to participate because these questions are quick and easy to fill out and require little thought (Fowler, 2002). The primary focus of this questionnaire was to capture the prevalence of child-to-mother violence; the reason background questions were asked first was to engage respondents who do not experience this phenomenon to also get involved with the study.

In order to develop support networks to help affected women, it was necessary to know about who these women might be. This is supported in family violence literature, which profiles both targets and perpetrators of violence (DIVRC, 2000; Laing, 2000). According to questionnaire development literature (Bradburn, et al., 2004; Fowler, 2002; Hagino, 2002), in order to profile research participants effectively it is necessary to ask questions about age, education, marital status, family structure, ethnic background and employment.

According to profiles listed by the ABS (2002), women who have children aged between 10 and 24 years are likely to be anywhere in their mid-twenties to their

\(^{1}\) See Appendix 4.A for initial draft of questions for the instrument
mid-sixties, so a decision to use between 20 and 60+ was an appropriate age range for mothers that would not exclude anyone, and that would give an even spread of ages. McColl, et al., (2001) agree that knowing the level of education of victims is useful in developing services and targeting affected women with appropriate information. A woman’s family structure gives a clearer picture of her support/hindrance and where she might need the most help, and adds to an understanding of what types of families are affected.

Knowledge of participants’ ethnic background might be beneficial in targeting appropriate services in the area. In particular, different ethnicities might require specific services and/or particular interpretation services (Office of Multicultural Affairs [OMA], 2006). It was also helpful to know women’s employment status in order to indicate whether financial resources were available to individuals and the potential impact of financial costs to them in dealing with this form of family pathology, such as access to costly services (ABS, 2005; O’Leary & Williams, 2005).

In addition, information was needed to identify profiles of perpetrators; therefore it was appropriate to ask questions about who the women identify as using threatening and/or abusive behaviours to fully understand the characteristics of this phenomenon. The gender of perpetrators is poorly understood in the literature (Bobic 20032, 2003; Cottrell, 2004; Ulma & Straus, 2003). Knowing the gender of young people who were involved in this type of behaviour allowed a better understanding of the experiences that affected women and their families and the level of support required.

After demographic information, it is useful to then go on to questions about respondents’ experiences. To date there is limited knowledge in the literature about child-to-mother violence, so the aim of this research was to gain knowledge of the nature, extent and scope of this phenomenon. In order to gauge prevalence it was necessary to know how many women experienced
threatening and/or violent behaviour as well as how much threatening and/or violent behaviour was present in the community. This meant the phenomenon of ‘child-to-mother violence’ had to be operationalised in order to capture what mothers experienced and how much they experienced.

Walby and Johnathon (2004) note that, in order to be able to speak about something, it must first be named and understood. According to Cottrell and Finlayson (1996) and Cottrell (2001, 2004), families often did not identify threatening and/or violent behaviour from their children as abuse. Therefore, it was not effective to simply ask respondents ‘Have you experienced child-to-mother violence?’ because most women might not know what that means and, through feelings of guilt or shame and/or family loyalty (Cottrell & Finlayson 1996) could have declined to answer. The research explored whether women identified their child’s behaviour as abusive or considered the behaviour to be a normal part of adolescence and when it first occurred, particularly in order to develop sensitive information and service provision.

In order to discover the types of behaviours experienced by women, findings from Cottrell’s (2001) report were simplified and adapted into a Likert scale derived from interviews with stakeholders: 45 parents, 39 teenagers, 34 community workers, clinicians, academics and other professionals. Sensitive questions are best placed in the middle of a questionnaire after participants have had time to consider the issue (Hagino, 2002; Smith, 1994). Therefore, these questions were placed after the background information.

To find out about contributing factors women might identify with, again findings from Cottrell (2001) were used to develop a list and adapted into a Likert scale. A Likert scale is an effective tool because it provides information about whether a respondent has experienced a particular phenomenon and to what perceived degree (Bradburn, et al., 2004).
Asking open-ended questions about action taken by respondents, particularly for a pilot of the instrument, broadened the range of answers so that possibilities were not closed off before we were aware of their existence (Burns & Grove, 2005; Polit, et al., 2006). For example, the study was interested in the involvement of immediate family members as well as people outside the immediate family, such as friends, neighbours, school, police, community services, counselling, church groups, or criminal justice services, and the use of protection orders or charges. It was also of interest to know about requests for young persons to move out, changes of behaviour or even retribution. This information was useful in indicating the level of difficulty in targeting affected women with specialised support services by understanding what women were already doing or not doing. For this reason the instrument also asked whether respondents had any support, if they thought support was required, or whether they thought more support services were needed. In addition, of interest were the types of services women would like to see developed. This required an open-ended question so that possibilities were not cut off.

Of note, respondents to questionnaires should not be confused about whether two or more alternatives appear to mean the same thing or have a clearly preferred answer that is not among the alternative choices offered. This is particularly true in mailed questionnaires because the researcher is not available to clarify any confusion (Burns & Grove, 2005; 2007; Rubin & Babbie, 2001). Therefore, use of the category ‘other’ was used when it was thought respondents might feel uncomfortable in the absence of an applicable response, or in exploratory questions where respondents’ breadth of experience of what they considered really mattered, was unknown. Other factors taken into consideration were avoiding the use of ‘and’ and ‘not’, making sure that multiple-choice questions were mutually exclusive and that they encompassed the total range of answers (Schnieder, et al., 2004).
Finally, it was important to end the instrument on a positive note (Bradburn, et al., 2004; Sanchez, 1992). This was achieved by asking participants for their suggestions and thanking them for their contribution. Moreover, Schnieder, et al., (2004) suggest that it is useful to get respondents’ thoughts on the issue, particularly at the end when they have had time to reflect on their experiences and how they feel. For this reason, a space was provided for participants to clarify and/or add to their answers or provide feedback on the questionnaire.

4.2.1.4 Directions to respondents

Clear directions to respondents are essential, particularly in mailed questionnaires (Dillman, 2000; Fowler, 2002). Directions for the completion of the instrument were based on Hagino’s (2002) suggestions that note the purpose of the questionnaire, give a clear explanation of how to complete the instrument, give directions about where and when to return the completed survey, noting the conditions of confidentiality: for example, who will have access to the information, where information will be stored, and removing identifying information. It was also made clear that filling out the questionnaire was completely voluntary and could be discontinued at any time while completing, and that returning the questionnaire implied informed consent (Hobson, 2005).

4.2.1.5 Instrument Design

The initial impression of a survey might either motivate or discourage people from responding (Dillman, et al., 2000; McColl, et al., 2001). So professional presentation of a survey also contributes to higher response rates (Bernard 2000). For the present instrument, attention was given to physical characteristics such as layout and design. The questionnaire was designed to cover three A4 sheets of paper. The main body of the questionnaire was formatted on both sides of one sheet of A4 paper in landscape profile and folded to form an A5 booklet. Inserted into this was a sheet in which a respondent could write their experiences in an open-ended format. Members of the team concurred that the title should be non-threatening but accurately reflect the intention of the research. The title ‘Mothers Experiences of Threatening Behaviour from
Children and Young People’ [METBCYP] for the instrument resulted from a brainstorming session by the research team. Further, a professional looking layout, easy to follow directions, a well balanced format of questions, and readable type were designed. Presenting the questionnaire as a mini booklet in a neutral light green also helped the questionnaire to look smaller, shorter, neater and more compact (Dillman, et al., 2000; Thomas 1999). Moreover, the coloured paper was selected to draw attention to the survey instrument within the questionnaire package.

4.2.2 Stage 2: Establishing face & content validity

According to Redsell, Hastings, Cheater and Fraser, (2003), when devising an instrument, it is important to ensure that it has both face and content validity; that is to say, the instrument appears to measure what it purports to measure (face validity), and that the items in the questionnaire have been selected using recognised procedures which ensure that they capture all the areas considered important by women who experience child-to-mother violence (content validity).

4.2.2.1 Item reduction through clinimetric testing

As noted, preliminary ideas developed through literature review were outlined for the research team and a list of inquiry statements based on the factors outlined in Stage 1 item development were collated and formatted into a draft instrument. The final instrument was sent out to an area that, according to the ABS (2001), has a population with diverse educational and ethnic backgrounds. Therefore, it was important to use simple plain English language to ensure readability (Schnieder, et al., 2004) so prospective items were drafted and presented to a panel of three children aged between 10 and 12 years. These children read through the draft and circled words or phrases that they did not fully comprehend. All words identified by the children were revised and the draft was presented again to the panel of children who were then able to fully grasp the meaning of the introductory statement and each question. The design and content of the instrument were refined and reviewed before being presented to a

\[2\] See Appendix 4.B for copy of draft instrument on green paper
panel of seven experts selected from the field of academic research, questionnaire development, family violence, and juvenile justice. The expert panel was consulted to ensure that all areas of concern were thoroughly addressed for inclusion as items in the questionnaire (Dempsey & Dempsey, 2000). The combination of these three methods helped to ensure content validity of the instrument (Burgess, 2001; Burns & Grove, 2007; McGibbon, 1997).

An open forum was coordinated for panellists, including the target population, to explore each question and note the individual merits and flaws, taking into consideration each stakeholder’s views, and incorporating propositions in regard to categories of information, directions to respondents, content of questions, design, wording and/or order of questions (Rubin, 2001). All suggestions were then integrated and the instrument reworked (Thomas, 1999). A revised draft instrument was sent to panellists via email for additional feedback. A further meeting with the research team finalised the questionnaire and the proposed instrument was then sent to the ethics committee for approval.

4.2.2.2 Item and scale characteristics

Multiple measures were designed to explore the complex factors of experience of threatening and/or violent behaviour and the triggers that preceded this behaviour (Thomas, 1999). An example of a multiple measure instrument to measure violence, the CTS was drawn on. DeKerskey (2003) and Smith (1994) identified a number of limitations with this instrument such as its focus on specific behaviour while ignoring the consequences of the behaviour and the social context of that behaviour (DeKerskey, 2003) as well as only collecting data for a 12 month time period.

These limitations were addressed firstly with delimit measures, such as additional and follow-up questions to improve the capture of desired information (Burgess, 2001). Open-ended questions were incorporated in order for women to describe the full gamut of their experiences (Dempsey & Dempsey, 2000). Secondly, experience was expanded to include an individual's experience over
their lifetime – ‘lifetime rates.’ Thus, the timeframe is unbounded and can
expand the target population, an important issue when trying to collect sensitive
data. Smith (1994) suggests that an unbounded timeframe provides a larger
sample and more scope for investigating cause and consequence, and avoids
creating the bias of turning victims into non victims because their experiences
might have occurred before a 12 months time period (Smith, 1994).

4.2.2.2.1 Demographic questions

Sensitive questions can then be placed in the middle after participants have had
time to consider the issue. Thus, questions regarding a respondent’s
background were placed first, followed by their general experiences before an
item response options scale of explicit incidents was listed.
Box 4.1 Comparison between demographic questions for the initial and pilot drafts

<table>
<thead>
<tr>
<th>Initial draft of demographic questions</th>
<th>Pilot draft of demographic questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age group?</td>
<td>1. What is your age group?</td>
</tr>
<tr>
<td>20-29 [ ] 30-39 [ ] 40-49 [ ] 50-59 [ ] 60+ [ ]</td>
<td>20-29 [ ] 30-39 [ ] 40-49 [ ] 50-59 [ ] 60+ [ ]</td>
</tr>
<tr>
<td>2. What is your highest level of education?</td>
<td>2. What is your highest level of education?</td>
</tr>
<tr>
<td>Primary school [] School Certificate [] High School Certificate []</td>
<td>Primary school [] School Certificate [] High School Certificate []</td>
</tr>
<tr>
<td>TAFE Diploma [] University Degree []</td>
<td>TAFE Diploma [] University Degree []</td>
</tr>
<tr>
<td>3. What is your marital status?</td>
<td>3. What is your marital status?</td>
</tr>
<tr>
<td>Married [] De facto [] Separated [] Divorced []</td>
<td>Married [] De facto [] Separated [] Divorced []</td>
</tr>
<tr>
<td>Widowed [] Never married []</td>
<td>Widowed [] Never married []</td>
</tr>
<tr>
<td>*#4. How would you describe your household?</td>
<td>*#4. How would you describe your household?</td>
</tr>
<tr>
<td>Two Parent Family [] Single Mother [] Extended Family [] Couple []</td>
<td>Two Parent Family [] Single Mother [] Extended Family [] Couple []</td>
</tr>
<tr>
<td>Lone Person [] Step Family [] Other …………..[]</td>
<td>Lone Person [] Step Family [] Other …………..[]</td>
</tr>
<tr>
<td>#5. Were you born in Australia? Yes [] No []</td>
<td>#5. Were you born in Australia? Yes [] No []</td>
</tr>
<tr>
<td>*#6. If not, how long have you lived in Australia? Specify…………………</td>
<td>*#6. If not, how long have you lived in Australia? Specify…………………</td>
</tr>
<tr>
<td>#7. How would you describe your ethnic background?</td>
<td>#7. How would you describe your ethnic background?</td>
</tr>
<tr>
<td>Aboriginal/Torres Strait Islander [] North-West European []</td>
<td>Aboriginal/Torres Strait Islander [] North-West European []</td>
</tr>
<tr>
<td>South-East European [] Middle Eastern []</td>
<td>South-East European [] Middle Eastern []</td>
</tr>
<tr>
<td>South-East Asian [] North-East Asian []</td>
<td>South-East Asian [] North-East Asian []</td>
</tr>
<tr>
<td>Central Asian [] Other……………… [ ]</td>
<td>Central Asian [] Other……………… [ ]</td>
</tr>
<tr>
<td>*#8. How would you describe your employment?</td>
<td>*#8. How would you describe your employment?</td>
</tr>
<tr>
<td>Employed full-time [] Employed part-time []</td>
<td>Employed full-time [] Employed part-time []</td>
</tr>
<tr>
<td>Unemployed []</td>
<td>Unemployed []</td>
</tr>
<tr>
<td>#question moved</td>
<td>#question moved</td>
</tr>
<tr>
<td>+new question</td>
<td>+new question</td>
</tr>
<tr>
<td>*question altered</td>
<td>*question altered</td>
</tr>
<tr>
<td>-question deleted</td>
<td>-question deleted</td>
</tr>
</tbody>
</table>

Changes made from the initial draft of the instrument to the pilot draft included removing altogether the question about marital status. This was thought by the panel of experts to be an unnecessary question; if I was interested in the possible support a woman might have in the household, then that would be the type of question that should be asked rather than enquiring about marital status, which is not a true indication of support.
The questions concerning type of households and employment/income were moved further along in the instrument. Sarantakos (2005) suggests these types of more personal demographic questions can benefit from being addressed later when the respondent has had time to develop a rapport with the study. An item of ‘foster family’ was added to the household question as well as the phrase ‘at the time’, so that the question would be more inclusive and allow the respondent to link the child or young person’s behaviour and the family dynamic at the time of the threatening or violent behaviour, rather than the current family dynamic. In addition, items for employment/income were expanded to include casual employment and an ‘other’ type of employment not already covered as well as drawing attention to the crucial point in time by using the phrase ‘at the time.’

The questions about being ‘born in Australia’ and ‘if not how long have you lived in Australia,’ were moved only because of the movement in questions surrounding them. In addition, the test of readability drew attention to the confusion regarding the word ‘specify’, so to be more explicit, the question was reframed to ask ‘months/years.’

The question regarding ethnic background was the most difficult to construct. Australia is a diverse multicultural society. In order to contain this question within manageable bounds it was necessary to change the limited list of fairly vague terms and ask the respondents to describe their own ethnic background. The question also seemed to sit more appropriately before asking a person whether they were born in Australia or overseas.

4.2.2.2 Experience questions

Items that explored respondents’ experiences of child-to-mother violence included abuses from all forms of family violence (DIVRC, 2000; Laing, 2000). For example, hitting, punching, kicking or arm-twisting; shoving, pushing or grabbing; damaging the home or belongings; bullying or standing over you; threatening to kill you or others; threatening to harm themselves to control you;
demeaning your parenting or partnering skills; making you think you are crazy; name calling or swearing at you; giving you the silent treatment; stealing money or belongings; and incurring debts you must cover. The optional responses to these items were never; occasionally; most weeks; and daily.

From the initial draft of the instrument to the pilot draft, the question regarding experiences of threatening behaviour was moved forward and altered to include the word ‘acts’ for clarity. With regard to the list, a number of items were moved around and substantially altered. This was a direct response to the review by the expert panel. Their expertise directed a more logical flow in the order of questions to group similar acts together. In addition, the phrasing was adjusted and some terms were added, modified or rejected.

For instance, in the first item the act of arm twisting was added to hitting, punching and kicking because the expert panel felt that this was a type of behaviour that was likely to occur and this was the best group of acts to collate it with. Similarly, the item about hitting with a hard or sharp object was included to capture the possibility that this could be a likely behaviour to occur. ‘Breaking or throwing things’ was elaborated to include ‘near you’ so that it was implicit that the mother was the target of this behaviour. Also included was the item ‘breaking or damaging things important to you’ because this type of behaviour has been reported in the literature as a deliberate act to hurt the mother.

The item ‘Being threatening or playing mind games’ was taken out because it was thought to be too vague and non specific. ‘Destroying the home or belongings’ was modified to ‘damaging the home or belongings’ and moved much further down in the instrument to group it with other property damage categories; it indicated the young person was capable of damaging the home, without destroying the home. ‘Bullying or standing over you’ was added in order to capture a type of behaviour that might frequently happen to women who experience this form of threatening and/or violent behaviour.
Box 4.2 Comparison between experience of child-to-mother violence scale for initial and pilot drafts

<table>
<thead>
<tr>
<th>Initial draft of experience of threatening and/or abusive behaviour items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#13.</strong> Have you experienced any of the following from the child or young person?</td>
</tr>
<tr>
<td><em>Hitting, punching, or kicking</em></td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Choking</td>
</tr>
<tr>
<td>Shoving, pushing or grabbing</td>
</tr>
<tr>
<td><em>Breaking or throwing things</em></td>
</tr>
<tr>
<td>-Being threatening or playing mind games</td>
</tr>
<tr>
<td><em>Demanding you do what they want</em></td>
</tr>
<tr>
<td>-Running away or staying out all night</td>
</tr>
<tr>
<td><em>Threatening to injure or kill you or others</em></td>
</tr>
<tr>
<td><em>Threatening to run away, commit suicide or harm themselves to control you</em></td>
</tr>
<tr>
<td><em>Degrating you or other family members</em></td>
</tr>
<tr>
<td>-Controlling the running of the house</td>
</tr>
<tr>
<td>-Yelling, arguing or challenging</td>
</tr>
<tr>
<td>-Being critical or belittling</td>
</tr>
<tr>
<td>Name calling or swearing at you</td>
</tr>
<tr>
<td>Stealing money or belongings</td>
</tr>
<tr>
<td><em>Destroying the home or belongings</em></td>
</tr>
<tr>
<td><em>Demanding money or things</em></td>
</tr>
<tr>
<td>Incurring debts you must cover</td>
</tr>
<tr>
<td>Sexual threats</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot draft of experience of threatening and/or abusive behaviour items and further questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#10.</strong> Have you experienced any of the following acts from the child or young person?</td>
</tr>
<tr>
<td><em>(Mark one [I] that best applies in each case)</em></td>
</tr>
<tr>
<td><em>Never</em></td>
</tr>
<tr>
<td>Hitting, punching, kicking or arm-twisting</td>
</tr>
<tr>
<td>Choking</td>
</tr>
<tr>
<td>Shoving, pushing or grabbing</td>
</tr>
<tr>
<td>+Hitting with a hard or sharp object</td>
</tr>
<tr>
<td>Breaking or throwing things near you</td>
</tr>
<tr>
<td><em>Breaking or damaging things important to you</em></td>
</tr>
<tr>
<td><em>Damaging the home or belongings</em></td>
</tr>
<tr>
<td>+Bullying or standing over you</td>
</tr>
<tr>
<td><em>Aggressively demanding you do what they want</em></td>
</tr>
<tr>
<td>Sexual threats</td>
</tr>
<tr>
<td>+Hurting or killing your pets</td>
</tr>
<tr>
<td><em>Threatening to kill you or others</em></td>
</tr>
<tr>
<td><em>Threatening to injure you or others</em></td>
</tr>
<tr>
<td><em>Threatening to harm themselves to control you</em></td>
</tr>
<tr>
<td>Taking over family rooms</td>
</tr>
<tr>
<td>+Making the family car unavailable to you</td>
</tr>
<tr>
<td><em>Demeaning your parenting or partnering skills</em></td>
</tr>
<tr>
<td>+Putting you down in front of others</td>
</tr>
<tr>
<td>+Making you think you are crazy</td>
</tr>
<tr>
<td>Name calling or swearing at you</td>
</tr>
<tr>
<td>+Giving you the ‘silent treatment’</td>
</tr>
<tr>
<td>Stealing money or belongings</td>
</tr>
<tr>
<td><em>Aggressively demanding money or things</em></td>
</tr>
<tr>
<td>Incurring debts you must cover</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

+11. Which of these behaviours caused you the most worry?  

#question moved  
+new question  
*question altered  
-question deleted
The term ‘aggressively’ was added to the item ‘demanding you do what they want’ to indicate that it was measuring behaviour that was not part of normal teenage behaviour and it was considered that some respondents could interpret the initial term as part of normal behaviour for teenagers. The item ‘sexual threats’ was moved up in the list so that it would be grouped with more threatening behaviours as having the ‘sexual threats’ last on the list appeared to trivialise the item. ‘Hurting or killing your pets’ was added because in adolescent violence literature this is a particular behaviour that is noted in many violent children or young people (Cottrell & Monk, 2004; Indermaur, 2001).

‘Threatening to injure or kill you or others’ was separated into two items because it was thought that this was two distinct behaviours and the self harm question was reworded for clarity. ‘Degrading you or other family members’ was substantially altered to ‘demeaning your parenting or partnering skills’ as a more accurate and precise reflection of what might be occurring. ‘Controlling the running of the house’ was altered to taking over family rooms because it was thought this was a more precise reflection of what a young person might be able to achieve and along a similar notion ‘making the family car unavailable to you’ was included.

‘Yelling, arguing or challenging’ was thought to be too vague as was ‘being critical or belittling’. Instead items ‘putting you down in front of others’ and ‘making you think you are crazy’ and giving you the ‘silent treatment’ were included because it was thought that these were precise behaviours that could be recognised and therefore measured. The term ‘aggressively’ was added to the item ‘demanding money or things’, as before, to indicate the notion of measuring threatening and/or abusive behaviour, rather than part of ‘normal’ teenage behaviour.

Added to this group of questions was one asking which one was of most concern to the mother, so that we could gauge what the mothers were most
worried about, rather than researchers making assumptions based on frequency levels or making subjective decisions about behaviours the researchers might think were worse than others.

Box 4.3 depicts a set of questions that were not in the initial draft, which are concerned with other areas of violence that might be engaged in by the perpetrator and also whether the young person has been exposed to other people violent in the home.

**Box 4.3 Other forms and experiences of violence**

+19. Has the child or young person been threatening or violent towards other members of the family?
   - Yes [ ] No [ ]
   - If yes, to whom?………………………………………………………………………………

+20. Has the child or young person been threatening or violent towards anyone outside the family?
   - Yes [ ] No [ ]
   - If yes, to whom?………………………………………………………………………………

+21. Has the child or young person witnessed or experienced anyone else in the home being threatening or violent?
   - Yes [ ] No [ ]
   - If yes, who?………………………………………………………………………………

4.2.2.2.3 **Context questions**

The context for women regarding their feelings of personal safety, the number of children involved, the young person’s gender and their relationship to the young person of focus were explored through the development of the following questions. Gauging whether the mother was fearful is an important consideration in understanding child-to-mother violence. In the literature, some researchers dismiss this behaviour as challenging or reciprocal and not part of a power/control dynamic (Brezina, 1999). Better understanding of how women feel about their experiences help to define the experience of child-to-mother violence. In addition, knowing more about the number of children involved and their gender would facilitate the development of appropriate services to provide assistance for women in these circumstances.
Box 4.4 Comparison between initial and pilot draft of context questions

<table>
<thead>
<tr>
<th>Initial draft questions regarding dynamic relationships of perpetrator and target Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>*9. Have you felt afraid of your child or a young person involved with your family?</td>
</tr>
<tr>
<td>Never [ ] Rarely [ ] Sometimes [ ] Often [ ]</td>
</tr>
<tr>
<td>10. How many children or young people made you feel afraid?</td>
</tr>
<tr>
<td>None [ ] One [ ] Two [ ] Three or more [ ]</td>
</tr>
<tr>
<td>*For the remaining questions please focus on one child or young person</td>
</tr>
<tr>
<td>11. What is the sex of the child or young person involved?</td>
</tr>
<tr>
<td>Male [ ] Female [ ]</td>
</tr>
<tr>
<td>12. What is the child or young person’s relationship to you?</td>
</tr>
<tr>
<td>Child [ ] Stepchild [ ] Child’s partner [ ] Child’s Associate [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot draft questions regarding dynamic relationships of perpetrator and target</th>
</tr>
</thead>
<tbody>
<tr>
<td>*6. Did you ever feel afraid of anyone in your family when you were a child or young person?</td>
</tr>
<tr>
<td>Never [ ] Occasionally [ ] Most Weeks [ ] Daily [ ]</td>
</tr>
<tr>
<td>* 7. Have you ever felt afraid of your child or a young person linked with your family?</td>
</tr>
<tr>
<td>Never [ ] Occasionally [ ] Most Weeks [ ] Daily [ ]</td>
</tr>
<tr>
<td>8. How many children or young people made you feel afraid?</td>
</tr>
<tr>
<td>None [ ] One [ ] Two [ ] Three or more [ ]</td>
</tr>
<tr>
<td>*Please focus on one child or young person for remaining questions</td>
</tr>
<tr>
<td>9. What is the sex of the child or young person involved?</td>
</tr>
<tr>
<td>Male [ ] Female [ ]</td>
</tr>
<tr>
<td>*12. What is your relationship to the child or young person?</td>
</tr>
<tr>
<td>Mother [ ] Stepmother [ ] Foster Mother [ ] Partner’s Child [ ]</td>
</tr>
<tr>
<td>Mother-in-law [ ] Child’s Associate [ ] Relative [ ] Other ………… [ ]</td>
</tr>
</tbody>
</table>

Questions in this section remained in the same order but were moved forward in the instrument. The question ‘did you ever feel afraid of anyone in your family when you were a child or young person’ was added to find out about history of family violence in the women’s past. The question ‘have you felt afraid of your child or a young person involved with your family’ was rephrased for readability, as was the direction to respondents to ‘please focus on one child or young person for remaining questions.’ The question regarding the child’s relationship with the respondent was rephrased so that the woman became the subject of interest rather than the young person.
4.2.3.1.1 Time frame questions

Understanding the age of a child when they first begin to display this type of behaviour and determining how long the behaviour goes on for and even how old a child is when the mother feels the behaviour is at its worst might facilitate support to be focused to areas and times of greatest need, as well as preventative and early intervention programs.

Box 4.5 Comparison between initial and pilot draft timeframe questions

<table>
<thead>
<tr>
<th>Initial draft of timeframe questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>*15. How old was the child or young person when they first used these behaviours?</td>
</tr>
<tr>
<td>9 or less [ ] 10-12 [ ] 13-15 [ ] 16-18 [ ] 19-21 [ ] 22-24 [ ] 25+[ ]</td>
</tr>
<tr>
<td>*16. How long did these behaviours go on for?</td>
</tr>
<tr>
<td>One off incident [ ] short-term [ ] long-term [ ] Ongoing [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot draft of timeframe questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>*13. How long did this behaviour continue?</td>
</tr>
<tr>
<td>One off incident [ ] less than one year [ ] more than one year [ ] Ongoing [ ]</td>
</tr>
<tr>
<td>*14. How old was the child or young person when they first started this behaviour?</td>
</tr>
<tr>
<td>9 or less [ ] 10-12 [ ] 13-15 [ ] 16-18 [ ] 19-21 [ ] 22-24 [ ] 25+[ ]</td>
</tr>
<tr>
<td>+15. How old was the child or young person when this behaviour was worst?</td>
</tr>
<tr>
<td>9 or less [ ] 10-12 [ ] 13-15 [ ] 16-18 [ ] 19-21 [ ] 22-24 [ ] 25+[ ]</td>
</tr>
</tbody>
</table>

Box 4.5 represents the evolution of questions regarding the time frame of this type of behaviour. Initially, the question of how old the child was when they first used this type of behaviour was asked, followed by how long these behaviours continued. For the sake of readability, those questions were revised to ask the age of the child and the length of time the behaviour continued. The question asking when the behaviour was worst was intended to capture the age at which women found the behaviour most difficult to manage and perhaps to identify the most effective age group to target with any strategies or support services that might be recommended.

4.2.3.1.2 Behavioural triggers

From the initial instrument draft to the pilot draft, the first and second questions from this group were reversed for logical flow. The second item response
options scale explores triggers to threatening and/or violent behaviour. The statements selected to represent possible triggers to this behaviour covered theories of family violence and included part of ‘normal teenage behaviour’; ‘argument or disagreement’; ‘conflict between adults’; ‘lack of respect for parent or others’; ‘enforcing house rules’; ‘changes in family structure’; ‘family history of violence’; ‘pressure from school or peers’; ‘drugs or alcohol’; and ‘behavioural disorders’. The optional responses to these items were ‘never’; ‘occasionally’; ‘most weeks’; and ‘daily’. Completing the instrument were questions about the actions and support networks respondents accessed and ended with a request for their suggestions and thanks for their contribution.

As shown in Box 4.6, substantial changes were made to the list. Question 14 in the initial draft was incorporated into the scale, and a number of questions were altered for readability and moved to group behaviours logically with other similar behaviours. In addition, six items were added to the scale. These changes were the result of consultation with the expert panel and no items were deleted.
Box 4.6 Comparison between behavioural triggers for initial and pilot draft

<table>
<thead>
<tr>
<th>Initial draft of explanations for threatening and/or abusive behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Do you think this is part of normal teenage behaviour? Yes [ ] No [ ]</td>
</tr>
<tr>
<td>17. What do you think triggers these behaviours?</td>
</tr>
<tr>
<td>*Occurs out of the blue, no reason [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Anger [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>*Lack of parental authority [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>#Enforcing house rules [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>#Changes in family structure [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>*Social isolation [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>*History of abuse [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>*Pressure from school and/or peers [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Drugs and/or alcohol [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Mental health and/or medical issues [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Other Specify [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot draft of explanations for threatening and/or abusive behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. What do you think triggered these behaviours?</td>
</tr>
<tr>
<td>(Mark one [I] that best applies in each case) * Never Occasionally Often Always</td>
</tr>
<tr>
<td>*Part of ‘normal’ teenage behaviour [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>No apparent reason [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Young person’s anger [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Agreement or disagreement [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Conflict between adults [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Lack of respect for parent or others [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Weak parenting skills [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Enforcing house rules [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Criticising child’s conduct [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Changes in family structure [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Grief or loss [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Social isolation of family or child [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Family history of violence [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Pressure from school or peers [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Drugs and/or alcohol [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Mental health and/or Medical issues [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Behavioural disorders [ ] [ ] [ ] [ ]</td>
</tr>
<tr>
<td>Other [ ] [ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

4.2.3.1.3 Support, strategies and services

Support networks for women, the strategies the women implemented in order to minimise the impact or improve the situation and the services they approached and utilised were of great interest to the study. Finding out this base line information could greatly help in planning and developing programs to assist women and their families who experience this form of family pathology.
As shown in Box 4.7, the first three of the initial four questions were altered to better reflect the intention of the question and for readability. Members of the expert panel agreed that asking a respondent if they would like support (especially when we had nothing to offer them at that time) was inappropriate. It was further suggested that a better option would be to ask whether the women thought more support was needed and to explain what type of support they would suggest in order to find out their preferred options. In addition, asking about whether there was a partner in the home at the time the behaviour was occurring would explore aspects of difference between two parent and single parent households and find out whether partners in the home were a productive source of support.
Moreover, asking about whether particular actions were considered successful and if mothers were satisfied with the support they had received would help determine which actions and supports were most successful and should be further promoted and/or where problems might be occurring for women in the community. Finally, an A4 space was provided at the back of the questionnaire for respondents, in their own words, to clarify or add to their answers or provide feedback on the questionnaire.

4.2.4 Stage 3: Finalising the pilot instrument

A pilot is necessary in an untried instrument because there is uncertainty in response rate, question applicability and performance (Burgess, 2001; Burns & Grove, 2005). The aim was to detect any flaws in questions or design and correct them before the main study. Amendments at this stage further improve response rates and minimise the error rate on answers. It is further beneficial in converting a number of open-ended questions into closed questions by determining the range of possible answers and performing trial analysis to test out analysis procedures (Burgess, 2001). For these reasons, the questionnaire was prepared for distribution to a small scale of the population that would be targeted for the main study. The pilot study will be reported in the following chapter.

4.2.4.1 Instrument revision

The research group looked at the returned questionnaires and feedback from respondents and a number of changes were made to the format and content of the revised piloted instrument. Dempsey and Dempsey (2000) consider validation through consultation with expert panels an effective way of minimising poor design in survey research. The questionnaire was redesigned to cover an A3 sheet of paper. Thus, the main body of the questionnaire was formatted on both sides of one sheet of A3 paper in landscape profile and folded to form an A4 booklet, making the questionnaire less crowded and easier to read without appearing to be any longer. Dillman, et al., (2000) note that professional
presentation and readable type are important factors in motivating people to fill in surveys.

The back of the booklet left an A4 sized space available for respondents to write their experiences in an open-ended format. Bradburn, et al., (2004) note the value of open-ended questions in exploratory survey design (similar Burgess, 2001). Coloured paper was again selected to draw attention to the instrument within the questionnaire package. However, the colour was changed to pink, to draw attention to the fact that women were the intended target of the instrument because of the association of pink with femininity (Boris, 2006).

Members of the team concurred that the title METBCYP for the instrument was overly verbose, so the Child-to-Mother Violence Scale [CMVS] was adopted to replace the previous title and the research team streamlined the introductory paragraph. A question asking respondents to indicate their ethnic background was moved and reworded to request their country of birth and a further question was added to specify their home postcode. In addition, some demographic questions that had previously appeared later in the instrument were moved forward at the suggestion of panellists who thought it was more desirable to have demographic questions clustered together.

A direction to respondents to focus on one child or young person for remaining questions was moved from the bottom of the first page to the top of the second page to improve accuracy. In addition, respondents were advised that no further answers were required after the first item response option scale if their answers specified they had no experience of child-to-mother violence, or requested respondents were to continue to the end of the survey if they had noted this experience. This allowed the instrument to indicate prevalence without taking up respondent’s time unnecessarily. All other questions, including the two item response option scales remained unchanged.
4.3 Summary

In this chapter, I describe the development of the CMVS, an instrument designed to obtain data regarding the incidence, perpetrators, targets, experience and influences of child-to-mother violence. The development occurred over three distinct stages: (1) the preliminary draft, (2) face and content validity and (3) the development of an instrument ready to be piloted. The following chapter discloses the procedures and findings associated with conducting the pilot study. It will explain the psychometric testing conducted as well as the distribution, revision and development of the final instrument.
ABSTRACT: CHAPTER 5

In this chapter the pilot study is described and further validation of the METBCYP instrument is undertaken. The pilot was set in the Blue Mountains, Penrith and Hawkesbury of Greater Western Sydney. For women who had children between the ages of 10 and 24 years at any point in time. Recruitment was and distribution occurred through a number of measures such as, letter box delivery, mailed questionnaires and telephone interviews. Analysis of the various distribution methods was undertaken and one selected for the main study. In order to check the expected data that would come out of the study in the main release of the CMVS were reviewed and the pilot was revised for release in the main study. The main outcome measures were, the prevalence of child-to-mother violence; perpetrators and targets; other types of violence and experience of child-to-mother violence; and triggers that precede threatening and/or violent behaviours towards mothers from their child/ren. In addition, preliminary material regarding support networks, strategies and further suggestions for support services were explored. Psychometric testing was conducted the test-retest resulted in 0.97 correlation coefficient indicating the instrument had a high repeatability. Factor attempts to identify the common features of a set of variables, used in data reduction. However, as no local minimum was found extraction was terminated. Alpha Chronbach measured an intraclass correlation coefficient of 0.91 on the 24 item response scale and the 17 item response scale netted a 0.99 correlation coefficient. Results from the pilot study were not presented in the main body of the thesis but have been placed in the appendix in the form of the publication from a referred journal article (Stewart, et al., 2006).
5 CHAPTER FIVE PHASE 2: PILOT STUDY AND
CONSTRUCT VALIDATION OF CMVS

In this chapter, the process of piloting the CMVS is detailed: the setting, sample, recruitment procedures, participants, main outcomes and data analysis. The various methods of distribution are discussed as well as the psychometric tests undertaken, including test-retest, factor analysis, alpha (Cronbach) and split-half reliability tests. Findings from the pilot study have been published elsewhere (Stewart, et al., 2006). The results of the pilot study were from a small sample so it was not possible to conduct any inferential statistics. However, prevalence and demographic characteristics of the sample will be reported in this chapter³.

5.1 Phase 2 Pilot Study and further validation of the instrument

This section is a report of the pilot of the CMVS instrument. Before implementation in the main study, the CMVS questionnaire was piloted with a small sample from the selected setting in order to assess the functional literacy of the document and to address the capacity of respondents to complete the survey as constructed, drawing out any previously unidentified issues. In addition, the pilot study trialled recruitment, distribution, and cost effectiveness in relation to rates of return so that the benefit could be applied to the main study. Households which had been randomly selected for the pilot were not included in the main study.

A pilot study is an important step in the development of a structured questionnaire (Burgess, 2001). There are a number of advantages to piloting any empirical research. Although it is necessary to prepare and plan an instrument in advance, there is no substitute for involvement with a 'real' situation in order to assess the practicality of conducting survey research in terms of time, effort and resources (Dillman, 2000).

³ See Appendix 5.A for published results of pilot study in (Stewart, et al., 2006)
NB. All statistics reported in the setting and sample sections below are derived from statistics produced by the 2001 Australian Census (ABS, 2001).

5.2 Setting

The pilot was conducted in the outer western region of Sydney, Australia. This area spans three Local Government Areas (LGAs): the Blue Mountains, Hawkesbury and Penrith LGAs. The Blue Mountains LGA encompasses twenty-six townships over 1433 square kilometres, 70 km west of Sydney. It is located at the outer western fringe of the Sydney metropolitan region of the Great Dividing Range. The Blue Mountains is adjacent to Penrith in the east, Lithgow in the west and the Hawkesbury and Oberon LGAs in the north and south respectively (Blue Mountain City Council [BMCC], 2004).

The numerous towns and villages of the Blue Mountains are situated east/west along 100km of ridgeline and contain over 75,000 residents. Individual towns and villages include small isolated rural settlements and relatively large urbanised developments. Katoomba is the largest town centre in the LGA and Springwood/Winmalee has the largest population. The area is 70% National Park (BMCC, 2006).

The Hawkesbury LGA is located one hour north/west of the Sydney central business district. It is the largest LGA within the Sydney basin and has a population of over 61,000 residents. The Hawkesbury district comprises an area of 2963 square km, of which more than two-thirds cover National Parks and green acres surrounding the Hawkesbury Nepean river system. There are two main concentrations of population at Richmond and Windsor and a range of smaller rural communities (HCS, 2004).

The Nepean LGA is located on the Cumberland Plain, on the western fringe 50 km from Sydney. The Penrith LGA covers a region of 407 square km, with the Blue Mountains rising from the western border. Eighteen per cent is urban, and
mostly residential. These urban areas are located in a linear corridor bounded by rural and natural areas to the north and south, dissected by creek and river corridors. The population, according to the ABS (2001) census, is 172,353. This ranks Penrith as one of the largest LGAs in western Sydney and NSW (PCC, 2006). Penrith and St Marys represent clusters of commercial and retail activity with six fully serviced industrial precincts.

5.3 Sample

According to the 2001 Census (ABS), there was a total of 112,000 households in these LGAs in both urban and rural settings. The population for the Blue Mountains LGA had a median age of 37 years. Forty-seven per cent of households contained families with children, 36% of households contained two parent families and 11% had single parent families (HAS, 2003). In this area 45.2% of women and 29.2% of men over 15 years of age had an income of $300 a week or less. Consequently, the number of women and men who earned $1500 per week or more was 1.2% and 7.1% respectively. Employment percentages for the labour force included persons aged 15 years and over in the Blue Mountains, 5.5% unemployed, 57.9% employed full-time, 34.4% employed part-time. Education in the area was reported as no qualifications 44%, vocational qualifications 27%, and university qualifications 19% (HAS, 2003). The percentage of residents born overseas was 17%.

In the Hawkesbury LGA, the median age was 32 years with 55% of households containing families with children, of which 43% were two parent families and 12% were single parent families. In this LGA 20% of households received less than $500 per week while 10% of households earned more than $2000 (HAS, 2003). Employment was reported as 4.7% unemployed, 62.9% employed full-time, 29.4% employed part-time. In 2001 9% of residents had university qualifications, 28% had vocational qualifications, and 52% had no qualifications (HAS, 2003). Thirteen per cent of residents had been born overseas.
The median age of the population in Penrith LGA was 30 years with 59% of households containing families with children, 45% two parent families and 14% single parent families. Individual income ranges in the Penrith LGA were broadly comparable to those in the Greater Western Sydney area. In Penrith 34.4% of the population over 15 years of age had an income of $300 a week or less. At the higher end of the scale 2.4% of the population earned $1500 or more. Employment in this LGA comprised 5.9% unemployed, 64% employed full-time and 27% employed part-time. Education in this district was reported as 7% university qualifications, 23% vocational qualifications and 58% no qualifications (HAS, 2001). The number of residents born overseas was 21.2% according to the 2001 Census (ABS, 2001).

5.4 Recruitment

In the first instance randomisation of the sample was achieved through selection of localities from a map of the Sydney West Area Health Service [SWAHS]. Four diverse townships from each of the three LGAs were chosen at random. Questionnaire packages were then hand delivered to every tenth household in various streets within each township until 600 packages were delivered.

Following this, a further one hundred households in each of the three LGAs were selected. The 2005 telephone directory for Katoomba, Penrith, Springwood and 2005 telephone directory for Hawkesbury were used to obtain addresses for every tenth household and questionnaire packages were mailed to a further three hundred households.

Finally, households in each of the three LGAs were contacted by telephone using the previously mentioned telephone directories to obtain phone numbers for every tenth household and respondents were surveyed over the telephone. Three hundred and thirty households were contacted, not including wrong numbers or unanswered telephones.
5.5 Respondent inclusion criteria

1. Women who were or had been mothers of children aged between ten and twenty four years of age; and
2. Proficient in English language.

The timeframe for incidents to be considered included women’s experiences over their lifetime. This timeframe provided a larger sample and more scope for investigating cause and consequence and avoided creating the bias of turning victims into non victims because their experiences might have occurred before a 12 month time period (Favaro, Ferrara & Santonastaso, 2003). However, Toce-Gerstein and Gerstein (2004) state that lifetime items generally do not measure the extent to which the criteria occur close together in time or spread out across different time periods. This is in contrast to the degree of concurrence that is assured when the chronological scope of screening items is tightly restricted to the past year. For this reason, it could be argued that estimates derived from lifetime measures are inflated and some researchers recommend relying on 12 month past year timeframes (Lindeman, et al., 2000). This recommendation would have the effect of reducing estimates of prevalence rates.

5.6 Response rate

A total of 1230 households were contacted in the Penrith, Hawkesbury and Blue Mountains LGA and asked to participate in the pilot study. A total of 129 questionnaires were returned. As it was a randomised sample there was no way of knowing whether particular households targeted would meet the inclusion criteria. It is possible to calculate a simplistic response rate of 10.5% with these figures. However, calculating a response rate that takes into consideration other extrapolating factors is more complex (Burgess, 2001). The crudest measure divides the number of surveys received by the number sent. However, this ignores factors important in interpreting the results, such as the number of surveys undeliverable because of bad addresses, the number considered unusable because potential respondents fail to meet the inclusion criteria, and the number considered unusable because they are incomplete (Asch, et al.,
In this instance, it is likely that not every household that received the questionnaire package was eligible to participate. In fact, the respondent had to be the mother of a child who at one time was between the age of 10 and 24 years. This means that households in which there was no mother or households in which the mother had only children less than 10 years of age were unable to participate.

Although the crude response rate of 10.5% was very low, it was consistent with response rates typically achieved when administering mailed questionnaires without the benefit of incentives or pre-notification (e.g. Anderson & Parish, 2003; Lanctot, Hermann, Reekum, Eryavec & Naranjo, 2002; Olson & Kroeger, 2001) or to households where the subject matter might have appeared to be irrelevant, that is where there were no children. In addition, mailing the survey toward the end of the year further lowered the response rate to the survey. According to Olson and Kroeger (2001), a 10% response rate for mailed questionnaires for sensitive subjects is reasonable (Olson & Kroeger, 2001).

According to the ABS (2001) Census, between the three LGAs an average of 53.7% of the 112000 households contained families with children, either two parent families or single parent families. In addition, the numbers of households in which all children are under 10 years of age, as well as single parent families headed by males, needed to be factored in. Approximately 18% of the population within these LGAs is between 0 to 9 years of age and, while a proportion of these households would also contain children over this age, some would not. In addition, approximately 2.7% of the total numbers of households were male single headed families (ABS, 2001).

Furthermore, distribution measures varied between 600 anonymous hand delivered questionnaire packages (35 returned), a further 300 mailed out (20 returned) 31 returned unopened marked wrong address and 330 telephone interviews (74 completed). For the first two methods, it is impossible to know
the exact number of questionnaires that were not attempted owing to full or part refusal to participate, ineligibility, inability to comprehend because language or reading barriers, inability to contact or other non response reasons. Moreover, response rates for telephone interviews included only those who answered the phone and participated in the study (n=74), those who answered the phone and did not want to participate (n=118), and those who answered the phone and were not eligible to participate (n=138). Telephone calls that were not answered or repeatedly went to voice message and wrong numbers were not counted.

This means that less than 50% of the households targeted can be assumed eligible to participate. Thus, the low response rate can be explained in part by the eligibility of households to participate, the highly sensitive nature of the subject (Kelly, Njuki, Lane & McKinley, 2005; Hallowell, et al., 2005) and the lack of community recognition of child-to-mother violence as a form of family violence (Stewart, et al., 2004).

5.7 Main Outcome Measures

The main outcome measures were prevalence of child-to-mother violence; perpetrators and targets; other types of violence and experience of child-to-mother violence; and triggers participants reported as preceding threatening and/or violent behaviours from their child/ren. In addition support networks; strategies; and services were explored along with suggestions for improved support. Finally, participants were invited to write individual stories of their own experiences.

5.8 Data Analysis

Data from the piloted instrument were collated using the computer software Statistical Package for Social Science version 12 [SPSS] (2003). Psychometric testing was undertaken to test the validity and reliability of the instrument and included a test-retest, factor analysis, alpha (Cronbach) and split-half reliability. Data from the pilot study were analysed and published Stewart, et al., (2006). Closed and open-ended questions were quantified and descriptive analysis was undertaken for each item in the CMVS instrument separately and total scores
calculated for each scaled question. Nonparametric statistical tests were not conducted on the sample because the pilot study was undertaken to test the instrument rather than investigate the sample population. In addition, the sample size was too small to perform any tests effectively. Nonparametric statistical tests were conducted with the data from the main study reported in the following chapter. Nvivo version 2.0 (QSR, 2003) computer software was used to manage the qualitative comments and stories that were provided by some of the respondents. This section was utilised by a number of women and this remained in the CMVS for the main study. However, owing to the small sample size, responses reported in the pilot study were not analysed.

5.9 Instrument distribution

The pilot study was conducted in the outer western suburbs of Sydney, Australia. This region spans a number of Local Government Areas (LGAs) including the Blue Mountains, Hawkesbury and Penrith LGAs. This particular district was selected because it is an area with a high rate of domestic violence reported to police and where a high proportion of children and young adults live, according to the ABS (2001).

It was necessary to send out additional questionnaire packages owing to a low response rate. In the second distribution round, a further 300 households were selected, 100 households from each of the three LGAs. To further increase the response rate a third distribution round was undertaken. Three hundred and thirty households were contacted, not including wrong numbers or unanswered telephones from each of the three LGAs, using telephone directories to obtain phone numbers for every tenth household and respondents were surveyed over the telephone. Consequently, a total of 1230 households were invited to participate in the study via the three distribution methods.

5.10 Distribution Costs

Hand delivery of 600 pilot instruments took a total of 16 hours package assembly and 54 hours area selection and delivery. There were a total of 35
surveys returned. Expenditure, including casual wages and fuel expenses, made the cost per hand delivered $AUD2.76 and the cost per returned survey $AUD47.36.

Mailing of 300 pilot instruments took a total of 24 hours package assembly and area selection. There were a total of 20 completed surveys returned. Outlay, including casual wages and postage made the cost per mail delivered item $AUD3.57 and the cost per returned survey $AUD53.53.

Telephone survey of 330 households with the pilot instrument took a total of 72 hours for number selection and telephone interviews. There were a total of 74 questionnaires completed. Expenses, including casual wages and telephone calls, made the cost of telephone completed items $AUD5.78 and the cost per completed survey $AUD 25.77.

NB. A portion of the hours accounted for here as casual wages is for comparison purposes only and was actually undertaken at no cost by the researcher. $AUD denotes Australian Dollars

5.11 Pilot instrument

The CMVS instrument underwent a number of changes and adaptations through the piloting process. Alterations are one of the reasons pilot studies are so important, so that anomalies can be addressed at an early stage to improve the effectiveness of the main study (Downs, 2006). A pilot study is a model of the full research study, but on a smaller scale, run for a briefer timeframe with fewer participants. For a number of reasons it was important to conduct a pilot study to indicate areas that were unknown, untested, complex and innovative (Burgess, 2001). First, it was important to obtain data to validate and improve the developed instrument and plan the process and implantation of the main study and second, to see if there were any unexpected problems that could occur and could be prevented (Sarantakos, 2005). The pilot study was useful in determining the most cost effective method for distribution, both in terms of money and time, and to improve rates of return.
5.11.1 Instrument revision

A low response rate in the first round of hand delivered distribution, lead to a number of small changes being made to the pilot instrument before it was redistributed via the mailed method of distribution. Firstly, a number of questionnaires were returned unused or incomplete with potential respondents noting that they thought they were ineligible to participate owing to their lack of experience in these behaviours. Therefore, in the introductory paragraph the criterion for participation was further clarified. Secondly, a number of skip patterns were identified in answering questions for those who had not experienced threatening behaviour. It appeared that respondents who had no experience of child-to-mother violence were abandoning the questionnaire from question 13 because the next few questions did not apply to them. For this reason, the option of checking a box marked ‘not applicable’ was added wherever this response could be the case to encourage the completion of the questionnaire by all respondents.

A continued small response to the questionnaire raised the concern that the font was too small and the format was too crowded. It was decided to recruit additional respondents through telephone survey. The introductory paragraph was changed to a conversational format but the information about the study, informed consent and contact details remained the same. Questions were dictated verbatim and there was the possibility of clarification if requested.

5.11.2 Psychometric testing

Psychometric testing of a questionnaire instrument tests the reliability and validity of the instrument and involves conducting standardised procedures for measuring the sensitivity and aptitude for producing likely results concerning child-to-mother violence. The tests undertaken were chosen after a review of validity and reliability for questionnaire development literature based on the content and structure of the CMVS instrument.

---

4 See appendix 5.B for telephone pilot instrument
5.11.2.1 Test-Retest

Respondents to the telephone CMVS were asked if they would participate in a repeat of the questionnaire at a later date for the purpose of testing the internal structure of the instrument. The assumption was that doing the questionnaire at two different times with no treatment between would yield a consistency of responses (Halpern, et al., 2001). Therefore, a random selection of 20 respondents who agreed to complete the questionnaire twice did so within three weeks. The test-retest reliability was analysed as the agreement on the scores of each respondent (Halpern, et al., 2001). The responses to the second set of 20 questionnaires were compared to the respondents previously completed questionnaires and an intraclass correlation coefficient of 0.97 was recorded for test-retest repeatability\(^5\).

5.11.2.2 Factor analysis

Exploratory factor analysis endeavours to identify common features underlying a set of variables. In particular, it is used in data reduction to discover if a set of variables can be explained by a much smaller number of variables called factors (Darlington, 2001). Maximum likelihood (ML) factor analysis was applied to the two item response option scales to detect ‘goodness of fit’ in the number of items that could be reduced to a set of factors representing the conceptualisation of child-to-mother violence. Represented in Graph 5.1, the first item response option scale in the CMVS measured a single concept ‘violence’ rather than a set of distinct factors. Factor Matrix (a) attempted to extract 4 factors. In iteration 25, no local minimum was found so extraction was terminated\(^6\).

---

\(^5\) See appendix 5.C for the intraclass correlation report
\(^6\) See appendix 5.D, for factor analysis results
Graph 5.1, Factor matrix for 24 item scale measuring experience and frequency of threatening and/or violent behaviour from children or young people

Results for the second item scale, represented in Graph 5.2, depicts the scale evaluating diverse postulations. Factor Matrix (a) = 4 factors extracted, 18 iterations required. Therefore, this form of psychometric testing was not expanded.
Graph 5.2 Factor matrix for 17 item scale measuring triggers and frequency of threatening and/or violent behaviour from children or young people

5.11.2.3  **Alpha (Cronbach) and split-half reliability testing**

Internal consistency occurs when items designed to measure the same concept correlate strongly with one another and is thus also part of construct validity (Hagino, 2002). Alpha (Cronbach) is a model of internal consistency, based on the average inter-item correlation. Split-half testing splits the scale into two parts and examines the correlation between the parts (SPSS, 2003). These tests were carried out on the two item response option scales in the CMVS.
The 24 item response option scale that explored respondents’ experiences of child-to-mother violence had an intra-class correlation coefficient of 0.91. All tests of internal consistency indicated a high correlation, noted in Table 5.1. One case was excluded in the first item scale because it had a nil response; this item was ‘experience of sexual threat’ from a child or young person. Although there were no respondents who reported this experience in the pilot study, sexual threat is reported as a significant issue in family violence literature and Harbin and Madden (1979) postulate that, in particular, sexual threat between mother and child is a highly taboo subject. Therefore it was determined that this item should nevertheless remain part of the final scale.

**Table 5.1 24 Item scale intra-class correlation**

<table>
<thead>
<tr>
<th>Case Processing Summary</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Valid</td>
<td>128</td>
<td>99.2</td>
</tr>
<tr>
<td>Excluded (a)</td>
<td>1</td>
<td>.8</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(a) Listwise deletion based on all variables in the procedure.

<table>
<thead>
<tr>
<th>Reliability Statistics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach’s Alpha</td>
<td>N of Items</td>
</tr>
<tr>
<td>.910</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intraclass Correlation Coefficient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td></td>
<td>F Test with True Value 0</td>
</tr>
<tr>
<td></td>
<td>Lower Bound</td>
</tr>
<tr>
<td>Single Measures</td>
<td>.297(b)</td>
</tr>
<tr>
<td>Average Measures</td>
<td>.910(c)</td>
</tr>
</tbody>
</table>

Two-way mixed effects model where people effects are random and measures effects are fixed.

(a) Type C intraclass correlation coefficients using a consistency definition—the between-measure variance is excluded from the denominator variance.

(b) The estimator is the same, whether the interaction effect is present or not.

(c) This estimate is computed assuming the interaction effect is absent, because it is not estimable otherwise.

The 24 item response option scale looked at experiences of child-to-mother violence and had an intra-class correlation coefficient of 0.91. All tests of internal consistency indicated a high correlation, noted in Table 5.1. These tests indicate the CMVS is consistently measuring child-to-mother violence.
Table 5.2 17 Item scale intra-class correlation

Case Processing Summary

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>129</td>
<td>100.0</td>
</tr>
<tr>
<td>Excluded</td>
<td>0</td>
<td>.0</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*a* Listwise deletion based on all variables in the procedure.

Reliability Statistics

<table>
<thead>
<tr>
<th>Cronbach’s Alpha</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>.992</td>
<td>17</td>
</tr>
</tbody>
</table>

Intraclass Correlation Coefficient

<table>
<thead>
<tr>
<th>Intra-Class Correlation(a)</th>
<th>95% Confidence Interval</th>
<th>F Test with True Value 0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower Bound</td>
<td>Upper Bound</td>
</tr>
<tr>
<td>Single Measures</td>
<td>.878(b)</td>
<td>.849</td>
</tr>
<tr>
<td>Average Measures</td>
<td>.992(c)</td>
<td>.990</td>
</tr>
</tbody>
</table>

Two-way mixed effects model where people effects are random and measures effects are fixed.

*a* Type C intraclass correlation coefficients using a consistency definition-the between-measure variance is excluded from the denominator variance.

*b* The estimator is the same, whether the interaction effect is present or not.

*c* This estimate is computed assuming the interaction effect is absent, because it is not estimable otherwise.

The 17 item scale looking at triggers of child-to-mother violence had an intra-class correlation coefficient of 0.99. All tests of internal consistency indicated a high correlation, noted in Table 5.2. These tests indicate the CMVS is consistently measuring child-to-mother violence.

5.11.3 Final instrument

The CMVS instrument was finalised and the distribution method selected for the main study after the results of the pilot study were analysed. The selection was based on the trialling of a number of distribution methods and subsequent response rates and costings, on analysis of the pilot results, including review of patterns identified in participant responses, on direct feedback from respondents and discussions with the research team.
5.11.3.1 Distribution revision

Initial assessment of the costing of distribution methods indicated telephone survey was the most expensive per item yet cost effective method of distribution per return of the three methods trialled. However, the release of the main study questionnaires involved much larger numbers. Therefore, it was determined that a streamlined mailed distribution would be the most cost effective solution for the main study.

Further, due to the low response rate, in particular of the mailed pilot instrument, the research team considered it would be beneficial to initiate a media campaign to raise awareness and enhance participation in the main study before distribution of the final CMVS instrument. A number of local newspapers and radio stations were contacted to discuss the issue and to note the upcoming survey, raising awareness within the community. It was hoped that the improved distribution combined with a media campaign would increase the response rate.

5.11.3.2 Comparisons between the pilot and main study instrument

The following section reports the changes made to the pilot CMVS in preparation for the main study. As refinement occurred at every stage in the development process of the instrument, these final adjustments were quite minor in comparison with earlier drafts reported in the previous chapter.
Box 5.1 Comparison between demographic questions from pilot to main study instruments

<table>
<thead>
<tr>
<th>Pilot study demographic questions</th>
<th>Main study demographic questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. What is your age group?</strong></td>
<td><strong>1. What is your age group?</strong></td>
</tr>
<tr>
<td>20-29 [ ] 30-39 [ ] 40-49 [ ]</td>
<td>20-29 [ ] 30-39 [ ] 40-49 [ ]</td>
</tr>
<tr>
<td>50-59 [ ] 60+ [ ]</td>
<td>50-59 [ ] 60+ [ ]</td>
</tr>
<tr>
<td><strong>2. What is your highest level of education?</strong></td>
<td><strong>2. What is your highest level of education?</strong></td>
</tr>
<tr>
<td>Primary school [ ]</td>
<td>Primary school [ ]</td>
</tr>
<tr>
<td>School Certificate [ ]</td>
<td>School Certificate [ ]</td>
</tr>
<tr>
<td>High School Certificate [ ]</td>
<td>High School Certificate [ ]</td>
</tr>
<tr>
<td>TAFE Diploma [ ] University Degree [ ]</td>
<td>TAFE Diploma [ ] University Degree [ ]</td>
</tr>
<tr>
<td><strong>3. What is your ethnic background?</strong></td>
<td><strong>3. What is your ethnic background?</strong></td>
</tr>
<tr>
<td><strong>4. Were you born in Australia?</strong></td>
<td><strong>4. Were you born in Australia?</strong></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>5. If not, how long have you lived in Australia?</strong></td>
<td><strong>5. If not, how long have you lived in Australia?</strong></td>
</tr>
<tr>
<td>Less than 12 months [ ]</td>
<td>Less than 12 months [ ]</td>
</tr>
<tr>
<td>More than 12 months [ ]</td>
<td>More than 12 months [ ]</td>
</tr>
<tr>
<td><strong>6. What is your home postcode?</strong></td>
<td><strong>6. What is your home postcode?</strong></td>
</tr>
<tr>
<td><strong>7. How would you describe your household?</strong></td>
<td><strong>7. How would you describe your household?</strong></td>
</tr>
<tr>
<td>Two Parent Family [ ] Single Mother [ ] Extended Family [ ] Couple [ ]</td>
<td>Two Parent Family [ ] Single Mother [ ] Extended Family [ ] Couple [ ]</td>
</tr>
<tr>
<td>Lone Person [ ] Step Family [ ] Foster Family [ ] Other [ ]</td>
<td>Lone Person [ ] Step Family [ ] Foster Family [ ] Other [ ]</td>
</tr>
<tr>
<td><strong>8. How would you describe your household income at the time?</strong></td>
<td><strong>8. How would you describe your household income at the time?</strong></td>
</tr>
<tr>
<td>Employed full-time [ ] Employed part-time [ ] Employed Casual [ ]</td>
<td>Employed full-time [ ] Employed part-time [ ] Employed Casual [ ]</td>
</tr>
<tr>
<td>Unemployed [ ] Not in the labour force [ ] Other [ ]</td>
<td>Unemployed [ ] Not in the labour force [ ] Other [ ]</td>
</tr>
</tbody>
</table>

The differences made to the piloted CMVS for the main study were firstly, the order of two questions reported in Box 5.1. Born in Australia was moved forward while the question asking for the ethnic background of respondents was altered to ask for country of origin instead. It was thought that it was more logical for the question on Australian citizenship was configured to come first and asking about place of birth provided more clarity than asking about someone’s ethnic background, which many may consider broad considering the multicultural society of Australia (Chiswick & Miller, 1999). In addition, a new question asking
for respondent’s post code was thought to be a useful way of tracking which LGA respondents came from.

**Box 5.2 Comparison between fear questions from pilot to main study instruments**

### Pilot study of questions regarding the dynamic relationships of perpetrator and target

**#6.** Did you ever feel afraid of anyone in your family when you were a child or young person?
- Never [ ]
- Occasionally [ ]
- Most Weeks [ ]
- Daily [ ]

**#7.** Have you ever felt afraid of your child or a young person linked with your family?
- Never [ ]
- Occasionally [ ]
- Most Weeks [ ]
- Daily [ ]

**8.** How many children or young people made you feel afraid?
- None [ ]
- One [ ]
- Two [ ]
- Three or more [ ]

*Please focus on one child or young person for remaining questions*

**#9.** What is the sex of the child or young person involved?
- Male [ ]
- Female [ ]

**12.** What is your relationship to the child or young person?
- Mother [ ]
- Stepmother [ ]
- Foster Mother [ ]
- Partner’s Child [ ]
- Mother-in-law [ ]
- Child’s Associate [ ]
- Relative [ ]
- Other ………… [ ]

### Main study of questions regarding the dynamic relationships of perpetrator and target

**#9.** Did you ever feel afraid of anyone in your family when you were a child or young person?
- Never [ ]
- Occasionally [ ]
- Most Weeks [ ]
- Daily [ ]

**#10.** Have you ever felt afraid of your child or a young person linked with your family?
- Never [ ]
- Occasionally [ ]
- Most Weeks [ ]
- Daily [ ]

**#11.** How many children or young people made you feel afraid?
- None [ ]
- One [ ]
- Two [ ]
- Three or more [ ]

**12.** What is your relationship to the child or young person?
- Mother [ ]
- Stepmother [ ]
- Foster Mother [ ]
- Partner’s Child [ ]
- Mother-in-law [ ]
- Child’s Associate [ ]
- Relative [ ]
- Other ………… [ ]

*Please focus on one child or young person for all remaining questions*

**#13.** What is the gender of the child or young person in focus?
- Male [ ]
- Female [ ]

Changes to this section reported in Box 5.2 involved moving questions 6,7,8,9, further down on the instrument to the numbers 9,10,11,13. While the question about the respondent’s relationship to the person in focus remained in the same position, the question regarding the sex of the person in focus was reversed with this question and altered to enquire about gender rather than sex. This was done to increase the response to the question about sex of perpetrator. It was thought that focusing on relationship first and asking about gender rather than sex would be less threatening (Alreck & Settle, 2004).
Box 5.3 Comparison between experience question items from pilot to main study instruments

### Pilot study of experiences of threatening and/or abusive items and questions

10. Have you experienced any of the following acts from the child or young person?  
(Mark one [I] that best applies in each case)

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitting, punching, kicking or arm-twisting</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Choking</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Shoving, pushing or grabbing</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hitting with a hard or sharp object</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Breaking or throwing things near you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Breaking or damaging things important to you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Damaging the home or belongings</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Bullying or standing over you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Aggressively demanding you do what they want</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Sexual threats</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hurting or killing your pets</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to kill you or others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to injure you or others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to harm themselves to control you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Taking over family rooms</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>*Making the family car unavailable to you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Demeaning your parenting or partnering skills</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Putting you down in front of others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Making you think you are crazy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Name calling or swearing at you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>*Giving you the ‘silent treatment’</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Stealing money or belongings</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Aggressively demanding money or things</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Incurring debts you must cover</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

*11. Which of these behaviours caused you the most worry? .........................

19. Has the child or young person been threatening or violent towards other members of the family?  
   Yes [ ] No [ ] If yes, to whom?..............................................

20. Has the child or young person been threatening or violent towards anyone outside the family?  
   Yes [ ] No [ ] If yes, to whom?..............................................

21. Has the child or young person witnessed or experienced anyone else in the home being threatening or violent?  
   Yes [ ] No [ ] If yes, who?............................................................

### Main study of experiences of threatening and/or abusive items and questions

14. Have you experienced any of the following acts from the child or young person?  
(Mark one [I] that best applies in each case)

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Occasionally</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hitting, punching, kicking or arm-twisting</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Choking</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Shoving, pushing or grabbing</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hitting with a hard or sharp object</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Breaking or throwing things near you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Breaking or damaging things important to you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Damaging the home or belongings</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Bullying or standing over you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Aggressively demanding you do what they want</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Sexual threats</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hurting or killing your pets</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to kill you or others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to injure you or others</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Threatening to harm themselves to control you</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Taking over family rooms</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Depicted in Box 5.3, the pilot instrument 24 item scale was moved further down in the instrument; however, alterations in the experience of threatening behaviour item scale were only slightly changed and the order of items remained the same. The question about ‘making the family car unavailable’ was reworded to ask whether the respondent had experienced the ‘family car being taken over’ by the young person in focus in order to further clarify the intention of the young person in using their power in order to gain control of family property or the parent’s property for their own benefit. In addition, ‘giving you the silent treatment’ was modified to ‘not speaking to you (silent treatment)’. The comment was made that perhaps a respondent’s child not speaking to them would be a welcome relief; however, in modifying the item as noted it is made clear that the purpose of the young person not speaking is a deliberate method of withdrawing from their mother in order to exert pressure and control or manipulate the target of this behaviour (Smullens, 2002; Follingstad & DeHart, 2000). Moreover, the question concerning which behaviour/s caused the most concern was kept with the item scale and slightly reworded for greater readability.
Questions about violence towards other family members and persons outside the family, as well as witnessing violence from other family members, were kept together and unaltered; these questions were just moved down one place to accommodate the introduction of a question earlier in the instrument.

The statement, shown in Box 5.3 main study instrument, was introduced to make salient to respondents whether or not they should fill out just the first section of the instrument or continue to the end. During the pilot study a number of respondents made the comment that they were unsure whether they were actually eligible to participate because later questions did not apply to them. Therefore, it was determined that making a clear directive to participants at this point would clarify exactly what we would like participants to do, rather than assuming they would understand that respondents who have not experienced threatening and/or violent behaviour from a child or young person were just as valuable as those who had experienced this behaviour.

**Box 5.4 Comparison between timeframe questions from pilot to main study instruments**

<table>
<thead>
<tr>
<th>Pilot study questions regarding timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. How long did this behaviour continue?</td>
</tr>
<tr>
<td>One off incident [ ]</td>
</tr>
<tr>
<td>less than one year [ ]</td>
</tr>
<tr>
<td>more than one year [ ]</td>
</tr>
<tr>
<td>Ongoing [ ]</td>
</tr>
<tr>
<td>14. How old was the child or young person when they first started this behaviour?</td>
</tr>
<tr>
<td>9 or less [ ]</td>
</tr>
<tr>
<td>10-12 [ ]</td>
</tr>
<tr>
<td>13-15 [ ]</td>
</tr>
<tr>
<td>16-18 [ ]</td>
</tr>
<tr>
<td>19-21 [ ]</td>
</tr>
<tr>
<td>22-24 [ ]</td>
</tr>
<tr>
<td>25+ [ ]</td>
</tr>
<tr>
<td>15. How old was the child or young person when this behaviour was worst?</td>
</tr>
<tr>
<td>9 or less [ ]</td>
</tr>
<tr>
<td>10-12 [ ]</td>
</tr>
<tr>
<td>13-15 [ ]</td>
</tr>
<tr>
<td>16-18 [ ]</td>
</tr>
<tr>
<td>19-21 [ ]</td>
</tr>
<tr>
<td>22-24 [ ]</td>
</tr>
<tr>
<td>25+ [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main study questions regarding timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. How long did this behaviour continue?</td>
</tr>
<tr>
<td>One off incident [ ]</td>
</tr>
<tr>
<td>less than one year [ ]</td>
</tr>
<tr>
<td>more than one year [ ]</td>
</tr>
<tr>
<td>Ongoing [ ]</td>
</tr>
<tr>
<td>17. How old was the child or young person when they started this behaviour?</td>
</tr>
<tr>
<td>9 or less [ ]</td>
</tr>
<tr>
<td>10-12 [ ]</td>
</tr>
<tr>
<td>13-15 [ ]</td>
</tr>
<tr>
<td>16-18 [ ]</td>
</tr>
<tr>
<td>19-21 [ ]</td>
</tr>
<tr>
<td>22-24 [ ]</td>
</tr>
<tr>
<td>25+[ ]</td>
</tr>
<tr>
<td>18. How old was the child or young person when this behaviour was worst?</td>
</tr>
<tr>
<td>9 or less [ ]</td>
</tr>
<tr>
<td>10-12 [ ]</td>
</tr>
<tr>
<td>13-15 [ ]</td>
</tr>
<tr>
<td>16-18 [ ]</td>
</tr>
<tr>
<td>19-21 [ ]</td>
</tr>
<tr>
<td>22-24 [ ]</td>
</tr>
<tr>
<td>25+[ ]</td>
</tr>
</tbody>
</table>

The questions in Box 5.4 remained grouped together from the pilot to the main study. However, they were placed later in the instrument. In addition, question
17 dropped the word ‘first’ for the main study instrument because it was superfluous.

**Box 5.5 Comparison between triggers for behaviour from pilot to main study instruments**

<table>
<thead>
<tr>
<th>Pilot study explanation items and questions for threatening and/or abusive behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16.</strong> What do you think triggered these behaviours? (Mark one [I] that best applies in each case)</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Part of ‘normal’ teenage behaviour</td>
</tr>
<tr>
<td><em>No apparent reason</em></td>
</tr>
<tr>
<td>Young person’s anger</td>
</tr>
<tr>
<td>Argument or disagreement</td>
</tr>
<tr>
<td>Conflict between adults</td>
</tr>
<tr>
<td>Lack of respect for parent or others</td>
</tr>
<tr>
<td>Weak parenting skills</td>
</tr>
<tr>
<td>Enforcing house rules</td>
</tr>
<tr>
<td>Criticising child’s conduct</td>
</tr>
<tr>
<td>Changes in family structure</td>
</tr>
<tr>
<td>Grief or loss</td>
</tr>
<tr>
<td>Social isolation of family or child</td>
</tr>
<tr>
<td>Family history of violence</td>
</tr>
<tr>
<td>Pressure from school or peers</td>
</tr>
<tr>
<td>Drugs and/or alcohol</td>
</tr>
<tr>
<td>Mental health and/or Medical issues</td>
</tr>
<tr>
<td>Behavioural disorders</td>
</tr>
<tr>
<td>Other …………………………………..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main study explanation items and questions for threatening and/or abusive behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19.</strong> What do you think triggered these behaviours? (Mark one [I] that best applies in each case)</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Part of ‘normal’ teenage behaviour</td>
</tr>
<tr>
<td><em>No reason</em></td>
</tr>
<tr>
<td>Young person’s anger</td>
</tr>
<tr>
<td>Argument or disagreement</td>
</tr>
<tr>
<td>Conflict between adults</td>
</tr>
<tr>
<td>Lack of respect for parent or others</td>
</tr>
<tr>
<td>Weak parenting skills</td>
</tr>
<tr>
<td>Enforcing house rules</td>
</tr>
<tr>
<td>Criticising child’s conduct</td>
</tr>
<tr>
<td>Changes in family structure</td>
</tr>
<tr>
<td>Grief or loss</td>
</tr>
<tr>
<td>Social isolation of family or child</td>
</tr>
<tr>
<td>Family history</td>
</tr>
<tr>
<td>Pressure from school or peers</td>
</tr>
<tr>
<td>Drugs and/or alcohol</td>
</tr>
<tr>
<td>Mental health and/or Medical issues</td>
</tr>
<tr>
<td>Behavioural disorders</td>
</tr>
<tr>
<td>Other …………………………………..</td>
</tr>
</tbody>
</table>

The 17 item scale reported in Box 5.5 was barely altered. The question appeared slightly later in the instrument owing to other questions being
rearranged; one item was modified in the item ‘no apparent reason’ the word apparent was dropped because it was superfluous.

**Box 5.6 Comparison between support, strategies and services from pilot to main study instruments**

<table>
<thead>
<tr>
<th>Pilot study questions regarding support, strategies and services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22.</strong> If there was a partner in the home at the time, what was his/her attitude and response to the behaviour of the child or young person?</td>
</tr>
<tr>
<td>...</td>
</tr>
<tr>
<td><strong>23.</strong> What action, if any, was taken to improve the situation?</td>
</tr>
<tr>
<td>...</td>
</tr>
<tr>
<td><strong>24.</strong> Did this action work?</td>
</tr>
<tr>
<td>...</td>
</tr>
<tr>
<td><strong>25.</strong> Have you spoken about this issue with anyone else?</td>
</tr>
<tr>
<td>If yes, to whom?</td>
</tr>
<tr>
<td><strong>26.</strong> Have you had support to help you with this situation?</td>
</tr>
<tr>
<td>If yes, what type?</td>
</tr>
<tr>
<td><strong>27.</strong> Were you satisfied with this support?</td>
</tr>
<tr>
<td><strong>28.</strong> Should more support be provided for parents in this situation?</td>
</tr>
<tr>
<td>If yes, what type?</td>
</tr>
</tbody>
</table>

**Main study questions regarding support, strategies and services**

<table>
<thead>
<tr>
<th>Main study questions regarding support, strategies and services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>23.</strong> If there was a partner in the home at the time, what was his/her attitude and response to the behaviour of the child or young person?</td>
</tr>
<tr>
<td>...</td>
</tr>
<tr>
<td><strong>24.</strong> What action, if any, was taken to improve the situation?</td>
</tr>
<tr>
<td><strong>25.</strong> Have you spoken about this issue with anyone else?</td>
</tr>
<tr>
<td>If yes, to whom?</td>
</tr>
<tr>
<td><strong>26.</strong> Have you had support to help you with this situation?</td>
</tr>
<tr>
<td>If yes, what type?</td>
</tr>
<tr>
<td><strong>27.</strong> Were you satisfied with this support?</td>
</tr>
<tr>
<td><strong>28.</strong> Should more support be provided for parents in this situation?</td>
</tr>
<tr>
<td>If yes, what type?</td>
</tr>
</tbody>
</table>

For the final group of questions in Box 5.6, regarding support, strategies and services for women and their families, very little changed. All of these questions remained in the same order one question further along. The extra lines provided for responses to questions 22 and 23 in the pilot instrument, were revised from the main study questions 23 and 24. As the instrument had been adapted from an A4 document to A3, there was already enough room for adequate response; space was at a premium so every line saved in turn provided more space needed elsewhere. The other change was the tick box N/A which provided
respondents with an alternative if those questions did not apply to them. However, for the main study, there was a statement suggesting to participants that, if they had no experience of threatening and/or violent behaviour from a child or young person, they could stop filling out the questionnaire at the appropriate point and send it back in the return address envelope. Therefore providing a box to tick N/A for the questions was unnecessary.

5.12 Results from the pilot study

All reported results refer to respondents who indicated they had experienced threatening and/or violent behaviour from their child/ren N = 91.

5.12.1 Prevalence of child-to-mother violence

There were a total of 1230 households invited to participate in the research with 129 questionnaires being returned. Of the 129 (100%) questionnaires returned, 91 (70.1%) of respondents experienced some form of threatening and/or violent behaviour from their child/ren. In 42 (46.2%) of these cases, the threatening behaviour had continued for more than one year.

5.12.2 Demographic characteristics

The demographic characteristics of respondents are shown in Table 5.3. The 129 respondents contain two mode age groups, 40-49 and 50-59 years of age. There was a diverse range of educational levels. The majority of participants were from an Anglo-Saxon background, born in Australia. Of those not born in Australia, most had lived in Australia for a number of years.

There was no meaningful difference in demographic characteristics between the total number of respondents (129, 100%) and those who reported experiencing threatening and/or violent behaviour from their child/ren (91, 70.5%). Of the 91 participants, 57 (62.6%) were from two parent families, 16 (17.6%) were from a single mother family and nine (9.9%) were from step or blended families. Sources of income for this group ranged from employed full-time (63, 69.2%), employed part-time or casual (18, 19.8%) and unemployed or not in the labour force (6, 6.6%).
Table 5.3 Demographic characteristics of targets

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Characteristic</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>30-39</td>
<td>14 (15.4)</td>
</tr>
<tr>
<td></td>
<td>40-49</td>
<td>30 (33.0)</td>
</tr>
<tr>
<td></td>
<td>50-59</td>
<td>27 (29.7)</td>
</tr>
<tr>
<td></td>
<td>60+</td>
<td>20 (22.0)</td>
</tr>
<tr>
<td>Education</td>
<td>Primary School</td>
<td>12 (13.2)</td>
</tr>
<tr>
<td></td>
<td>School Certificate</td>
<td>30 (33.0)</td>
</tr>
<tr>
<td></td>
<td>High School Certificate</td>
<td>12 (13.2)</td>
</tr>
<tr>
<td></td>
<td>Tafe Diploma</td>
<td>15 (16.5)</td>
</tr>
<tr>
<td></td>
<td>University Degree</td>
<td>22 (24.2)</td>
</tr>
<tr>
<td>Origin of those born overseas</td>
<td>Anglo-Saxon</td>
<td>78 (85.7)</td>
</tr>
<tr>
<td></td>
<td>European</td>
<td>9 (9.9)</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>2 (2.2)</td>
</tr>
<tr>
<td></td>
<td>Indigenous</td>
<td>2 (2.2)</td>
</tr>
<tr>
<td>Born in Australia</td>
<td>Australian Born</td>
<td>73 (80.2)</td>
</tr>
<tr>
<td></td>
<td>Non Australian Born</td>
<td>18 (19.8)</td>
</tr>
<tr>
<td>Household</td>
<td>Two parent family</td>
<td>57 (62.6)</td>
</tr>
<tr>
<td></td>
<td>Single Mother</td>
<td>16 (17.6)</td>
</tr>
<tr>
<td></td>
<td>Extended family</td>
<td>4 (4.4)</td>
</tr>
<tr>
<td></td>
<td>Couple</td>
<td>1 (1.1)</td>
</tr>
<tr>
<td></td>
<td>Lone Person</td>
<td>3 (3.3)</td>
</tr>
<tr>
<td></td>
<td>Step family</td>
<td>6 (6.6)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3 (3.3)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>1 (1.1)</td>
</tr>
<tr>
<td>Employment status</td>
<td>Employed full-time</td>
<td>63 (69.2)</td>
</tr>
<tr>
<td></td>
<td>Employed part-time</td>
<td>14 (15.4)</td>
</tr>
<tr>
<td></td>
<td>Employed casual</td>
<td>4 (4.4)</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td>2 (2.2)</td>
</tr>
<tr>
<td></td>
<td>Not in labour force</td>
<td>4 (4.4)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2 (2.2)</td>
</tr>
<tr>
<td></td>
<td>Not reported</td>
<td>2 (2.2)</td>
</tr>
</tbody>
</table>

5.12.3 Quantitative findings

All other descriptive results from the quantitative findings of the pilot study were published.\(^7\)

5.12.4 Qualitative responses

In the final section of the CMVS women were invited to write stories of their experiences of child-to-mother violence. This opportunity was utilised by the women and therefore this feature of the instrument remained in place for the main study. However, owing to the small numbers in the pilot study, these responses were not further analysed.

\(^7\) See Appendix 5.A (Stewart, et al., 2006)
5.13 Summary

The pilot study and further validation of the CMVS instrument have been described in this chapter. I have detailed the step-by-step process of psychometric testing conducted, and the distribution, revision and development of the final instrument. In addition, findings from the pilot study were reported. The following chapter is a report of the third phase in the research: the release of the CMVS instrument in a population study of the LGAs of Penrith, Hawkesbury and the Blue Mountains for the main study of child-to-mother violence.
ABSTRACT: CHAPTER 6

In this chapter the main study is described and part one of results from the CMVS are presented. The setting and sample were the same as the pilot but were undertaken on a larger scale. Recruitment involved random selection of households to be sent mailed questionnaire packages. Results of the study included: a prevalence: rate of 50.9% of mothers experienced child-to-mother violence, targets were: younger mothers; women with lower levels of education; women living on their own with or without children; and in low income households; the longer mothers were exposed to child-to-mother violence, the greater amount and frequency of violence they reported; almost 40% of mothers were fearful of the perpetrator and likely to be 40 – 49 age group; single mothers were more likely to be fearful of the perpetrator; perpetrators were: sons (306, 58.7%), behaviour was considered worst by 13-18 year olds.

The most frequent forms of child-to-mother violence reported were: the ‘silent treatment’, swearing and name calling, demeaning parenting or partnering skills, damaging the home or belongings, and aggressively demanding mother does what they want; bullying, hitting and threats of self harm were of greatest concern to the women. Perceived triggers to violence were: young person’s anger; argument or disagreement; ‘normal’ part of teenage behaviour; and lack of respect. Children who witnessed violence in the home perpetrated a greater amount of child-to-mother violence. Parts of this chapter were presented at the UWS College of Health Science Postgraduate Forum (2007) and a prize for best paper was won for this presentation.
6 CHAPTER SIX PHASE 3: MAIN STUDY
PREVALENCE, DEMOGRAPHIC CHARACTERISTICS
AND NATURE OF CHILD-TO-MOTHER VIOLENCE

In this chapter, the main study procedures and results regarding prevalence, experience and nature of child-to-mother violence are detailed. The setting was the same as that described in the previous chapter and participants were similar but were recruited on a much larger scale. Data analysis in this phase was more complex owing to the larger number of participants. In addition to exploratory descriptive results, non-parametric comparative testing was undertaken. The following chapter 7 gives a report of the results from variables regarding support, strategies, services and suggestions.

One of the foci of the CMVS was to document the percentage of women whose lives were affected and influenced by the experience of child-to-mother violence. This was a difficult and complex task and, according to Kramer, Lorenzon, and Mueller (2004), the cause of variation among prevalence estimates begins with a description of the processes that must occur for an instance to be captured in the results. First, an incident must occur to the respondent and she must perceive the event and label it in some way. However, a respondent cannot reveal the incident unless she is included in the study sample; if selected as a participant, she cannot volunteer the experience if the questions use different labels from those the respondent uses and so fail to prompt memories of relevant experiences (Ellsberg, Heise, Pena, Agurto & Winkvist, 2001). Even if the respondent does recall the incident and defines it similarly to the survey, she must be willing to reveal the incident and accurately note its occurrence in the questionnaire. Finally, the data must be accurately and appropriately edited, coded, entered and statistically analysed (Barnett, Miller-Perrin & Perrin, 2005; Kramer, et al., 2004).
Fabrication and nondisclosure are two potentially serious threats to validity in prevalence estimates (Burgess, 2001; Sarantakos, 2005). Fabrication refers to a respondent falsely reporting an incident. However, it is unlikely because positive responses to screening questions involve extensive follow-up questions that are difficult to consistently fabricate (Sarantakos, 2005). Instead, nondisclosure is considered to be a more serious threat to the validity of data (Greenfield, 2002; Polit, et al., 2006). A hesitancy to disclose threatening or abusive behaviour from one’s own children is not surprising because child-to-mother violence is generally considered a taboo subject. Affected parents assume blame for their own victimisation or, fearing others will blame them, keep silent or deny the seriousness of the violence in order to maintain the myth of a happy family (Agnew & Huguley, 1989; Charles, 1986; Cottrell 2001; 2004; Harbin & Madden, 1979). Furthermore, women and men often minimise the violence that women experience and in doing so implicitly condone the behaviour (Kelly & Radford, 1996; Walby, 2004).

In order to counter these obstacles the CMVS did not utilise labels for associated types of behaviour, rather 24 divergent experiences were listed along with a place to report any ‘other’ similar experience not listed. Respondents were asked to apply a scale to this list from never experienced, occasionally experienced, often experienced or always experienced. In this way respondents identified actual experiences with frequency of behaviour. These screening questions communicated to the respondent the type of incidents the researcher was interested in recording. Furthermore, the terms ‘family violence’, ‘violence’ or ‘abuse’ were not utilised. Instead, the terms used throughout were ‘threatening behaviour’, ‘behaviour’ or ‘act.’ Victim survey literature notes that, if the terms used are intimidating to a respondent, she may then decline to respond to having experienced the behaviour in an attempt to avoid the devaluation and social stigma associated with family violence (Alvazzi del Frate, 2003; Finkelhor, Ormrod, Turner & Hamby, 2005; Fisher, Daigle, Cullen & Turner, 2003).
In addition to the language used, screening items varied in strategy. Two conceptually different approaches were used: gate questions and behaviourally specific scenarios. Gate questions asked a single item intended to stimulate recall of a range of experiences. Kramer, et al., (2004) suggest a single item approach simply cannot trigger the respondent to recall the variety of guises under which family violence can occur. Behaviourally specific screening questions attempt to put forward detailed scenarios for the type of experiences the questionnaire seeks to identify.

This was an exploratory study in a highly sensitive area of family violence that is not wholly understood by researchers or by the community. For this reason it was appropriate not to specifically define child-to-mother violence to respondents of the instrument but to keep the theme open using the conceptual frame of ‘threatening behaviour’ to describe the research topic to participants. If participants then agreed that they had experienced one or many of the items listed in question 14, or they put forward an incident they thought met these criteria, then they were counted as having experienced child-to-mother violence.

6.1 Setting
The main study was conducted in an area west of Sydney, Australia, encompassing Penrith, Hawkesbury and Blue Mountains LGAs. This setting was described in detail in section 5.2 of the previous chapter.

6.2 Sample
The sample for the main study was the same as that reported in the previous chapter, section 5.3. Population, median age, household dynamic, income range, employment status, level of education and proportion born overseas for the LGAs of Penrith, Hawkesbury and the Blue Mountains.

6.3 Recruitment
In the first instance households contacted in the pilot phase were excluded from participation in the main round distribution of the CMVS. A third party company
handled this stage of recruitment. They were given a list of applicable postcodes to be targeted and entered these into a computer software program (Geo Postcodes 0.32, 2005) that randomly selected household addresses from these postcodes. Questionnaire packages were then forwarded to 6000 households inviting them to participate if they were eligible.

6.4 Respondent Inclusion criteria

1. Women who were or had been mothers of children aged between ten and twenty four years; and
2. Proficient in English language

Only women who were mothers in the household were included because it is understood child-to-mother violence is primarily a gendered form of abuse and thus including fathers could skew results. In addition, the study was undertaken using random sampling techniques. Therefore it was not possible to cater for the diversity of languages spoken in households within the three LGAs; consequently, non English speaking women were excluded.

6.5 Response rate

A total of 6000 questionnaire packages were sent out to households in the Penrith, Hawkesbury and Blue Mountains LGAs, and 1024 were returned. This is a crude response rate of 17.1%. However, as previously discussed, response rates are not cut and dried. It is understood that not every household that received the questionnaire package was eligible to participate. In fact, households in which there was no mother or households in which the mother had only children less than 10 years of age were unable to participate.

When investigating sensitive data such as family violence, many researchers use qualitative methods. They talk one-on-one with women who have personally experienced violence and find out about their rich experiences (Ellsberg, et al., 2001; Kamphuis & Emmelkamp, 2005). However, it was important for us to explore the prevalence of this form of family violence within contemporary communities. Survey research was a legitimate method of data collection in order to find out the basic characteristics of child-to-mother violence, even
though it was understood from a review of the literature that this would not be an easy or straightforward task. Therefore, a 17.1% response rate was a very pleasing result. According to Goldman and Padayachi (2000), it is difficult to ascertain whether response rates have any effect on prevalence rates because response rates are often not reported and there is no information available as to whether those who refuse to participate are more or less likely to be victims of threatening and/or violent behaviour. Thus, it is difficult to find any relationship between response rates and reported prevalence rates.

6.6 Main outcome measures

The main outcome measures reported in this chapter are:

2. Targets of child-to-mother violence.
4. Fear related to child-to-mother violence.
5. Experience of child-to-mother violence.

6.7 Data analysis

Preliminary analysis of the questionnaire sample of 1024 respondents refers to the population of mothers of children who were or had been between the ages of 10 to 24 within the LGAs of Penrith, Hawkesbury and the Blue Mountains, Australia. All further analysis refers to the questionnaire sample of 521 respondents from the sample of 1024, who indicated at least one experience of threatening and/or abusive behaviour from a young person, operationalised as child-to-mother violence from the 24 item scale within question 14.

Data from the main study were collated using SPSS version 12 (SPSS, 2003). Two types of statistical analysis were undertaken, descriptive statistics and inferential statistics. Descriptive statistics produced accurate summaries of the data, while inferential statistics calculated the difference or relationship between variables (Brace, et al., 2006; Pallant, 2004). Preliminary analysis explored descriptive statistics for each item separately and total scores were calculated.
for each scaled question in order to summarise, describe and present meaningful results. Descriptive statistics included reporting: mean and standard deviation for ratio data (total score); median for ordinal data (scale questions), and percentage for nominal data collected.

The inferential statistical procedures applied to analyse data from the main study included both parametric and nonparametric statistical tests. Parametric tests employed in the study were the General Factorial One-Way Analysis of Variance [ANOVA]. Nonparametric tests undertaken were cross tabulations with the chi-square goodness-of-fit test selected for nominal data and bivariate correlation selected for ordinal data. An alpha level of 0.05 was set for all statistical tests. Discussion follows on the parametric and nonparametric tests applied to analyse the data collected in the study.

6.7.1 Parametric statistical tests

Parametric tests focus on population parameters, and require measurements on at least an interval scale. They require variables to be normally distributed in the population and are more powerful than nonparametric tests (Polit, et al., 2006).

6.7.1.1 One way analysis of variance (ANOVA)

ANOVA is a statistical test based on the variability between groups and within groups. If the between-group variance is large relative to the within-group variance, the $F$ ratio is large, and the null hypothesis is rejected. If the between-group variance is small relative to the within-group variance, the $F$ ratio is small, and the null hypothesis is accepted (Brace, et al., 2006; Gosling, 1998).

ANOVA was applied to determine the effects of the independent variables, such as demographic factors of mothers and their households, number of children and gender of child in focus, relationship to child and timeframe questions, on the dependent variables measured for participants. These dependent variables included fear in family of origin, fear of child, experience of child-to-mother violence, behaviour of most concern, triggers for child-to-mother violence, behaviour of the child towards other family members, and people outside the
family, and witnessing family violence. In chapter 7, the results of ANOVA are reported when applied to attitude of mothers’ partners, actions undertaken, people spoken to, and support utilised.

ANOVA was used in the main study to analyse the ratio level data of experience of child-to-mother violence reported as ‘total CMV score’ and triggers for child-to-mother violence reported as ‘total trigger for CMV score’ with appropriate nominal and/ordinal independent variables. According to Gosling (1998), this statistical test is generally robust to violations of the homogeneity of variance assumptions if sample sizes are equal, thereby fulfilling an underlying assumption of this statistical test. Further, SPSS enables the homogeneity of variance to be observed to ensure that it is conforming to the underlying assumptions and was performed with all ANOVAs.

Convenience for reporting ANOVA in this study is by way of plot graph, homogeneity of variance test, and result table for significant results, which are reported in the body of the thesis; the breakdown table is reported in the appendices. Non statistically significant results are reported in text with the plot graph, homogeneity of variance test, and breakdown table, being reported in the appendices. The $F$ ratio is reported with the two degrees of freedom and the level of significance within the inference statement for each statistical measure placed after the appropriate graph and before the relevant tables.

6.7.1.2 Homogeneity of variance

The homogeneity of variance test calculated the Levene statistic to test for the equality of group variances and is not dependent on the assumption of normality (SPSS, 2003). This test is reported in text for all statistically significant results from the ANOVA.

6.7.1.3 Univariate analysis of variance

ANOVA also allows the investigation of the effect of more than one independent variable, known as the Univariate Analysis of Variance [two-way ANOVA]. In
fact, the two-way between subjects ANOVA can handle any number of independent variables; however, in practice more than three or four independent variables should not be exceeded for clarity (Brace, et al., 2006; Pallant, 2004). Through the two-way ANOVA it is possible to determine how multiple independent variables combine to affect the dependent variable through the process of co-manipulating variables and the interaction measured, exploring how the independent variables combine to affect the dependent variable, making the two-way ANOVA a powerful statistical test (Brace, et al., 2006).

The principle for reporting the two-way ANOVA in this study is the same as listed for ANOVA in the previous section 6.7.1.1.

6.7.1.3.1 Scoring total CMV score and total triggers for CMV score

Total scores were produced through a process of computing total scores for the two scaled questions: Question 14 ‘experiences of child-to-mother violence’ and question 19 ‘triggers preceding child-to-mother violence’. The process of calculating total scores was the same for both questions; the only difference was the range for each scale. Each item was assigned a score, 0 for not experiencing the item, 1 for experiencing the item ‘occasionally’, 2 for experiencing the item ‘often’, and 3 for experiencing the item ‘always’. There were a total of 24 items plus the option of reporting the experience of ‘other,’ making a total of 25 items in the first scale and 17 items listed in the second scale plus the option of reporting a trigger not listed at ‘other,’ making a total of 18 items in the second scale. For example, a respondent reporting ‘never’ to all 25 items listed in question 14 would result in a total score of zero whereas a respondent reporting ‘occasional’ experience of 7 items (score of 7) and ‘often’ experience of 3 items (score of 6) and ‘always’ experience 1 item (score of 3) and ‘never’ to all other items would have a total score of 16. The range for the total score for experiences of child-to-mother violence in question 14 was 0 – 75. The higher the total score, the greater the experience of child-to-mother violence, reported as ‘total CMV score’. This was undertaken in order to
measure the amount and frequency of child-to-mother violence women experienced and to measure this in relation to other independent variables.

**TOTAL CMV SCORE RANGE 0 - 75**

In the case of question 19, the total score for triggers preceding child-to-mother violence were calculated on the basis of an 18 item scale. Therefore, the range for the total score for experience of child-to-mother violence in question 19 was 0 – 54. The higher the total score, the greater the number and frequency of triggers that preceded the experience of child-to-mother violence, reported as ‘total trigger for CMV score’. The logic of scoring trigger to child-to-mother violence was to measure whether women were attributing their experiences to a single cause or whether they viewed multiple reasons for their children’s behaviour.

**TOTAL TRIGGER FOR CMV SCORE RANGE 0 - 54**

6.7.2 Nonparametric statistical tests

Nonparametric tests were not based on the estimation of parameters and involved less restrictive assumptions about the distribution shape of variables and were applied when data were nominal or ordinal scale (Polit, et al., 2006).

**6.7.2.1 Cross tabulation**

A comprehensive analysis comparing groups using cross tabulation was undertaken, with significance tests identifying relationships between variables through chi-squares for nominal variables and correlations for ordinal variables. Cross tabulations with significance tests used categorical variables to define rows, columns, and layers of the table. For ordinal level statistics, the actual values represented the order of values (SPSS, 2003).
6.7.2.2 Multi-dimensional chi-square test

A multi-dimensional chi-square test was applied in order to examine if there were differences in the demography of respondents, young people of focus and experiences measured at the nominal level. The multi-dimensional chi-square test was used to explore frequency data, allowing the comparison of data collected with the distribution expected to occur by chance (Brace, et al., 2006; Pallant, 2004).

The chi-square test places two or more variables into categories and calculates a chi-square statistic. This test compares the observed and expected frequencies in each category to test whether all categories contain the same proportion of values or each category contains a specified proportion of values (Pallant 2004). Thus, the multi-dimensional chi-square test examines whether the observed pattern of events differs significantly from what is expected by chance alone (Brace, et al., 2006).

The convention for reporting chi-square results in this thesis for significant results commences with a bar graph, followed by a result table and an inference statement reporting the chi-square value, degree of freedom and significance level. Non significant results are reported with an inference statement only; the contingency table is listed in the appendices.

6.7.2.3 Nonparametric correlation

In order to identify significant relationships between variables with ordinal, and rank ordinal or non normal data, it was necessary to run non parametric correlation. The most appropriate test in this situation was rank order correlations. When using bivariate correlations it is necessary to use numeric variables in order to achieve a correlate. It is necessary to choose correlation coefficients based on the characteristics of the data. For continuous, symmetrically distributed data, the Pearson correlation coefficient is appropriate,
whereas, for non-symmetrically distributed or ordinal data (such as ranks), Kendall's tau-b or the Spearman coefficient is more appropriate (SPSS, 2003).

Correlations are reported with a result table, followed by a relational statement for significant results. The table of descriptive statistics and correlation table are reported in appendices. Non significant correlations are represented by a result table and relational statement in the text, with the correlation table listed in appendices.

### 6.7.3 Instrument distribution

The main study was conducted in the outer western suburbs of Sydney, Australia. This region spans a number of Local Government Areas (LGAs) including the Blue Mountains, Hawkesbury and Penrith LGAs. This particular district was selected because it is an area with a high rate of domestic violence reported to police and where a high proportion of children and young adults live, according to the ABS (ABS, 2001).

Regions were selected based on random selection from a list of all the post codes within the three LGAs and a computer software postcode selection program (Geo Postcodes 0.32) selected households from this list. Packages were mailed to households and included an introductory letter, information sheet, the instrument, and a postage paid reply envelope. Instructions for participating and completing the questionnaire were at the forefront of the instrument and some details were also supplied in the introductory letter and information sheet.

A media campaign, to raise awareness and enhance participation in the main study before distribution of the CMVS instrument, was carried out through a number of local newspapers and radio stations that were contacted to discuss the issue and note the upcoming survey, raising awareness within the

---

8 See appendix 6.A for cover letter regarding CMVS  
9 See appendix 6.B for information sheet regarding CMVS  
10 See appendix 6.C for final CMVS
community. It was hoped that the improved distribution combined with the media campaign would increase the relative response rate.

6.8 Results of the main study: Part 1

Table 6.1 represents the organisation of results for this chapter regarding geographic region, prevalence, demographic characteristics, the context and fear of child-to-mother violence.

Table 6.1 Organisation of results

<table>
<thead>
<tr>
<th>Section heading</th>
<th>Section content</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.8.1 Geographic region</td>
<td>• Setting of the study</td>
</tr>
<tr>
<td>6.8.2 Prevalence</td>
<td>• No experience</td>
</tr>
<tr>
<td></td>
<td>• Minimal experience</td>
</tr>
<tr>
<td></td>
<td>• Moderate experience</td>
</tr>
<tr>
<td></td>
<td>• Extensive experience</td>
</tr>
<tr>
<td>6.8.3 Demographic characteristics of respondents</td>
<td>• Age group</td>
</tr>
<tr>
<td>6.8.4 Comparison of demographic characteristics with total CMV score</td>
<td>• Education</td>
</tr>
<tr>
<td></td>
<td>• Born in Australia</td>
</tr>
<tr>
<td></td>
<td>• Origin of those born overseas</td>
</tr>
<tr>
<td></td>
<td>• Household dynamic</td>
</tr>
<tr>
<td></td>
<td>• Employment status</td>
</tr>
<tr>
<td>6.8.5 Context of CMV</td>
<td>• Gender of perpetrator</td>
</tr>
<tr>
<td></td>
<td>• Length of time behaviour continued</td>
</tr>
<tr>
<td></td>
<td>• Age of perpetrator at onset of behaviour</td>
</tr>
<tr>
<td></td>
<td>• Age of perpetrator when behaviour worst</td>
</tr>
<tr>
<td>Section heading (continued)</td>
<td>Section content (continued)</td>
</tr>
<tr>
<td>6.8.6 Mothers’ Fear of CMV</td>
<td>Fear In the family of origin</td>
</tr>
<tr>
<td></td>
<td>• Comparison with total CMV score</td>
</tr>
<tr>
<td></td>
<td>• Comparison with total trigger of CMV score</td>
</tr>
<tr>
<td></td>
<td>Fear of the perpetrator of CMV</td>
</tr>
<tr>
<td></td>
<td>• Demographic characteristics</td>
</tr>
<tr>
<td></td>
<td>• Comparison with total CMV score</td>
</tr>
<tr>
<td></td>
<td>• Comparison with total trigger CMV score</td>
</tr>
<tr>
<td></td>
<td>• Length of time behaviour occurred</td>
</tr>
<tr>
<td></td>
<td>• Age of perpetrator at onset of behaviour</td>
</tr>
<tr>
<td></td>
<td>• Age of perpetrator when behaviour worst</td>
</tr>
</tbody>
</table>

6.8.1 Geographic region

The main study recruited mothers from Penrith, Hawkesbury and Blue Mountains LGAs. Table 6.2 shows the geographical spread of respondents. The largest number of respondents were from Penrith LGA, followed by the Blue Mountains LGA and Hawkesbury LGA for both the mothers who experienced
child-to-mother violence and those who did not. A few respondents resided outside these LGAs. This might have occurred because respondents were temporarily in the targeted area or moved after receiving the questionnaire, or because the questionnaire might have been passed on to them by a relative, friend or acquaintance. In the sample of women who did not experience child-to-mother violence, 21 respondents did not report their residential postcode.

Table 6.2 Geographical area of respondents by mothers who experienced child-to-mother violence and mothers who did not

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>Experienced CMV Frequency (%) N=521</th>
<th>Did not experience CMV Frequency (%) N=503</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penrith</td>
<td>303(58.2)</td>
<td>283(56.3)</td>
</tr>
<tr>
<td>Blue Mountains</td>
<td>143(27.4)</td>
<td>113(22.5)</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>73(14.0)</td>
<td>83(16.5)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (0.4)</td>
<td>3(0.6)</td>
</tr>
<tr>
<td>Not reported</td>
<td>0</td>
<td>21(4.2)</td>
</tr>
<tr>
<td>Total</td>
<td>521(100.0)</td>
<td>503(100.0)</td>
</tr>
</tbody>
</table>

6.8.2 Prevalence

The study included 1024 respondents. The respondents were primarily separated between mothers who reported never experiencing threatening and/or abusive behaviours (503, 49.1% of 1024) from a list of 25 detailed experiences in question 14, and mothers who did report experiencing one or multiple threatening and/or abusive behaviours (521, 50.9% of 1024), either occasionally, often or always. This indicated a prevalence rate of 50.9% of mothers experiencing some form of child-to-mother violence in the sample.

However, a number of women expressed the view that their experience of occasional silent treatment or swearing did not constitute threatening or abusive behaviour. Therefore, cases from the second group who reported experiencing one or more threatening and/or abusive behaviours (521, 50.9%) are divided into:
1. Minimal experience of threatening and/or abusive behaviour (51, 9.8%) if mothers' reported one occasional use of ‘silent treatment’ or swearing by the young person.

2. Moderate experience of threatening and/or abusive behaviour (109, 20.9%) if mothers' reported 2 or 3 forms of verbal abuse or a combination of 1 to 3 forms of verbal, financial or social abuse, occasionally.

3. Extensive experience of threatening and/or abusive behaviour (361, 69.3%), referred to mothers who reported any form of threatening and/or abusive behaviour that occurred often or always, any amount of physical, threatening, psychological or emotional forms of abuse or reported 4 or more occasional experiences of any of the threatening and/or abusive behaviours listed in question 14, depicted in Table 6.3.

### Table 6.3 Level of child-to-mother violence experienced by mothers (N = 521) and for the total group of respondents (N = 1024)

<table>
<thead>
<tr>
<th>Level of Experience of child-to-mother violence</th>
<th>Respondents experienced CMV Frequency (%) N= 521</th>
<th>All respondents Frequency (%) N= 1024</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>0(0.0)</td>
<td>503(49.1)</td>
</tr>
<tr>
<td>Minimal experience</td>
<td>51(9.8)</td>
<td>51(5.0)</td>
</tr>
<tr>
<td>Moderate experience</td>
<td>109(20.9)</td>
<td>109(10.6)</td>
</tr>
<tr>
<td>Extensive experience</td>
<td>361(69.3)</td>
<td>361(35.3)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>521(100.0) (50.9 of 1024)</strong></td>
<td><strong>1024(100.0)</strong></td>
</tr>
</tbody>
</table>

### 6.8.3 Demographic characteristics of respondents

The first eight questions in the CMVS revealed demographic characteristics about the mother and her household. Summary statistics for mother’s age group, level of education, place of birth, household dynamic and employment status are listed in Table 6.4.
As shown in Table 6.4, demographic characteristics followed similar patterns across the three groups: experience child-to-mother violence, did not experience child-to-mother violence and total number of respondents. Frequencies of the data described the 521 mothers who experienced child-to-mother violence had mode age group of 40-49 years of age. The most common educational level was school certificate. The majority of respondents were from an Anglo-Saxon background, born in Australia. Of those not born in Australia, all respondents had lived in Australia for more than one year. Of the 521 respondents, 304 (58.3%) were from two parent families, 150 (28.8%) were from a single mother family, and thirty-seven (7.1%) were from step or blended families. Sources of income for this group ranged from employed full-time (327, 62.8%), employed part-time or casual (112, 23.4%) and unemployed or not in the labour force (46, 8.8%).
Table 6.4 Demographic characteristics of CMVS respondents (CMV, N=521), (No CMV, N=503) and (total respondents, N=1024)

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Characteristic</th>
<th>Experienced CMV Frequency (%)</th>
<th>Did not experience CMV Frequency (%)</th>
<th>Total Number of respondents Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N =521</td>
<td>N =503</td>
<td>N =1024</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td>14(2.6)</td>
<td>15(3.0)</td>
<td>29(2.8)</td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td>127(24.4)</td>
<td>123(24.5)</td>
<td>250(24.4)</td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>258(49.5)</td>
<td>249(49.5)</td>
<td>507(49.5)</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>116(22.3)</td>
<td>89(17.7)</td>
<td>205(20.0)</td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td>6(1.2)</td>
<td>14(2.8)</td>
<td>20(2.0)</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
<td>0</td>
<td>13(2.6)</td>
<td>13(1.3)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary School</td>
<td></td>
<td>11(2.1)</td>
<td>11(2.2)</td>
<td>22(2.8)</td>
</tr>
<tr>
<td>School Certificate</td>
<td></td>
<td>171(32.8)</td>
<td>159(31.6)</td>
<td>330(32.2)</td>
</tr>
<tr>
<td>High School Certificate</td>
<td></td>
<td>104(20.0)</td>
<td>93(18.5)</td>
<td>197(19.2)</td>
</tr>
<tr>
<td>TAFE Diploma</td>
<td></td>
<td>107(20.5)</td>
<td>80(15.9)</td>
<td>187(18.3)</td>
</tr>
<tr>
<td>University Degree</td>
<td></td>
<td>128(24.6)</td>
<td>128(25.4)</td>
<td>256(25.0)</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
<td>0</td>
<td>32(6.4)</td>
<td>32(3.1)</td>
</tr>
<tr>
<td><strong>Born in Australia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Born</td>
<td></td>
<td>417(80.0)</td>
<td>351(69.8)</td>
<td>768(75.0)</td>
</tr>
<tr>
<td>Non Australian Born</td>
<td></td>
<td>104(20.0)</td>
<td>140(27.8)</td>
<td>244(23.8)</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
<td>0</td>
<td>12(2.4)</td>
<td>12(1.2)</td>
</tr>
<tr>
<td><strong>Origin of those Born Overseas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglo-Saxon</td>
<td></td>
<td>64(12.3)</td>
<td>50(9.9)</td>
<td>114(11.1)</td>
</tr>
<tr>
<td>European</td>
<td></td>
<td>19(6.9)</td>
<td>17(3.4)</td>
<td>36(3.5)</td>
</tr>
<tr>
<td>Islander</td>
<td></td>
<td>14(2.6)</td>
<td>22(4.4)</td>
<td>36(3.5)</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>13(2.5)</td>
<td>14(2.8)</td>
<td>27(2.6)</td>
</tr>
<tr>
<td>African</td>
<td></td>
<td>6(1.2)</td>
<td>9(1.8)</td>
<td>15(1.4)</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td></td>
<td>0</td>
<td>6(1.2)</td>
<td>6(0.7)</td>
</tr>
<tr>
<td>South American</td>
<td></td>
<td>0</td>
<td>4(0.8)</td>
<td>4(0.4)</td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
<td>405(77.7)</td>
<td>381(75.7)</td>
<td>786(76.8)</td>
</tr>
<tr>
<td><strong>Household</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two parent family</td>
<td></td>
<td>304(58.3)</td>
<td>371(73.8)</td>
<td>675(65.9)</td>
</tr>
<tr>
<td>Single Mother</td>
<td></td>
<td>150(28.8)</td>
<td>64(12.7)</td>
<td>214(20.9)</td>
</tr>
<tr>
<td>Step family</td>
<td></td>
<td>37(7.1)</td>
<td>17(3.4)</td>
<td>55(5.3)</td>
</tr>
<tr>
<td>Extended family</td>
<td></td>
<td>11(2.1)</td>
<td>13(2.6)</td>
<td>24(2.3)</td>
</tr>
<tr>
<td>Couple</td>
<td></td>
<td>5(1.0)</td>
<td>9(1.8)</td>
<td>14(1.4)</td>
</tr>
<tr>
<td>Lone Person</td>
<td></td>
<td>5(1.0)</td>
<td>8(1.6)</td>
<td>13(1.3)</td>
</tr>
<tr>
<td>Foster family</td>
<td></td>
<td>1(0.2)</td>
<td>0</td>
<td>1(0.1)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>8(1.5)</td>
<td>2(0.4)</td>
<td>10(1.0)</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
<td>0</td>
<td>19(3.8)</td>
<td>19(1.9)</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed full-time</td>
<td></td>
<td>327(62.8)</td>
<td>318(63.2)</td>
<td>645(63)</td>
</tr>
<tr>
<td>Employed part-time</td>
<td></td>
<td>73(14.0)</td>
<td>59(11.7)</td>
<td>132(12.9)</td>
</tr>
<tr>
<td>Employed casual</td>
<td></td>
<td>49(9.4)</td>
<td>21(4.2)</td>
<td>70(6.8)</td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td>25(4.8)</td>
<td>13(2.6)</td>
<td>38(3.7)</td>
</tr>
<tr>
<td>Not in labour force</td>
<td></td>
<td>20(3.8)</td>
<td>22(4.4)</td>
<td>42(4.1)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>26(5.0)</td>
<td>27(5.4)</td>
<td>53(5.2)</td>
</tr>
<tr>
<td>Not reported</td>
<td></td>
<td>1(0.2)</td>
<td>43(8.6)</td>
<td>44(4.3)</td>
</tr>
</tbody>
</table>
6.8.4 Comparisons of demographic characteristics of women who experienced child-to-mother violence

From this section forward all reported results refer to the 521 respondents who experienced child-to-mother violence.

As reported in section 6.7.1.3.1, a total score for the experience of child-to-mother violence was produced through a process of computing total scores for the 25 items in question 14. This section supplies the results of comparisons between demographic variables and total CMV score in order to discern whether mothers' demography had any effect on their experience of child-to-mother violence.

Graph 6.1 represents the spread of 521 mothers who experienced child-to-mother violence by total CMV score. As shown by the left skew in Graph 6.1, scoring experience of child-to-mother violence, the majority of mothers scored between 1 and 11 for their experience of child-to-mother violence with remaining mothers spread between scores 12 and 63 from a possible range of 0 - 75.

**Graph 6.1 Total CMV score for sample (N=521, Range 0 - 75)**
6.8.4.1 ANOVA between mothers’ age groups, and experiencing greater amounts of CMV

To explore what might be happening between the different age groups of mothers a graph of mothers’ age groups by mean of CMV was undertaken. As indicated in Graph 6.2, younger mothers appeared to experience greater amounts of child-to-mother violence than older mothers.

Graph 6.2 Mothers’ age groups by total CMV score

To investigate if the age group of mothers had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant
differences between these age groups; ANOVA was applied to compare these groups.

**HO#1= There is no difference in the level of CMV experienced by mothers from different age groups and population means between age groups of mothers will be similar.**

In order to present as much relevant information as possible without detracting from the thesis flow, all tables presenting descriptive statistics have been footnoted and placed in appendices.

**Table 6.5 Mothers’ age groups by total CMV score**

<table>
<thead>
<tr>
<th>Test of homogeneity of variances for total CMV score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Levene Statistic</strong></td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>2.432</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANOVA for total CMV score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother’s age group</strong></td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Between Groups</td>
</tr>
<tr>
<td>Within Groups</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity of variance reported in Table 6.5\(^{11}\) Mothers’ age groups by total CMV score, shows that the homogeneity assumption has been violated ($p < 0.05$) hence we cannot assume the population variances were equal. Table 6.5 indicated the rejection of the null hypothesis, there was a significant effect of mothers’ age groups by total CMV score [$F_{(4,516)} = 3.650$, $p = 0.006$] and the null hypothesis was rejected. It is likely that there is a difference between age of mothers and total CMV score. It appears that younger women and older women differed in the amount of CMV they experienced with younger women experiencing greater amounts of child-to-mother violence than older women.

\(^{11}\) See Appendix 6.D for breakdown Table 6.5A descriptive statistics of age of mother by total CMV score
6.8.4.2 ANOVA between mother’s level of education, and experiencing greater amounts of CMV

To explore the affect of the mother’s level of education and their experience of child-to-mother violence, a graph of mother’s level of education by mean of CMV score was generated. Graph 6.3 indicates that, as mother’s level of education increased, their experience of child-to-mother violence decreased.

Graph 6.3 Mother’s education by total CMV score

To investigate if the mother’s level of education had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between these levels of education; ANOVA was applied to compare these levels.

HO#2= There is no difference in the amount of CMV experienced by mothers based on their level of education and the population means between education levels of mothers will be similar.
Table 6.6 Mother’s level of education by total CMV score

Test of homogeneity of variances of total CMV score

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.981</td>
<td>4</td>
<td>516</td>
<td>.0001</td>
</tr>
</tbody>
</table>

ANOVA of total CMV score

<table>
<thead>
<tr>
<th>Education</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>895.489</td>
<td>4</td>
<td>223.872</td>
<td>3.006</td>
<td>.018</td>
</tr>
<tr>
<td>Within Groups</td>
<td>38435.271</td>
<td>516</td>
<td>74.487</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39330.760</td>
<td>520</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6.6\(^{12}\), Levene’s test of homogeneity of variance indicates that the homogeneity assumption was violated \((p < 0.05)\) hence we cannot assume the population variances were equal. As shown in Table 6.6, Mother’s level of education by total CMV score was statistically significant \([F(4, 516) = 3.006, p = 0.018]\) and the null hypothesis was rejected. It is likely that there is a difference between mothers’ education and total CMV score and that as these mothers’ level of education increased; their experience of child-to-mother violence decreased.

6.8.4.3 ANOVA between mother’s place of birth and experiencing greater amounts of CMV

Countries of birth reported by respondents born overseas were very broad; therefore the variable was collapsed\(^{13}\) to describe general regions for greater cell coverage. To investigate whether respondent’s born in Australia, and those born overseas and their region of birth had an affect on the amount of child-to-mother violence mothers experienced. To achieve this ANOVA was applied to these groups.

\(H0#3=\) There is no difference in the level of CMV experienced by mothers based on whether they were born in Australia, born overseas and their region of birth and the population means between these groups will be similar.

\(^{12}\) See Appendix 6.E for breakdown Table 6.6A descriptive statistics of education of mothers by total CMV score

\(^{13}\) See Appendix 6.F for a list of 45 countries respondents reported. transformed into regions
Levene’s test of homogeneity of variance\textsuperscript{14} indicates that the homogeneity assumption has not been violated and the population variances were approximately equal. As can be seen in Table 6.7\textsuperscript{15}, mothers born in Australia \([F_{(1,519)} = 2.922, p = 0.088]\), born overseas \([F_{(1,519)} = 2.922, p = 0.088]\) and country of birth of mothers \([F_{(4,99)} = 2.0, p < 0.1]\) by total CMV score, there was no significant effect between these variables, and the null hypothesis was accepted. It is likely that there is no difference between mothers’ being born in Australia or overseas and the amount of child-to-mother violence they experienced from the perpetrator.

\textbf{6.8.4.4 ANOVA between the household dynamic and mother’s experiencing a greater amount of CMV}

In order to improve cell numbers, household groups were combined where appropriate. Two parent families were combined with families reporting extended households, step families were joined with foster families and families where children no longer lived in the family home were pooled. For example, couples and women living alone were combined. To see whether there was an effect on the amount of child-to-mother violence experienced by mothers between the divergent households, a graph of households by mean of CMV

\begin{table}
\centering
\caption{Mothers born in Australia or overseas by total CMV score}
\begin{tabular}{|l|l|l|l|l|l|}
\hline
Place of birth & & Sum of Squares & df & Mean Square & F & Sig. \\
\hline
& Between Groups & 220.186 & 1 & 220.186 & 2.922 & .088 \\
Born in Australia & & 39110.574 & 519 & 75.358 & & \\
& Within Groups & 39330.760 & 520 & & & \\
& Total & 641.117 & 520 & & & \\
& Between Groups & 220.186 & 1 & 220.186 & 2.922 & .088 \\
Born overseas & & 39110.574 & 519 & 75.358 & & \\
& Within Groups & 39330.760 & 520 & & & \\
& Total & 641.117 & 520 & & & \\
& Between Groups & 584.794 & 4 & 146.199 & 2.000 & .100 \\
Country of birth & & 7238.552 & 99 & 73.117 & & \\
& Within Groups & 7823.346 & 103 & & & \\
& Total & & & & & \\
\hline
\end{tabular}
\end{table}

\textsuperscript{14} See Appendix 6.G for Table 6.7A Levene’s test of homogeneity

\textsuperscript{15} See Appendix 6.H for breakdown Table 6.7A descriptive statistics of Mother’s born in Australia, born overseas and region of birth by total CMV score
score was produced. As shown in Graph 6.4, it appeared that two parent and extended families experienced less child-to-mother violence than single mother households, households where the child no longer lives with the mother and ‘other’ household dynamics.

**Graph 6.4 Household dynamic by total CMV score**

To determine if the household dynamic of mothers had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between the different households, ANOVA was applied to compare the household types.

**HO# 4 = There is no difference in the level of CMV experienced by mothers from divergent household types and population means between household types will be similar.**

**Table 6.8 Household dynamic by total CMV score**

<table>
<thead>
<tr>
<th>Test of homogeneity of variances total CMV score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene Statistic</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>3.155</td>
</tr>
</tbody>
</table>
Table 6.8 indicates that the homogeneity assumption has been violated \((p < 0.05)\) consequently we cannot assume homogeneity of variance. As the results in Table 6.8\(^{16}\) show, comparison between household dynamic and total CMV score was statistically significant \([F(4,516) = 4.766, p < 0.001]\), and the null hypothesis was rejected. It is likely that there is a relationship between the family household of mothers and total CMV score. In fact, mothers in two parent families and extended families experienced less child-to-mother violence than women in single mother households, households where the child no longer lives with the mother and ‘other’ household dynamics.

6.8.4.5 ANOVA between employment status and mothers experiencing a greater amount of CMV

To see if there is an effect between the different rates of employment in households a graph of household employment by mean of CMV was carried out. Graph 6.5 indicated that mothers who experienced a greater amount of child-to-mother violence were more likely to live in a household that relied on casual employment or were not employed in the work force.

\(^{16}\) See Appendix 6.I for breakdown Table 6.8A descriptive statistics of household dynamic by total CMV score
To examine whether the employment status of the household had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between the different states of household employment, ANOVA was applied to these groups.

HO# 5 = There is no difference in the level of CMV experienced by mothers from households based on different rates of employment and population means between households with different employment rates will be similar.

Levene’s test (Table 6.9) showed that the population variances were violated ($p < 0.05$) thus, homogeneity of variance cannot be assumed. The employment status of households was compared to total CMV score (Table 6.9\textsuperscript{17}), to identify whether household employment had an effect on the level of experience of child-to-mother violence for respondents.

\textsuperscript{17} See Appendix 6.J for breakdown Table 6.9A of descriptive statistics for household employment by total CMV score
Table 6.9 Employment by total CMV score

Test of homogeneity of variances total CMV score

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.597</td>
<td>5</td>
<td>514</td>
<td>.0001</td>
</tr>
</tbody>
</table>

ANOVA of CMV score

<table>
<thead>
<tr>
<th>Employment</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2207.284</td>
<td>5</td>
<td>441.457</td>
<td>6.121</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>37073.108</td>
<td>514</td>
<td>72.127</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39280.392</td>
<td>519</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6.9 indicated the rejection of the null hypothesis, as a comparison between household employment and total CMV score were statistically significant \( F_{(5,514)} = 6.121, p < 0.0001 \) the null hypothesis was rejected. It is likely that there is a difference between employment status of the family and the level of child-to-mother violence experienced by mothers. It appears mothers who experienced greater amounts and frequency of child-to-mother violence were more likely to live in a household that relied on income from casual employment or were not employed in the work force.

6.8.4.6 Summary

In section 6.8.4, mother’s demographic details were compared against total CMV score. Areas of statistical significance were indicated for mother’s age group, where younger mothers experienced greater amounts of child-to-mother violence. Level of education appeared to have an effect, as women who attained higher education experienced less child-to-mother violence. Household dynamics were also statistically significant as women living on their own with or without children experienced greater amounts of child-to-mother violence. Finally, the employment status of the family appeared to have a statistically significant effect, with women who experienced greater amounts of child-to-mother violence more likely to live in households with access to casual employment or being unemployed. However, in all cases the homogeneity of variance could not be assumed, which detracted from the reliability of statistical analysis.
6.8.5 Context of child-to-mother violence

In the following section the perpetrator's gender, length of time behaviour continued, age of perpetrator at onset of behaviour and age of perpetrator when behaviour was considered worst are examined.

6.8.5.1 ANOVA between perpetrator's gender, and mothers experiencing greater amounts of CMV

The majority of perpetrators were male (306, 58.7%). To see what might be occurring between male and female perpetrators a graph of perpetrator's gender by mean of CMV was carried out. As shown in Graph 6.6, mothers reported greater amounts and frequency of child-to-mother violence from male perpetrators than from female perpetrators.

Graph 6.6 Perpetrator's gender by total CMV score

To investigate if the gender of perpetrators had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between male and female perpetrators; ANOVA was applied to these groups.
There is no difference in the level of CMV experienced by mothers, based on the gender of perpetrators and population means between males and females will be similar.

### Table 6.10 Perpetrator’s gender by total CMV score

#### Test of homogeneity of variances total CMV score

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.914</td>
<td>2</td>
<td>513</td>
<td>.0001</td>
</tr>
</tbody>
</table>

#### ANOVA of total CMV score

<table>
<thead>
<tr>
<th>Gender of perpetrator</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>943.235</td>
<td>2</td>
<td>471.617</td>
<td>6.317</td>
<td>.002</td>
</tr>
<tr>
<td>Within Groups</td>
<td>38301.469</td>
<td>513</td>
<td>74.662</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39244.703</td>
<td>515</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity showed that the population variances has been violated ($p < 0.05$), thus we cannot assume the homogeneity of variance to be equal. Table 6.10\(^{18}\) indicated the rejection of the null hypothesis, comparison between perpetrator’s gender by total CMV score was statistically significant [$F_{(2,513)} = 6.317$, $p < 0.002$], and the null hypothesis was rejected. It is likely that there is a difference between the perpetrator’s gender and total CMV score. In fact, male perpetrators were not only more likely than females to commit child-to-mother violence; they were more violent, more often towards their mothers.

### 6.8.5.2 Perpetrator’s gender by length of time CMV occurred

To explore gender and the experience of child-to-mother violence further, gender and length of time CMV occurred (Table 6.11\(^{19}\)) was explored through chi-square to determine whether there was an association between the length of time perpetrators of child-to-mother violence continued to use this behaviour and their gender.

---

\(^{18}\) See Appendix 6.K for breakdown Table 6.10A of descriptive statistics for perpetrator’s gender by total CMV score

\(^{19}\) See Appendix 6.L for contingency Table 6.11A descriptive statistics of perpetrator’s gender by length of time behaviour occurred
HO#7 = There is no relationship between the gender of perpetrators and the length of time behaviour occurred, thus the expected distribution of these variables and the observed distribution will be similar.

Table 6.11 Perpetrator’s gender and length of time behaviour occurred

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>7.743(a)</td>
<td>6</td>
<td>.258</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>8.144</td>
<td>6</td>
<td>.228</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>.441</td>
<td>1</td>
<td>.506</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>516</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* a 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.58.

Table 6.11 shows there was no association between the perpetrator’s gender and length of time behaviour continued \(X^2 = 7.743, \text{df} = 6, p = 0.258\), the null hypothesis was accepted. It is likely that there is no relationship between the gender of the perpetrator and whether child-to-mother violence was a one-off incident, occurred for less than one year, more than one year or was ongoing.

6.8.5.3 Length of time behaviour occurred

Analyses of descriptive frequencies were undertaken for questions regarding length of time the behaviour occurred, age of perpetrator when behaviour commenced and age of perpetrator when behaviour was considered worst. Identified behaviour occurred as a one-off incident for 178 (34.2%) mothers, for less than one year for 88 (16.9%) mothers, for more than one year for 99 (19%) mothers, and was considered an ongoing issue by 156 (29.9%) women. The perpetrator was reported to be less than 10 years when behaviour commenced by 93 (17.9%) mothers, between 10 and 12 years of age by 103 (19.8%) mothers, between 13 and 15 years of age by 162 (31.1%) women, between 16 and 18 years of age by 82 (15.7%) mothers, between 19 and 21 years of age by 36 (6.9%) mothers, between 22 and 24 years of age by 11 (2.1%) mothers, and over 25 years of age by 3 (0.6%) mothers.
A perpetrator’s behaviour was considered worst before age 10 by 57 (10.9%) mothers, between 10 and 12 years of age by 84 (16.1%) mothers, between 13 and 15 years of age by 145 (27.8%) mothers, between 16 and 18 years of age by 130 (25.0%) women, between 19 and 21 years of age by 45 (8.6%) mothers, between 22 and 24 years of age by 18 (3.5%) mothers, and over 25 by 11 (2.1%) mothers.

The age of the perpetrator at onset of behaviour and when the perpetrator’s behaviour was deemed worst fell into the bell curve of normal distribution. Therefore, it was reasonable to collapse age groupings to strengthen cell sizes. As the four consecutive bar graphs 6.7 indicated, whether behaviour was a one-off incident, continued for less than one year or more than one year or was an ongoing problem, mothers’ considered the age group when behaviour was worst to be 13-18 years old.
Four consecutive Graphs 6.7 Length of time behaviour occurred by age at onset and age when behaviour was considered worst

A contingency table of length of time behaviour occurred and age of perpetrator at onset and age behaviour was considered worst by mothers was undertaken to identify any associations between these variables (Table 6.12).

---

See Appendix 6.M for contingency Table 6.12A of descriptive statistics of length of time behaviour occurred by age of perpetrator at onset and age behaviour was considered worst by mothers by total CMV score.
HO# 8 = There is no association between the length of time behaviour occurred, the age of the perpetrator at onset of behaviour and the age of the perpetrator when the behaviour was considered worst, thus the expected distribution of these variables and the observed distribution will be similar.

Table 6.12 Length of time behaviour occurred and age of perpetrator at onset of behaviour and age behaviour was considered worst

Chi-Square Tests

<table>
<thead>
<tr>
<th>Time behaviour continued</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One off incident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>323.014(a)</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>223.179</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>99.671</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>147</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>119.506(b)</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>110.002</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>29.707</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than one year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>89.569(c)</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>79.679</td>
<td>9</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>45.759</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Chi-Square</td>
<td>65.732(d)</td>
<td>6</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>69.982</td>
<td>6</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>44.151</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>156</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **a** 8 cells (50.0%) have expected count less than 5. The minimum expected count is .49.
- **b** 10 cells (62.5%) have expected count less than 5. The minimum expected count is .09.
- **c** 9 cells (56.3%) have expected count less than 5. The minimum expected count is .24.
- **d** 3 cells (25.0%) have expected count less than 5. The minimum expected count is 1.04.

As shown in Table 6.12, the association between the length of time behaviour occurred, from one off incident \( [X^2 = 323.014, df = 9, p = 0.0001] \), less than one year \( [X^2 = 119.506, df = 9, p < 0.0001] \), more than one year \( [X^2 = 89.569, df = 9, p < 0.0001] \), and ongoing behaviour \( [X^2 = 65.732, df = 6, p < 0.0001] \), by age at onset of behaviour and age behaviour was considered worst was statistically significant, the null hypothesis was rejected. The results indicate there is a relationship between the length of time child-to-mother violence occurred and
the age of perpetrators at onset of behaviour and the age behaviour was considered worst.

As shown in Graph 6.8, there was an identifiable trend: as the length of time child-to-mother violence increased, the total CMV score increased and conversely, if mothers experienced child-to-mother violence in a one off incident or less than one year, then lower amounts and frequency of child-to-mother violence were experienced.

**Graph 6.8 Length of time behaviour occurred by total CMV score**

![Graph showing the relationship between length of time behaviour occurred and total CMV score.](image)

In addition, as shown in Graph 6.9, the younger the child at onset of behaviour, the greater the amount of child-to-mother violence mothers experienced, and as the child's age increased at onset of behaviour the amount of child-to-mother violence decreased.
Graph 6.9 Perpetrator’s age at onset of behaviour by total CMV score

As the perpetrator’s age at onset of behaviour appeared to be an area that required further investigation, the variables length of time behaviour occurred, age of perpetrator when behaviour commenced, and perpetrator’s age when behaviour was considered worst were also compared against total CMV score to identify if there was an effect of these variables on mother’s experiences of child-to-mother violence.

Table 6.13 Length of time behaviour occurred by total CMV score

<table>
<thead>
<tr>
<th>Test of homogeneity of variances for total CMV score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene Statistic</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Length of time behaviour occurred</td>
</tr>
<tr>
<td>Age child started behaviour</td>
</tr>
<tr>
<td>Age child worst behaviour</td>
</tr>
</tbody>
</table>

a Groups with only one case are ignored in computing the test of homogeneity of variance
Levene’s test of homogeneity of variance indicates that the homogeneity assumption was violated ($p < 0.05$) in two of the three items. Hence we cannot assume the homogeneity of variance, except in ‘age child worst behaviour’. In Table 6.13\textsuperscript{21}, a comparison between length of time behaviour occurred and age of perpetrator at onset of behaviour and age of perpetrator when behaviour was considered worst was compared to total CMV score. ANOVA indicated the length of time behaviour occurred by total CMV score was statistically significant $[F_{(3,517)} = 35.541, p < 0.0001]$, and age of perpetrator at onset by total CMV score was significant $[F_{(3,486)} = 5.041, p < 0.002]$, the null hypothesis was rejected. It is likely that there is a difference between the length of time behaviour continued and the age of the perpetrator at onset of behaviour and the amount of child-to-mother violence mothers experienced from the perpetrator. In fact, the earlier a child perpetrated violence the more violence women were likely to experience.

However, as results depicted in Table 6.13 show, a comparison between perpetrator’s age when behaviour was considered worst by total CMV score was

\textsuperscript{21} See Appendix 6.N breakdown Table 6.13A for descriptive statistics for length of time behaviour occurred, perpetrator’s age at onset of behaviour and age of perpetrator when behaviour was considered worst by total CMV score.
not statistically significant \[F_{(3,486)} = 1.862, \ p = 0.135\] and the null hypothesis was accepted. It is likely that there is no difference between the age perpetrator’s behaviour was worst and the level of child-to-mother violence mothers experienced. In fact, mothers considered their child’s behaviour was worst consistently between the ages of 13 to 18 years.

### 6.8.5.4 Summary

The context of targets and perpetrators of child-to-mother violence were reported in section 6.8.5. It was revealed that the majority of perpetrators of violence were male and mothers experienced greater amounts and frequency of child-to-mother violence from sons than from daughters. However, a perpetrator’s gender was not relevant to the time behaviour continued. Through an exploration of the length of time the behaviour continued, it appeared the longer mothers experienced child-to-mother violence, the greater amount and frequency of violence they reported and the younger the perpetrator, the greater the amount of violence experienced by the mothers. Behaviour was consistently considered worst for young people aged 13-18 years. However, in ‘perpetrators gender’, ‘age of perpetrator at onset of behaviour’, and ‘length of time behaviour continued’ the homogeneity assumption could not be assumed, which detracts from the reliability of statistical analysis. For the age of perpetrator when behaviour was considered worst, Levene’s homogeneity of variance was accepted.

### 6.8.6 Mothers’ fear of perpetrators

The respondents’ fear of perpetrators was explored in two contexts; women were asked whether they felt afraid in their family of origin and/or if they were fearful of the young person in focus ‘never’, ‘occasionally’, ‘most weeks’ or ‘daily’ in question 9 and 10 of the CMVS. Initially, this was explored through frequency statistics and then in more detail comparing women’s fear in their family of origin and/or fear of the perpetrator of child-to-mother violence. To investigate this ANOVA was applied by total CMV scores and total triggers for CMV scores. Descriptive statistics and non significant results are footnoted and presented in the appendices.
6.8.6.1 In the context of family of origin

From the sample of women who reported experiencing child-to-mother violence (521), 262 (50.3%) reported being fearful in their family of origin, 185 (35.5%) occasionally, 38 (7.3%) most weeks and 39 (7.5%) daily. To investigate whether fear in the family of origin had an affect on mother’s experiences of child-to-mother violence, a graph of mother’s fear in their family of origin was carried out. As shown in the Graph 6.10, it appeared that women who expressed fear in their family of origin experienced more child-to-mother violence than women who did not, peaking for women who reported fear in their family of origin ‘most weeks’ before declining slightly.

**Graph 6.10 Mother’s fear in family of origin by total CMV score**

![Graph 6.10 Mother’s fear in family of origin by total CMV score](image)

To explore if fear in the family of origin had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between women who were fearful in their family of origin and women who were not, an ANOVA was applied to these groups.
HO# 9 = There is no difference in the level of CMV experienced by mothers based on their fear in their family of origin and the population means between for fear in the family of origin for mothers will be similar.

Table 6.14 Mother’s fear in family of origin by total CMV score

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.058</td>
<td>3</td>
<td>517</td>
<td>.001</td>
</tr>
</tbody>
</table>

ANOVA total CMV score

<table>
<thead>
<tr>
<th>Mothers fear in family of origin</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3444.110</td>
<td>3</td>
<td>1148.037</td>
<td>16.539</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>35886.650</td>
<td>517</td>
<td>69.413</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39330.760</td>
<td>520</td>
<td>69.413</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity of variance indicates that the population variances were violated ($p < 0.05$) consequently we cannot assume the homogeneity of variance was equal. As shown in Table 6.14, the comparison between mother’s fear in their family of origin and total CMV score was statistically significant [$F(3,517) = 16.539, p < 0.0001$], and the null hypothesis was rejected. It is likely that there is a difference between women who were not fearful in their family of origin and women who were, experiencing greater amounts of child-to-mother violence.

Women’s fear in their family of origin was also explored through the complexity of perceived triggers mothers attributed to their experience of child-to-mother violence. As shown in Graph 6.11, mothers who experienced fear in their family of origin attributed a greater number of triggers to their experience of child-to-mother violence.

See Appendix 6.0 breakdown Table 6.14A for descriptive statistics of fear in family of origin by total CMV score
To investigate if fear in the family of origin had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between the level of mother’s fear in their family of origin and the number of perceived triggers to the behaviour, an ANOVA was applied to these groups.

\textit{HO\#10 = There is no difference in the number of CMV triggers expressed by mothers based on their level of fear in the family of origin and the population means between level of fear in the family of origin will be similar.}
Table 6.15 Mother’s fear in family of origin by total trigger for CMV score

<table>
<thead>
<tr>
<th>Test of homogeneity of variances trigger for CMV total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene Statistic</td>
</tr>
<tr>
<td>df1</td>
</tr>
<tr>
<td>df2</td>
</tr>
<tr>
<td>Sig.</td>
</tr>
<tr>
<td>1.202</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>502</td>
</tr>
<tr>
<td>.308</td>
</tr>
</tbody>
</table>

ANOVA
Total trigger for CMV score

<table>
<thead>
<tr>
<th>Fear in family of origin</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2797.292</td>
<td>3</td>
<td>932.431</td>
<td>8.323</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>56239.111</td>
<td>502</td>
<td>112.030</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59036.403</td>
<td>505</td>
<td>112.030</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity of variance shows the significance value exceeds 0.05, suggesting that the variances for the levels are equal and the assumption is justified. The comparison between mother’s fear in family of origin by total trigger for CMV score (Table 6.15) indicates the rejection of the null hypothesis, the result was statistically significant \([F_{(3,502)} = 8.323, p < 0.0001]\) and the null hypothesis was rejected. It is likely that there is a difference between women who experienced fear in their family of origin attributing a greater number of triggers to their experience of child-to-mother violence than women who did not experience fear in their family of origin.

6.8.6.2 In the context of child-to-mother violence
Initially, the context of child-to-mother violence was explored through frequencies. The majority of mothers (313, 60.1%) were not fearful of their child. However, 183 (35.1%) were fearful of the perpetrator occasionally, 16 (3.1%) were fearful most weeks, and 8 (1.5%) women were fearful on a daily basis. The rankings ‘never’, ‘occasionally’, ‘most weeks’ and ‘daily’ were collapsed to represent afraid of perpetrator yes/no, in order to strengthen cell numbers in the following contingency tables.

---

23. See Appendix 6.P breakdown Table 6.15A for descriptive statistics of mother’s fear in family of origin by total triggers for CMV score
6.8.6.2.1 Comparison of mothers’ fear of perpetrators with demographic characteristics

Of interest was whether some mothers would be more fearful of perpetrators based on particular demographic characteristics. Therefore, each of these variables was measured against the variable ‘fear of perpetrator’.

6.8.6.2.1.1 Mothers’ fear of perpetrators by her age group

Mothers’ fear of perpetrators was compared with demographic characteristics: age; education; born in Australia or overseas; household; and employment status. Graph 6.12 indicated mothers from the age group 40 – 49 were the most fearful, an age when offspring would generally fall within the older pool of young people. Of note, in the 60+ age group more women were fearful of a perpetrator than women who were not fearful.

Graph 6.12 Mothers’ fear of perpetrators by her age group

To investigate if there was an association between mothers’ fear of perpetrators and her age group, a chi-square (Table 6.16\textsuperscript{24}) was carried out.

\textsuperscript{24} See Appendix 6.Q contingency Table 6.16A for descriptive statistic of mothers’ fear of perpetrators by age group
HO#11 = There is no association between women’s fear of a perpetrator and her age group, the expected distribution of these variables and the observed distribution will be similar

Table 6.16 Mothers’ fear of perpetrators by her age group

Chi-Square Tests

<table>
<thead>
<tr>
<th>Age group of mothers</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>9.957(a)</td>
<td>4</td>
<td>.041</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>10.038</td>
<td>4</td>
<td>.040</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>9.267</td>
<td>1</td>
<td>.002</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a  2 cells (20.0%) have expected count less than 5. The minimum expected count is 2.39.

As shown in Table 6.16, the association between mothers’ fear of perpetrators and her age group was statistically significant \(X_2 = 9.957, \text{df} = 4, \ p = 0.041\), and the null hypothesis was rejected. The results indicate there is an association between women’s age group and her fear of the perpetrator.

As women’s age appeared to be an area that required further investigation, ANOVA was applied to the age groups of mothers and fear of perpetrator by total CMV score, to investigate if the age group of mothers and fear of perpetrator had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between age group of mothers and fear of perpetrators.

HO#12= There is no difference in the level of CMV experienced by mothers based on the age group of mothers and their level of fear of perpetrators and the population means between levels of fear and age groups of mothers will be similar.
Table 6.17 Mothers’ fear of perpetrators by her age group and CMV score

Levene's test of equality of error variances (a)

Dependent Variable: Total CMV score

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene's test</td>
<td>19.795</td>
<td>9</td>
<td>510</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

Tests of between-subjects effects

Dependent variable: total CMV score

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>14122.147(a)</td>
<td>9</td>
<td>1569.127</td>
<td>31.757</td>
<td>0.001</td>
</tr>
<tr>
<td>Intercept</td>
<td>7897.181</td>
<td>1</td>
<td>7897.181</td>
<td>159.830</td>
<td>0.001</td>
</tr>
<tr>
<td>Mother’s age group</td>
<td>1160.294</td>
<td>4</td>
<td>290.074</td>
<td>5.871</td>
<td>0.001</td>
</tr>
<tr>
<td>Fear perpetrator</td>
<td>1733.230</td>
<td>1</td>
<td>1733.230</td>
<td>35.079</td>
<td>0.001</td>
</tr>
<tr>
<td>Mother’s age group* Fear of perpetrator</td>
<td>188.373</td>
<td>4</td>
<td>47.093</td>
<td>.953</td>
<td>0.433</td>
</tr>
<tr>
<td>Error</td>
<td>25199.045</td>
<td>510</td>
<td>49.410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>73406.000</td>
<td>520</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>39321.192</td>
<td>519</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a R Squared = .359 (Adjusted R Squared = .348)

Levene’s test of homogeneity of variance indicates that the population variances were violated (p < 0.05) consequently we cannot assume the homogeneity of variance was equal. As shown in Table 6.17, the effect of mother’s fear of the perpetrator and her experiencing greater amounts of child-to-mother violence was statistically significant \( F_{(4,510)} = 5.871, p < 0.0001 \). Further, the effect of mother’s age group and experiencing greater amounts of child-to-mother violence was statistically significant \( F_{(1,510)} = 35.079, p < 0.0001 \). However, interaction between the factor of age group of mothers and mothers’ fear of perpetrators was not statistically significant \( F_{(4,510)} = .953, p = 0.433 \). Therefore, it is likely that while age of mothers and fear of perpetrator are related to the amount of child-to-mother violence women encountered, these factors are independent of each other so the age group of these women is not directly related to their fear.

---

Note: Table 6.17A for descriptive statistics for the two way ANOVA age group of mothers and fear of perpetrators by total CMV score.
6.8.6.2.1.2 Mothers' fear of perpetrators and her level of education

To investigate the association between mothers’ fear of perpetrators and her level of education, a chi-square was undertaken.

\[ HO\# 13 = \text{There is no association between mothers’ fear of perpetrators and her level of education, the expected distribution of these variables and the observed distribution will be similar} \]

Table 6.18 Mothers’ fear of perpetrators by her level of education

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>7.544(a)</td>
<td>4</td>
<td>.110</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>7.477</td>
<td>4</td>
<td>.113</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>1.354</td>
<td>1</td>
<td>.245</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( a \) 1 cells (10.0\%) have expected count less than 5. The minimum expected count is 4.38.

As Table 6.18\(^{26}\). Mothers’ fear of perpetrators and her level of education were not significantly associated \([ \chi^2 = 7.544, df = 4, p = 0.110 ]\), the null hypothesis was accepted. It is likely that there is no association between a mother’s level of education and her fear of the perpetrator. This finding suggests that mothers who were fearful of their child came from diverse educational backgrounds.

6.8.6.2.1.3 Mother born in Australia or overseas

To determine whether there was an association between women born in Australia or born overseas and their experience of fear, a chi-square was carried out.

\[ HO\# 14 = \text{There is no association between mothers’ fear of perpetrators and whether they were born in Australia or born overseas, thus the expected distribution of these variables and the observed distribution will be similar} \]

\(^{26}\) See Appendix 6.S contingency Table 6.18A for descriptive statistics of mothers’ fear of a perpetrators by her level of education
Table 6.19 Mothers’ fear of perpetrators and mother born in Australia or overseas

Chi-Square Tests

<table>
<thead>
<tr>
<th>Born Aust or OS</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
<th>Exact Sig. (2-sided)</th>
<th>Exact Sig. (1-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>.008(b)</td>
<td>1</td>
<td>.929</td>
<td>1.000</td>
<td>.511</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>.000</td>
<td>1</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>.008</td>
<td>1</td>
<td>.929</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fisher's Exact Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>.008</td>
<td>1</td>
<td>.929</td>
<td>1.000</td>
<td>.511</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>520</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Table 6.19\(^{27}\) shows, the association between mothers’ fear of perpetrators and whether mothers were born in Australia or overseas was not statistically significant [$\chi^2 = 0.008$, df = 1, $p = 0.929$], and the null hypothesis was accepted. It is likely that there is no association between a mothers’ place of birth and her fear of a perpetrator.

6.8.6.2.1.4 Households

Women’s fear of perpetrators was explored based on the household dynamic of the family. In Graph 6.13 it appeared that two-parent families, mother headed families and step families were the households most affected. Two-parent households and households with extended family were the only categories where women who were not afraid of the perpetrator outnumbered women who were fearful. In all other categories there were more women who were fearful of the perpetrator.

\(^{27}\) See Appendix 6.T contingency Table 6.19A for descriptive statistics of mothers’ fear of perpetrators and women born in Australia or overseas
Graph 6.13 Mothers’ fear of perpetrators by household dynamic

Categories in the household variable: two-parent, single mother, extended, couple, lone person, step, foster and other were collapsed to strengthen cell numbers in Table 6.20, into two-parent family, single parent family and others. To investigate the association between mothers’ fear of perpetrators and the household dynamic, a chi-square was undertaken.

HO# 15 = There is no association between mothers’ fear of perpetrators and her household dynamic, the expected distribution of these variables and the observed distribution will be similar.

---

28 see Appendix 6.U contingency Table 6.20A for cross tabulation table of mothers’ fear of perpetrators and household dynamic
As shown in Table 6.20, the association between mothers’ fear of perpetrators and household dynamic was statistically significant $[\chi^2 = 25.976, \text{df} = 2, p < 0.0001]$, and the null hypothesis was rejected. It is likely that there is an association between the mothers’ fear of the perpetrators and the household dynamic. This result indicates that mothers from two-parent households were less likely to be fearful of a child than single mothers or other household dynamics.

### 6.8.6.2.1.5 Mothers’ fear of perpetrators and household employment status

A chi-square was undertaken to determine whether there was an association between mothers’ fear of a perpetrators and household employment status. 

$HO# 16 = There is no association between mothers’ fear of perpetrators and the level of employment in the household, the expected distribution of these variables and the observed distribution will be similar.$

### Table 6.21 Mothers’ fear of perpetrators by employment

<table>
<thead>
<tr>
<th>Household dynamic</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>4.978(a)</td>
<td>5</td>
<td>.419</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>4.910</td>
<td>5</td>
<td>.427</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>3.097</td>
<td>1</td>
<td>.078</td>
</tr>
<tr>
<td>Association</td>
<td>N of Valid Cases</td>
<td>519</td>
<td></td>
</tr>
</tbody>
</table>
Table 6.21\textsuperscript{29} indicates the association between mothers’ fear of perpetrators and household employment status was not statistically significant \( \chi^2 = 4.978, \text{ df} = 5, p = 0.419 \), and the null hypothesis was accepted. It is likely that there is no relationship between mothers’ fear of perpetrators and her family’s employment status. Women who were fearful of their child had diverse family employment status.

6.8.6.2.2 ANOVA between mothers’ fear of perpetrators by total CMV score

To see what the effect might be between mothers’ fear of perpetrators and the amount of child-to-mother violence they experience a graph of mother’s fear by mean of CMV was carried out. As shown in Graph 6.14, mothers who were afraid of the perpetrator appeared to experience greater amounts of violence.

**Graph 6.14 Mothers fear of perpetrator by total CMV score**

\textsuperscript{29} See Appendix 6.V contingency Table 6.20A for table of cross tabulations of mothers’ fear of perpetrator and employment status
ANOVA was applied to mother’s fear of the perpetrator by total CMV score, to investigate if fear of the perpetrator had an affect on the amount of violence they experienced.

**HO# 17 = There is no difference in the level of CMV experienced by mothers whether women were fearful of the perpetrator or not and population means between women fearful of the perpetrator or not will be similar.**

**Table 6.22 Mothers’ fear of perpetrator by total CMV score**

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.676</td>
<td>3</td>
<td>516</td>
<td>.0001</td>
</tr>
</tbody>
</table>

**ANOVA of total CMV score**

<table>
<thead>
<tr>
<th>Fearful of perpetrator</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>18432.349</td>
<td>3</td>
<td>6144.116</td>
<td>151.773</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>20888.843</td>
<td>516</td>
<td>40.482</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39321.192</td>
<td>519</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity showed that the population variances has been violated ($p < 0.05$), thus we cannot assume the homogeneity of variance to be equal. Comparison between mothers’ fear of perpetrators by total CMV score was statistically significant [$F_{(3,516)} = 151.773$, $p < 0.000$], and the null hypothesis was rejected (Table 6.22\(^{30}\)). It is likely that women who were fearful of the perpetrator experienced a greater amount of child-to-mother violence than women who did not experience fear of the perpetrator.

In addition, women’s fear of the perpetrator was also explored through triggers mothers perceived to explain their experience of child-to-mother violence. As shown in Graph 6.15, it appeared that women who were fearful of the perpetrator also attributed a greater number of triggers to the behaviour.

---

\(^{30}\) See Appendix 6.W breakdown Table 6.22A for descriptive statistics of fear of perpetrator by total CMV score
To see whether mothers’ fear of perpetrators had an affect on the number of triggers for child-to-mother violence they attributed to their experience and if there were statistically significant differences between these women, ANOVA was applied to these factors.

**HO#18 = There is no difference in the number of CMV triggers expressed by mothers based on their level of fear of the perpetrator and the population means between level of fear of the perpetrator will be similar.**

**Table 6.23 Mothers’ fear of perpetrator by total trigger for CMV score**

**Test of Homogeneity of Variances**

<table>
<thead>
<tr>
<th>Trigger for CMV totscore</th>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.596</td>
<td>3</td>
<td>501</td>
<td>.618</td>
</tr>
</tbody>
</table>
### ANOVA

**Trigger for CTMV total score**

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>14933.701</td>
<td>3</td>
<td>4977.900</td>
<td>56.582</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>44076.410</td>
<td>501</td>
<td>87.977</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59010.111</td>
<td>504</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity of variance shows the significance value exceeds 0.05, suggesting that the variances for the levels are equal and the assumption is justified. As the results in Table 6.23 show, the effect of mothers’ fear of perpetrators by total trigger for CMV score was statistically significant \[F_{(3,501)} = 56.582, \ p < 0.0001\], and the null hypothesis was rejected. It is likely that women who were fearful of the perpetrator attributed a greater number of triggers to their experience of child-to-mother violence than women who did not experience fear of the perpetrator.

### 6.8.6.3 Summary

The association between fear of perpetrators and mothers demographic characteristics, was investigated in section 6.8.6. Almost 40% of mothers reported being afraid of the child in focus. Fear of the perpetrator and age of mothers was significant: women who were afraid of their child were more likely to be in the 40 – 49 age group. In addition, comparison between family household and fear of the perpetrator was statistically significant. Mothers from two parent families were less likely to be fearful of children than single mothers. Mothers who were fearful in their family of origin were more likely to experience a greater amount of child-to-mother violence as well as use a greater number of attributions to explain their child’s behaviour. Similarly, mothers who were fearful of the perpetrator experienced a greater amount of child-to-mother violence and the effect of mothers’ fear of perpetrators prompted women to attribute more triggers for the behaviour of the perpetrators.

---

31 See Appendix 6.X breakdown Table 6.23A for descriptive statistics of fear of perpetrator by total trigger for CMV score
6.8.7 Mothers’ fear of perpetrators by length of time behaviour occurred and age factors of the perpetrator

It was hypothesised that women would be more fearful as behaviour continued over time. This was tested through the use of chi-square and ANOVA regarding length of time behaviour occurred, age of perpetrator at onset of behaviour and age of perpetrator when behaviour was considered worst. As indicated in Graph 6.16, mothers who experienced one-off incidents appeared to be less likely to be afraid of the perpetrator than women who experienced ongoing child-to-mother violence.

**Graph 6.16 Mothers’ fear of perpetrators by length of time behaviour occurred**

![Graph showing mothers' fear of perpetrators by length of time behaviour occurred]

The association between mothers' fear of the perpetrators and the length of time child-to-mother violence occurred was explored through a chi-square.

*HO# 20 = There is no association between mothers’ fear of perpetrators and the length of time behaviour continued, the expected distribution of these variables and the observed distribution will be similar.*
Table 6.24 Mothers’ fear of perpetrators by time behaviour continued

Chi-Square Tests

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>71.431(a)</td>
<td>3</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>75.032</td>
<td>3</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>61.271</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As Table 6.2432 depicts, the association between mothers’ fear of perpetrators by length of time behaviour occurred was statistically significant [$\chi^2 = 71.431$, df 3, $p < 0.0001$], and the null hypothesis was rejected. It is likely that there is an association between the length of time behaviour continued and mothers being fearful of the perpetrator. It appears the longer women experienced violence the more fearful they became.

To investigate the association between mothers’ fear of perpetrators and the age of the perpetrator at onset of behaviour was compared in a chi square.

$HO# \ 21 = There \ is \ no \ association \ between \ mothers’ \ fear \ of \ perpetrators \ and \ the \ age \ of \ the \ perpetrator \ at \ onset \ of \ behaviour, \ thus \ the \ expected \ distribution \ of \ these \ variables \ and \ the \ observed \ distribution \ will \ be \ similar.$

32 See Appendix 6.Y contingency Table 6.24A for cross tabulation statistics of mothers’ fear of perpetrators and length of time behaviour occurred
Table 6.25 Mothers’ fear of perpetrators by age of child at onset of behaviour

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>.568(a)</td>
<td>3</td>
<td>.904</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>.563</td>
<td>3</td>
<td>.905</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>.263</td>
<td>1</td>
<td>.608</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>489</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.90.

As Table 6.25, association between age of child at onset of behaviour and mothers’ fear of perpetrators was not statistically significant \(\chi^2 = 0.568, \text{ df} = 3, p = 0.904\), and the null hypothesis was accepted. It is likely that there is no association between the age of perpetrators when behaviour first appeared and mothers’ fear of the perpetrators. In other words, fear of the perpetrator does not appear to be related to the age of the perpetrator when child-to-mother violence first occurred.

In addition, a chi-square was undertaken to test the association between mothers’ fear of perpetrators and the age of perpetrators when behaviour was considered worst. As indicated in Graph 6.17, as perpetrator’s age increased when behaviour was considered worst, mothers were more likely to state they were fearful of the perpetrator.

---

33 See Appendix 6.Z for contingency Table 6.25A cross tabulation results age of child at onset and mothers fear of perpetrator
Mothers’ fear of perpetrators and age of perpetrator when behaviour was considered worst appeared to be much greater between 13 and 18 years of age, to investigate this association a chi-square was carried out.

*HO# 22 = There is no association between mothers’ fear of perpetrators and the age of perpetrators when behaviour is considered worst, thus the expected distribution of these variables and the observed distribution will be similar.*
Table 6.26 Fear of child by age of child when behaviour worst

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>23.952(a)</td>
<td>3</td>
<td>.0001</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>24.261</td>
<td>3</td>
<td>.0001</td>
</tr>
<tr>
<td>Linear-by-Linear</td>
<td>22.844</td>
<td>1</td>
<td>.0001</td>
</tr>
<tr>
<td>Association</td>
<td>489</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N of Valid Cases

Indicated in Table 6.26\(^{34}\), the association between mothers’ fear of perpetrators by age of perpetrator when behaviour was considered worst was statistically significant \([X^2 = 23.952, \ df = 3, \ p < 0.0001]\), and the null hypothesis was rejected. It is likely that there is an association between the age of the child when behaviour is considered worst and a mothers’ fear of the perpetrator. In fact, at the age mothers considered their child’s behaviour was worst they were also more fearful of the perpetrator.

6.8.7.1 Summary

In section 6.8.7 women revealed the length of time behaviour continued from the perpetrator, increased the amount of fear women had of the perpetrator, so if they experienced one-off incidents of child-to-mother violence they were less likely to report being afraid of the perpetrator than women who experienced ongoing child-to-mother violence. In fact, mothers reported being most fearful of children in the 13 – 18 age group and this was the age women considered their child’s behaviour was worst.

6.8.8 Summary of results for the main study: Part 1

Results for the main study from the CMVS instrument are summarised according to the six key outcome measures for this chapter: prevalence; targets; perpetrators; experience; triggers; and other areas of violence

1. Prevalence of child-to-mother violence

\(^{34}\) See Appendix 6.AA contingency Table 6.26A for cross tabulation descriptive statistics for mothers fear of perpetrator and age of perpetrator when behaviour was considered worst
• There was a prevalence rate of 50.9% of mothers experiencing some form of child-to-mother violence in the community

2. Targets of child-to-mother violence
• younger mothers experienced greater amounts of violence; women with lower levels of education experienced greater amounts of violence; women living on their own with or without children experienced larger amounts of violence; women who experienced significant amounts of child-to-mother violence were less likely to live in households with access to fulltime employment; the longer mothers were exposed to child-to-mother violence, the greater amount and frequency of violence they reported; almost 40% of mothers reported being afraid of the child in focus; women who were afraid of their child were more likely to be in the 40 – 49 age group; single mothers were more likely to be fearful of perpetrators than women from two parent families; women who experienced one-off incidents were less likely to report being afraid of their child than women who experienced ongoing child-to-mother violence; mothers were most fearful of children aged between 13 – 18

3. Perpetrators of child-to-mother violence
• the majority of perpetrators were sons (306, 58.7%), daughters (171, 32.8%), and gender not reported (44, 8.4%); the younger the child commenced the behaviour, the longer it continued and the amount of violence experienced by mothers was greater; behaviour was considered worst by young people aged 13-18 years of age

4. Experience of child-to-mother violence
• The most frequent forms of child-to-mother violence mothers reported were their child giving them the ‘silent treatment’, swearing and name calling, demeaning their parenting or partnering skills, damaging the home or belongings, and
aggressively demanding she does what they want; bullying, hitting and threats of self harm were of greatest concern to the women

5. Triggers that precede child-to-mother violence
   - mothers reported young person’s (1) anger, (2) argument or (3) disagreement with the young person, (4) ‘normal’ part of teenage behaviour, and (5) lack of respect, as the five predominant reasons children perpetrated violence against them; mothers who experienced greater child-to-mother violence were more likely to report a greater number of reasons for the abuse.

6. Other areas of violence
   - women fearful in their family of origin were likely to use a greater number of attributions to explain their experience of child-to-mother violence; women who were fearful of their child also reported a greater number of attributions to explain their experience; children who witnessed violence in the home were more likely to conduct greater incidents of child-to-mother violence than those who did not; young people who were violent with other members of the family and/or people outside the family also recorded greater amounts of violence towards the mother

In this chapter, part one of the results from main study derived from the CMVS was reported. Principle variables explored were the prevalence of child-to-mother violence, demographic characteristics of the mothers, the context of child-to-mother violence and mothers' fear of violence from the perpetrator. The following chapter describes part two of results from the CMVS, in particular the support networks and services utilised by women, actions and strategies undertaken to manage the situation and services suggested by women to further improve their situation.
ABSTRACT: CHAPTER 7

In this chapter the second part of the main study is reported, noting women’s support networks, the actions and strategies they utilised and the support services women would like to see available to facilitate their support as well as for their child/ren and other family members. Results of part two included: 50% of mother’s spoke to someone; approximately 50% of women also reported a partner present in the home at the time behaviour was occurring; partners were either supportive or unsupportive; mothers who reported a partner present also reported higher levels of child-to-mother violence.

Over 75% of respondents took some form of action and more than 50% reported actions had improved their situation; predominant strategies varied from talking, seeking professional help, using discipline, love and support, and changing circumstances; some of the women used avoidance - distancing from the child or doing noting.

The most common suggestions for support were affordable long-term counselling for youth and family, parent workshops, information and education, non-judgemental advocacy for mothers and their families and support groups for mothers, families and youth.
In this chapter results from the main study are reported regarding support women received from individuals and service providers, whether women had partners living with them at the time and attitudes to child-to-mother violence of these partners were also examined. In addition, who women spoke to about the issue and the activities they undertook to minimise their experience of harm were evaluated. Finally, support services suggested by mothers were collated and summarised to add to the development of recommendations for support.

Finding out the activities and strategies mothers used to minimise or cope with their experiences of child-to-mother violence was beneficial in understanding the different types of responses they saw possible, to determine what these women were already doing and the success they perceived their actions had in improving their situation. García-Moreno (2002) argues that it is not enough for health care providers to screen for family violence without making available or providing access to a range of services for people affected. She notes that a valuable first step is to explore what is available and plan responses before screening. For this reason, it was considered an invaluable element of the study (in addition to estimating the prevalence and detailing mother’s experiences of threatening and/or abusive behaviour from their children) to ask affected women about their needs in order to develop valid, practical and useful recommendations towards a model of care for professional practice to implement.
7.1 Main outcome measures

Main outcome measures in this chapter were:
1. Mothers support networks.
2. Actions and strategies.
3. Support services suggested by mothers.

7.2 Results of the main study: Part 2

The organisation of results for this chapter are presented in Table 7.1, regarding support networks, actions and strategies, services approached, and suggested services.

Table 7.1 Organisation of results

<table>
<thead>
<tr>
<th>Section heading</th>
<th>Section content</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2.1 Mothers support networks</td>
<td>• Partner present in the household by total CMV</td>
</tr>
<tr>
<td></td>
<td>• Partners attitude to perpetrators behaviour positive/negative</td>
</tr>
<tr>
<td></td>
<td>• Mother spoke to someone</td>
</tr>
<tr>
<td></td>
<td>• Individuals and services contacted</td>
</tr>
<tr>
<td></td>
<td>• Mothers spoke to someone by total CMV</td>
</tr>
<tr>
<td></td>
<td>• Mothers received support</td>
</tr>
<tr>
<td></td>
<td>• Mothers received support by total CMV</td>
</tr>
<tr>
<td>7.3.1 Actions and strategies</td>
<td>• Actions and strategies used by mothers</td>
</tr>
<tr>
<td></td>
<td>• Actions and strategies by total CMV</td>
</tr>
<tr>
<td>7.4.1 Support services</td>
<td>• Support services suggested by mothers</td>
</tr>
</tbody>
</table>

7.2.1 Mother’s support networks

Support for mothers was explored through questions 23, 26, 27 and 28 in the CMVS, which referred to support networks and services available to the mothers and their families. Frequencies were calculated for each variable: partner present in the home; spoke to an individual or organisation about the issue; received support; and satisfied with support received. In addition, whether these networks had any bearing on the amount of threatening or abusive behaviour women incurred was of interest. Therefore, each of these variables was further compared to the total CMV scores to investigate if there was a relationship between the variable being tested and the amount of child-to-mother violence.
women experienced. In order to present as much relevant information as possible without detracting from the flow of the thesis, all tables presenting descriptive statistics in this chapter have also been placed in appendices.

7.2.1.1 ANOVA between partner present in the household and experiencing greater amounts of CMV

Of the 521 women who experienced child-to-mother violence, 256 (49.1%) reported a partner present in the home at the time behaviour occurred. To examine the effect of partner's presence in the household this variable was compared by the total CMV score. Graph 7.1 indicates that if there was a partner present at the time child-to-mother violence was occurring then the mother appeared to experience a greater amount of threatening and/or abusive behaviour.

**Graph 7.1 Partner present by total CMV score**

To investigate the effect of a partner present in the household, ANOVA was applied to determine whether there was a statistically significant difference between women who had a partner present at the time behaviour occurred and those who did not and the level of threatening or violent behaviour the women experienced.
HO# 23 = There is no difference in the level of CMV experienced by mothers whether women had a partner in the household or not and population means between women with a partner present will be similar.

Table 7.2 Partner present in the household by total CMV score

Test of Homogeneity of Variances

<table>
<thead>
<tr>
<th>Experience of CMV total scores</th>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.376</td>
<td>2</td>
<td>518</td>
<td>.005</td>
</tr>
</tbody>
</table>

ANOVA Total CMV score

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>1228.357</td>
<td>2</td>
<td>614.179</td>
<td>8.350</td>
</tr>
<tr>
<td>Within Groups</td>
<td>38102.403</td>
<td>518</td>
<td>73.557</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39330.760</td>
<td>520</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity (Table 7.2) showed that the population variances has been violated ($p < 0.05$), thus we cannot assume the homogeneity of variance to be equal. Table 7.2\textsuperscript{35} indicated the rejection of the null hypothesis, a comparison between women having a partner present in the household and total CMV score was statistically significant [$F_{(2,518)} = 8.350$, $p < 0.0001$], and the null hypothesis was rejected. It appears a partner present in the family at the time child-to-mother violence was occurring had an effect on the amount of violence mother’s experienced. Women with a partner present reported significantly greater levels of threatening and/or abusive behaviour than women without a partner present.

7.2.1.2 Partner’s attitude to perpetrators behaviour

It was not clear why there was a greater level of violence in households with a partner present; therefore, the attitudes of partner’s were explored. The attitude and response to the behaviour of the perpetrator from the partner varied: support mother; try to resolve behaviour; calm situation; child needs discipline or reprimand; communication; need professional help; firm patience with child;

\textsuperscript{35} See Appendix 7.A for descriptive statistics in breakdown Table 7.2A Partner present in the household by total CMV score
protect mother; loving toward child; accept as normal behaviour; non involvement (mother’s responsibility); aggression; did not believe mother; unsure; encourage bad behaviour; use physical discipline on child; blamed mother/poor parenting; and fear. These attitudes were divided into supportive or unsupportive of the mothers (Table 7.3).

Table 7.3 Partners’ attitudes to perpetrators behaviour

<table>
<thead>
<tr>
<th>Partner Supportive</th>
<th>Frequency (%)</th>
<th>Partner Unsupportive</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United with mother against behaviour</td>
<td>72(28.5)</td>
<td>Ignore/withdraw from child</td>
<td>32(12.6)</td>
</tr>
<tr>
<td>Communicate/rationalise with child</td>
<td>17(6.7)</td>
<td>Bully/aggression towards child</td>
<td>18(7.1)</td>
</tr>
<tr>
<td>Try to resolve behaviour</td>
<td>15(5.9)</td>
<td>Normal teen behaviour</td>
<td>8(3.2)</td>
</tr>
<tr>
<td>Hurt/disappointed at behaviour</td>
<td>15(5.9)</td>
<td>Not home/ didn’t believe mother</td>
<td>7(2.8)</td>
</tr>
<tr>
<td>Discipline child</td>
<td>13(5.1)</td>
<td>Encourage bad behaviour</td>
<td>6(2.4)</td>
</tr>
<tr>
<td>Reprimand child</td>
<td>11(4.3)</td>
<td>Cannot cope with situation</td>
<td>5(2.0)</td>
</tr>
<tr>
<td>Calm situation</td>
<td>7(2.8)</td>
<td>Blamed mother/poor parenting</td>
<td>4(1.6)</td>
</tr>
<tr>
<td>Unsure what to do but do not agree</td>
<td>7(2.8)</td>
<td>Will not interfere - not his child</td>
<td>3(1.2)</td>
</tr>
<tr>
<td>Use physical discipline</td>
<td>4(1.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Believe child needs professional help</td>
<td>3(1.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firm patience with child</td>
<td>2(0.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>2(0.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect mother</td>
<td>1(0.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loving toward child</td>
<td>1(0.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>170 (67.2%)</td>
<td>83 (32.8%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 7.3 indicates an approximate ratio of 2:1 in favour of the number of positive responses of partners to negative responses. This is a complex area of concern which requires further in-depth qualitative study to determine why mothers with partner’s present in the household who were twice as likely to be supportive of the mother than unsupportive, experienced greater levels of violence.
7.2.1.3 Mothers spoke to someone

Women from the sample were asked if they had spoken to anyone about their experiences of child-to-mother violence. From the 521 women who experienced child-to-mother violence, 270 (51.8%) reported they had spoken to individuals from their family, friends, acquaintances or service providers about the incidence, (Table 7.4).

Table 7.4 Individuals and services contacted

<table>
<thead>
<tr>
<th>Individual spoken to by mothers regarding CMV</th>
<th>Frequency (%)</th>
<th>Services contacted by mothers regarding CMV</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>95 (21.9)</td>
<td>Counsellor</td>
<td>67 (15.5)</td>
</tr>
<tr>
<td>Friends</td>
<td>83 (19.2)</td>
<td>GP, paediatrician</td>
<td>36 (8.3)</td>
</tr>
<tr>
<td>Other parents</td>
<td>23 (5.3)</td>
<td>School, teacher</td>
<td>27 (6.2)</td>
</tr>
<tr>
<td>Partner, child’s father</td>
<td>22 (5.1)</td>
<td>Psychologist</td>
<td>13 (3.0)</td>
</tr>
<tr>
<td>Co workers, colleagues</td>
<td>11 (2.5)</td>
<td>Youth worker, social worker</td>
<td>13 (3.0)</td>
</tr>
<tr>
<td>Witness</td>
<td>2 (0.5)</td>
<td>Mental health worker</td>
<td>8 (1.8)</td>
</tr>
<tr>
<td>Neighbour</td>
<td>2 (0.5)</td>
<td>Government Department</td>
<td>8 (1.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Police</td>
<td>7 (1.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community health</td>
<td>7 (1.6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious leader, church</td>
<td>3 (0.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug, alcohol counsellor</td>
<td>3 (0.7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Solicitor</td>
<td>2 (0.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Help line</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>238 (55.0)</strong></td>
<td></td>
<td><strong>195 (45.0)</strong></td>
</tr>
</tbody>
</table>

As shown in Table 7.4, although a greater variety of professional services were contacted by women concerning their experience of threatening and/or abusive behaviour, more women spoke to an individual known to them in a non
professional capacity. To explore whether women who spoke to someone about their situation experienced more child-to-mother violence than women who did not speak to anyone, a comparison between ‘speaking to someone’ and the mean of CMV was carried out. Graph 7.2 indicated mothers who experienced a greater amount of child-to-mother violence were also more likely to contact someone for support which is a logical reflection of mothers being more likely to seek support if their experiences were more severe.

**Graph 7.2 Mothers spoke to someone by total CMV score**

To investigate if women speaking to someone had an affect on the amount of child-to-mother violence they experienced and if there were statistically significant differences between these women and women who did not speak to anyone, an ANOVA was applied to these groups.

*H0# 24 = There is no difference in the level of CMV experienced by mothers who spoke to someone compared to mothers who did not speak to anyone and population means between mothers will be similar.*
Table 7.5 Mothers spoke to someone by total CMV score

Test of Homogeneity of Variances

Experience of CMV total scores across operational scale

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.436</td>
<td>2</td>
<td>518</td>
<td>.0001</td>
</tr>
</tbody>
</table>

ANOVA Total CMV score

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3086.850</td>
<td>2</td>
<td>1543.425</td>
<td>22.059</td>
<td>.0001</td>
</tr>
<tr>
<td>Within Groups</td>
<td>36243.910</td>
<td>518</td>
<td>69.969</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39330.760</td>
<td>520</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levene’s test of homogeneity (Table 7.5\textsuperscript{36}) showed that the population variances has been violated \((p < 0.05)\), thus we cannot assume the homogeneity of variance to be equal. As shown in Table 7.5, Mothers spoke to someone by total CMV score was statistically significant \([F_{(2,518)} = 22.059, \ p < 0.0001]\) and the null hypothesis was rejected. It is likely that there is a difference between mothers who spoke to someone and the amount of child-to-mother violence they experienced. Women who spoke to someone, reported significantly greater levels of threatening and/or violent behaviour than women who did not speak to anyone.

7.2.1.4 Mothers received support

To investigate if women had support from people to help with their situation, and determine who they were receiving support from, frequencies were calculated and an ANOVA was applied to the variable ‘received support’. Of the 521 women who experienced threatening and/or abusive behaviour from their child/ren, 171 (32.8\%) mothers stated that they had support to help with the situation, and of these women 157 (92\%) mothers said they were satisfied with this support. The types of support indicated by respondents are presented in Table 7.6 and have been divided into individuals and professional services.

\textsuperscript{36} See Appendix 7.B for descriptive statistics in breakdown Table 7.5A Mothers spoke to someone about their experience of CMV by total CMV score
Table 7.6 Mothers received support

<table>
<thead>
<tr>
<th>Individuals who supported mothers regarding CMV</th>
<th>Frequency</th>
<th>Services who supported mothers regarding CMV</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>47</td>
<td>Counsellor</td>
<td>36</td>
</tr>
<tr>
<td>Friends</td>
<td>31</td>
<td>GP, paediatrician</td>
<td>12</td>
</tr>
<tr>
<td>Partner, child’s father</td>
<td>16</td>
<td>Mental health worker</td>
<td>10</td>
</tr>
<tr>
<td>Other parents</td>
<td>9</td>
<td>Respite care</td>
<td>7</td>
</tr>
<tr>
<td>Listening</td>
<td>2</td>
<td>School counsellor</td>
<td>7</td>
</tr>
<tr>
<td>Spiritual faith</td>
<td>1</td>
<td>School staff</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Book, written material</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug, alcohol counsellor</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social worker</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support group</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychologist</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religious leader/church</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Help line</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Police officer</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interpersonal relationship course</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
<td>Total</td>
<td>101</td>
</tr>
</tbody>
</table>

Indicated in Table 7.6, although a greater variety of professional services were reported by mothers as types of support women utilised, these women reported receiving support evenly between individual acquaintances and professional service providers. Of particular interest was whether women who reported having support for their situation experienced a significantly different amount of threatening and/or abusive behaviour than women who did not have support. Therefore, a graph was undertaken to explore this issue. As shown in Graph 7.3, women who received support for their experiences of threatening and/or abusive behaviour appeared to experience a greater amount of abuse.
To investigate this area further, ANOVA was applied to compare mothers who received support and mothers who did not receive support by the mean score of CMV.

\( \text{HO# 25 = There is no difference in the level of CMV experienced by mothers who received support compared to mothers who did not receive support and population means between mothers will be similar.} \)

**Table 7.7 Mothers received support by total CMV score**

<table>
<thead>
<tr>
<th>Test of Homogeneity of Variances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of CMV total scores across operational scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.519</td>
<td>2</td>
<td>518</td>
<td>.004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANOVA Total CMV score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of Squares</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Between Groups</td>
</tr>
<tr>
<td>Within Groups</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Levene’s test of homogeneity showed that the population variances has been violated ($p < 0.05$), thus we cannot assume the homogeneity of variance to be equal. As the results (Table 7.7$^{37}$) show, mother received support by total CMV score was statistically significant [$F_{(2,518)} = 8.566$, $p < 0.0001$] and the null hypothesis was rejected. It is likely that there is a difference between women receiving support and the amount of child-to-mother violence experienced. Women who received support reported significantly greater levels of threatening and/or violent behaviour than women who did not receive support.

### 7.2.1.5 Summary

In section 7.2.1, support networks accessed by mothers were reported. Approximately 50% of respondents spoke to someone about their experiences of child-to-mother violence; these women were more likely to experience greater amounts of child-to-mother violence. Similarly, approximately 50% of women reported a partner present in the home at the time behaviour was occurring. The attitudes of partners came under categories of supportive and unsupportive. Of note, when analysed to see if a partner present had an effect on the total CMV score, it was statistically significant. The majority of mothers who reported a partner present also reported higher levels of child-to-mother violence. Mothers contacted a wide range of people for support, from individuals, specialists and community services. These women were also more likely to be experiencing a greater amount of threatening and/or violent behaviour than women who did not seek support.

### 7.2.2 Actions and strategies utilised

Actions and strategies utilised by mothers, were explored in questions 24 and 25 of the CMVS. These questions indicated what mothers did, to try and improve their situation, and whether they felt this was successful. Of the 521 women who experienced child-to-mother violence, 393 mothers (75.4%) reported they had taken action to improve their situation, using a number of strategies (Table 7.8).

---

$^{37}$ See Appendix 7.C for descriptive statistics in breakdown Table 7.7A Mothers received support by total CMV score
Two hundred and seventy six mothers (70%) of the 393 women stated there actions were successful in improving the situation.

**Table 7.8 Actions and strategies used by mothers**

<table>
<thead>
<tr>
<th>Category of Strategies</th>
<th>Type of Action</th>
<th>Frequency</th>
<th>Sub total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk:</td>
<td>discussion, reasoning talk to school staff</td>
<td>147</td>
<td>152</td>
</tr>
<tr>
<td>Professional help:</td>
<td>counselling police, AVO, jail medication psychologist mental health professional GP hospitalisation</td>
<td>55 18 12 11 10 9 4</td>
<td>119</td>
</tr>
<tr>
<td>Discipline:</td>
<td>grounded/time out reprimand loss of privileges</td>
<td>57 29 16</td>
<td>102</td>
</tr>
<tr>
<td>Positive regard:</td>
<td>calm situation reward good behaviour increased quality time together parents united firm &amp; consistent shared care with other parent changed diet young person sent to shower</td>
<td>35 8 6 6 3 1 1</td>
<td>60</td>
</tr>
<tr>
<td>Changed circumstances:</td>
<td>young person moved out, asked to leave parents separated took kids and left changed school partner stopped drinking joined AA stopped young person seeing father Hid money</td>
<td>28 8 3 2 1 1 1</td>
<td>44</td>
</tr>
<tr>
<td>Distance/Nothing:</td>
<td>ignore behaviour avoid young person/situation parents back down, walk away</td>
<td>7 6 5</td>
<td>18</td>
</tr>
<tr>
<td>Education:</td>
<td>parenting course, changed parenting teach young person money management</td>
<td>8 3</td>
<td>11</td>
</tr>
<tr>
<td>Aggression:</td>
<td>abuse, threats, yelling</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Consequences:</td>
<td>young person to repay debt</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>514</strong></td>
<td><strong>514</strong></td>
<td></td>
</tr>
</tbody>
</table>

**7.2.2.1 Summary**

Over 75% of respondents took some form of action to try and improve their situation, and more than 50% of these women state their actions had improved
the situation. Strategies varied from, talking, seeking professional help, using discipline, love and support, changing circumstances, distancing from the child or doing nothing.

7.2.3 Suggested support and services for targets and their families

Women who have experienced child-to-mother violence are in a unique position to advise, not only the services and strategies they utilised but, the types of services they think would be of most benefit to them. For this reason, question 29 was critical in determining the types of support women, who experienced child-to-mother violence, perceived to be most helpful for them and their families. Of the 521 women who experienced threatening or violent behaviour, 287 (55.1%) agreed more support should be available to women and families dealing with this situation. Table 7.9 describes the range and scope of services suggested by mothers.
Table 7.9 Support services suggested by mothers

<table>
<thead>
<tr>
<th>Suggested Support</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable long-term counselling for youth &amp; family</td>
<td>82</td>
</tr>
<tr>
<td>Parent workshops for dealing with violent/abusive youth</td>
<td>39</td>
</tr>
<tr>
<td>Information &amp; education about issue</td>
<td>31</td>
</tr>
<tr>
<td>Non blaming, non judging advocacy for mothers and families</td>
<td>29</td>
</tr>
<tr>
<td>Support groups for mothers, families &amp; youth</td>
<td>28</td>
</tr>
<tr>
<td>Education &amp; counselling in schools</td>
<td>26</td>
</tr>
<tr>
<td>Advice &amp; strategies parents can utilise to manage situation</td>
<td>23</td>
</tr>
<tr>
<td>24 hour help line for parents</td>
<td>20</td>
</tr>
<tr>
<td>Mother focused intervention particularly for single mothers</td>
<td>15</td>
</tr>
<tr>
<td>Increase support for mental health</td>
<td>12</td>
</tr>
<tr>
<td>Coordination &amp; cooperation between existing services</td>
<td>11</td>
</tr>
<tr>
<td>Assessment, treatment &amp;/or referrals from medical profession</td>
<td>10</td>
</tr>
<tr>
<td>Respite housing, care</td>
<td>9</td>
</tr>
<tr>
<td>Early intervention programs</td>
<td>8</td>
</tr>
<tr>
<td>Compulsory counselling/anger management for violent offender</td>
<td>7</td>
</tr>
<tr>
<td>Police support</td>
<td>6</td>
</tr>
<tr>
<td>Boot camp for violent/abusive youth</td>
<td>4</td>
</tr>
<tr>
<td>Mentorship programs for young people</td>
<td>3</td>
</tr>
<tr>
<td>Drug addiction support</td>
<td>3</td>
</tr>
<tr>
<td>Support from religious leaders &amp; the church</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>369</strong></td>
</tr>
</tbody>
</table>

7.2.3.1 Summary

The main suggestions for support were affordable long-term counselling for young people and families, parent workshops, information and education, non-judgemental advocacy for mothers and their families and support groups for mothers, families and young people.

7.2.4 Summary of results for the main study: Part 2

Results for the second part of the main study from the CMVS instrument were summarised according to the three key outcome measures for this chapter: Mothers support networks; actions and strategies utilised by mothers; and suggested support services from the women.

1. Support networks utilised:
50% of mother’s spoke to someone about their experiences of child-to-mother violence; some women listed multiple individuals and/or services providers (433, 100%); these women were more likely to experience a greater amount of child-to-mother violence; approximately 50% of women also reported a partner present in the home at the time behaviour was occurring; partners were either supportive or unsupportive; mothers who reported a partner present also reported higher levels of child-to-mother violence.

2. Actions and strategies utilised:
   - Women utilised a wide range of actions and strategies, from individuals, specialists and community service providers; 207 services were utilised by women, including help provided by family and friends; over 75% of respondents took some form of action to manage their child/ren’s behaviour and more than 50% reported these actions had improved their situation; predominant strategies varied from talking, seeking professional help, using discipline, love and support, and changing circumstances; some of the women used avoidance - distancing from the child or doing noting.
   - Women looked for help from counsellors, psychologists, GPs, paediatricians, mental health services, drug and/or alcohol counsellors, respite care, school counsellors, school staff, social workers, police, and religious leaders.

3. Suggestions for services to provide improved support:
   - The most common suggestions for support were affordable long-term counselling for youth and family, parent workshops, information and education, non-judgemental advocacy for mothers and their families and support groups for mothers, families and youth.

This chapter detailed the results of variables from the main study regarding support networks and services the women used, actions and strategies
undertaken by the women to manage the situation, and suggestions for improved services to women and their families. The following chapter explores the qualitative responses women wrote in the final open-ended question of the CMVS.
ABSTRACT: CHAPTER 8

In this chapter the third part of the main study is reported, qualitative responses from CMVS participants. Women noted what was most salient for them. Five key themes were developed from an analysis of these concerns: (1) Living in the red zone: The experience of child-to-mother violence, this theme referred to women’s sense of danger and difficulty in raising an abusive child; (2) The damage is done: The breakdown of relationships, this theme described the breakdown and discord within relationships after experiencing child-to-mother violence; (3) Order out of chaos: Successful transition back into the family; identified the re-integration of relationships between the child/ren and mother; (4) Falling through the cracks: Barriers to service provision, this theme drew attention to the difficulties women faced trying to access appropriate services; and, Cry for help: Where to from here? Focused on what women wanted and was based on the premises that services be: (1) non judgemental environment; (2) affordable services, and (3) services that were accessible to everyone.
8 CHAPTER EIGHT PHASE 3: MAIN STUDY

QUALITATIVE RESPONSES

In this chapter, analysis of qualitative responses reported in the CMVS was detailed. The open-ended response section in the CMVS addressed a concern that gathering quantitative data alone might constrain the development of new knowledge in an area where little is known. It further supported a notion that women experiencing this form of family violence have qualitative differences in their experiences. Issues revealed in the women's narratives were grouped into five key themes. These were:

1. ‘Living in the red zone’: The experience of child-to-mother violence.
2. ‘The damage is done’: The breakdown of relationships.
3. ‘Order out of chaos’: Successful transition back into the family.
4. ‘Falling though the cracks’: Barriers to service provision.
5. ‘Cry for help:’ Where to from here?

8.1 Rigor in qualitative research

Scientific rigor measures the value of research outcomes, and studies are critiqued as a means of judging rigor (Burns & Grove, 2005; Silverman, 2003). In qualitative research rigor is defined differently to quantitative research, based on openness, adherence to a philosophical perspective, thoroughness in data collection, and consideration of all of the data in the subjective theory development phase (Denzin & Lincoln, 2005). Evaluation of the rigor of a qualitative study is based, in part, on the logic of the emerging theory and the clarity with which it sheds light on the studied phenomenon. Lack of rigor in qualitative research occurs when there is inconsistency in adhering to the philosophy of the approach being used, a failure to move beyond older ideas, poorly developed methods, inadequate time spent collecting data, poor observations, failure to give careful consideration to all the data obtained and inadequacy of theoretical development from the data (Denzin & Lincoln, 2005; Mertens, 2005).
In order to be rigorous in conducting qualitative research, the researcher must be open to the context of the data and move beyond their own views (deconstructing). After thoroughly examining the area under study and forming new ideas (reconstructing) it must be acknowledged that the present reconstruction is only one of many possible ways of organising data (Burns & Grove, 2005; Silverman, 2003). In the present study rigor is demonstrated within the qualitative aspect of the CMVS through women writing, in their own words, areas of child-to-mother violence salient for them. These narratives were entered into Nvivo version 2 (QSR, 2002) verbatim, coded and thematically analysed. During this process all aspects of the data were considered and incorporated within one of the five major themes that emerged. Further, the findings were confirmed in diverse areas. Themes that emerged from the CMVS were in the agreement with themes that developed in the workshop with participating service providers. In addition, there was resonance in the findings with the limited research available in the literature (e.g. Jackson, 2003). However, it is possible that the data are open to alternative interpretations and would have been improved if it were possible to verify themes with participant mothers.

8.2 Qualitative responses to the CMVS

Of the 521 mothers who experienced child-to-mother violence, 185 women chose to share, in their own words, their experiences. In all cases pseudonyms were used to protect participant’s privacy. Some women wrote qualifying statements, or comments related to the answers they had already provided, or related aspects of their experiences that were salient for them. Reports were generally very brief, one or two sentences clarifying issues raised by the questionnaire, yet some of the women were very detailed in their response. Mothers related their confusion, or distress about the threatening and/or violent behaviour targeted at them by their child/ren. In addition, some women indicated their perceptions of why their child/ren behaved in this way. Women also expressed their frustration at the lack of understanding and knowledge regarding
child-to-mother violence; they were not sure what to do or who to turn to for help and support.

8.3 Thematic analysis

According to DeSantis and Ugarriza (2000, p. 362), a ‘theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole.’ Thematic analysis is a method for identifying, analysing and reporting patterns within data that are important to the description of the phenomenon (Braun & Clark, 2006; Daly, Kellehear & Gliksman, 1997). According to Silverman (2003), themes that are important to participants are identified in the data from a close reading of the text. Morse and Field (1995) describe thematic analysis as a strategy in qualitative research that involves recognising common themes that are not immediately apparent, but emerge as central elements through the process of comprehension and categorisation, that once identified, appear obvious. In this instance, thematic analysis was used to draw out themes and sub-themes from women’s qualitative responses to the question:

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

This question was asked at the end of the survey, after women had time to reflect on their experiences of threatening and/or abusive behaviour from their child/ren, and develop an understanding of what these experiences meant to them. Data were transcribed into word documents and entered into Nvivo, version 2 (QSR, 2002), a software program designed to handle qualitative data. From transcribed material, patterns of experiences were coded. This came from direct quotes and paraphrasing common ideas. It was then a process of identifying all data that related to the classified patterns and developing themes
that captured key elements of child-to-mother violence (Denzin & Lincoln, 2005; Silverman, 2003).

Thematic analysis was used to draw out patterns and themes from the women’s responses, and to develop interpretations and connections to the literature. Analysis of the data was performed in accordance with basic analytical principles, of data reduction, data display and drawing conclusions (Miles & Huberman, 1994). Data reduction refers to the process of selecting, focusing, simplifying, abstracting and transforming the data derived from written responses of mothers (Miles & Huberman, 1994). Women’s responses were thoroughly read and summaries were written for each respondent’s story and the resulting data were compared and contrasted. Described by Denzin and Lincoln (2005), the process involved: engaging with the data through close reading of the text; immersion, becoming completely acquainted with the topic; clustering meanings by comparing and contrasting patterns in the text; identifying themes and returning to the date to check that these themes fit with exemplars; synthesising meanings based on comprehension of the literature and the logical flow of personal depictions.

Synthesising data involved recognising what was typical and/or significant in regard to the phenomenon and variations that occurred which allowed some generalised statements to be inferred (Elliott, 2005; Polit, et al., 2006). Theorising material involved developing alternative explanations for women’s experiences that resonated with the data. The theorising process continued to evolve until the most apt and clarifying explanations were attained (Braun & Clark, 2006; Elliott, 2005).
Table 8.1 Organisation of themes

<table>
<thead>
<tr>
<th>Qualitative Themes</th>
<th>Sub themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3.1. ‘Living in the red zone’: The experience of child-to-mother violence</td>
<td>• Anticipation of violence: Growing awareness of CMV</td>
</tr>
<tr>
<td></td>
<td>• Misdirected violence and parental failure: Perceived causes of CMV</td>
</tr>
<tr>
<td></td>
<td>• Perceived possibilities: Actions taken</td>
</tr>
<tr>
<td>8.3.2 ‘The damage is done’: The breakdown of relationships</td>
<td></td>
</tr>
<tr>
<td>8.3.3 ‘Order out of chaos’: Successful transition back into the family</td>
<td>• Transitioning back into the family</td>
</tr>
<tr>
<td></td>
<td>• Valuable support: Service frameworks</td>
</tr>
<tr>
<td>8.3.4 ‘Falling through the cracks: Barriers to service provision</td>
<td></td>
</tr>
<tr>
<td>8.3.5 ‘Cry for help:’ Where to from here?</td>
<td>• Specialised services: Counselling and/or medication</td>
</tr>
<tr>
<td></td>
<td>• Education for young people</td>
</tr>
<tr>
<td></td>
<td>• Information and strategies: Mentoring, respite care, and/or flexible working hours</td>
</tr>
</tbody>
</table>

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

The red zone refers to danger and was an element woven throughout women's narratives, with women consistently portraying their parental experiences with an abusive child paired with a sense of danger and enormous difficulty. Women were desperate, fearful and overwhelmed by their experiences of child-to-mother violence. To explore women’s contextualised understandings of these experiences, this theme was organised into three distinct sub themes.

The first of these sub-themes was Anticipation of violence: Growing awareness of child-to-mother violence, this sub theme revealed women’s anticipatory fear of intimidation and violence from their child/ren. These women were able to reflect back on their experiences with the threatening and/or abusive child/ren and reveal what was happening to them and feelings evoked by their behaviour. In
addition, women touched on the complexity they faced maintaining the prescriptive role of ‘mother’ that gives primacy to nurturance, protection and support, while at the same time dealing with their feelings of anger and resentment brought about by being a target of violence. This translated into women scrutinizing their particular circumstances, minimising their child/ren’s behaviour and perceiving limited options, as a way of processing feelings of inadequacy and humiliation, and is revealed in the two subsequent sub themes of Living in the red zone.

Misdirected violence and parental failure: Perceived causes of child-to-mother violence, was the second sub theme and articulated a range of explanations women attributed to their child/ren’s behaviour, the most significant of which were family breakdown and the consequent misdirected violence, parental failure, mental health issues and drug and alcohol problems. Other causes of child-to-mother violence expressed by women were medical diagnosis of conduct disorders and pressures of daily life, such as unemployment, poverty, bullying, poor communication and low self-esteem which women felt led to a build up of frustration in their child/ren.

Finally the third sub theme, Perceived possibilities: Actions taken, describes the scope of options women felt they were able to make in dealing with their child/ren. Women, either felt there was nothing they could do short of asking the child to leave or moving out themselves, or they sought professional help, for instance counselling services, police intervention or support from medical services, or they looked for kindred spirits and self help alternatives. These three sub-themes are discussed in detail next.

8.3.1.1 Anticipation of violence: Growing awareness of child-to-mother violence

Mothers reported a growing sense of concern as their child/ren began to use a range of behaviours that included, stealing money or property, verbal abuse, emotional and/or psychological torment and/or physical assault, targeted
towards them. These women described their experiences as ‘difficult’, ‘stressful’ and ‘isolating’. Women felt under siege. There was a sense that they were walking on egg shells, living in fear, not knowing when their child/ren might become threatening and/or violent and a situation would occur that they felt was out of their control. Anne was worried, she wrote [whenever her son would] ‘punch the wall or door [she would be left] wondering when he might snap and hit me instead’. She was apprehensive because her son’s use of overt violence sent her a message that the violence she witnessed could also be directed towards her at anytime. Beverly reflected back on her daughter’s behaviour during adolescence, ‘We really struggled as a family. It is something I never dreamed my daughter would do to us; unbelievable abuse. These were awful years’. For Beverley’s daughter the abusive behaviour was extreme but did not continue past adolescence. Cathy explained her son’s attempts at trying to control his mother, she wrote, ‘He would often try to intimidate me, threatening to break my things but not actually doing it’.

In being fearful of her son, Donna acknowledged:

My son has terrorised our family, neighbours and friends for nearly 20 years... My grandchildren have seen it all, even tactical response teams, street closures, knife attacks on police, guns, capsicum spray, car chases, and their dad bashed and put in a psychiatric ward.

Donna’s son’s violence gives an insight into an extreme departure from acceptable behaviour and her statement identifies a number of elements that cross between child-to-mother violence and expressions of violence within the community, like terrorising family members, and individuals outside the family, violence continuing as a consistent pattern of interaction, witnessing violence across generations, the use of weapons, police involvement, and mental health issues. For Donna the violence continued well past adolescence and overlapped into other contexts affecting friends and family, future partners, the next generation of children and members of the community.
Like Beverley and Donna, women spoke of ‘suffering’ those years, particularly when their child/ren were adolescents, and said they were emotionally, physically and mentally ‘exhausted’. Eve found it extremely difficult dealing with her elder daughter. She noted how hard it actually was to be a parent to an abusive child and used the analogy of ‘coping in the ‘red zone’ to depict the years she spent managing the situation without any help or support. Fiona wrote about the escalation of violence from her son, ‘There has only been one incident where I was physically threatened but child [sic] is constantly angry or upset and disrespectful and his behaviour is getting worse and extreme’. In this instance, Fiona’s son has developed a pattern of behaviour that is of concern to her, she has already experienced one incident that she can clearly identify as threatening and fears this pattern will continue to escalate.

Women’s experiences were not necessarily dependent on whether or not they had a partner. For instance Gwen wrote, ‘When his behaviour was at its worst, I was ready to take my daughter and move out. That told my husband how bad it was, as my son didn’t behave that badly in front of him’. This comment makes visible the specific gender difference in child-to-mother violence whereby it was mothers who were targeted for abusive behaviour particularly at times when a woman’s partner was not present. It remains unclear whether Gwen’s partner was complicit in his son’s behaviour or complacent. Gwen felt she had no recourse in controlling her son’s abusive behaviour short of moving out, even though the child’s father was present in the household. She threatened to leave the family home with her other child in order convey to her husband that the abusive behaviour she experienced from her son was serious. Similarly, in four other two parent families women mentioned threatening behaviour from their sons was less likely to occur in the presence of their partner, but rather than this acting to lessen the occurrence of abuse, these child/ren appeared to be more selective in when they choose to resort to threatening and/or abusive behaviour. Women felt this created the illusion that the violence was not occurring or they
were exaggerating their experiences of abusive behaviour and some women felt they were not believed by their partners.

Women who were raising their child/ren alone, on the other hand, considered they were more at risk than partnered women of experiencing threatening and/or abusive behaviour from their child/ren. Under these circumstances seven women felt they were vulnerable because they did not have the physical support of a man who might act to prevent everyday conflicting behaviour from escalating to threats and/or violence. In addition, three women noted the absence of emotional support from a partner that might be helpful in coping with the situation. As Heather suggested, ‘Parents don't have a very easy time these days’, especially single parents when in the end you find your own health is affected and no one cares. It’s lonely without support'.

Moreover, while describing child-to-mother violence as the worst time of their lives, women’s comments also highlighted the complexity of emotions that surfaced when they tried to make sense of their experiences. Irene stated, ‘When we were having trouble with my son it was the worst time of both our lives. There was so much stress. I felt a mixture of emotions, upset, hurt, resentful, worried and sympathy for him’. It appears the prescriptive role for mothers in contemporary Western society means that concerns for their own predicament were less important than the concerns they had for their child/ren. Jackie identified her son’s welfare as her priority when she stated, ‘In my situation my greatest concern was my son’s leaning towards self-harm through violent actions e.g. hitting walls, throwing things'. This emphasis on the priority of the child/ren’s needs was indicated by women’s predominant focus on seeking help for their child/ren over their own health and safety.

This sub theme has shown the growing concern women had for their child/ren’s behaviour and the difficulty and stress involved in managing the situation with women describing these years of mothering as ‘awful'. Women were fearful...
because they did not know when violence might occur or whether they would be able to manage the next incident. Women noted their child/ren’s behaviour included but was not limited to verbal threats and abuse, disrespect, intimidation, physical violence, emotional torment and stealing valuable items and money from them. Women from two parent families and single mothers alike considered they were vulnerable to attack. Finally, women illuminated an added complexity for them in this situation was feeling torn between nurturing and caring for their child/ren and resentment of the offending child/ren because of the abusive treatment they had received.

8.3.1.2 Misdirected violence and parental failure: Perceived causes of child-to-mother violence

The second sub theme of Living in the red zone, Misdirected violence and parental failure, describes the perceived causes of child-to-mother violence by the participating mothers. The most significant causes of child-to-mother violence perceived by these women were family breakdown and subsequent misdirected violence, parental failure, mental health issues and drug and alcohol problems. Additional explanations by mothers were medical diagnoses, pressures of daily living, such as unemployment, poverty, peer pressure and bullying which were believed to create a build-up of frustration in the young person. According to mothers, the child/ren’s lack of skills in communication and/or low self-esteem meant their child/ren resorted to threats and/or the use of violence to release these frustrations. Despite their desperation and fear, the majority of women fiercely defended their child/ren, remarking that their child was a ‘good kid’, ‘wonderful son’ or they were ‘happy with her’, and blamed everything and everyone, except their child, for the violence.

Many women thought family dynamics contributed to their adolescent’s behaviour. These women cited factors such as family isolation, family discord, and family upheaval, including separation or divorce, as significant factors that accounted for why their child/ren was violent towards them. Kate stated, ‘I believe my son struggled with the loss of his father as we separated when he
was 6 years old’. This was a common premise as the breakdown of family relations often meant the child/ren’s relationship with the non custodial parent was severed or damaged. Similarly, Linda noted, ‘A period of difficulty in the marriage contributed to some aggression and behaviour issues’. In these cases, while it was the mothers who experienced the abusive behaviour, these women felt this was misdirected frustration, hurt or anger on the part of their child/ren. Mandy was raising her children on her own, and noted, ‘Her [daughter] father has nothing to do with her or her brother...My daughter is hurting badly and seems to take out all her anger on me’. More blatantly, Narelle believed her ex-husband actively worked to encourage their son’s abusive behaviour, she reported, ‘His father's comment to him was, ‘it's not your fault your mother incites violence in men’’. Five women reported that the most difficult circumstance they faced as single parents was if the child/ren did not have a positive relationship with their father, then the child/ren was more likely to vent their frustration, hurt and anger towards the mother.

Olivia also experienced what she perceived as misdirected violence and she was not alone in describing her experience of violence together with positive reframing of her child’s behaviour, she noted ‘I am happy with my daughter's demeanour and behaviour.’ Similarly Gwen described her son as ‘a wonderful young man’ despite the fact that, ‘When his behaviour was at its worst I was ready to take my daughter and move out’. Women’s positive reframing of their child/ren as ‘wonderful’, ‘good’, ‘decent’ along with descriptions of threatening and violent behaviour, acts to minimise the level of abuse they experienced. Penny made salient what many of the women might also think when they actively minimise their child/ren’s behaviour, ‘Parents also try to pretend that nothing is wrong, that this is normal teenage behaviour because they have the feeling of being a bad parent’.

Nine women blamed themselves for their child/ren’s behaviour and felt that their (perceived) poor parenting skills were a contributory factor. Four women
associated this with their own experiences of being parented. Kate stated, ‘I felt my parenting skills were poor in that area because my parents were also separated’. They felt their inability to effectively parent these child/ren contributed to their child/ren’s threatening and abusive behaviour. These women were locked in a cycle where the child/ren’s behaviour reinforced their feelings of inadequacy to be effective parents, which resulted in them feeling incapable of enforcing their authority. Similarly, Janice thought her behaviour contributed to her experiences of violence from her son:

I know sometimes I do aggravate my son, but at other times he is not reasonable in his requests, but we are working on it. It does take both sides and we all need to work at it. You can't be in their face and expect to have things running smoothly.

There is an underlying assumption here that Janice’s role as a mother is one of family peacemaker, and therefore it is essential that she placate her son and not make unnecessary demands on him. Similarly, Rhonda wrote, ‘Sometimes aggressive behaviour is used to show the child disagrees and disapproves of a request being made of them. Ordinarily my kids will usually comply with reasonable requests made of them’. This comment implies that it is the child/ren in the household setting the family agenda. Rhonda has absorbed the message that she must be making unreasonable demands of her child/ren if they have to resort to violence. Therefore, in order to maintain a peaceful household the mother complies with her child/ren’s authority and is measured in her demands on the child/ren. It might be the case that these children developed an exaggerated sense of entitlement.

Nine women raised the issue of children with an inflated sense of entitlement. These mothers spoke of children in general being more aware of their rights and openly defiant about parents setting house rules compared to children’s attitudes when they were growing up. Women were concerned that the rights of a child were necessarily tied in with responsibilities and that these children were not taking into consideration their responsibilities. Susan stated, ‘Children are taught their rights at school but they are not clear about ‘their’ rights or other
people’s rights, also, consequences of their actions either legally or morally’. Susan thought adolescents were more likely to only consider how events impacted them without taking into consideration the impact of their actions on other people. Similarly Tracey thought, in general, adolescents were less concerned about the consequences of their behaviour:

Many teenagers and young adults consider it 'normal behaviour' to swear at adults and ignore [the legality of activities]: to smoke, drink to excess, indulge in sex, all underage and to dabble in drugs …. They seem to have a culture or attitude that says it's okay to verbally tell an adult that it's none of their business what they do…Many teenagers and young adults today believe they have rights but forget that with rights come responsibilities.

Tracey described a broader social influence on adolescence behaviour which she felt translated into their attitudes and subsequent demeanour at home. These women thought their child/ren’s sense of entitlement was due to broader social norms, absorbed by children through media depictions, in schools, peer groups and embedded within their social discourses. This was a concern for mothers because, although they acknowledged that it was important that children were aware of their rights, they felt the rights of others were not stressed and this gap directly impacted them when their rights were violated by their child/ren through acts of violence.

On the other hand, Alison reflected on whether adolescents were capable of the level of analysis required to assess the impact of their actions on others, writing ‘…children between the ages of 16 and 18 years still lack maturity to address their actions even if they know it’s wrong’. It appears that for Alison even if the child knows they are doing the wrong thing they are unlikely to change their behaviour if they do not see an advantage. Moreover, Vicki speculated whether abusive children have a sense of entitlement ‘because of the movies, DVDs, or video games, advertising, and parents giving into them’. Her theory suggests because child/ren are exposed to violence on multiple levels within the media they have the potential to become desensitised to the severity of utilising violence. In addition, Vicki makes the point that many children are also
overindulged, she believes this produces over entitled children insensitive to the impact of violence on others.

Wendy discussed the disagreement in parenting between herself and her partner and acknowledged the negative effect this had on her children:

I would describe my parenting style as overly permissive and generally inconsistent. I would describe my partner's parenting style as overly authoritarian and controlling but consistent and predictable. I think this is difficult for our children and causes some confusion. It also leads to communication breakdowns between parents. It can be a hard job - parenting.

The conflict in parenting styles in Wendy’s family may be a feature of many households in which parents fail to agree on how to raise their child/ren. Similarly, Sandra pointed out the conflict in parenting, ‘My partner and I had trouble agreeing on parenting values and I would swing from my values to his which was confusing and inconsistent for my son’. An important factor in effective parenting is presenting clear boundaries for children. This is difficult when there is discord between parents and the resulting stressful environment might elevate aggressive behaviour in some children.

Four women considered the impact of a history of family violence. For some women, violence was a feature of their own childhood and/or their partner’s childhood. Other women described their child/ren being exposed to violence from the child’s father or step-father. Zoë was aware that witnessing violence was damaging to her children but she was not sure what those consequences might be, writing:

My children witnessed awful, violent, verbal and physical abuse when I was with their father. It concerns me greatly that even though I eventually got out of the situation and took them with me. How do I know if it’s all too late?

Mothers thought their child/ren were more aggressive because of this exposure. Alison suggested, ‘My children’s father was, what I would call a misogynist, and the attitude of my two oldest sons (17 and 23) reflect this’. She also noted that,
‘My father had a quick temper …and I was beaten so many times as a child that I determined not to use corporal punishment on my children’. Although she actively worked to break the cycle of violence for her children, she did not perceive this to be effective because of the negative influences of her children’s father.

Mental health issues and substance abuse were often brought up in combination, resulting in an exacerbation of the women’s experiences of abuse. Brenda wrote, ‘After 10 years of wreaking havoc, my son is still using drugs, and a menace to himself and me’. Carla said her son was very aggressive and noted, ‘He knew he had mental and physical health problems, and he had the will power to go to his doctor. He had been using marijuana and ecstasy’. Carla blamed illegal drugs for exacerbating her son’s mental and physical health issues which increased her exposure to his aggression. She perceived that if he was capable of seeking medical support he should also be capable of abstaining from taking drugs. Therefore, although she blamed his drug taking for her experiences of violence, she also blames her son for taking the drugs. Similarly, Diane wrote, ‘I believe that his [son] behaviour was caused from smoking marijuana, which he did frequently. He had psychotic episodes’.

Donna noted, ‘He [son] is…very controlling and violent, but because he works hard, mental health keep letting him go’. For Donna the problem was reframed to become one of mental health management rather than her son’s violence. A number of women (n = 10) reported their child/ren had been diagnosed with Attention Deficit Disorder [ADD], Attention Deficit Hyperactivity Disorder [ADHD], Oppositional Defiant Disorder [ODD], Borderline Personality Disorder [BPD], bipolar and/or depression. Mental health and medical diagnosis of child/ren having conduct disorders appeared to give women more confidence in discussing their child/ren’s violence, perhaps relieving them of feeling blamed and stigmatised for having violent child/ren.
Emma wrote, ‘Raising an adopted child who has ADHD and ODD and assaulted at least two other children has been so stressful’. For Emma the conduct disorder labels and the fact that her son was adopted explained why he was abusive. Fay was worried about the future, she wrote ‘the child concerned has an intellectual disability and while she is young I do not feel as threatened. I do fear as she gets older that it will be more difficult to control her’. Fay attributes her daughter’s behaviour to her intellectual disability and perceives that it would not only continue but become less manageable as her child increased in size and power.

Many women (n = 22) perceived that their abusive child/ren was unable to control their anger and frustration. These mothers talked about their child/ren lacking social skills or communication skills. In these cases the children were presumed to be unable to express effectively their frustrations and so resorted to physically and verbally acting out instead. Gail wrote, ‘Our middle son has a small problem with anger management if things don’t go his way’. Similarly, Helen noted her son ‘can communicate well quite often, but when angry [he has] no self-control’.

A few mothers alluded to the fact that their experiences were not limited to one child. Alison wrote, ‘I could have picked my daughter; however, because of the age, I chose my sons to address and answer the questions asked’. For her, the experience of child-to-mother violence encompassed all three of her children’s behaviour. Women being targeted with abuse from multiple children were more likely to question themselves for the children’s behaviour whereas, mothers who only had one child using violent or abusive behaviour towards them were more likely to attribute the behaviour to characteristics of the child.

Women also placed blame on external factors that typically have to do with the pressure of daily life, unemployment, peer pressure, and bullying at school. Mothers felt that their child/ren did not have the necessary skills required to
adequately deal with stress. Isabel acknowledged the difficulty of living in a low income household, she reported that ‘this behaviour only occurs when we have no regular income and the frustration occurs’. Similarly, Jill stated that her son recently lost his job due to drug and alcohol problems and his aggressive behaviour was due to disappointment and frustration. Kim noted that, ‘These days’ teenagers just can’t seem to cope with the daily pressures that life deals them’.

Broadly speaking, women considered contemporary life to be highly pressured and children did not have the skills necessary to deal with the pressure in any measured or balanced approach. Instead they often lashed out at their mother. Olivia thought this was perhaps because she was viewed as a safe person on which her daughter could vent her frustrations. She noted, ‘I feel she attacks me because it’s a safe outlet’. The idea of mothers being ‘safe’ has multiple connotations, the prescriptive role of ‘mother’ in contemporary Western society is associated with protection and nurturance, and therefore children in general feel safe in the presence of their mother. However, in these circumstances, there is the perception on the part of the child/ren that mothers were a safe outlet to vent their frustrations because there were no repercussions to the child/ren for threatening and/or abusive behaviour directed towards mothers.

In this sub theme a range of perceived causes for child-to-mother violence were described. Women revealed family breakdown as a key factor in threatening and/or violent behaviour, a history of family violence, drug and alcohol issues or mental health problems. Further, mothers credited their child/ren’s inability to manage frustration and low self-esteem to also contribute to the child/ren being abusive. In particular, attention was drawn to the fact that women attributed multiple reasons to explain their experience of violence from their child/ren that for the most part, did not directly blame the young person or hold them responsible for their behaviour. In fact, mothers thought their child/ren did not expect consequences for their abusive behaviour and believed their child/ren
had a general lack of respect or empathy for them. Women were more likely to blame themselves and their perceived poor parenting skills for the violent behaviours, than blame the child/ren.

8.3.1.3 Perceived possibilities: Actions taken

In the final sub theme of Living in the red zone, Perceived possibilities: Actions taken illustrated actions women thought were possible in managing the situation. Women were primarily at a loss to know what to do or where to turn to ask for help or seek advice. Some women (n = 14) had arranged for their child/ren to attend counselling: general, school, or drug and alcohol. These mothers were mostly hopeful that counselling would benefit their child/ren, but a few, whose child/ren had already been through a counselling program, were unsatisfied. Irene noted, ‘Anger management counselling helped a bit, but didn’t really get to the base of the problem, and really pitted him against me/us’. While many mothers held out hope that their child/ren would benefit from support services, their expectations were high that the problems would be fixed. For some women the disappointment at not finding a solution in counselling was bitter. Loretta stated:

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

Loretta directed her frustration toward the counselling service involved with her son. For her the program was not placing enough stress on the responsibility a perpetrator must accept for their actions. She felt that the impact her son’s behaviour had on her and her family was not acknowledged and the seriousness of her child’s actions were not emphasised. Thus, the outcome of the counselling did not meet the woman’s needs or expectations. This was also indicated by other women who went to an initial counselling session provided for parents who were experiencing difficulty with their child/ren. These women did not continue after the initial meeting. This discontinuance reflects the women’s dissatisfaction with the service.
Another action taken by women to resolve or improve the situation between them and their child/ren was to either ask them to move out or to threaten to move out themselves. Anne thought that once her child had stepped over the line and resorted to abusive and threatening behaviour to get his own way, she no longer had the ability to control him, short of asking him to leave. Two of the mothers asked their child/ren to move out as soon as threatening behaviour appeared and both of these women stated that this was successful for them. One child ceased the behaviour and remained at home; the other child moved out but was more respectful when he interacted with his parents. Gwen threatened to move out, she wrote, ‘When his behaviour was at its worst I was ready to take my daughter and move out’.

Seven women experienced police interaction as a result of their child/ren’s behaviour, with mixed reactions. A couple of women reported police involvement when their child was at an early age to be somewhat of a deterrent. However, Monica described her experience when police responded to a report of domestic violence, she wrote, ‘The police were very unsupportive and told us we were exaggerating, and we were all hysterical and just needed to have a ‘good nights sleep’. Comments like these were not appreciated and were demeaning to our complaints’. This type of response trivialised women’s experiences, when this happened to Monica, she got the message that what she was experiencing was not important. This response might well mean that if future violence occurs, Monica might not contact police for assistance.

Some women accessed medical interventions to deal with their child/ren’s behaviour. Six women said they had seen their general practitioner or paediatrician. Eight mothers said their child/ren had received medication to calm them down. Mothers with children diagnosed with conduct disorders or mental health issues, appeared to be more proactive in seeking help and support. Nancy was able to contact service providers and access support without an
outward show of feeling stigmatised or ashamed by her son’s aggressive and violent behaviour. She wrote:

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

It might be the case that women whose children were diagnosed with mental health issues or disruptive behaviour disorders, many of which are premised on the notion that the child’s behaviour is the result of a combination of metabolic dysfunction and environmental factors, do not carry the burden of blame for their child/ren’s behaviour, and therefore have confidence in seeking assistance. On the other hand, children who have been diagnosed might also be on ongoing treatment plans, with mothers able to gain access to professional guidance in meeting the needs of their child/ren. Mothers with children who have been diagnosed with a disorder are then able to look to the medical profession to fix the problem rather than trying to solve the issue in isolation within the family.

A few women said the best thing they ever did was talk to other parents and not necessarily those experiencing the same behaviour from their child/ren. Irene’s son was able to develop a rapport with someone outside the immediate family who was able to diffuse the situation, Irene wrote:

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

Similarly to women with child/ren diagnosed with a mental health or medical disorder, other women were more positive if they had someone they could debrief with, who could also take some of the pressure off managing the situation alone by engaging and connecting with the adolescent. This was more valuable to Irene than short-term counselling and was formulated as a mentor
relationship with the adolescent able to develop a bond with a positive role model.

Bronwyn completely changed her child’s diet and reported that this had a positive impact on her daughter’s behaviour. However, she was unable to maintain the strictures of the diet and after a few months she recognised that her child had returned to previous abusive and threatening behaviour. Kelly sent her daughter to massage therapy and felt this benefited her child in the short term by alleviating stress.

Women were faced with added complexity in dealing with a threatening and/or violent child. They saw themselves in the first instance as mothers, as a result of this women felt they had limited or no recourse in dealing with their child/ren’s behaviour and it appears that many of the women’s children felt free or justified in continuing with this behaviour unchecked. In addition, mothers were not the only targets of threatening and/or abusive behaviour as comments from some of the women suggested some that siblings suffered similar abuse because they were also considered easy or safe targets.

In this sub theme women perceived few possibilities for resolving their child/ren’s behaviour. Professional services like counselling were a goal for women, but those who had been through the system were less optimistic about their situation improving. Similarly, police intervention was not always a positive move with women experiencing mixed reactions from officers. Mothers with children who were medically diagnosed saw treatment from health care professionals as an essential element in managing the child/ren. In addition, talking to other parents who were able to offer advice or positive role modelling was greatly appreciated. For those women who did not see any other possibilities moving out or asking the offending young person to leave were seen as the only options available.
The overarching theme of *Living in the red zone: The experience of child-to-mother violence* showed the growing concern and fear women had of their child/ren’s behaviour and the difficulty and stress involved in managing the situation. Women were concerned and resentful of the offending child/ren adding to the complexity that they faced as mothers of the perpetrators. Women described family breakdown, a history of family violence, child frustration, drugs and alcohol, mental health issues, weak parenting and disrespect as reasons abuse took place. In addition, women cited few possibilities for resolving the situation; most strategies involved only short-term success rather than achieving long-term solutions.

**8.3.2 ‘The damage is done:’ Breakdown of relationships**

In this theme the breakdown and/or discord between relationships in the family, particularly between mothers and their child/ren were described, and how child-to-mother violence added to the fracturing of the family unit. In addition, women reflected on their feelings of hurt, frustration and sympathy with their child/ren. This complexity added pressure to relationships within the family as mothers generally felt ambiguous about the abusive child/ren. This ambiguity stemmed from mother’s feelings of empathy for the child/ren’s predicament, (what caused the behaviour) accompanied by resentment that they were the targets of threatening and/or abusive behaviour. It appears that mothers lost a sense of communion with their child/ren as a result of their experiences in the short-term, while the behaviour was occurring, as well as in the long-term as resentment accumulated over their treatment. Therefore, mothers often remained disconnected from their child/ren over time, even after some of the children had stopped being abusive. Mothers were resentful of the child/ren for putting them in this position; there was a sense of loss, as if they felt robbed of a positive relationship with their child/ren. In fact, Irene, some of whose comments were discussed earlier, elaborated and reflected on this period in the context of her family:
When we were having trouble with my son, it was the worst time of both our lives. There was so much stress. I felt a mixture of emotions, upset, hurt, resentful, and worry, and sympathy for him. He felt very stressed about everything which turned into anger, aggression really. ... It was as if it was easier for him to be nasty and angry than to be 'normal.' ... I don’t think he wants to remember that part of his life. Occasionally I see hurt when something comes up about that time.

Irene’s statement conveys the stress that was felt by her and her son during the period when her son was being abusive. She makes salient the range of emotions that were brought to the surface by his behaviour towards her. She suggests that for her son, his actions were the path of least resistance, that it was ‘easier’ for him to be abusive than affable. She expressed the perception that at the time her son no longer had empathy for her. Her son’s actions since then have left her with the impression that he wishes to forget this period in their lives. It might be the case that his denial stems from his feelings of remorse or shame for his behaviour. However, because Irene mentions that reminders of this time bring up hurt on the part of her son, it might also be the case that her son felt justified in his behaviour and is hurt that past incidents have been put in the context of abuse, rather than her son’s possible perceptions that his mother was being annoying or overly demanding. Nonetheless, it was clear that feelings evoked by the abusive behaviour had not been resolved and appeared to hang over the family as a reminder to Irene of what her son was capable of, and if pressed, might still be capable of. Similarly, Patricia brought up resentment over her daughter’s behaviour and the effects of her daughter’s behaviour on other family members. She wrote:

She was revolting for years... Although she was never violent or dishonest, never took drugs... she was so horrible at home during those years that it has affected our family dynamic permanently. Her old sister still carries resentment at the way she treated me.

It is noteworthy that Patricia was able to describe what her daughter did not do, but in trying to articulate what she did do, she could only refer to it as ‘so horrible’. A number of other women also used this expression to describe child-
to-mother violence. Perhaps they had no other way of conveying their experiences because it is so poorly understood in the community. However, it was clear that the behaviour was both significant and distressing to Patricia and other members of her family. She felt her daughter had severed her emotional attachment to her and her resentment did not dissipate when the threatening and abusive behaviour ceased. Even after an apology from Patricia’s daughter there remained a rift in family relationships. Similarly, Pauline described siblings that had developed ill feelings towards one another, she wrote, ‘My sons, affectionately dubbed the bash brothers, are now 18 and 21 years. The younger holds a great deal of animosity for his older brother’. Daisy’s whole family unit was fractured by violence; she lived on her own, separated from a violent ex-husband and her two sons who both lived independently with little interaction between any of the family members. Each was isolated from the other, and when contact was made by either of her children, Daisy noted the experience was strained, although she remained hopeful that this would not always be the case.

Kate reflected on her son’s behaviour and the difficulty she had in feeling connected to him:

He was rebellious at times, and sometimes aggressive towards his two sisters. Looking back it might have been because of the ‘good’ relationship I had with them. I always struggled with ‘connecting’ with my son. He is 24 now and a great boy, but I still cannot feel truly connected. I also had a poor relationship with my father.

Kate looked within herself for reasons to explain the disconnection she felt towards her son. She was empathic towards her son whom she described as a ‘great boy’, and appeared to have feelings of guilt because she lacked a sense of communion with her son. She suggested these feelings preceded his behaviour and perhaps it was her strong bond with her daughters that caused her son to resent her which led to his abusive behaviour. For Kate her feelings of disconnection appeared to have commenced with her relationship with her father, identified when she stated, ‘I also had a poor relationship with my father’.
Perhaps past resentments in that relationship have carried forward to replicate the feelings she has for her son.

Sandra was to the point when she stated, ‘The breakdown of family life is because families are frustrated’. Perhaps frustration occurred in families who went through this experience because they were disappointed that their family did not embody the ideals of a family unit, to protect and nurture each other. Members of the family might also have been frustrated because they saw the choices made by young people as unnecessary and counter productive to the family as a whole.

Women’s frustrations were made salient when they described a complete lack of respect on the part of their child/ren. Tanya explained, ‘The last few months of this year she is rude, abusive, with little respect for me’. Pauline wrote about her son, ‘My child should go to behaviour and respect classes. My son cannot tolerate having house rules he is now 15 and thinks he knows what’s best. I have tried everything for him’. These women were frustrated because the relationships they had with their child/ren were not what they had previously been or were less than what these women wanted. Frustration appeared to create a barrier between the mother and child/ren and/or other family members. This was highlighted by Pauline’s comments, where she stated that she had tried ‘everything for him’, but she hit a barrier in getting across an effective solution. Pauline also noted her relationship with her son had changed in early adolescence from one of guidance and nurturing with mutual goals to a combative relationship where one was pitted against the other in a battle for dominance. There was the underlying belief operating within these mothers that their child was no longer the same person. Heather made the statement that, ‘I’ve told her this month to move out: as I feel very upset and used by the person she has turned into’. For Heather this was not the daughter she knew, the way they had previously related to one another was no longer possible and new
ways of being were consistently negative and therefore demoralising for the mothers who wanted more than anything to go back to past amicable relations.

Other feelings surfaced in mothers that contributed to damaging their relationships with their child/ren. There was a palpable absence of trust on the part of women who had experienced a range of behaviours from their child/ren from intimidation, emotional and/or psychological abuse, manipulation, economic demands, destruction of property and/or lying. Women were wary of their child/ren’s motives and believed the child/ren was primarily focused on skewing things to their best advantage. Vanessa stated, ‘Now things are vastly improved to a point where he does not engage in this violence, but now lying is still a problem in his adult years’. For Vanessa, although she is relieved the physical violence has ceased, she recognised the problems were deeper. Lying is a behaviour that damages trust in a relationship and once this pattern is established it is difficult to gauge the sincerity of a person, whether they are telling you what they think you want to hear or they are being completely open and honest.

Rita also felt deceived by her daughter's abusive boyfriend, she explained, 'He was 19 and quite charming and manipulative ... He was very clever and behaved well when we were around...I still have the scars of opening our home up to this type of abuse’. Her trust was shattered in her daughter when her daughter colluded with her boyfriend to gain an advantage over her through manipulating members of the family and behaving dishonestly. It might be the case that future engagement with her daughter is tainted through speculation by Rita about whether her daughter would behave in this manner again.

In discussing the context and circumstances of the family dynamic women were consistently empathic to their abusive child. A few mothers thought the young person's self-esteem was involved. Wanda perceived her son’s mental health issues placed her son in a position of crisis, and these mental health problems
were responsible for her experience of child-to-mother violence, she noted, ‘Children in this kind of crisis feel very isolated rejected and unwanted. These children also feel worthless and valueless’. Wanda may be able to completely empathise with her son regarding his feelings and his needs because of her perceptions. She believed her son and their family were rejected by those who were able to offer professional help and this rejection worked to bond their family as a unit despite her experiences of being targeted with violence. Perhaps because she was able to blame his behaviour on his diagnosis she felt free of blame and thought her son was not responsible for his behaviour, and therefore remained protective and defensive of her son.

Yvette, in the position of step-parent did not appear to have a nurturing or understanding relationship with her step-son who experienced mental health issues. She described, '[Boy] is 14 and has [mental health issues] he is my step-son and has lived with us for 5 years full-time. We have five daughters. He is strong, and shows a tendency to be perverse, staring, wanting to see girls in bath, peeking through key holes etc'. There was a qualitative difference in Yvette’s response. She did not suffer the same conflicting emotions as the other mothers. There was no sense of empathy in this relationship, there was resentment of her step-son’s behaviour and her primary concern was for her daughters. It may be the case that this particular person did not feel bonded to her step-son at all and therefore when she experienced abusive behaviour she was upset and resentful without these emotions being accompanied by sympathy for the child.

This theme described the damage to relationships caused by the experience of threatening and/or abusive behaviour. Although women were devastated by the experience of violence, the loss of a positive relationship with their child/ren appeared to be equally distressing and sometimes extended even after the threatening behaviour had ceased. Women were concerned for their child/ren at
the same time they resented the child/ren’s behaviour which appeared to be the result of damage to the element of trust in their relationship.

### 8.3.3 ‘Order out of chaos’: Successful transition back into the family

This theme identified the reintegration of relationships between the child/ren and mother and/or other family members. The theme was arranged into two subthemes *Transitioning back into the family*, concentrated on the dynamics involved in family relationships and factors that led women to see the possibility or experience a renewed relationship with their child/ren. *Valuable support: Service frameworks* described support women felt was successful in improving their child/ren’s behaviour and restoring a semblance of harmony to their household. Some of this support was initially successful but did not yield long-term gains. However, it was still viewed as successful because with the complexity of child-to-mother violence all steps taken to minimise harm, however small, were of benefit to the women and their families.

#### 8.3.3.1 Transitioning back into the family

It was generally the case that parents were the primary instigators of bringing their child/ren back into the family fold. This was illustrated by Lara’s comment, ‘My husband tried every means to bring order out of chaos to help our children. In the end we had to force them’. The children did not willingly comply; their father forced them to abide by his authority. He was able to demand the aggressive and threatening behaviour stop and, although this family continued to have problems with their sons, the physical violence ceased. However, they continued to experience their two boys stealing from them to fund their drug habits. It was interesting to note the different levels of behaviour that were tolerable based on how successful their actions were.

Abbey’s daughter was verbally abusive and used ‘silent treatment’ as a tactical response to her mother’s requests to participate within the family, she noted ‘My husband and I still consider it to be a part of our parenting/friend/confidante role to occasionally intervene to ‘fine tune’ her communication patterns’. In order to
maintain a positive relationship with their daughter Abbey monitored her daughter’s behaviour, and with the cooperation of her husband they stepped in promptly if they thought it was necessary and insisted she modify her behaviour.

As discussed in the previous theme, some mothers asked the offending child to move out. In doing so it was not their intention or expectation that their relationship with their child/ren would be severed, conversely women reported an improvement in relationships with the abusive child/ren Barbara stated, ‘Since he was asked to leave he treats us with more respect’. Clare wrote, ‘My child has never physically abused or touched me. He mouthed off once when drunk and when I told him to leave the house he did’. These women were proactive in demanding the child use acceptable behaviour or suffer the consequences. In standing up for their own rights they were able to signify to their child/ren acceptable boundaries for reasonable behaviour and for them this proved successful.

Kelly’s daughter had received counselling support but Kelly perceived that her daughter’s introspection was of most benefit in helping her to manage her anger, she noted:

My daughter is just coming out of her problems...She went to counselling through school and an outside centre but she thought the best one was Reiki [massage] as she felt it worked the best. I don't think she knows what made her feel like she did but with Reiki they taught her to go to a special place until her anger went away. It didn’t last.

Kelly’s final comment is noteworthy; she felt the intervention was temporarily effective. Similarly, Bronwyn perceived she was able to improve her children’s behaviour temporarily with a strict diet, but she was unable to maintain the strictures of the diet and felt her children’s negative and destructive behaviour had returned. Families did benefit in the short-term using any number of strategies and methods to improve the behaviour of their child/ren and the relationships within the family unit. This could be because many of these
techniques target the behaviour but not the underlying cause of behaviour; why the child/ren were being abusive. Therefore, when describing long-term success it appeared that women were more likely to attribute this to the adolescent outgrowing their behaviour. For this reason the support women utilised in regaining connections with their child/ren were explored in the following sub theme.

This sub theme has reported the fact that women in two parent families who were working together, giving their child/ren clear boundaries and firm rules reported successful behavioural management. A couple of mothers also had short-term success using alternative treatments of diet modification and massage therapy.

8.3.3.2 Valuable support: Service frameworks

Counselling for children was discussed by many mothers (n = 27), often as the first step in trying to resolve violence and/or threatening behaviour. Felicia had experienced abusive behaviour from her son at a very early age and responded quickly to intervene, she noted:

The violence and anger management issues arose in this child in year 3. He was subsequently counselled and taught various anger management strategies over the following six months. I am absolutely convinced that if we hadn't initiated the counselling for him then, he would be very miserable child today.

Felicia was able to access counselling for her son’s behaviour when it first appeared at a very early age. She believed this early intervention was the reason her son’s behaviour did not continue into adolescence. Jill was also optimistic that early intervention would be successful but acknowledged it was a long-term approach, she stated, ‘We are currently seeking help through counselling services. It is going to be a long, hard road’. Jill was realistic in recognising that trying to put an end to violence was not something that could happen overnight because it requires a commitment to work towards learning new ways of being. Jill was optimistic because her child had agreed to
participate in counselling, where other women were quite frustrated when their child/ren had been offered counselling but refused to go.

In particular, after counselling, drug and alcohol services were utilised as Georgia stated, ‘The best thing I ever did was go to [support group] and read ‘Bodies on Addiction’. Knowledge gave me the power to be able to do something for myself and kids’. A number of women chose to access services for themselves after their child/ren refused to attend. Even though the abusive child refused treatment these women found attending the support group beneficial in holding the family together, increasing their understanding of the issues they faced and raising their confidence in their ability to manage the situation.

Other women received support for their child/ren from the child’s school, Hannah had been proactive in working with the school to intervene in her son’s aggressive and disruptive behaviour, she stated, ‘He [son] gets a lot of educational support in main stream schools and none of his peers suspects that there is anything wrong’. Hannah perceived her son’s threatening and abusive behaviour stemmed from his learning difficulties. Therefore, her son benefited from added support within the school system. This acted to boost his self-esteem and lifted the morale of the entire family. It was important to Hannah that her son not stand-out as different from his peers, as she felt any rejection by her son’s peers would be an added burden of pressure.

Some mothers sought out individual counsel from sympathetic listeners, other parents, and school staff. Ivy was brief in describing what was beneficial for her, ‘Empathy from others not necessarily in the same situation’. Ivy found that having someone listen to her concerns gave her a sounding board to help her judge her thinking and actions in regard to her son, and to show to her child what positive family relationships looked like. Similarly, as discussed in Perceived possibilities, Irene’s son had benefited from the intervention of mentoring from a person outside the family who was able to model a positive
role. Informal support had the advantage of being flexible to the child’s needs, embedded within the context of their lives and personal friends of the family or those who also experienced this type of behaviour. Often women who felt supported by a partner or close family friend were more confident and able to manage the behaviour of their child/ren, more effectively handling the situation. They were more likely to be backed up in their decisions and had someone with whom to discuss ideas.

In this sub theme, support women used to improve their child/ren’s behaviour has been described. The most popular of which was counselling, drug and alcohol services, and school support. However, informal support from friends and family was highly valued.

8.3.4 ‘Falling through the cracks’: Perceived barriers to service provision

In this theme the difficulties women had accessing support services were described. Women experienced multiple barriers to their perceived agency. Some mothers were either unable to access services, or they were able to access community services but found the service unhelpful, limited, or only useful in the short-term. Therefore, barriers included: access to services; waiting list too long; services too expensive; services not available; women did not know where to seek help; and mothers were ashamed or embarrassed. Women wanted help and support but experienced a variety of barriers in gaining their desired outcome, that is, to gain help, primarily for their child/ren, but also for themselves, that would lead to an end to threatening and violent behaviour. Not only did institutions prove difficult, many of the women experienced barriers put in place by unsupportive and obstructive partners.

Women who were trying to gain access to services for their child/ren were often frustrated by a number of barriers. Initially, if they could access services there were often long waiting lists or the services were too expensive. Women were also frustrated by a perceived lack of coordination between service provision, and the specificity of some services. While they could help the women and their
families in one area, other areas were left unaddressed. This led the majority of women to feeling that nobody actually cared about their situation. Sometimes it was the case that the mother or her family had access to a service but only for a short period of time and then her and her family were back to square one, so they felt very dissatisfied.

Many women were frustrated by the barriers they encountered. Jane reported, ‘My daughter died as a direct result of lack of care and consideration by (mental health centre)’. Jane perceived barriers in mental health services that were inadequate in meeting the needs of her child because they were operating on criteria that were too stringent for her to receive service provision.

Karen was also frustrated by barriers she encountered in mental health services because they were not able to manage her son. She was further frustrated with the police service for not being able to protect her, she stated, ‘We see our only way out as killing ourselves to get away from him, or pray he gets shot by the police. Then we will finally be at rest’. She was unable to see any other way out of her experiences of child-to-mother violence than her own death, or the death of her son. Similarly, Laura was frustrated by the difficulty in gaining entry into services when she considered her son was in a crisis situation and needed immediate access, she wrote ‘The mental health situation in Australia is inadequate. On one occasion it took five days to get him into a hospital when he was depressed and suicidal’. These women saw limited options; they had both been dealing with mental health services for a long time and considered them inadequate in dealing with the complexity of their child/ren’s mental health needs. Conversely, Mary considered,

[We’ve had help]…social workers, [government agency], too many to mention…[We need] orders to make our child get help. My son has mental health issues, is very violent and will end up in prison or dead if he is not helped in the near future. I am afraid of the outcome!
Mary perceived her sons refusal to accept help as a barrier, and this was of most concern to her because, although she might have been able to find a number of suitable services, she was not able to access them because her son refused help. In this instance it was often pointed out to women that if their child/ren would not access services the next best thing was for the mother to seek services for herself. However, because women were most often focused on finding help for their child/ren, they often did not see the priority for themselves and failed to fully recognise the benefits in taking advantage of help for themselves.

A few mothers commented that barriers occurred between service providers. They believed agencies needed to recognise and be clear about exactly what they could offer clients. In addition, if they were not able to offer help to a particular client it should be obligatory that they transfer that client to a service provider who could help them rather than just abandoning them to their fate. Thus, agencies and services could work together to benefit families, rather than as separate entities with no connections. This would be particularly beneficial for those who required complex care, as Emma suggested, ‘Counsellors, drug counsellors…mental health…all need to get their act together and work with one another instead of palming things off. And more resources so that cases can be covered and followed through, not just bandaged’. Emma was looking for case management to assist her child. She recognised that her son required holistic support in order to meet his multiple needs. Conversely, women did not like to be passed from one service to another, Rebecca felt she had been passed from one service to another without any interaction between services who would be at an advantage to understand where she might find the most appropriate care for her son, she wrote:

If there had been some reasonable avenue for my husband/or myself whereby government departments do not buck pass, this drama could have possibly been nipped in the bud. Parents need to be listened to. They know their child/ren and what constitutes a problem.
Natalie felt there was a barrier accessing available services and her family were just sent from one place to another with none of the service providers taking responsibility and helping her family. She noted that because parents know their child/ren well, parents were the best placed people to determine what a problem was, rather than being told what they were experiencing was not really a problem. It might be the case that families in this position were passed from one service to another because none of the providers were equipped to deal with clientele who have complex problems, and services might need to develop policies to better manage this issue. Natalie noted that if there were appropriate services available they would use them without hesitation. However, they just did not exist, were too expensive or were not meeting their needs.

Some women considered their partners or ex-partners were not supportive, Jessica wrote, ‘Pressure builds up over the years and one parent’s ongoing personal illness became too much, and divorce was considered. A male spouse can turn off with ‘wants’ of children, but a female spouse is unable to do so’. Jessica was faced with meeting the needs of child/ren while her partner was able to switch off. The underlying assumption here is that raising a child and meeting their needs was ‘women’s work’ which created a barrier, particularly for women who were struggling with the added burden of violence. It sends the message that what the mother is experiencing is not important and her welfare comes last in the family unit.

There was also a perceived lack of support from the child’s schools, as Paula suggested, ‘Once they’re [children] known as a trouble maker, they are always branded that’. Paula felt her child was labelled a ‘trouble maker’ which allowed teachers to discount any help he/she required. Similarly, Heather had experienced an unhelpful response from her son’s teacher, she noted, ‘At times we all felt really at a loss, but often teachers made the situation worse.’ These women felt that some of the teachers their child/ren encountered were actively obstructive to their child/ren’s welfare:
Individual teachers should be made aware that their prejudicial treatment of a student is contributing to the psychological home of that child, and the day will come when they will be accountable for the psychological abuse they inflict on individual students (Rebecca).

This group of women did not gain support or advocacy for their child/ren. Perhaps it was the case that teachers were expected to do too much. On the other hand, it is vitally important that teachers, who might be unable to help particular children, also do no harm.

There were some mothers who were able to attend parenting classes, but they perceived them to be inadequate in meeting the long-term needs of families. Samantha addressed the issue of changing circumstances as children mature, she explained, ‘I have done parenting courses, both general and ADHD specific. Where that helped for a while with an 11 year old, the strategies no longer work’. The requirements of mothers and their child/ren were not static and women found barriers in accessing services that would provide ongoing assistance as circumstances changed and needs changed.

A major concern for many women was the barrier to services related to prohibitive costs in accessing the services, particularly if they were required on an ongoing basis. Tina was able to meet the costs of an intervention service for her son, but recognised this expense would be difficult to manage for others, she expressed:

I have learned to manage threatening situations and diffuse conflict, rather than further the cycle of verbal and sometimes physical abuse. It has been a long hard learning curve not yet fully realised, with medication and counselling still necessary. Thankfully I’m educated and can afford … doctors, hospitals and medicines.

Some women considered the help they received took too long. Mothers stated that waiting lists were six or seven weeks long or months long and they felt their needs were urgent and required immediate help. Vivian
believed that limited resources meant her son was not receiving the care he required, she wrote:

There are a vast amount of areas within organisations that say they offer support to children and families in these situations, but the reality is vastly insufficient... It has never been my experience that any one of these organisations or departments cared enough, or had enough resources to assist us.

Similarly Valerie noted:

My daughter straightened herself out, but it took a cool term to do it. I could not get any help anywhere regarding her behaviour. What help was available, [however] by the time you got to see them it was too late to be of any use. The damage was done.

Here Valerie felt alienated from services she wished to access. She believed they did not care about her dilemma or her family’s situation and she perceived the agency lacked empathy with her circumstances. Further, barriers for support were experienced because those who wanted immediate support were faced with waiting lists that were too long to be of immediate benefit.

Conversely, another respondent, Joan, put forward that some government services were too quick in providing services to children who would possibly benefit from not being able to access services, she stated ‘The child can make decisions to leave the family home and they are handed money from (government agency) this can be a very frustrating and worrying time for parents who mostly just want their child/ren safe and at home’. Similarly, Joan feels the provision of services for young people is divisive for families who were trying to take care of difficult children. Women acknowledged that in the right circumstances these services were greatly needed but she thought it was not in the child’s best interests in these circumstances.

Edna experienced hostility and a complete lack of understanding by police officers regarding the complexity faced by women who experience child-to-mother violence. It highlights a widespread lack of understanding of this issue in the community. Edna’s experienced (detailed earlier in Perceived possibilities) is
likely to have created a barrier for this woman so that if she might not be confident to seek assistance if she requires police assistance in the future.

A few mothers noted a lack of support from their partner or ex-partner and other family members. Robyn was struggling without the support of family and did not think that any services would be able to help either, she wrote:

Both sons tend to bottle things up. They are quite, but they can’t deal with conflict and anger... A lack of support from the other parent doesn’t help, and neither does the fact that the boys are violent and always show disrespect towards me. There is also a lack of family role models, no grandparents or uncles to help and show positive roles.

Robyn identified poor family role models and an unsupportive partner as barriers to seeking support for managing violence that have surfaced within her family unit. These type of negative influences might work to create barriers to service provision because these women start to believe there is nothing they can do about what is happening, or perhaps if their own family do not care about what is happening then how can they expect strangers in government organisations to care either.

Women who were able to access services met with further barriers, Jan noted, ‘I went to a [service] meeting, but haven’t been back’. Jan’s initial impression of the service she was able to access was, that it did not meet her needs. This may have been a missed opportunity for support, at the first point of contact service providers have an opportunity to find out what the needs of the client are and how they can be best met in collaboration with the client in order to better engage with vulnerable families. It was a difficulty identified by a number of women, Louise also found the service she accessed did not fulfil the needs of her son, she wrote, ‘Anger management counselling helped a bit, but didn’t really get to the base of the problem and really pitted him against me and us’. These services were viewed by the women as ineffective or too difficult to action.
Another mother, Anita was concerned about the judicial process and the barriers she encountered when she chose to hold her violent son accountable for the violence against her, she wrote:

I think the court orders are not worth the paper they are written on. Although things worked out for me and my family, it took five court visits and an awful lot of courage to go through with it. You have to be absolutely convinced that this is the best action, not only for your family but also for the person who is being violent.

Although Anita was successful she pointed out the high level of courage and stamina that was required to sustain legal action. She understood that an Apprehended Violence Order [AVO] was only effective if it was actioned by the target of violence and the difficulty in weighing up the benefits as opposed to the disadvantages was complex.

In this theme perceived barriers to effective service provision were explored, such as lengthy waiting lists for services, services being too expensive, and a lack of understanding by service providers. Other issues for women were the lack of cooperation between service providers and the inadequacy of mental health services. In addition, mothers were particularly concerned if their child/ren refused support services when they were offered.

8.3.5 ‘Cry for help’: Where to from here?

In this theme, services and support suggested by mothers incorporated. Mothers were detailed and specific in regard to what they felt would be most beneficial to them and their families. The three key issues women felt were an essential component of effective service provision were identified as:

1. A non-judgemental environment.
2. Affordable services; and
3. Services that were accessible to everyone.

This theme was organised into three broad areas that women felt encompassed their requirements. These distinct sub themes were: Specialised services, to
meet the complex needs of affected women and their families, such as specific child-to-mother violence focused counselling and/or medical interventions. *Education for young people*, learning about appropriate behaviour and taking responsibility for their actions. *Information and strategies*, for mothers and parents to utilise within the context of everyday situations in the family, such as mentoring programs for adolescents to gain positive guidance and witness good role modelling, respite care for adolescents when mothers need breathing space from intense and/or intimidating situations, and flexible working hours that take into consideration the primacy of family unity.

### 8.3.5.1 Specialised services

This sub theme reflected respondents’ suggestions of specialised services for a number of niche areas where women had experienced a gap in service provision. Mothers were particularly interested in support for specific issues they encountered, crisis intervention that was immediately accessible, and long-term guidance and support services that would facilitate maintaining positive gains made within the family. When discussing the type of support respondents thought was needed, twenty three women spoke of some form of counselling service, either short-term emergency help or long-term guidance.

Adrian suggested, ‘There needs to be support groups and special counselling for parents and children’. Adrian made this suggestion because she understood support groups for mothers break isolation and build networks with other women experiencing similar situations who can support each other. They are also a place where women can break the silence about abuse, learn about others and reflect on their experiences. Offering specialised counselling means targeting the specific issue of child-to-mother violence. Similarly, Belinda had been unsuccessful in gaining emergency support and wanted, ‘More avenues for parents to turn to, like the phone in desperate times of need. Just as there is a kids help line, I looked up the white pages and found very little help for parents’. Belinda’s experiences warranted emergency support and guidance but she was not able to access any suitable services. She contacted a youth advocacy
service who imparted a sense of mother blaming, this was probably because the issue is not well understood and therefore might not have been accurately assessed. Belinda’s experience draws attention to the need for greater understanding among generalist support services and the creation of specialised services. In addition, the development of telephone support might facilitate women being directed to appropriate services earlier at their first point of contact, perhaps before violence has become an established pattern of behaviour.

Women wanted to access services that focused on real long-term changes in their child/ren’s behaviour, rather than services that offered nothing other than quick fixes. Women’s suggestions included: ‘24 hour parent help line’; ‘parent support groups’; ‘counselling services that provide the specific requirements of the family’; ‘drug and alcohol counselling’; ‘anger management’; ‘behavioural modification’; ‘financial counselling’; and ‘court support’. Respondent’s suggestions were not new or unheard of; instead their suggestions were based on categories of service provision that already exist. The difference for these women would be in greater understanding and empathy by service providers with their specific circumstances. For service providers to understand what it means to women, as mothers, to experience violence from one’s offspring.

In particular, Camellia suggested, ‘Support services need to hold the child responsible for their violence’. Camellia believed that until the young person understood their behaviour was abusive and accepted that they were accountable for their own actions, then nothing would effectively change.

In addition to the types of services women thought were needed, they noted effective ways of minimising some of the barriers they had experienced. In particular, costs were very important to these women who perceived accessibility to be dependent on cost. Carolyn identified a need for free counselling because she thought counselling costs might be prohibitive. Mandy
also alluded to being constrained by financial difficulties, ‘She [daughter] should have had counselling at the time but her father had taken all the furniture and money and we were left with nothing, and three other children to look after.’ Carolyn was able to pay for counselling for her son, however she understood that there were families in the community, like Mandy’s, who for one reason or another were unable to afford it.

The sub theme of Specialised services has shown that mothers who experience child-to-mother violence consider services should be provided to women based on whether they needed short-term emergency help and/or long-term guidance. Women suggested a range of services that currently exist in one form or another, the difference for these women would be in the focus on the mother/child dynamic. In addition, the availability of 24 hour emergency support would alleviate women’s perceptions that access to services were not possible because women might be notified of appropriate services, were they available, at their first point of contact. Mothers also wanted their child/ren to accept responsibility for their actions and for services to be provided for free so that they were inclusive for all women.

8.3.5.2 Support through education

The sub theme of Support through education, described respondent’s suggestions to educate young people and parents about child-to-mother violence. Women discussed a few areas where they had experienced deficiencies in support from schools. However, women were brief in their descriptions about the precise details of education programs. Thirteen respondents suggested schools could play an important role in an early intervention approach. Women thought schools were well placed to inform young people about the consequences of using violence, taking responsibility for their actions and learning about mutual respect within relationships. One of these women, Fran stated:

More support through schools, and education to both parents and children could perhaps assist people in this situation. It might be more training for our educators would put them in a better position to aid
us, or maybe they [school counsellors] should be taught to listen more and follow parental instincts on occasions.

Fran indicated that support through education would benefit parents as well as young people. She also believed educators needed training to be able to implement any type of education program. Fran’s concerns were dismissed when she looked for support from teachers and the school counsellor within her son’s school, so she felt this was a particular area that could be improved. Similarly, Heidi suggested, ‘Counsellors at school for students, could bring parent in too, and work out communication issues, education regarding anger management, where to find help and what is or is not available.’ Heidi also thought parents could be brought into any counselling or education programs. In fact, she mentioned a number of issues that she believed needed to be circulated to young people and their parents. Perhaps it was because schools were a familiar resource to these women that they saw schools as approachable, a place that would allow women, who would otherwise not feel confident in coming forward, to have greater self-assurance in seeking support networks with women they might already know and trust.

Women clearly identified the education system as a possible access point for educating children about their responsibilities towards acceptable behaviour and life training, perhaps being taught about the difficulties of parenting. Gina suggested, ‘Compulsory workshops for teenagers in high school years. So they have an idea of what parents have to go through to provide a life for them’. For young people who are threatening and/or abusive, building or rebuilding a feeling of empathy might come from understanding the position of both perpetrator and target. For Gina it was another area she thought was important in developing a holistic approach and hopefully the outcome would allow young people to develop tolerance towards others and understand the impact of family violence, as well as broader life concerns.
The sub theme *Support through education* related the belief by respondents that the education system was a valuable area where learning about child-to-mother violence could take place. Mothers were inclusive of children and parents and mentioned a number of areas that they thought would benefit from greater understanding.

### 8.3.5.3 Information and strategies

The sub theme *Information and strategies* referred to support for women and young people that was not based within the education system. Women identified a real lack of understanding in the community so they strongly believed that disseminating information would be of benefit to those concerned. Further, a few specific strategies were suggested by women such as mentoring for young people, respite care when mothers needed a break from threatening and/or abusive child/ren and flexible working hours because time spent with family was often limited.

Ida ‘wanted to call [service provider] or other supportive [sic] numbers but I was unsure as I feel like the issue is a lot more isolated’. Ida thought if she did ring a support line the counsellor would not understand what she was experiencing because she had never heard of other women being exposed to child-to-mother violence and she had never come across information that suggested this might be a possibility. Therefore she was not confident enough to raise the issue with the service. For this reason it is important that information about child-to-mother violence is a priority and widely available in the community.

Nine women wanted information and three women discussed practical strategies they could utilise within their family unit. Women wanted to hear open and frank discussions about the issue so they could reflect on their experiences with greater insight. June wanted the message to get out into the community because, ‘Parents need to know it’s alright to ask for help before things get worse’. June was insightful in her comment because if women are able to ask for help they have a greater chance of improving their circumstances. To this
Parenting classes were also thought to be helpful, and even programs on television dealing with issues around raising adolescents were thought to be a good idea. Kylie suggested, ‘Parenting and anger management are really important issues. Wouldn’t it be good if even television had some sort of information show?’ Kylie related the fact that television programs that dealt with informing parents about managing toddlers could be extrapolated to teaching parents effective strategies to manage adolescents. This was a good suggestion because it would quickly reach a wide audience, however there could be pitfalls if the information was used for the entertainment factor over and above putting forward the genuine difficulties in raising adolescents and effective strategies that anyone could implement.

Lydia believed a lack of awareness and understanding regarding child-to-mother violence was indirectly responsible for creating feelings of shame and humiliation for these women, she wrote:

There needs to be more awareness that this happens in a lot of families so that parents can attend support groups and seek advice on how to combat these behavioural situations successfully. Parents are ashamed to admit or identify behaviour of their child/ren. They are unwilling to let the larger community know.

Lydia recognised that until this issue was brought out into the open and examined the majority of women would not feel capable of coming forward and seeking support. Women were silenced by their shame, therefore it is vital to promote information and advice on practical strategies to facilitate and end women’s isolation and fear.

A useful strategy suggested by Maureen was, ‘Mentoring for the young person can help. It is difficult to diffuse violent situations within families; often outside
help is the only way and having strong family support in place before the situation gets violent within families’. Maureen’s suggestion was two fold. Firstly, she saw a mentoring relationship with the child as a support for the young person. Secondly, it appeared she thought an external influence from the family might disperse the incidence of violence before it had a chance to escalate. Supportive relationships with non-parent adults can powerfully influence the course and quality of adolescents’ lives. However, it would need to be adequately implemented and evaluated. The benefits to the young person might include: access to positive role models; being exposed to a caring supportive adult that could exercise an alternative voice of reason; and the adolescent might build communication skills, empathy for others, and improve self-esteem. In particular, mentorship is a widely recognised form of support that has been utilised in other areas of the community with great success. For this reason it was of no surprise that at least one woman thought this was applicable to young people struggling with complex issues.

Another suggestion from two respondents was respite care, as Erin noted, ‘Somewhere to have a break from children and young adults. For some active support, rather than medications issued for mild hyperactivity, non-judgemental support’. It was important for Erin that support be non-judgemental. Women in this position already felt stigmatised and blamed for the behaviour of their child/ren and if they were going to reach out to others with a plea for assistance to gain a break from the constant burden of coping with an abusive child/ren, then they required empathy. Similarly, Nina had been struggling with her daughters behaviour on her own for a long period of time, she stated:

For years I tried to get some occasional respite care to give me a break as my daughter’s father and their family totally wiped them. I never got a break when I had problems with my two elder girls, verbally abusing me and verbally and physically abusing each other, and threatening their little sister. It was hard to find genuine help.

For women with few support networks of their own a service to provide safe accommodation for their child/ren, perhaps before tensions escalated within the
household, might save some women from experiencing some violence from their child/ren. They might be able to take the time during their break to build their capacity to better handle their circumstances and issues they have with the child/ren. Barbara agreed, she understood the need for crisis accommodation for young people who had to leave their family home, but noted, ‘It would be good if there was more help for teenagers whilst still at home and before they get into real trouble with the law’. Barbara was looking for respite care that could accommodate her child through a period of time when she faced a number of critical issues regarding aggressive and threatening behaviour. It might be the case that the child remaining in the family home is untenable and in these circumstances finding emergency housing is an imperative for mothers who would otherwise allow their abusive child to remain in the family home.

Finally, Peta suggested flexible working hours for parents she wrote:

[I suggest] More flexible hours in the work force to allow parents both, male and female, to spend more time with their child/ren at home. Parents need to talk more as friends, rather than as a dictator, that way they might earn respect from the child, especially in today’s climate where a child is well informed on their rights as a human being.

This is a significant struggle for modern parenting. Increasingly both parents and single parents are working outside the family home, as well as working longer hours and over weekends. There is less time to spend building strong relationships with children in early childhood and therefore a greater chance for disengagement with adolescents. Particularly with the evolvement of the internet and mobile phones where adolescents spend increasing amounts of time talking with friends or acquaintances about their personal lives instead of turning to their parents for advise. If parents were able to better organise their family commitments it might take some of the pressure off families who pass like ships in the night between the kitchen and the television or family computer. Making family a priority was important for the women, their child/ren were extremely important to them and they were devastated with the loss of communion with
the abusive child. Being present was just one aspect of many difficulties parents faced.

The sub theme *Information and strategies* identified information as a key factor in allowing mothers and service providers to understand and recognise child-to-mother violence. In addition, women suggested a number of strategies to alleviate their experience of violence to some extent. This highlighted the importance of delivering this information widely within the community to broaden understandings.

The overarching theme of *Cry for help: Where to from here?*, has shown that women were well placed to make insightful and practical suggestions for support. Women identified three key areas where they could see the possibility for advancement and/or improvement. Firstly, women wrote about the need for specialised services to address the violence they experienced from the perpetrator. Mothers were interested in long-term guidance from specialist counsellors who understood the complexity women faced as mothers. In addition, women thought there was a possibility of short-term counselling for behavioural type modifications or medication for their child/ren’s behaviour. Education for parents and young people was suggested, to take place within the school system. Women felt this was an ideal setting for capturing young people before patterned behaviour had become endemic. Finally, women discussed information that would be useful to mothers and named strategies for improving circumstances for their child/ren, family and themselves.

**8.4 Summary**

This chapter described the last section in the third phase of the project, the main study. Mothers related some of their thoughts and feelings about child-to-mother violence in the open-ended space provided and a thematic analysis of their comments was reported, revealing the context of their experience. Of key importance were the various areas of suggested support for women and their families. It was imperative that mothers’ voices be heard, in order to develop
services and support systems that would be both practical and valued by mothers and their families. Three key concepts underpinned their suggestions for service provision: non-judgemental, affordable and accessible. Many of the mothers thought that if services were expensive or difficult to gain placement in, then whatever the service, it would be rendered ineffective due to lack of participation. In addition, women would not participate if they felt judged or blamed in any way. The following chapter will report the results from the fourth phase in the study, the workshop with professionals from health, welfare and criminal justice organisations, to inform them of preliminary results from the main study and gain their input into developing a framework for service provision for mothers and their families.
ABSTRACT: CHAPTER 9

In this chapter, the final phase of the study, a workshop consultation with service providers, is considered. In this study, service providers were invited to attend a workshop at which preliminary findings from the main study were presented and participants were asked to break into small groups to discuss and further develop a set of recommendations for practical and achievable support. Results for the workshop included: (1) Zero tolerance for violence throughout the community for individuals and within organisations (2) Awareness campaign and education program for mothers, young people and the wider community (3) 24 hour telephone service for advice (4) Group interventions for women, young people and families (5) Case management approach for families utilising services (10) Youth conferencing to be implemented consistently where appropriate (11) Financial assistance to low income families that require services (12) Co operation between service providers.
CHAPTER NINE PHASE 4: WORKSHOP
CONSULTATION WITH SERVICE PROVIDERS

The previous chapter explored qualitative results from the main study, including suggestions from mothers (the primary stakeholders in child-to-mother violence) for support services. This chapter details the fourth phase of the study, a consultation workshop with community, welfare and juvenile justice professionals. The first sections detail the setting, sample, recruitment procedures, participants, method of data analysis and procedures for the workshop. The workshop was a valuable forum to address preliminary findings from the main study with another key stakeholder group, namely professionals from health, community, welfare and criminal justice organisations. It also provided practical, workable knowledge about services that already existed, and determined which services workers thought would best provide support for women and their families in this position.

9.1 Phase 4 Workshop with health, community, welfare and juvenile justice professionals

Openness, transparency and participation of stakeholders are important factors in balancing decision-making, particularly in regard to public issues. Literature on stakeholder involvement in service delivery agrees that if relevant parties are not engaged in the decision-making process and recommendations then policy development will fail (De Vos, Spivak, Hatmaker-Flanigan & Sege, 2006, Sinkko, Hamalainen & Hanninen, 2004). For this reason it was important to engage health, community, welfare and juvenile justice professionals and deliberate preliminary findings on the basis of developing recommendations for appropriate and practical service delivery.

Elicitation and modelling of expert opinion is a recognised methodology used in workshop situations where little is known on the topic. It might be the case that information has not been previously collected, existing data might no longer be
relevant, or might be incomplete (Gallagher, Ryan, Kelly, Leforban & Wooldridge, 2000). To explore the type of services most beneficial, practical, cost effective and/or successful for mothers and families who experience child-to-mother violence they had no experience of services for child-to-mother violence, indicating that elicitation and modelling expert opinion was appropriate to the research. Key questions to be addressed during the workshop could then be determined, based on preliminary findings from the main study.

In this case, the technique involved bringing together as many stakeholders as possible to identify the type and scope of service provision (Akoumianakis & Stephanidis, 2003, De Vos, et al., 2006) appropriate for child-to-mother violence. Good participants were not only knowledgeable but also open-minded and good communicators with an overview of their field (Anderson & Jaeger, 1999). From this perspective the workshop method was a participatory technique in which participants were experts, industry providers, or representatives of end users who were invited to take part in the workshop (Akoumianakis & Stephanidis, 2003). The purpose of the workshop was to incorporate expert knowledge with main study findings into recommendations to develop a model for service delivery; therefore, researchers choose to invite individuals with specific expertise in health, community, welfare and juvenile justice service provision. Participants were briefed in the course of the workshop on the relevant background as well as the procedures for the event, including a list of critical questions to be addressed (Gallagher, et al., 2002).

The aim of a facilitated workshop was to evaluate systematically actions, strategies, and service provision in such a way that the concerns and issues of all stakeholders were considered openly and taken into account equally in the process. An important outcome of the workshop was the creation of participatory decision-making (Sinkko, et al., 2004). Workshops start with a problem looking for solutions. The solutions this workshop was looking for were a new way of supporting and/or servicing women and their families who experience child-to-
mother violence. The workshop was a meeting that included dialogue among diverse groups where participants carried out assessments of solutions to identified problems, and developed visions for future solutions and proposals for realising them (Anderson & Jaeger, 1999).

The workshop essentially had three steps: to comment on, and criticise the issues by pointing out barriers to realising visions; to develop the participants’ own visions and proposals; and to develop local plans of action. The process was guided by facilitators and took place in ‘role’ groups, ‘theme’ groups and plenary sessions. Dialogue among participants with different knowledge, views and experience was central for the method. Various techniques were employed to accomplish good dialogue and the production of results in the form of identification of barriers, of visions and of proposals for action to be taken (Anderson & Jaeger, 1999; Sinkko, et al., 2004).

9.1.1 Setting

The workshop was undertaken with health, community, welfare and juvenile justice workers focused on the preliminary findings of the CMVS. This group of professionals then worked in collaboration with one another, facilitated by small group leaders, in order to integrate ideas formulated through the interaction and collaboration between professionals. The workshop was situated on the grounds of Nepean Hospital within the LGA of Penrith because this location was central to all three LGAs and appropriate facilities in the Learning and Development Building were available to cater for up to 50 participants in one large main room and adequate space to break off into small group discussions. A plenary session was held in the morning in the main room, after morning tea participants broke into smaller groups and spread out into separate sections of the room.

All smaller groups were headed by a facilitator, each of whom used the same agenda38 to keep members of the group focused on their task and answer any questions that might arise. In addition, facilitators each had the main study

38 See Appendix 9.A for workshop agenda
preliminary results and additional information so that they could accurately address any issue that might be raised by participants.

9.1.2 Sample

The selection of experts was crucial to the elicitation process, and those chosen for the workshop were selected on the basis of their affiliation with appropriate organisations as well as their job description. Of interest were people who generally work with vulnerable women and families. Candidates from professions such as health, welfare, and community organisations as well as from the criminal justice system were thought to generally be able to provide crisis intervention, support, information, advocacy, telephone counselling, referrals, refuge and shelter placements and support individuals appropriately according to their particular service.

9.1.3 Recruitment

In the first instance a list of contacts were drawn from a thorough search of the internet and telephone directory, looking for service providers and/organisations that provide support and/or services to adolescents or women within the Penrith, Hawkesbury and Blue Mountains LGAs. Solicitations were then made via email and fax to these identified service providers. No particular individuals were targeted, with material being addressed ‘To Whom It Might Concern.’

In the second instance recruitment was advanced through the method of snowballing (Streeton, Cooke & Campbell, 2004). Potential participants from the contact list were not only requested to participate, but they were also asked to forward the invitation and information sheet on to any of their contacts they thought might be interested. The outgoing email/fax stated:

To Whom It Might Concern, Please find attached an invitation to participate in a child-to-mother violence workshop. Special interest will be given to youth workers and/organisations who deal with youth services. It will be held at Nepean Hospital, Penrith (Sydney, Australia). If you know any person/ organisation that would be
interested and able to attend please forward the attachment to them without delay. Thank you.

An invitation\(^{39}\) and information letter\(^{40}\) regarding the workshop were electronically attached to emails or sent along with faxes, detailing all the relevant information about the study, its aims, research team and organisations involved. It was then up to interested persons to make contact either by phone, email or fax if they wanted to participate. They were requested to provide their first and last name, organisation and title, address and telephone number and any special requirements they might have. Respondents were then forwarded detailed information about the workshop, the date, venue and what to expect on the day\(^{41}\).

**9.1.4 Participants**

A person was eligible to participate if they worked or volunteered for an organisation that provided support and/or services to adolescents or women. It was noted in the material that special interest would be given to youth workers and/organisations that dealt with youth services in order to focus recruitment in this area, but participation was not limited to this area. In addition, although organisations were targeted in the Penrith, Hawkesbury and Blue Mountains, participants were welcome from all areas and in fact through the added process of snowballing participants came from across the Sydney basin, Central Coast and South Coast.

A total of 42 industry workers accepted invitations to attend the workshop. However, through circumstances of a normal working environment a number of participants had to withdraw due to more pressing work commitments. Thus, on the day a total of 29 professionals attended. Industry workers came from diverse backgrounds including, family support services, Salvation Army, youth and family community services, violence against women services, domestic violence

\(^{39}\) See Appendix 9.B for workshop invitation
\(^{40}\) See Appendix 9.C for workshop information letter
\(^{41}\) See Appendix 9.D for information package for the day
court assistance, domestic violence intervention, domestic violence advocacy and legal service, mental health nursing, mental health teams, youth health services, district health services, youth refuge, youth respite housing, community centres, youth accommodation, women’s housing, juvenile justice services, NSW police service, and Department of Community Services. There were also a total of 7 facilitators; these people came from the University of Western Sydney and Sydney West Area Health Service connected to the project. All facilitators and industry workers gave up their time with no remuneration except for vouchers to cover parking costs. The following Table 9.1 describes the main outcome measures of the one day workshop with health, community, welfare and juvenile justice professionals.

**Table 9.1 Main outcome measures of the workshop**

<table>
<thead>
<tr>
<th>Key topics of interest</th>
<th>Workshop findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.1 Help and support</td>
<td>• For women: partners, other parents, nuclear family, extended family and/or health care providers.</td>
</tr>
<tr>
<td></td>
<td>• For young people: individual family members, youth focused organisations and/or services.</td>
</tr>
<tr>
<td>9.1.2 Early interventions</td>
<td>• Early intervention: education programs for children and young people, women, parents and the general community.</td>
</tr>
<tr>
<td></td>
<td>• Breaking the cycle: justice system, health &amp; welfare services, and/or counselling.</td>
</tr>
<tr>
<td>9.1.3 Rebuilding relationships</td>
<td>• Problems and issues that arise in rebuilding damaged relationships for women, young people and their families.</td>
</tr>
<tr>
<td></td>
<td>• Positive strategies for the development of improved relationships between mothers and their child/ren.</td>
</tr>
<tr>
<td>9.1.4 Barriers to service provision</td>
<td>• Lack of sufficient funding.</td>
</tr>
<tr>
<td></td>
<td>• Lack of cooperation between existing services.</td>
</tr>
<tr>
<td>9.1.5 Recommendations for sustainable support and intervention</td>
<td>• Zero tolerance for violence.</td>
</tr>
<tr>
<td></td>
<td>• Awareness campaign and education program for mothers, young people and the wider community.</td>
</tr>
<tr>
<td></td>
<td>• 24 hour telephone service for advice.</td>
</tr>
<tr>
<td></td>
<td>• Group interventions for women, young people and families.</td>
</tr>
<tr>
<td></td>
<td>• Case management approach for families utilising services.</td>
</tr>
<tr>
<td></td>
<td>• Youth conferencing to be implemented consistently where appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Financial assistance</td>
</tr>
<tr>
<td></td>
<td>• Co operation between service providers</td>
</tr>
</tbody>
</table>
9.1.5 Data analysis

Preliminary analysis involved writing up the day’s events. All group discussions were digitally recorded and all facilitators took notes. Verbatim transcripts were not possible due to the number of participants and the procedures on the day. However, detailed notes of recordings were taken. Information was then entered into Nvivo, a qualitative data management software program (QSR, 2002). Themes were drawn from each of the areas of interest and a list of recommendations was generated. These were further divided between ideal services and areas of support, practical services and areas of support and problems and issues pertaining to the development of services and areas of support.

To understand the support requirements for women and families who experience child-to-mother violence, findings from the questionnaire were presented to a group of professionals in a workshop. This group then broke into small groups of between five and seven members with a facilitator in order to concentrate specifically on the listed sets of criteria. Carter (1998) suggests between five and seven is an ideal number of participants for group discussions. The purpose of the workshop was to develop validated recommendations for intervention strategies for mothers, children and families who were affected by child-to-mother violence.

Small group discussions were analysed to determine trends and patterns of responses occurring across the various professional groups (Krueger, 1994). The purpose of the investigation was to find out about community support networks and the perceptions and experiences of these professionals, as well as ideas and inspirations that evolved as these participants interacted. Thus, a workshop was an appropriate forum for collecting in-depth qualitative data because they invited collegial engagement specifically centred on adolescent violence within families. The smaller group discussions were also important for hearing, recording and reporting the ‘voices’ of family supporters as they
commented, explained and shared personal experiences and attitudes in relation to their experiences with targets of family violence, in particular the mothers and the threatening and abusive children and young people. Trends and patterns evident in their experiences could then be identified (Anderson, 1990; De Vos, et al., 2006).

9.2 Workshop agenda

The day's events were scheduled with an agenda, 'The child-to-mother violence forum and workshop agenda.' This included morning registration for participants and facilitators, with each person receiving a name tag with their name and/organisation listed so that everyone was easily identified throughout the day. This was invaluable in keeping people from diverse backgrounds connected. Formal presentation of CMVS results consisted of a plenary session with the researcher delivering a podium presentation of key preliminary findings from the main questionnaire to the participants. At the end of the presentation there was time available for participants to address comments and questions to the research team in regard to the presented results, and these questions and answers were discussed.

After a break for morning tea, participants reformed into mixed industry groups, each guided by a facilitator to problem solve results, with the focus on innovative ideas and strategies to:

1. Help and support affected mothers, youth and families
2. Rebuild relationships
3. Develop early interventions, when child-to-mother violence first appears
4. Break the cycle, when an established pattern of child-to-mother violence is present

At the end of this session one person from each small group provided feedback to the rest of participants for contemplation and comment. In this way individual ideas were brought forward and consolidated in an innovative and dynamic
process. After lunch mixed groups resumed to work on common ideas and develop detailed strategies, practices and/or policies in regard to child-to-mother violence. The groups then came together for a final synthesis of their results and concluding address by the researcher. Feedback on the workshop from participants was positive, with industry workers identifying the process as very productive. In addition, cooperation and networking between services was deemed a valuable outcome of the event.

9.3 Workshop findings

Workshop findings were derived from notes taken on the day by group facilitators as well as notes taken from recordings of the small mixed groups and plenary sessions. A consolidation of ideas and experiences put forward by participants is represented in the following sections, rather than verbatim quotes. This was in part, due to the structure of the workshop, although all material was readily available for analysis, it was not possible to discern between participants and to determine who specifically said which comments. However, as the workshop followed a similar format to focus groups, ideas and understandings regarding service provision and delivery developed and evolved within each group, so that findings were the result of collaboration between participants rather than individual suggestion and comments.

9.3.1 Help and support

Help and support describes networks identified by participants that many women and young people already have available to them or they would ideally be able to utilise. The following Table 9.2 makes salient possible support networks for women and their child/ren.
Table 9.2 Help and support

<table>
<thead>
<tr>
<th>Networks</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.1.1 Support networks for women</td>
<td>• Mothers supported by partners in two parent families if both parents present a united front</td>
</tr>
<tr>
<td></td>
<td>• Families spending quality time together build and maintain family connectedness</td>
</tr>
<tr>
<td></td>
<td>• Women initially contact local doctor for professional help and direct them to other services</td>
</tr>
<tr>
<td></td>
<td>• Women contact community health and welfare centres to discuss child-to-mother violence</td>
</tr>
<tr>
<td>9.1.1.2 Support networks for young people</td>
<td>• Extended family for adolescents disconnected from their immediate family</td>
</tr>
<tr>
<td></td>
<td>• Youth services particularly for 10 – 15 age group</td>
</tr>
<tr>
<td></td>
<td>• Respite housing</td>
</tr>
</tbody>
</table>

9.3.1.1 Support networks for women

Support networks for women were seen by participants as a protective factor in a mother’s ability to cope with child-to-mother violence, and to facilitate access to available services. Participants identified partners and other parents, members of their nuclear family, members of their extended family and/or health care and welfare providers as possible networks of support for mothers. Women who had a supportive partner were thought to be able to unite as parents and stand up to an abusive child. In addition, families who engaged in positive activities together were thought to build allegiances that might prevent or minimise the possibility of a young person resorting to violence.

Industry workers noted in the first instance, women were more likely to contact their local general practitioner regarding issues of family violence. Participants were concerned that general practitioners, who have enormous influence in families, can play down violence that is not well understood. For this reason, it was thought to be beneficial to inform general practitioners, especially in smaller towns, to be aware of this issue because there is a gap in information about what child-to-mother violence is, and what services are available to people, that needs to be placed in the domain of the wider community.
9.3.1.2 Support networks for young people

Participants considered support networks for young people were very limited and under funded. They were thought to consist primarily of individual family members, extended family, family friends, peers, organisations and services geared towards young people. Workshop participants noted that a number of services would need to be initially organised or attended by a parent or another adult. In addition, participants agreed young people had to engage with the service to gain any sort of advantage.

9.3.2 Early interventions

Interventions discussed by workshop participants were organised into two categories: early interventions before violence had become a patterned behaviour; and, long-term interventions that were aimed at breaking the cycle of violence. The following Table 9.3 lists four areas of possible early intervention based on the target of intervention, and expands on these issues.

Table 9.3 Early Interventions

<table>
<thead>
<tr>
<th>Targeted groups for early intervention</th>
<th>Type of intervention</th>
</tr>
</thead>
</table>
| 1 Women                                | • Parenting classes to improve skill base  
• Peer education for young mothers to improve skill base  
• Education programs that promote positive relationships between children, adolescents and parents  
• Education programs that disseminate differences between acceptable and unacceptable behaviour from children and young people  
• Information for parents regarding adolescent risk taking behaviours and issues around family violence  
• Public forums to expose violence i.e. movies and games |
| 2 Young people                         | • Education programs for children and young people about the differences between appropriate and inappropriate behaviour and making sure they take responsibility for their actions  
• Learning how to deal with anger  
• Mentor programs for children at risk |
| 3 The community                        | • Disseminate information about what constitutes abusive behaviour from children in the wider community  
• Balancing educating children about their rights and teaching them to take responsibility for their actions |
| 4 Early intervention services          | • Parent help line  
• Cooperation between services |
9.3.2.1 Early interventions: When child-to-mother violence first appears

For participants in the workshop, the primary focus of early interventions was to offer support through education programs including: teaching women parenting skills; relationship skills; and what constitutes violence. Industry workers also thought informing mothers about young people’s tendency towards risk taking behaviour and the impact of family violence on adolescents would be most beneficial.

Youth advocates strongly believed many young people required education about the types of behaviour considered abusive and further, that it is necessary for people to take responsibility for their actions. Participants supported early intervention counselling for children so they could learn how to deal with their anger in a less destructive manner and participants agreed mentoring programs were beneficial to young people at risk of becoming disconnected from family and friends, and therefore more likely to fall into negative behaviours.

In addition to education programs for women and young people, service providers suggested an education campaign designed to raise awareness and inform the general public about the issue of child-to-mother violence was needed. They also thought it was important to promote children’s rights in the community in conjunction with informing the general public of responsibilities young people have in order to sustain their rights.

The two services that were suggested in regard to early intervention were (1) a 24 hour parent line, which could be manned by lay volunteers who had expertise or empathy with women experiencing child-to-mother violence; and (2) develop cooperation between appropriate service providers in order to avoid women and families missing out on appropriate services.
9.3.2.2 Breaking the cycle: When child-to-mother violence is an established pattern

Long-term interventions to break the cycle of violence, when a pattern of abuse was already established, were a key goal of health, community, welfare and juvenile justice professionals. Workshop participants were from diverse backgrounds and this is evidenced by the three areas they looked at to facilitate breaking the cycle of violence for women and their families. Interventions were identified in the legal system revealing issues around: criminal justice, police, AVOs, and court involvement; health and welfare community services; and counselling. The following Table 9.4 reports the three areas identified in long-term interventions to break the cycle of violence.

Table 9.4 Long-term interventions

<table>
<thead>
<tr>
<th>Areas for long-term intervention</th>
<th>Type of long-term interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.2.2.1 Legal system</td>
<td>Apprehended Violence Order (AVO) for violent young person</td>
</tr>
<tr>
<td></td>
<td>Support group for parents and children after AVO has been served</td>
</tr>
<tr>
<td></td>
<td>Youth conferencing</td>
</tr>
<tr>
<td></td>
<td>Police discretion</td>
</tr>
<tr>
<td>9.1.2.2.2 Health/Welfare services</td>
<td>Advocacy for mothers</td>
</tr>
<tr>
<td></td>
<td>Support groups for women</td>
</tr>
<tr>
<td></td>
<td>Services separated by child’s age, i.e. refuges need to be different for 13 year old and 17 year old</td>
</tr>
<tr>
<td>9.1.2.2.3 Counselling</td>
<td>Counselling for mothers</td>
</tr>
<tr>
<td></td>
<td>Giving children boundaries</td>
</tr>
<tr>
<td></td>
<td>Anger Management</td>
</tr>
<tr>
<td></td>
<td>Encouraging adolescents to participate in services</td>
</tr>
</tbody>
</table>

9.3.2.2.1 Legal system

Apprehended Domestic Violence Orders [ADVOs] are commonly applied for and obtained in response to an allegation of domestic violence. Frequently those involved will continue to live together or resume cohabitation at some stage during the proceedings. Proceedings for an ADVO will run in tandem with criminal prosecutions generally for assault or malicious damage (Lawlink NSW, 2007). Workshop participants were aware of the complexity involved in advocating an ADVO as a behavioural restraint. They acknowledged the ADVO
was only a deterrent if mothers were willing to act on it if violence occurred. They acknowledged this was quite difficult when mothers were aware of the repercussions to their child/ren. Therefore, participants suggested support groups should be put in place for families after an ADVO was served, to help women by encouraging them to report breaches of the order and cautioning young people against breaking the ADVO.

Youth Justice Conference [YJC] is based on principles of restorative justice, and is designed to hold young offenders accountable for their actions, return decision-making power to families, recognise the victim/s, and minimise young peoples involvement in the court system. The process involves a meeting between people who have been directly affected by crime. At the meeting the victim and young offender come to an agreement about what they need to do to repair any harm their actions have caused. The agreement is called an outcome plan (YJC, 2005). This program was a recognised by participants as a positive step in allowing a perpetrator to take responsibility for their actions while at the same time avoiding the long-term repercussions that occur going through the court system. It was hoped by workshop participants that this would be implemented in a more consistent and widespread manner in the future.

Youth advocates were also aware that police officers had discretionary powers in dealing with individuals and for this reason it was difficult for outcomes to be consistent for women and their families. However, as each situation and set of circumstances was different it was thought to be vital that their discretionary powers remained intact.

9.3.2.2 Health and welfare services

Health, welfare and community service professionals recognised that women in this situation needed service providers to acknowledge mothers experiences of child-to-mother violence as a legitimate and significant issue, and act as advocates for these women. Many of the participants understood that this was difficult for some services whose clientele were youth and therefore their primary
directive would be youth advocacy. However, a zero tolerance policy towards all forms of violence would assist service providers in dealing with this form of family pathology, to place responsibility with the perpetrator of violence regardless of their client group.

It was further understood that parents with compounding issues, such as economic hardship, mental health difficulties, and drug and alcohol problems, that have not been addressed sufficiently adds to the complexity in supporting these families. Therefore, a number of participants suggested that families in crisis and/or with complex issues necessitated a case management approach. Otherwise, families might be able to gain support for one particular issue while other problems went unchecked. Participants identified problems in supporting families with complex needs which included connections between service providers, because the exclusion criteria meant issues outside the service provider’s criteria must be addressed at a later time by another service, if at all. This is an area where presenting families miss out on support all together, as they are excluded from one service, and because of this experience might not try another or they become disillusioned.

It was also theorised that many services that were in place to support young people suffered because their age range was too broad. Young people requiring short-term or long-term housing would not benefit in facilities that catered to broad age groups. The needs of a 10 year old and 17 year old were thought to be vastly different and therefore service provision should be more narrowly directed in these instances.

\textit{9.3.2.2.3 Counselling}

Counselling is a widespread community service providing benefits to women, young people and families. Participants believed a number of simple programs based on improving the behaviour of young people should be widely available and would benefit young people and their families, such as teaching children boundaries, anger management skills and setting achievable goals. However, many of the participants, as service providers had encountered a problem in
providing these types of services in the situation of child-to-mother because the perpetrator of violence would often refuse counselling or participation in a particular service. In this case it was not helpful to attempt to force young people to participate, rather it was deemed more successful to encourage participation and offer support to other family members where required.

9.3.3 Rebuilding relationships

Workshop participants recognised that once violence has occurred in families, relationships were often damaged and in order to improve the situation for all members of the family, it was necessary to rebuild these relationships. This section describes areas identified by participants where mothers and young people might encounter difficulties in achieving the goal of a healthy relationship as well as suggesting useful strategies to overcome these obstacles. The following Table 9.5 separates problems in rebuilding relationships from strategies to successfully rebuild relationships.

Table 9.5 Rebuilding relationships

<table>
<thead>
<tr>
<th>Issues and strategies</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.3.1 Problems and issues</td>
<td>• Violence has to have ended&lt;br&gt;• Complexity of issue for women and young people&lt;br&gt;• Isolation&lt;br&gt;• Broken trust, both parties have to want to repair the relationship</td>
</tr>
<tr>
<td>9.1.3.2 Strategies for success</td>
<td>• Both parties to be clear about the relationship they do want&lt;br&gt;• Setting achievable goals&lt;br&gt;• Setting boundaries for young person&lt;br&gt;• Advocate for child&lt;br&gt;• Alternative positive adult relationships for child</td>
</tr>
</tbody>
</table>

9.3.3.1 Problems and issues

It was acknowledged that before relationships could begin to improve, violence has to have ended. Once this was achieved there were further complications to be considered, such as mothers who are or were victims in other areas of their life or who have compounding issues which require complex support. The young person could also be a victim of abuse from a parent or other family members. In addition, where violence occurs in families, participants felt there were often
underlying power issues that could exist between the mother and other adults as well as between the mother and child.

Furthermore, participants encountered mothers who felt ashamed and guilty for their child/ren’s violence because they thought their child/ren's behaviour was somehow their fault, and thus believed they deserved the abusive behaviour. A number of participants argued that when this occurred and mothers took on the blame for their child/ren’s behaviour the child no longer had to feel responsible and the young person would also believe it was the mother's fault they were violent.

Workshop participants noted, perpetrators of violence often disassociate from their abusive behaviour and minimise their actions. They further considered that child-to-mother violence was minimised by service providers, particularly those who worked as youth advocates, who saw the violence from a less powerful individual so mothers would sometimes be told the issues they presented with were not significant or problematic, meaning mothers not only did not receive help or support, their experiences were further minimised and devalued.

Workshop participants identified that many of the women they interacted with, who experienced child-to-mother violence, were single mothers. These women were thought to be isolated, and this circumstance possibly led to a higher level of violence being accepted by women who might have experienced violence in their family of origin or from an ex partner. However, it may be the case that women from two parent families were less likely to seek support from service providers and dealt with the issue within the immediate family.

Workshop participants identified the complexity of building a relationship with a child who had engaged in violence owing to compromised trust between the mother and child. A few participants considered that the important factor in this
situation was that both parties must want to repair the relationship in order to achieve success.

9.3.3.2 Strategies for success

Health, welfare, community and juvenile justice professionals all agreed that it was important for both parties in the relationship to be clear about the relationship they wanted to have with each other. In this process an advocate for the young person and the mother would be ideal to facilitate identifying compounding problems, such as communication difficulties and unrealistic goals. Mothers might have no one else to talk to about these issues so rebuilding relationships within an extended family was thought to be a valuable place to gain support and help rebuild relationships. In some cases, children might have a good relationship with other members of their family and these relationships might be a successful place to start the rebuilding process.

Participants identified a key factor in providing services to affected women, would be maintaining sensitivity to both parties and establishing a non-judgemental environment, with options put forward to both the mother and young person. Participants noted that a non-judgemental environment allows individuals to see alternative ways of being. In addition, a realistic approach regarding the mother’s feelings in relation to her child’s violence, and the complexity of the issue, allows the mother to develop trust and breaks down barriers created by the taboo nature of family violence, particularly for child-to-mother violence. Participants were sceptical that a single form of violence existed in isolation and insisted that it was more commonly a combination of factors, where at any one point in time a victim could become a victimiser and vice versa. Therefore, zero tolerance for defined inappropriate behaviours, consistently reinforced, would allow young people to develop the idea of boundaries.

9.3.4 Barriers for service provision

As professionals in providing services for vulnerable women, young people and families, participants identified a number of issues that had the effect of creating
barriers in providing services to those affected by child-to-mother violence. The following Table 9.6 classifies these barriers.

**Table 9.6 Barriers for service provision**

<table>
<thead>
<tr>
<th>Type of barrier</th>
<th>List of barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1.4.1 Economic barriers</td>
<td>• Low income families/consumer society</td>
</tr>
<tr>
<td></td>
<td>• Lack of funding for service provision</td>
</tr>
<tr>
<td></td>
<td>• Location of services</td>
</tr>
<tr>
<td>9.1.4.2 Continuing barriers</td>
<td>• Cultural differences</td>
</tr>
<tr>
<td></td>
<td>• Narrow service criteria</td>
</tr>
<tr>
<td></td>
<td>• Absence of cooperative service delivery</td>
</tr>
</tbody>
</table>

### 9.3.4.1 Economic barriers

There were two areas of economic barriers identified by workshop participants, firstly, personal economic stress experienced by low income families, living in a consumer society where young people felt pressured to have the latest gadgets and fashion to maintain their status amongst their peers. The young person then begins to resent parents for not supplying them with these material possessions.

Secondly, participants noted economic barriers at a societal level, owing to the huge demand for services in regard to mental health, drug and alcohol issues and violence. These areas have been identified by government without the necessary funding to meet the demands in the community. This is further compounded in rural and remote locations where service provision is almost non-existent.

### 9.3.4.2 Continuing Barriers to providing child-to-mother violence services

Workshop participants thought whole communities were disadvantaged based on their location and cultural background, for example, Aboriginal women, Muslim women, an emerging African population and other minority cultures. Many of these women have health and violence issues concerning themselves and their children and are unable to access services because of language and cultural barriers. Workshop participants believed ideal support would put in place culturally sensitive education programs for mothers in at risk communities,
regarding unacceptable behaviour and provide the impetus for inclusive service delivery for all women and their families.

A few providers of youth programs felt they were especially positioned to ignore violent situations or had mixed reactions when the direction of violence was toward the mother rather than the child because they were focused on youth advocacy. It was thought that the lack of cooperation between services was partly responsible for this anomaly, especially if a mother or members of the family presented and when asked what the problem is, reply ‘everything.’ Most services are set up to handle specific issues, but individuals and families are complex and require access to services for multiple issues. In fact, a member of the Police noted that they were not an outreach service and often required access to services to forward at risk people into appropriate intervention services before violence escalated.

9.4 Recommendations that came out of the workshop process for child-to-mother violence

1. Zero tolerance for violence throughout the community for individuals and within organisations.
2. Awareness campaign and education program for mothers, young people and the wider community.
3. 24 hour telephone service for advice.
4. Group interventions for women, young people and families.
5. Case management approach for families utilising services.
6. Youth conferencing to be implemented consistently where appropriate.
7. Financial assistance to low income families that require services.
8. Co operation between service providers.
9.5 Summary
This chapter has described the development of rudimentary recommendations from health, community, welfare and juvenile justice professionals. A particular strength of the workshop method was that participants could formulate their opinions of service delivery through a process of reflecting and evaluating discussions within their immediate group and the larger group. This was beneficial because the outcome is a conglomeration of ideas developed by a very broad range of experts, what they have to say reflects what the group thinks as a whole. In this way findings have been validated. The weakness of this method is that participants only have one day to digest the information they have received and explore issues with other participants. For this reason, recommendations that developed out of this experience might appear superficial or rudimentary. However, participants noted that responding to violence required a multifaceted approach which broadly included therapy and education, as well as social and legal interventions. Within the framework of the workshop event eight recommendations were identified by the participants for sustainable support and intervention for affected women and their families. These included: (1) Zero tolerance for violence, young people taking responsibility for violence; (2) Awareness of child-to-mother violence campaign; (3) Information and education packages; (4) Case management approach for families utilising services; (5) Co-operation between service providers; (6) 24 hour telephone service for advice; (7) Women centred support groups and group interventions; (8) Respite care; (9) Specialised counselling services; and (10) Mentoring programs.
ABSTRACT: CHAPTER 10

In this chapter threads of the thesis are drawn together to discuss the overarching meaning underpinning results from the previous four chapters. This is a form of family pathology that is poorly understood in the community as well as within the field of family violence and service provision. In particular, there was a large body of unique and confirmatory findings identified in the study. Areas thought to be most interesting included prevalence of child-to-mother violence, silencing of violence, power in the mother-child relationship, types of violence perpetrated, perceived triggers for behaviour, targets and perpetrators of violence, as well as issues surrounding providing support to affected mothers and their families. A discussion of the strengths and limitations of the study, implications for future practice and directions for further research complete this chapter.
10 CHAPTER TEN DISCUSSION, CONCLUSION AND IMPLICATIONS FOR FURTHER RESEARCH

10.1 Introduction

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

Moreover, this positioning acts to further silence child-to-mother violence because it is not well understood by health or welfare professionals or members of the general community. In this thesis the issue of child-to-mother violence has been examined in-depth. Specifically, the prevalence of this behaviour was measured as well as the experience and nature of child-to-mother violence from mothers’ perspectives. Further, women were asked about the ways in which they managed the situation, the support networks that were utilised and services they would like to see available, to allow them to better cope with the situation. In addition to this, health, community, welfare and juvenile justice professionals were consulted to develop a list of recommendations based on the needs expressed by mothers and the possibilities envisioned by these well placed advocates to identify practical, sustainable models for intervention programs.

In this chapter the results of the study are interpreted and findings discussed in relation to previous research in the field, identifying implications for future
research. A discussion of results from the main study (Chapter Six), regarding prevalence, targets, perpetrators, experience and triggers of child-to-mother violence; (Chapter Seven) results concerning support networks and strategies utilised, services approached and women’s suggestions for specific services to provide improved support; and (Chapter Eight), mothers’ qualitative responses to their experiences of child-to-mother violence; are interwoven with material from (Chapter Nine) workshop findings, undertaken with health, community, welfare and juvenile justice professionals. The strengths and limitations of the study, implications for practice and the directions for further research complete this chapter.

10.2 Prevalence

Of primary concern in this study has been encapsulating a representative sample so that women with a wide range of experiences of mothering would contribute their knowledge and understandings. Measurement of the prevalence of child-to-mother violence was one of the main focuses of this study in order to find out how widespread the experience of this form of family violence was in the community. Measuring prevalence is a difficult task, as definitions and measurement scales vary widely in family violence, and prevalence rates are often derived from service providers, so they do not capture women who remain outside this sphere or describe the extent to which the family may be affected (Murray, 2005).

Although various methodological differences exist in the few previous studies that explored this issue from large scale data sets, now 30 to 40 years old, they suggest approximately a 9% to 14% incidence rate for mothers who were assaulted by their adolescent child, measured at a specific point in time (Agnew & Huguley, 1989; Cornell & Gelles, 1982; Pagelow, 1989; Paulson, et al., 1990; Peek, et al., 1985). However, child-to-mother violence is not generally a one-off incident; rather it has been identified in this study as a pattern of behaviour that can occur over an extensive period of time and, for some, is an ongoing concern. Therefore, prevalence rates in this study are higher than previous
studies because the present study focused on women’s experiences of threatening and abusive behaviour from child/ren 10 to 24 years of age, over the period of their entire mothering experience. Rather than adhering to guidelines that count whether violence occurred over a particular 6 or 12 month period and if so, the number of times it occurred.

In the main study 50.9% (n = 1024) of mothers identified experiencing threatening or abusive behaviour from one or more of their children. Only 5% (n = 1024) of these women identified these experiences as trivial, whereas an overwhelming 35.3% (n = 1024) of women noted extensive threatening and abusive behaviour, consistent with child-to-mother violence, over their child rearing timeframe. This is a significant number of women, given that the sample was randomly selected. If this percentage is extrapolated to the community in which the research took place this would mean almost 40,000 of the 112,000 households within Penrith, Hawkesbury and the Blue Mountains LGAs (ABS, 2001) might contain families who have extensive and/or ongoing experience of this form of family pathology. It is therefore a very real problem that many families are struggling with and it is neither trivial nor uncommon. Pagani, et al. (2003) similarly, reported an overall prevalence rate of child-to-mother violence of 64%. In their study 13% of adolescents had perpetrated physical violence towards their mothers and 51% were verbally abusive. Smith (1994) contends that a major problem of victimisation surveys that measure violence towards women is that under reporting occurs. McMurray (2005) concurs that family violence is underreported and poorly understood by service providers and health care professionals. Therefore, prevalence rates of child-to-mother violence, which is an area not broadly understood and well hidden by many families, may be even higher than reported in the study.

10.3 Silencing of child-to-mother violence

Findings from this study confirm that child-to-mother violence is a serious and significant issue. In the present study, 25% (n = 521) of women who reported threatening behaviour and/or acts of violence, stated that it had continued for
more than one year or was ongoing. This disputes any notion that the women’s experiences may have been trivial or part of ‘normal’ adolescent behaviour. Cottrell (2001) considered occasional conflict between people who live together, including parents and their children, to be normal. Adolescents might at times become defiant or resistant toward authority as they establish a sense of separateness from parents. However, conflict becomes abusive when one person uses threats, force or manipulation to gain power over the other (Cottrell 2001).

These distinctions need to be explicated to the wider community so that women who experience child-to-mother violence, particularly more subtle forms of abuse such as emotional withdrawal, threats of self harm or bullying, are able to clarify exactly what is occurring. In the present study, child-to-mother violence was defined as any behaviour used by a child including property damage, intimidation, threats, emotional withdrawal, sexual, verbal, financial or social abuse and/or physical violence and aggression that is intended to cause psychological, emotional or physical harm in order to gain advantage, power and control over the mother.

Compared to family violence literature, there is a paucity of research that addresses child-to-mother violence, making it difficult for individuals in the community and service providers to generally recognise its existence within the family, effectively silencing this form of family pathology. This is surprising when, according to this study, it appears to be so widespread in the community. Analysis of women’s qualitative responses in this study revealed that a few mothers would have liked to obtain help with their situation, but they had never heard of children being violent towards their mothers, so they did not think it was a significant issue and they were not confident they would be believed. McMurray (2005) supports the view that health care providers continue to be ill-informed about issues underlying family violence and providing a safe environment for disclosure. This is in agreement with findings from the workshop; participants agreed that one of the top priorities for service delivery to
women affected by this form of family pathology was informing service providers and the wider community about the issue.

When mothers in the present study discussed their experience of threatening and/or abusive behaviour from their child/ren, they generally minimised the experiences of violence, either reframing their child’s behaviour in a positive light or dismissing the seriousness of the violence in contradiction to their self reports. In Pagani’s (2003) study when the mother and adolescent disagreed about being aggressive towards the mother, 57% of the girls reported more aggression towards mothers than their mothers reported, while 39% of the boys reported more aggression toward mothers than their mothers had stated. It might be the case that because child-to-mother violence is poorly understood women did not associate their experiences with family violence. However, this does not explain why the adolescents in Pagani’s (2003) study were able to recognise their behaviour as aggressive or abusive.

There are a number of factors underpinning this anomaly, not unlike the experiences of women who were battered by their partners before wife abuse became widely recognised. Previous studies have reported families concealing the knowledge that a child was threatening or abusive towards their mother from the scrutiny of those outside the immediate family (Charles, 1986; Cornell & Gelles, 1982; Cottrell & Monk, 2004; Harbin & Madden, 1979; Hastie, 1998; Jackson, 2003). According to Hastie (1998), mothers were reluctant to disclose because they were ashamed, they believed society did not recognise the existence of child-to-mother violence, and if they did report it, they would most likely be blamed and/or held responsible for the actions of their child/ren. In addition to these fears, mothers saw themselves as nurturers, they love their child/ren and do not want to be seen as a bad mother or their child/ren labelled as batterers (Hastie, 1998; Jackson, 2003). For these reasons it seems more likely that women did not wish to fully acknowledge threatening and/or abusive behaviour from their child/ren in order to maintain an outward impression of a ‘good’ or ‘happy’ family.
In this study, mothers perceived they were under more pressure to parent their children than fathers, seeing some fathers disconnect more readily in times of difficulty, for example family breakdown or personal illness. Perhaps these women accepted broader underlying assumptions about parenting that suggest it is ‘women’s work’. For whatever reason, it created a hurdle for women who often struggled on their own with the added burden of violence, regardless of whether they were in single mother households or two parent families. Having their experiences minimised and devalued by partners and ex-partners sent a message to them that they were not important and their welfare came last in the family unit.

Furthermore, this devaluing of women also occurred in the mother’s relationship with the abusive young person who mothers perceived, no longer empathise with them. Of interest, a majority of women in this study depicted feelings of ambiguity towards the perpetrator stemming from complex feelings of resentment combined with empathy. Perhaps the child’s lack of empathy for their mothers contributed to women developing feelings of ambiguity. Analysis of mother’s qualitative responses indicated that women were resentful that their child had targeted them with abusive behaviour but at the same time they were concerned about the implications of their child/ren’s behaviour on their child/ren’s future. Paterson, et al. (2002) also found that mothers were worried about making the behaviour public in case it was damaging to the child’s self-esteem. This helps to clarify the complexity for women who are virtually operating within dual positionings, as victim and protector.

The effect of poor recognition of such a widespread issue has resulted in criticism being levelled at service providers, and law enforcement agencies that are ill equipped to respond effectively to calls for assistance from women experiencing child-to-mother violence (Arrigo, 1982; Cottrell & Monk, 2004; Downey, 1997; Evans & Warren-Sohlberg, 1988; McMurray, 2005; Patterson, et al., 2002; Sheehan, 1997). Wilson, McBride-Henry and Huntington (2004) discussed alienation between the mother-child relationship and note that when
mothers are supported and have resources, there is a reduction in the violence and abuse both the mother and child experience in family violence situations. This highlights the importance of family centred support which values all members of the family rather than advocating for a particular group or individual.

Participants in this study, who were able to look for external support to deal with the issue, were unsatisfied with the responses they received when they met with attitudes that minimised their experiences giving these women a sense of hopelessness which might discourage them from seeking assistance in the future. These women noted a few general practitioners, school teachers and/or school counsellors were unhelpful or blamed them when they approached them to discuss the issue. Similarly, mothers reported scepticism from a few police officers when they arrived to help in the situation dismissing their concerns as exaggerated or a problem with them rather than their child. This issue was confirmed in the workshop results with participants supporting the view that education about child-to-mother violence was a priority for service providers and the community.

In fact, mother blaming was common in the literature, for example some of the reasons given by researchers for adolescents using violence have been, parental permissiveness (Agnew & Huguley, 1989; Charles, 1986; Harbin & Madden, 1979; Micucci, 1995; Paulson, et al., 1990; Robinson, et al., 1994) inconsistent punishment (Agnew & Huguley, 1989; Robinson, et al., 1994) retaliation for physical punishment or child abuse (Brezina, 1999; Browne & Hamilton, 1998; Cornell & Gelles, 1982; Evans & Warren-Sohlberg, 1988; Kratcoski, 1982, 1985; McCloskey & Lichter, 2003; Pagani, et al., 2003) and mother headed households positioned as dysfunctional families (Kratcoski, 1982, 1985; Livingston, 1986; Ulma & Strauss, 2003). This reasoning reinforce women’s beliefs that they would be better off keeping silent.

In the present study this was further supported by inadvertent comments made to mothers by service providers. Women in the present study perceived
themselves and their circumstances caused their child to be abusive rather than the child being responsible for their behaviour. This silencing is likely to increase their feelings of powerlessness and add to the perceptions of service providers, who might be under the impression that if mothers are not vitriolic in their complaints about the treatment they receive from their child/ren, then it is probably not that much of an issue. Therefore, the act of silencing might contribute to the failure of health and welfare personnel recognising the existence of child-to-mother violence and might be one of the main reasons for under reporting.

10.4 Power in the mother-child relationship

This study confirmed that child-to-mother violence is a highly gendered form of family violence; mothers were the primary targets of threatening and/or abusive behaviours from their child/ren. This is consistent with the literature which reports women are overwhelmingly the most frequent targets for abuse (Agnew & Huguley, 1989; Cornell & Gelles, 1982; Cottrell, 2001; Cottrell & Monk, 2004; Jackson, 2003; Pagelow, 1989; Pagani, et al. 2003; Paulson, et al., 1990; Stewart, et al., 2006; Wells, 1987). However, mothers potentially have greater power than their child/ren in the form of economic power, greater knowledge, status and support networks (Cottrell, 2001; Cottrell & Monk, 2004; Jackson, 2003; Paterson, et al., 2002). There are a number of likely reasons why women as mothers might not automatically hold this position of power in the relational dyad with an abusive child/ren.

Women as the primary carers of their child/ren experience the greatest amount of power and control over their child/ren in the early years of the child/ren’s lives. In a loving relationship mothers care and nurture their child/ren doing everything possible for them (LeBlanc, 1999). Paterson, et al. (2003) identified a ‘good mothering’, ‘bad mothering’ dichotomy whereby women who were experiencing child-to-mother violence believed if they were good mothers they would be able to fix the situation, or they would not have let the situation get to the stage where violence had occurred and this perception was reinforced by the young person’s
belief that it was the mother's fault. In the present study women did blame themselves for their child's behaviour and felt that their (perceived) poor parenting skills were a contributory factor. Mothers also took on the role of peacemaker in the family not wanting to make unnecessary demands of an abusive child. Gallagher (2004a; 2004b) concurs that mothers generally, have been socialised to take on familial responsibilities, particularly chores for their children and do not often consider withdrawing this labour if their child/ren becomes abusive. He suggests when mothers take up the responsibility for their child's transgressions as they get older; they put their child in a position of power.

Mothers in the present study acknowledged feelings of shame and bewilderment regarding their child's behaviour. This might be because they have internalised common attitudes that mothers (as responsible adults, nurturers and authority figures) are in the position of power within the mother-child relationship and therefore should be in control of the situation. However, Gallagher (2004a) considers the young persons threats to wreak havoc in the home or threats of self harm and risk taking behaviour is likely to maintain power over the mother. For this reason, mothers often looked to themselves to try and explain why this behaviour occurred.

One woman in the present study reflected on the reversal of power that occurred in her family. She attributed this to the socialisation of male power that influenced her sons as they got older as well as the effects of stressful family circumstances which meant they needed to take on greater responsibilities in the household. According to Cottrell (2001), instead of the women having greater power in their position as parents, their child/ren not only test the boundaries in order to achieve their own desires, but push the limits of acceptable behaviour in a way that women are at a loss to comprehend. Cottrell and Monk (2004) note adolescent boys are particularly influenced by masculine role models that promote the use of power in relationships. Conversely, female
youth appear motivated to abuse mothers in an attempt to distance themselves from the feminine image of victimisation.

In fact in the present study, women on their own or with partners who were disengaged often felt that they were not capable of standing up to their child. They were particularly concerned that standing up to the offending child would escalate the level of violence and/or damage beyond repair, their already tenuous relationships. Some mothers noted that their sons were physically larger and consequently extremely intimidating. One woman in the present study was well aware that her daughter’s behaviour was not currently intimidating; however she was concerned about how she would manage as her daughter got older and increased in size. As the child/ren increase in age, they increase in stature and potentially become more intimidating (Cottrell, 2001; Cottrell & Monk, 2004; Jackson, 2003; Paterson, et al., 2002). In particular, mothers might feel constrained from exercising power if they have experienced domination and/or family violence in the past because they might be experiencing low self-esteem and confidence, they might feel isolated, ashamed, or fearful, stressed and/or depressed (Barkin, 2001; Gallagher 2004a, 2004b).

A large proportion of women in the present study expressed fear of their child/ren perpetrating violence against them. This further refutes the implication that as a parent the mother is in the position of power within their relationship. Perhaps women under attack from threats and abuse begin to feel afraid. This fear could be for their personal safety, anticipation of future episodes of violence, and/or concern for their child/ren’s future. This was further evidenced in the sub theme Anticipation of violence: Growing awareness of child-to-mother violence, which described women feeling under pressure, living in fear, not knowing when their child might become threatening and/or violent and a potentially threatening situation would occur that they felt was out of their control. Other studies reported similar themes, Jackson (2003) described mothers being fearful and concerned for their personal safety in the theme It
was only a matter of time: Feeling intimidated and under threat. In addition, Paterson et al., (2002) revealed most mothers in her study experienced a high level of fear and anxiety in there theme Walking on eggshells. In these studies women described feeling threatened, anticipating violence and feeling afraid and anxious, concerned that anything they might do or say could potentially develop into a violent outburst (Jackson, 2003; Patterson, et al., 2002).

In the present study women were more likely to report being afraid of their child/ren if they were single mothers, 40-49 years of age, with less formal education. Perhaps this was because the child/ren of women in this age group were more likely to be at an age when they were old enough to be threatening but not old enough to leave home and therefore these women were managing their mothering role from a position of fear of the young person. This might account for why younger women were less likely to report feeling afraid, because their child/ren would also be younger and therefore less threatening whereas much older mothers might be in the situation where an abusive child has left the family home and no longer posses a day-to-day threat or alternatively they might no longer be threatening or abusive.

Single mothers being more fearful of perpetrators in this study is consistent with several studies in the literature that indicate children living in single parent households have a higher likelihood of developing behaviour problems (Cottrell & Monk, 2004; Loeber & BeBlanc, 1990; Tremblay, et al., 1997). Similarly, researchers have found a greater incidence of child-to-mother violence in single mother households compared to two parent families (Cottrell & Monk, 2004; Livingston 1980; Gallagher 2004b). Gallagher’s (2004b) clinical study found sole mothers being victimised by sons after experiencing violence from partners and overly responsible or overly democratic parents being abused by their adolescent children. Livingston (1980) also reported a high incidence of women (29%) experiencing violence from their children. Although these studies cannot be generalised, the high rates of child-to-mother violence, compared to studies
based on two parent families is attributed to the inhibiting force of fathers, witnessing domestic violence, and greater family and financial stress (Agnew & Huguley, 1989; Cottrell & Monk, 2004; Livingston 1980).

In particular, father absence has been blamed for a rise in family violence; however, McMurray (2005) disputes this and studies confirm that fathers construct their parental roles in many different ways that are important to children’s well being and not based on the amount of time spent with the young person (Moloney, 2001; Sullivan, 2003). Bailey (2003) also considers that non custodial parents are faced with difficult challenges in their co-parenting role after divorce or separation that includes challenges and strengths in parenting. The impact of partners present or absent in the household when child-to-mother violence occurs has not been extensively examined apart from the view that the presence of a partner may act as a deterrent to violence (Agnew & Huguley, 1989; Cottrell & Monk, 2004; Livingston, 1986). In fact, in the present study, a partner in the household at the time child-to-mother violence was occurring actually increased the amount of violence women experienced.

In addition, mothers in the present study who reported their child witnessing violence in the home were significantly more likely to experience a greater amount of child-to-mother violence than women who did not. This greater propensity for these children using violence might result in women in these circumstances being more fearful and therefore less powerful. Social learning theory supports the view that children who are exposed to interpersonal violence in the home are more likely to model this behaviour, learning to use violence as a part of their social interaction (Bandura, 1977). Evidence further suggests these children might be more likely to approve of the use of violence in conflict resolution (Carlson, 1991; Jaffe, et al., 1986) and are more likely to display violent behaviour towards others (Cott-Dauvergne & Johnson, 2001; Cottrell & Monk, 2004; Hotton, 2003; Singer, et al., 1988). McMurray (2005) suggests that witnessing violence on an ongoing basis, may be more damaging and enduring
for young people than the violence experienced by the person the violence was directed towards.

In addition, several women in the present study noted a lack of empathy from their child that was devastating for mothers. This is supported in the literature that reports abusive adolescents often have limited emotional attachments to their parents (Agnew & Huguley, 1989; Cottrell & Monk, 2004; Paulson, et al., 1990; Peek, et al., 1985). While other women in this study noted they struggled to emotionally connect with their abusive child either because the young person had worn them down with a constant barrage of torments or put downs or through women’s own history of family violence. This was more prevalent if the mother did not have a partner to offer moral support or if the woman’s partner was disengaged from the situation. Evidenced in this study, women who were exposed to child-to-mother violence over a longer period of time also identified experiencing a greater amount of abuse. This means that behaviour that remains unchecked by any effective controls becomes a pattern of behaviour that is difficult for women to recognise and/or break. Sheehan (1997) suggests that the use of threatening behaviour, intimidation, weapons, implied threats and even a particular look that delivers a warning single to the recipient, creates a power differential that can develop into a pattern of behaviour in which both the mother and child engage, similarly (Cottrell & Monk, 2004) respectively.

10.5 Typology of violence
Mothers were exposed to a wide range of threatening and abusive behaviours, most commonly young people were not speaking to their mother, swearing at her or calling her names, demeaning her parenting or partnering skills, damaging her property or making aggressive demands. These types of behaviours have sometimes been referred to in the literature as ‘everyday conflict’ (e.g. Dobash & Dobash, 1979; Strauss & Gelles, 1990; Cottrell, 2001). They have generally been considered ‘part of everyday life’ and as such often disregarded by the women who experience the behaviour and researchers alike
as part of normal adolescence. The only real acknowledgement being that abusive behaviour ranges from mild to severe.

Contrarily, there was also a consensus that this type of family conflict compounds and these more subtle violations do have long-term effects for mental health, stress, self-esteem and contentment (PETFV, 1994; Crow, 2002). Looking at the gamut of conflict types in the context of one another reveals their seriousness when taking into account the cumulative affect of some types of conflict that are often considered minor (PETFV 1994; Kelly & Radford 1996; Cottrell 2001). For the most part, women in this study expected a certain amount of this type of behaviour from their children, with a number of women identifying silent treatment and swearing as part of ‘normal’ adolescent acting out behaviour. The construction of milder forms of abuse as ‘normal behaviour’ adds to the minimising of women’s experiences of mothering. Participants in the workshop were interested in implementing information and educational packages that disseminated material about what constitutes abusive behaviour to better inform women affected, as well as members of the community.

Mothers in the present study reported experiencing the full gamut of threatening and abusive behaviours presented to respondents. These can be categorised under physical violence, sexual threats, threats of violence and intimidation, emotional and psychological harm, verbal abuse, economic abuse, and social abuse. Similarly, in the literature types of abuse reported were consistent with other forms of family violence. Cottrell & Finlayson (1996) described physical abuse, psychological abuse, verbal abuse, and financial abuse.

When asked which behaviours mothers were most concerned about in the present study they reported acts of bullying, and being hit by the perpetrator. They were also very concerned about the young person self harming. These concerns highlight the similarities and differences child-to-mother violence evoke in the responses of targets of this form of violence. Of course the women were
concerned by threats and acts of intimidation and violence but they were also concerned with the primary care of these perpetrators. Therein represents the complexity for women. In the present study, women experienced resentment of their treatment by their abusive child, at the same time they were concerned for the long-term outcomes for the child and most often attempted to find help and support for their child, above concerns for themselves. Paterson, et al. (2003) acknowledged that mothers have a responsibility to parent, making the option of leaving the situation more complex. This was also noted by service providers who acknowledged that not only do women take on the responsibility for the perpetrator and their behaviour, but they also want a resolution for the situation and in most cases, they would like to rebuild their relationship with the child. This is supported in the literature (Anglicare, 2002; Gallagher, 2004a, 2004b; Patterson, et al., 2002).

**10.6 Perceived triggers of violence**

In the current study the two most common percussors perceived for threatening or violent behaviour were related to conflict situations. The first one was when the child and mother were in an argument and the other was when the child was just angry. In fact, most women identified multiple factors responsible for their child behaving in an abusive manner from various areas of concern with no particular correlation between choices. Many of the women also believed that child-to-mother violence was a normal part of teenage behaviour. Some of the women who perceived threatening and violent behaviour as a normal aspect of adolescence experienced significant amounts of violence. Perhaps the violence they experienced increased over a long period of time and they have built up a tolerance or expectation and no longer notice the amount of abuse they experience. In addition, if these women were coming from a background of family violence they might have internalised violence as a normal way of being. They certainly saw it as a lack of respect for them.

In women’s qualitative responses mothers also described a variety of reasons they perceived regarding their experiences of child-to-mother violence. A
significant factor was family breakdown and subsequent misdirected violence. In the present study a few women who had experienced particularly difficult marital breakdowns where relations with the non custodial parent were damaged perceived their child was abusive towards them when the child was angry with the other parent, because of their rift in the relationship. Pagani, et al. (2003) reported an increased risk of abusive behaviour from children who had been through marital breakdown. They suggest however, that it was not the divorce or single parenting itself that prompted the behaviour, rather the concomitants of divorce that might be detrimental to the parent-child relationship. In the present study women also perceived poor parenting skills to be a factor in their adolescents’ behaviour. A number of studies suggest that inconsistent parenting or weak parenting is related to adolescents using threatening and/or violent behaviour (e.g. Agnew & Huguley, 1989; Harbin & Madden, 1979; Paulson, et al. 1980).

In the present study mental health issues and drug and alcohol problems were often brought up in combination resulting in an exacerbation of the women’s experiences of abuse. This is supported by Stewart, et al. (2007) who identified mental illness and heavy drug and alcohol intake as contributing factions to abusive behaviour. In Jackson’s (2003) study from a small sample all participants linked their son’s violence and aggression to drug taking activities. Findings from the present study were also supported by Cottrell and Finlayson’s (1996) study and Cottrell (2001) that revealed medical diagnoses regarding adolescents who had been diagnosed with ADHD or ADD, ODD or Conduct Disorders who noted parenting styles and family dynamics played a role.

Mothers did not appear to directly blame their child, rather they looked for reasons why it was not their child/ren’s fault. This might be an effect of their attachment to their child/ren (Bowlby, 1969, 1982). Noted in the literature, adolescents who abuse their mothers were thought to be poorly attached to their parents (Cotrell & Monk, 2004) but the reverse is not necessarily the case.
Women went out of their way to do everything they could to support their child. A few women contemplated asking their child to move out but this was only after a long period of time when other avenues had been first explored.

Additional explanations by mothers took into account pressures of daily living, unemployment, poverty, peer pressure and bullying which were believed to create a build up of frustration in the child and the child’s lack of skills in communication or low self-esteem meant their child resorted to threats or violence to release their frustrations. This is supported by Cottrell and Monk (2004) who acknowledged poverty and related stressors, noting that families in which child-to-mother violence occurred were often living under high levels of stress, a similar view to Pagani, et al. (2003).

Witnessing violence in the home for young people or a history violence in the family had a significant impact on adolescents. Mothers agreed that this experience made their child/ren more aggressive. Boys were perceived to have taken on negative attitudes towards women and generally been more physically aggressive and verbally abusive. One woman noted that her ex husband actively attempted to engage his sons in behaving abusively towards her. A mentoring program here would be of some value in reinforcing positive role models for the child. The effect on children and adolescents witnessing violence between adults in the home is supported in the literature (Edleson, 1999; Kolbo, et al., 1996; McClosky & Lichter, 2003; Saunders, 2003).

10.7 Targets and perpetrators
The main study achieved a representative sample, consistent with ABS (2001) community profile records for the three LGAs. An important factor in the difference between child-to-mother violence and other forms of family violence is the response from targets. Demographic characteristics of the respondents were similar for both the entire sample and those women who experienced threatening behaviour. These characteristics were also consistent with ABS (2001) community profile records for the three LGAs. Trends that were apparent
in the pilot study were reliable in the main study. Thus, the sample of mothers was thought to reflect the same characteristics as women in the community.

The data indicate that the majority of perpetrators were male (58.7%) between the ages of 13 and 18, in agreement with pilot findings (Stewart, et al., 2006). Noted elsewhere, in Jackson’s (2003) study, participants believed the greater physical size and strength of their sons and the intimidatory nature of the violence meant that it was not possible for them to deal with acts of aggression from these children. Brezina (1999) argued that a focus on adolescent boys in relation to child-to-mother violence was justified due to the large body of research into juvenile delinquency that suggests boys are significantly more aggressive than girls (see Langhinrichsen-Rohling & Neidig 1995; Weiler 1999; Barkin, Kreiter & DuRant 2001; Herrera & McCloskey 2001). Gallagher (2004a, 2004b) suggests that boys are more likely to be abusive at a six to one ratio. In looking at the age range of perpetrators from the ages of 10 to 24 years of age, it was possible to determine whether younger children and, in particular, much older children were abusive. While there were children at both extremes of the range it is noted that the majority were in the mid age range. Perhaps it is the case for many adolescents who abuse their mother that as they get older and mature, they might stop using violence as a tactic of control. However, it might also be the case that older children move out and are no longer seen as problematic as previously was the case.

In the area of gender and perpetrators of violence child-to-mother violence significantly differs from other forms of family violence. Female aggression is poorly understood in the literature. In the present study, although there were less girls perpetrating threatening and/or abusive behaviour, the range of behaviours they utilised were similar to boys. In fact, there was no significant difference between the types of abusive behaviours regarding males and females. According to Weiler (1999) girl’s involvement in delinquency and crime has increased significantly in the last two decades. Some researchers think that
girls resort to aggression and violence for different reasons compared to boys. However, no single factor can predict aggressive and violent behaviour (Artz & Nickiolson, 2002). Contributing factors to the risk of aggressive and violent behaviour among girls include both systemic (family, community and social context) and individual (personal) variables, usually in combination (Artz, 2000).

In particular, aggressive and violent girls often see male control and domination over females as normal. They might hold views similar to those that support male violence towards females believing females have less value and importance than males (Artz, 2000). In the present study, girls used most forms of threatening and violent behaviour identified in the CMVS; however, they were more likely to use verbal and emotional forms of abuse. Greater understanding regarding the differences in the types of behaviours and reasons for threatening and abusive behaviour by girls towards their mothers is needed to better provide support services for women and target preventions appropriately between the male and female perpetrators.

10.8 Providing support
In the present study, approximately half (51.8%) the number of women who experienced child-to-mother violence spoke to someone about their experiences. Although this draws attention to the number of women who were not able to talk to anyone about their experiences, at least some women were able to seek help. Of interest the women who reported child-to-mother violence also experienced greater amounts of violence. Perhaps this is why they were more motivated to seek support. It might be the case that women who did not experience significant amounts of threatening or abusive behaviour did not feel the need to seek outside support. Patterson, et al. (2002) Downey (1997)

In addition to this, in the present study 50% of women reported a partner present in the home at the time threatening behaviour was occurring, but rather than minimising their experiences, it was negatively significant with these women reporting a greater amount of abusive behaviour with a number of women
reporting their partners were either unhelpful or contributed to their experiences of abuse. Conversely, some of the women reported their partners were supportive and these women worked together to resolve the issue or minimise their exposure to violence. It might be the case that women who were supported by their partner experienced less child-to-mother violence because their position of power within the family was superior position of power. Patterson, et al. (2002) noted in their theme *Role of the fathers* that the position of the father impacted the family and was dependent on his violent behaviour, his physical absence or his emotional withdrawal which contributed to the problem.

It is clear from results in the present study that mothers were better placed to cope with the situation if they had some form of support. Thus, remaining silent appeared to be a drawback to maximising opportunities. An important factor in overcoming situations of family violence is support networks such as family, friends, community services, legal and government aide (Indermaur, 2001; PETFV, 1994).

Learning how to trust, under what conditions to trust and how to repair relationships when trust has been violated occurs early in childhood and continues. Guidance by those in the family sphere shape and influence adult and professional trust patterns (Taylor, 1997). Thus, being a witness to or experiencing threatening behaviour or acts of violence in the home can have long-term damaging affects to future life experiences for individuals in their interpersonal relationships as well as on a much broader scale in their access and participation within society (Putnam, 2000; 2002).

Over 75% of the women who experienced child-to-mother violence were actively involved in taking action or using strategies in an attempt to minimise their experiences of violence or resolve the issue and more than 50% state that these actions had improved the situation. Strategies varied from talking, seeking professional help, using discipline, love and support, changing circumstances, distancing from the child or doing noting. The main suggestions for support
were affordable long-term counselling for youth and family, parent workshops, information and education, non-judgemental advocacy for mothers and their families and support groups for mothers, families and youth. Patterson, et al. (2002) suggested a number of similar strategies which included: setting consequences; walking away calmly; and using legal sanctions. Gallagher (2004a, 2004b) noted important steps, such as: reducing mother’s guilt; clarifying to the mother and adolescent, that the adolescent could control their behaviour; show successes; identify lack of parental assertiveness; and convince mothers, young people and their families that change was possible.

Women looked for help from counsellors, psychologists, general practitioners, paediatricians, mental health services, drug and/or alcohol counsellors, respite care, school counsellors, school staff, social workers, police, and religious leaders. The most common suggestions for support were affordable long-term counselling for youth and family, parent workshops, information and education, non-judgemental advocacy for mothers and their families and support groups for mothers, families and youth. Cottrell (2001) notes that the nature of counselling is dis-empowering for the parent and successful support often comes from someone the parent identifies as an equal or peer. Existing peer support groups offer parents the help they need but they struggle with little or no support. Cottrell and Monk (2004) reported that ineffective responses from the juvenile justice system and police intervention were unsatisfactory. In this study, health care professionals commonly provided a paternalistic view of service provision and were not confident in engaging women in holistic support. This is evidenced when suggestions were predominantly based on education programs that provide parenting classes, information packages on appropriate behaviour, relationship building and anger management training, telephone support and cooperation between service providers.

Of interest is the indication that women who experienced the greatest amount of child-to-mother violence were younger mothers, with access to less education,
from mother headed households and low income. Any one of these factors was indicative of women who experienced significantly greater amounts of child-to-mother violence. It appears that mothers from the most vulnerable areas of our communities were affected the most. This has a significant impact on the development of support for affected women. As reported in Chapter 9, professionals from the health care sector considered one of the key barriers to accessing services for affected women was the financial cost of counselling for women on low incomes and/or their families as well as long waiting lists for free and subsidised services that women would like to access immediately during crisis situations. Patterson, et al. (2002) noted the success for support groups for women as an effective way of helping them to change. The multiplicity of voices from within the group and the experiences of being listened to and listening to others freed women to think and act differently.

Mothers were concerned that their child receive adequate and effective support, however a few of the women were disillusioned by their experiences with support services. Women often felt they were working in opposition with the service providers or battling them to try and gain access to services that had long waiting lists and strict criteria for gaining entry, with services often not meeting the expectations of the mother once they did gain a place. Of key importance once access was gained were that mothers’ voices be heard, in order to develop services and support systems that would be both practical and valued by mothers and their families. The three key themes underpinning their suggestions were non-judgemental, affordable and accessible service provision. Many of the mothers thought that if services were expensive or difficult to gain placement in, then whatever the service, it would be rendered ineffective due to lack of participation. In addition, women would not participate if they felt judged or blamed in any way. Cottrell and Monk (2004) identified difficulty with support services, finding participants unsatisfied with the level of support. Taylor, et al. (2004) suggest a holistic model to address family violence, which integrates physical spiritual, mental and emotional aspects of the person. Gallagher
(2004b) noted the importance of working with both the child and parent. He suggests working with the mother is essential as youth on their own evade the issue.

A key area for support for women and families would be rebuilding damaged relationships. It appears that this disconnection women experience from an abusive child might be a protective factor for mothers who would otherwise be devastated, due to the loss of trust, and lack of respect. Because this was such an important factor to the women, a number of women talked about how they had successfully negotiated their child back into a positive relationship within the family. This was instigated by mothers; women noted that help they received in a timely manor was instrumental in coping with the situation. Disney (1996, 2000) non-abusive relationships are developed across the spectrum. Selected schools are targeted for professional development focusing on changing the climate within the school, particularly through teaching practices. The target group for the project is students in Years 7 and 8 as this is an important time to influence developing relationship patterns at home and at school. OSW (2006) suggest that bullying and family violence can be linked; key areas to be addressed include drama as an obvious subject for exploring these issues. However, other areas such as sport and science offer many opportunities too. It is important for students to experience the issues in different contexts and to associate the importance of non-violent behaviour with a wide range of teachers.

10.9 Recommendations
Discussions with the health, community, welfare and juvenile justice workers revealed that many of the participants viewed a lack of any significant public funding to further the already stretched services in place. For this reason workshop participants viewed the primary source of support for women were family and friendship networks and education packages developed for schools to support families experiencing this form of family pathology. Cottrell and Monk (2004) identified disillusionment of service providers. Significant lack of funding increased parents’ feeling of hopelessness and discouraged them from seeking
further assistance. Overall they found child-to-mother violence became entrenched, particularly when the justice system fails to enforce quick and meaningful consequences.

In addition, at risk children were viewed as difficult to provide services for because they were most often unwilling to access support networks within the school system, or the community. This may be due to long standing issues of mistrust of confidentiality and under funding of youth services within communities, such as youth centres. Funding was a key issue, in particular for the development of early intervention programs. There was a consensus that limited funding meant that available resources were generally directed towards crisis intervention services and end stage violence outcome programs in the form of court assistance and police intervention rather than tackling prevention and early intervention programs that might break the cycle before it has a chance to become established. Jenkins (1990) expressed the view that one of the difficulties with working with young people using child-to-mother violence was that the perpetrator rarely acknowledges that their behaviour was a problem, nor do they readily take responsibility for their violence or seek counselling to assist in changing their behaviour.

Funding exists for a number of ‘breaking the cycle of violence’ interventions (e.g. Anglicare, 2001; Aitkins, 1999; Buist, 2001). Programs have been developed in response to the increasing number of referrals from mothers whose sons and/or daughters were behaving violently or abusively in the home. In these programs mothers described behaviour such as spitting, kicking, pushing against walls, breaking windows and furniture. Threats and intimidation were common, as well as verbal abuse and stealing (Anglicare, 2001), similar to forms of abuse identified in the main study. In the case of Anglicare (2001) intervention is based on the positive outcome of group programs to assist women who have survived domestic violence from their partners, it was thought that group work would be a powerful way to break the silence and the isolation that surrounds this aspect of
family violence. This was supported by the workshop participants who concur that group work is an ideal and cost effective avenue for intervention. The Anglicare (2001) group work program was one of a range of responses offered by the service which included both family and individual counselling. The women were able to share their ideas and reflections, and offer each other support and encouragement. Belief systems were explored and assumptions about adolescence, family interaction and violence. Women also gathered information on practical matters such as housing and legal options (Anglicare, 2001).

One of the most pressing issues addressed in the workshop was education and information about what constitutes abusive behaviour from children and young people. Participants considered that information about child-to-mother violence needs to be further drawn out from the private domain into public view, in order to develop community awareness. Gallagher (2004b) argues that some young people develop the idea that they are entitled to get what they want even when this means using violence and/or abuse to intimidate or control members of their families. As supported by the child-to-mother violence literature (Gallagher, 2004b; Paterson, et al., 2002) the violence or abuse is most frequently targeted at mothers although younger siblings might be victimised too.

Often it appears well after an established pattern of violence is in place, only then do women recognise that there is a serious problem and they begin to seek help to find solutions. It is common that both the adolescent and other family members blame the mother for the behaviour she is experiencing (Patterson, et al., 2002). Women most often do not seek assistance for themselves, rather they are looking for solutions for their child (Jackson, 2003) and adolescents do not appear to be interested in seeking personal assistance.

This highlights the dilemma for women as parents of perpetrator of violence against them; they have a responsibility to continue caring for their adolescent. They were aware that their son or daughter might have experienced illness or
disability, witnessed or be survivors of violence or abuse, have low self-esteem or have suffered significant loss or grief, alcohol and/or drug addiction (Anglicare, 2001). This complexity was drawn out in discussions with participants of the workshop, they identified isolation of mothers experiencing violence within the home, reversal of power for abusing children, compounding issues, such as drugs and alcohol, mental health and poverty, and living within a culture of violence as factors that combine to give the target of violence a feeling of disempowerment, believing she had no alternatives to alleviate the situation.

According to Wilson (1996) and Wells (1987) issues of intervention must centre on family structure, family processes and dynamics, establishment of and respect for authority, rule expectations and role fulfilment. The family context is the crucial system in need of assessment. It is typical that other forms of family violence have been used or observed in families where adolescents are abusive (Cornell & Gelles, 1982; Peek, et al., 1985; Wells 1987). It was also pertinent to assess any form of substance abuse by either a parent or the abusive young person (Potter-Efron & Potter Efron, 1985). If the adolescents have learned to resolve conflict through violence, then they might attempt to end the conflict by becoming violent toward the source of conflict, their parents, the easiest target being the mother (Wilson, 1996).

10.10 Implications for practice

Without a clear recognition of the existence and seriousness of child-to-mother violence, it is difficult for nursing, health and family support workers to recognise and offer support to women, their children or other family members. Programs and services need to be developed that prioritise safety for victims, responsibility for perpetrators and value the establishment and maintenance of healthy relationships. In order for women to be able to relate their experiences, it is necessary to create an environment where women feel they can raise these issues without fear of blame or recrimination. Recognition of the existence of this form of family pathology is imperative for service providers as well as members of the community. It has been established that a lack of awareness or
understanding of child-to-mother violence is a significant barrier to service provision for affected women. Community service providers are the front line in the defence of women who are unable and ill equipped to break a pattern of abuse that has built up over a period of time within their immediate family unit. Fear of blame and judgement keep many women silent. However, as awareness increases and community outrage develops more women might feel confident to come forward and seek help and support, providing a space to improve the circumstances for individual women and their families.

It might be the case that concerted early intervention programs along with well placed service provision for long-term solutions will lessen the burden women experience caring for abusive children, perhaps even turning this experience around into a positive step for the family, improving relationships and communication skills. An awareness campaign and 24 hour telephone service would further increase knowledge and support within the community.

10.11 Implications of the Research

At present theoretical explanations on which to interpret the phenomenon of child-to-mother violence are inadequate. Researchers have variously attempted to integrate existing theories of psychology, sociology and family violence with those from juvenile delinquency and criminology. Cottrell and Monk (2004) suggest nested ecological theory (Belsky, 1980; Dutton, 1985) as a sound basis from which to understand the multiple factors involved in child-to-mother violence.

Bandura’s (1973, 1979) social learning theory contends that violence is a learnt behaviour that is reinforced if perceived as useful. This theory supports the view that child-to-mother violence is part of instrumental violence, and young people engage in this form of behaviour because they are rewarded by successfully getting the mother to do what they want.
Feminist scholars insist that family violence must be understood in the context of the larger system of gender inequality (Dobash & Dobash 1979, 1992a; Yllo, 1993). The gender, power and violence approach focuses on the social context of family violence and the ways in which gender is linked to power in society. Thus, violence occurs because men have power than women which allows them to use violence in order to maintain coercive control (Anderson, 2005; Brown & Hendricks, 1998; DVIRC, 2000). This view was supported by results of the study which indicated that women were the primary targets and although daughters did engage in child-to-mother violence, sons were more likely to use threatening and abusive behaviour as well as utilising greater amounts of violence.

However, a particular strength of nested ecological theory (Blesky, 1980; Dutton, 1985) is that it combines psychological, sociological and feminist perspectives of violence in the family and provides a template under which single factor theories can be applied to different levels simultaneously. Within this view the occurrence of child-to-mother violence being perpetrated by some adolescents, while not others, particularly from the same family, might be explained through the varying degrees to which divergent processes and experiences impact on individuals. Thus, in some families where all the children might be exerting power and control against the mother within their family, it might be the case that dysfunctional family dynamics, low income and socialisation are equally influencing and impacting upon those particular family members. While for another family where only one child is making use of intimidation and control tactics against the mother, contrary to other family members, other factors might be more prominent, such as negative peer influences, substance misuse and/or mental health issues. Effectively it is the unique combination of factors that makes each family potentially different. However, with a broad understanding of the impact of different pressures it is possible that health care professionals could screen vulnerable families and promulgate individual case management that targeted support precisely and accurately where it was warranted.
The exception of girls using threatening and aggressive behaviour against their mothers is supported within the nested ecology theory. Society’s imbalance of power does not cause abuse; violence is the action of an individual who is personally accountable. Nevertheless, a patriarchal culture does create a context for the abuse of power. Patriarchal assumptions make it hard to see abuse and the responsibility of offenders because they blur the distinctions between abuses, rights and consent. The benefit of the nested ecological theory was that individual process, family dynamics, external factors and the broader social systems were able to be identified and the impact of a wide range of factors was recognised. The context of abuse was identified at multiple levels. However, the limitation with this was that it is difficult to measure each individual aspect and determine to which degree each factor has an effect. Differences can be discerned, particularly if a family systems approach were utilised to explore how individual family members impact each other.

Conflict is discussed in the literature as a prelude to violence. Deciding when adolescent behaviour is abusive and when it is part of normal teenage behaviour is difficult for families to decide. In particular, mothers who are imbedded in the norms of their family might not recognise when behaviour has changed from challenging to abusive. However, it has been established that conflict is not a tactic of control; rather those in power use it as a form of coercive control. Adolescent use of expressive violence as opposed to instrumental violence might help to differential between challenging and abusive behaviour.

In only focusing on extremes of violence much of women’s experiences of threatening behaviour is discounted or minimised. It suggests clear distinctions between violence and non-violence rather than a continuum that might accumulate and fluctuate across varying degrees of severity. Mothers experienced continuing barriers to service provision thus the development of appropriate services needs to develop support networks in order to gain independence and autonomy.
The extent to which women articulate and name their experiences of child-to-mother violence depends largely on social models of knowledge that structure explanations of family violence. Ramifications of the particular understandings that are accepted affect support services, programs and how women deal with the situation, including the actions and choices they see as possible and how they see themselves constrained. Thus, developing a theoretical, empirical, political and personal understanding of violence requires complex analysis which involves the psychologies of the abuser and victim and their interactions, gendered expectations about family relationships and dynamics and the patriarchal ideology and structure of society within which individuals and relationships are embedded that is possible within the framework of the Nested Ecological Theory.

Existing theories of family violence could be incorporated in the fashion of Nested Ecological Theory, to match the ways in which these women experienced the abuse, in a complex and integrated fashion. However, the abuse the mothers experienced from their children was a context that does not precisely fit within existing theories of family violence. Specifically the gender of perpetrators and the expectation of power within an understanding of parental authority are different. Mothers are generally considered a more powerful figure in comparison to their child/ren, responsible for their child/ren’s welfare and support. Similarities between current attitudes to child-to-mother violence and attitudes towards wife abuse twenty or thirty years ago means that this context of abuse would benefit from a feminist and ecological focus. However, much of the women’s experiences in this context matched other contexts that are already well understood and can provide insight into the fear and humiliation women experience.

10.12 Methodological Criticisms

The research was underpinned by pragmatic epistemology. Threatening and/or violent behaviour towards fathers or siblings was not explored to any great
of the experiences of other people involved in the conflict dynamic, their perceptions and understandings of what was going on would be of value to future research. In addition, the exact extent of child-to-mother violence, in particular in other cultural groups is unknown. Widespread large scale research like the studies undertaken by the ABS would be of great benefit to the community in beginning to gain consistency in research results and better understanding the experiences of a wider population of mothers. Literature in this area is meagre with only approximately 30 research studies conducted in the field; therefore child-to-mother violence is poorly understood and well hidden from public view. For this reason it was difficult to refer to literature in the field other than constructions of adolescent violence as conduct or medicalised issues. Qualitative studies are only now beginning to emerge and further comprehensive and qualitative research is required, particularly with a focus on the experiences of women.

10.13 Directions for further research

Of interest was the apparent interconnectedness of theories of family violence. Rather than separate ways of understanding why family violence occurs, the use of an ecological framework in contextualising their experiences was valuable. This highlighted the complexity of interactions between individual circumstances, family dynamics, external factors and broader cultural systems instead of simplifying understanding to a few processes or the mediating process of historical perspective, ideologies of gender and the era in which they are embedded. Further exploration of the aspect of fear for women would be invaluable in targeting support and directing program funding.

Barriers in accessing support networks needs to be addressed in order to improve participation for women in need. A number of reasons were clearly identified as barriers. Of note, services do not exist or are in their infancy and in the study mothers reported access to existing services was particularly frustrating with many women giving up in despair of finding any suitable
solutions. In addition, the stigma attached to family violence was further increased in the case of child-to-mother violence as mothers felt their experiences branded them as failures. Conversely, women also felt solely responsible for managing their relationships with their offspring and identified seeking help and support for their child/ren as their top priority. This is a highly stigmatised form of family violence, and women who experience threatening and/or abusive behaviour from their child/ren, may consider they are exposing their own inadequacies as a mother as well as the particular failures of their partner and/or child/ren when revealing their situation to service providers. In particular for women in rural areas greater stigmatisation means women experience even greater barriers to seeking help and support; people in small communities know who you are and most women prefer to keep their experiences private. This is an important area for further research as it is not known how extensive this form of abuse might be in more isolated communities.
References
Partnerships in Crime Prevention Conference. AIC and NCAVC Crime Research Centre, University of Western Australia. 25-27 February, Hobart.


Phoenix, J. (2002). Ethical considerations of research involving minorities, the poorly educated and/or low-income populations. Neurotoxicology and Teratology, 24, 475-476.


Pollack, W., (2000). What makes boys violent? We do. 16 April, USA Weekend.


Stanley, J., & Goddard, C. (2004). Hearing only half of the story by leaving out half of the violence. Paper presented at the *Ninth Australasian Conference on Child Abuse and


